



# Intelligent Care Coordinator

The first referral coordination solution in the country to be adopted by a majority of providers across a major metropolitan area.

*“High performing networks is where value is derived.”*

*Ray Coppedge, Executive Director, Key Physicians*

With providers and insurers now differentiating themselves based on quality and value, broadly inclusive provider networks are quickly becoming a thing of the past. Insurance plans based on high quality, high value networks are rapidly growing in importance.

Rather than working individually with providers to establish narrow network plans, insurers are now looking for partners that can shoulder that burden. High value clinical delivery referral networks that can demonstrate coordinated care, collaboration, and compliance to improve outcomes and costs are well positioned to win increasing numbers of patients within their markets.

## The new competitive currency – outcomes and cost.

The end result is that healthcare is rapidly becoming a competition for patients, with Primary Care Groups (IPA's, Group Practices, and Health Systems) competing for population health contracts in order to thrive in an accountable care world. Successfully winning and capitalizing on these new payment models necessitates the ability to coordinate care consistently, effectively, and efficiency within high value virtual delivery referral networks. Yet coordination and referral mechanisms between primary care, specialists, and ancillary providers remain largely unchanged for the last fifty years, with more than 70% handled via ineffective means such as fax, efax, phone, and mail.

In addition to being a major source of frustration and inefficiency, these mechanisms simply don't work. Studies show that half of patient referrals do not result in an appointment with the specialist, and those that do often lack closed loop information exchange between the referring provider and the specialist.

## SaaS Referral Coordination

Infina Connect's cloud-based Intelligent Care Coordinator™ (ICC) is an EHR agnostic SaaS referral coordination and communication solution. ICC allows healthcare providers to:

- Create and manage high value virtual delivery networks.
- Coordinate patient care with electronic “closed loop” referrals, including secure communication & clinical information sharing with any provider in the community, regardless of EHR.
- Maintain visibility into the ongoing status of referred patients across the continuum of care.

Ref ID	Date	Patient Name	DOB	Reason	PC	Consulting Provider	Status	Days in status
889	12/18/14	SMITH, JOHN	12/11/67	Right ACL Tear	Ortho	Shelton, Right A.	Open	1
890	12/18/14	DEWY, CLARE	3/27/64	Arthritis	Ortho	Shelton, Right A.	Submitted	1
842	11/10/14	NASH, ROBERT	1/23/1964	ingestive	UIM	Primo, Christoph	Open	120
811	8/18/14	CHURCHILL, ...	10/14/1970	Development	DRP	Shelton, Sean	Submitted	147
810	8/18/14	CLARK, KELLY	4/8/1979	Arthritis	UIM	Primo, Christoph	Open	178
808	8/18/14	MILLER, SHERI	10/23/1962	Arthritis	UIM	Primo, Christoph	Open	178
807	8/18/14	NASH, ROBERT	1/23/1964	ingestive	UIM	Primo, Christoph	Accepted	169
805	8/18/14	CHEN, SHARON	1/26/1972	Arthritis	UIM	Primo, Christoph	Accepted	169
799	8/18/14	SHOEMAN, B.	8/11/1960	top pain	Primo	UIM, Christoph	Accepted	178
798	8/18/14	MCCALLUM, T.S.	10/21/1968	hypertension	Ortho	Tracy, Enderson	Accepted	178

## Establish market leadership and control your destiny with ICC.

Infinna Connect's cloud-based Intelligent Care Coordinator™ (ICC) enables providers to demonstrate the level of value, quality of care, and coordination necessary to win and maximize population health management contract outcomes. By providing a community-based referral coordination and communication system that is simple and convenient, provider groups are able to quickly gain adoption and establish high value virtual delivery referral networks. Inefficient referral coordination methods such as fax, eFax, phone, and paper are completely eliminated, and referral revenue leakage is contained.



of patients with a chronic condition report that information on their diagnosis and treatment was not available when needed.



of adults report problems with care coordination, notification of test results, and communication among their doctors.



of patients said their health care provider has had to re-order tests to have accurate information for diagnosis.

### Optimize referral placement within high value networks.

Take control of cost at the point of entry. ICC has a proven ability to deliver a greater than eighty percent success rate for keeping patients within high value referral networks, an increase of more than one hundred percent above average. By enabling providers to effectively and efficiently coordinate care community wide, patients consistently receive the highest quality care at the lowest cost.

### Coordinate care across care settings via closed loop referrals.

With bidirectional communication and document sharing between providers and care settings, the primary care provider gains full visibility into patient status across the continuum of care, from the initial referral to their return.

### Connect the entire healthcare community, regardless of EHR.

Coordinate with any provider, regardless of EHR or lack of EHR, sharing referral stats, clinical documents, and secure messaging. Know when visits occur, and easily follow up if they don't.

### Improve patient satisfaction by minimizing their financial burden.

Patients across the country are facing steeper out-of-pocket costs for medical care, and are consequently more sensitive than ever to unexpected bills due to out-of-network referrals. Manage through the increased complexity of narrow network health plans, and ensure patients are referred to the highest value provider within their plan. Patient care is improved and the patient financial burden is minimized via high value referral coordination.

### Meet the required electronic exchange requirements for CMS Chronic Care Management (CCM) billing.

Electronically transmit care plans for care coordination and care summaries for transitions of care. Patient time tracking, event and activity documentation ensure all eligible patients are billable and an audit trail is maintained.

### Meet the Meaningful Use 2 requirement for electronic transitions of care.

Continuity of Care Document (CCD) exchange using Direct messaging and universal delivery capability will enable compliance for most transitions of care. Available in the next release, approximately June 2015.

## Key Benefits

### Reduce Referral Leakage

- Optimize placement of referrals within high value and owned provider networks.
- Minimize, manage, & measure leakage impact at the provider or clinic level.
- Establish control over everything happening to your patients downstream to ensure high value care is maintained across the continuum.

### Maximize Value-Based Reimbursement

- Win new population health contracts by demonstrating the ability to seamlessly & consistently coordinate care within high value networks.
- Maximize population health contract value.
- Ensure appropriate referrals occur, reduce inappropriate referrals.
- Establish market leadership & take control of your own destiny.

### Improve Patient Health

- Match patients with the most appropriate, high value provider in seconds.
- Expedite the referral process & prevent avoidable hospital admissions.
- Improve health & outcomes for all referred patients, not just the sickest.