

## **BRIEF (4) July, 2008**

### **Understanding Coordinated Care, A Concept Analysis**

*This briefing was prepared as part of a primary health care research collaboration between Griffith University and General Practice Queensland.*

#### **Background**

This briefing provides a summary of findings from a concept analysis which aims to establish a clear and shared understanding of the concept and purpose of coordinated care. The full article (in journal publication review) describes the methodology and the concept analysis findings which aim to develop an understanding of the attributes that constitute coordinated care. This also included systematically defining the attributes of associated concepts including continuity of care, integrated care, and chronic disease management. The full article can be found at [www.gpqld.com.au/Programs/Collaborative\\_Research\\_Hub](http://www.gpqld.com.au/Programs/Collaborative_Research_Hub)

#### **Results**

The coordinated care terminology has become all-inclusive, and is not well defined or described. The multi-layered, non-linear interaction of the health system within which coordination of care to patients is provided has underlying complexity and challenges.

The findings from the systematic concept analysis review confirmed that activities associated with coordinated care occurred at three levels, including namely, the client, service delivery and the system.

At the level of client, coordinated care involves:

- a. Person-centred care
- b. Identification of a target group with complex needs and undertaking holistic health, social and risk assessments
- c. Relevant and shared care planning
- d. Regular reassessment, monitoring and review
- e. Engagement with clients and caregivers to support self-management

At the level of service delivery, coordinated care involves:

- a. A cooperative multidisciplinary primary care team with a clearly identified coordinator and defined team roles
- b. Communication processes that facilitate timely interactions among all care partners – including clients and families
- c. Learning communities among health care providers
- d. Evidence based policies, guidelines and protocols
- e. Flexible care provision

At the level of the system, care coordination involves:

- a. Effective resource coordination including fund pooling and the involvement of senior and middle management
- b. Mechanisms for efficient and effective transfer of synchronized information across settings, between clinicians, and between clinicians and clients
- c. Integrated networks of organizations that include linkages between all components of the system.
- d. Collaboration among elements of the system.

### Conceptual Definition

A full **concept analysis** of coordinated care reveals a multi-faceted concept that exists in many forms. In its fullest form, *coordinated care can be conceptualized as consisting of (1) coordination and management of health care services for an individual client to create a comprehensive and continuous experience; (2) coordination of the providers to encourage team work and shared knowledge; and (3) coordination of service delivery organizations to create a network of integrated entities.*

### Implications for Practice

Coordinated care involves horizontal aspects at the client, service level and system level and also at the vertical level in facilitating interaction between levels to ensure smooth operation of the health care system over time and across contexts. Further investigation is required in the areas of partnerships and networks within and between health professionals and collaborative groups.

Achieving person-centered care coordination for people with complex health care needs is multifaceted. Subsequently, it is unlikely that all identified components of coordinated care will be achievable at all levels and in every context. It is important for organizations and health care providers to recognize those elements of coordinated care that are missing and establish the cause of their absence. Additionally, it is appropriate that clients who receive complex health care coordination are supported to identify missing elements, and are involved in establishing the cause and consequence of their absence. There is also an at least equal need to establish which components of coordinated care are key elements, the relationship between key elements and actual or perceived health care outcomes, and the cost-effectiveness of providing or not providing the key elements. However, in doing so, it is essential that already fragmented care delivery is not further fractured.

### Acknowledgments

This briefing is a summary of a research paper (in journal publication review)

Paper Title: **Coordinated care: What does that really mean?**

Available at: [www.gpqld.com.au/Programs/Collaborative\\_Research\\_Hub](http://www.gpqld.com.au/Programs/Collaborative_Research_Hub)

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