Continuity of Care Maturity Model
What is Continuity of Care?
What is Continuity of Care?

Citizens’ Perspective
Non-disruption of care provided to a patient throughout his/her care journey, across care settings and care givers.

Provider Perspective
Alignment of healthcare resources, across care settings, orchestrated in a way that delivers the best healthcare services and value possible for a defined population.
**Traditional Episode of Care**

Patrick
- Heart Surgery in Acute Care facility
- Discharged with no way to monitor

Care Outcome
- Did not properly take medications
- Weight gain
- Emergency Department visit and readmission to hospital

**Coordinated Care Episode**

Patrick
- Heart Surgery in Acute Care facility
- Discharged with mHealth weight scale
- Care coordinator explains best practice follow-up

Care Outcome
- Weight tracked by technology, alerts sent if issues arise
- Care coordinator verifies adherence to medications and therapy regime

**Continuity of Care Value Propositions**
- Reduced chance of re-admission, medical issues
- Alerts for patient and core care team when problems arise
- Patient engagement facilitated
- Consistent coordinated care and care across all care settings
Key Areas of Continuity of Care

- Coordinated treatment
- Reduced Errors
- Care team alerts

- Population health
- Patient specific CDS

- Health information sharing
- Semantic interoperability
- Consolidated EMR

- Personalized alerts, goals
- EMR access, input
- Mobile access
Focus Areas
- Health Information Exchange
- Coordinated Patient Care
- Advanced Analytics
- Patient Engagement
- Organisational Strategy
- Policy Level Initiatives
- IT Systems Capabilities
- Standards, Interoperability
- Security & Privacy
<table>
<thead>
<tr>
<th>STAGE</th>
<th>Continuity of Care Maturity Model Cumulative Capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Knowledge driven engagement for a dynamic, multi-vendor, multi-organizational interconnected healthcare delivery model</td>
</tr>
<tr>
<td>6</td>
<td>Closed loop care coordination across care team members</td>
</tr>
<tr>
<td>5</td>
<td>Community wide patient record using applied information with patient engagement focus</td>
</tr>
<tr>
<td>4</td>
<td>Care coordination based on actionable data using a semantic interoperable patient record</td>
</tr>
<tr>
<td>3</td>
<td>Normalized patient record using structural interoperability</td>
</tr>
<tr>
<td>2</td>
<td>Patient centered clinical data using basic system-to-system exchange</td>
</tr>
<tr>
<td>1</td>
<td>Basic peer-to-peer data exchange</td>
</tr>
<tr>
<td>0</td>
<td>Limited or no e-communication</td>
</tr>
</tbody>
</table>

- **Seamless patient record with automated care support capabilities**
- **Patient Engagement**
- **Care Coordination possible through structural and semantic interoperability**
- **Resolve ID issues, enable Health Information Exchange**
Assessment Steps
Define Care Population
Define Care Settings
Define Stakeholders
HIMSS distributes survey
Completion Phase
Quality Assurance
On-Site Workshops
Analysis & Report
Results Presentation

The patients and citizens served by … .”
Define Care Population

Define Care Settings

Define Stakeholders

HIMSS distributes survey

Completion Phase

Quality Assurance

On-Site Workshops

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Results Presentation

Assessment Steps

Primary Care

Acute Care

Sub-Acute Care

Post-Acute Care

Social/Home Care

Affiliated Ambulatory Private Practice Healthcare Center Regional Primary Care

Rehabilitation Clinic Long-term Acute Care Hospice

Outpatient Surgery Center Dental Care Center Same Day Surgery

Patient Home Group Living Care

Acute Care Facility Specialty Hospital
CCMM – Assessment Steps

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CCMM – Assessment Steps

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  - Responsible: HIMSS
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<thead>
<tr>
<th>Care Settings</th>
<th>Care Setting 1</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compliance Statement 1</td>
<td>Fully Enabled</td>
<td></td>
</tr>
<tr>
<td>Compliance Statement 2</td>
<td>Somewhat Enabled</td>
<td></td>
</tr>
<tr>
<td>Compliance Statement 3</td>
<td>Mostly Enabled</td>
<td></td>
</tr>
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Response options

<table>
<thead>
<tr>
<th>Response options</th>
<th>The capabilities are …</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enabled</td>
<td>… not typically or rarely available</td>
</tr>
<tr>
<td>Minimally Enabled</td>
<td>… available in a limited manner</td>
</tr>
<tr>
<td>Somewhat Enabled</td>
<td>… available roughly half the time</td>
</tr>
<tr>
<td>Mostly Enabled</td>
<td>… generally available most of the time</td>
</tr>
<tr>
<td>Fully Enabled</td>
<td>… almost always or always available</td>
</tr>
</tbody>
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HIMSS Analytics® CCMM – Assessment Steps

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### Care Settings

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OVERALL RESULTS

Stage
Total Achievement
Overall 61%
Clinical 58%
Governance 76%
Info Tech 55%

- Patient Care Coordination
- Patient Engagement & Empowerment
- Analytics
- Health Information Exchange
- Organizational Strategy
- Policy Level Initiatives
- ICT Systems
- Standards & Interoperability
- Security & Privacy
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CCMMM Assessments worldwide
Since CCMM was presented at HIMSS 15, in total 7 health networks were assessed.
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We drive the health IT market in the direction it needs to go

**EMRAM**  
EMR Adoption Model

**O-EMRAM**  
Outpatient EMR Adoption Model

**AMAM**  
Analytics Maturity Adoption Model

**CCMM**  
Continuity of Care Maturity Model

**DIAM**  
Digital Imaging Adoption Model

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**Improved Patient Care and Health IT Insights**