USE CASE

THE CHRIST HOSPITAL HEALTH NETWORK EXPANDS SUCCESSFUL CARE COORDINATION PILOT ACROSS PRACTICES WITH NEW PEOPLE, PROCESSES, AND TECHNOLOGY

The Christ Hospital Health Network (The Christ Hospital) is a nationally recognized, integrated delivery system located in Cincinnati, Ohio that is focused on improving community health and creating patient value by providing affordable care and exceptional outcomes. Anchored by its 555-bed acute care hospital and a network of 200-plus providers, The Christ Hospital delivers primary and specialty care services to more than 200,000 patients through 36 ambulatory clinics and sites.

THE JOB:

To deliver on its promise of improving community health, The Christ Hospital focused on developing—and refining—five core health management competencies:

1. Risk-stratified care management
2. Access and continuity of patient care
3. Planned care for chronic conditions and preventative care
4. Patient and caregiver engagement
5. Care coordination across the community

THE CHALLENGE:

Through a technology collaboration with Enli, The Christ Hospital had demonstrated its ability to improve quality and practice performance measures during its participation in the Comprehensive Primary Care initiative (CPCi). The organization sought to scale the delivery model across its larger network of advanced primary care clinics, and in the process encountered several challenges in addressing the five core competencies:

- Standardization: Rapid hiring of care coordinators complicated the standardization of team-based workflows and clinical activities
- Scheduling: As panels broadened, the sharing of work among providers and staff became more complicated (e.g., vacations, leaves of absence, etc.)
- Administration: System-wide improvement initiatives reduced transparency into common measures such as productivity and efficiency, and negatively impacted management oversight

THE SOLUTION:

In its plan to overcome these challenges and scale care coordination workflows, The Christ Hospital implemented new people, process, and technology protocols and established several key objectives. These included the development of standard care coordination programs for high-need patients, the expansion of existing care coordination programs to 32 additional advanced primary care clinics, and the establishment of systems and metrics to better manage care coordination activities across its clinically integrated network. The Christ Hospital also began to staff differently—introducing new roles and people, and tasking them with new responsibilities. Finally, the organization developed new processes and began to implement new technology: Enli CareManager.

Standardized care delivery workflows targeting high-need patients—informed by EHR data—were extended to care teams through Enli's flexible care team coordination tools. While expanding care coordination programs to the 32 additional advanced primary care clinics, staff-scheduling and capacity-planning capabilities were enhanced through workflow-centric staffing tools designed to support top-of-license work.

THE RESULTS:

- Proactive management of population cohorts and high-risk patients
- Workloads that were dynamically balanced to improve coverage, matching cases to staff
- Increased accountability across the care team

> "We're continuing to look for opportunities to refine and improve our care coordination program. CareManager will play an important role in helping us standardize care team workflows, ensuring that we meet the changing demands and requirements of different patient populations."
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> **Sandra Selman, RN**
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CONTACT US TO LEARN MORE

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About Enli

Enli enables healthcare providers to achieve better outcomes by identifying populations at risk, creating and monitoring care plans, and measuring the efficacy of their care.

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