Achieving truly coordinated care

As global health and social challenges become more complex, traditional service delivery models are struggling to keep pace. Offering a new approach, coordinated health and social outcomes (CHSO)—a person-centered service delivery model comprised of six key elements—can help health and social organizations to achieve better outcomes while creating better experiences for citizens, patients, families, communities, and employees.

Setting the scene

EXAMPLE: UK HEALTH CHALLENGES



28% of people in the most-deprived fifth of England have more than four

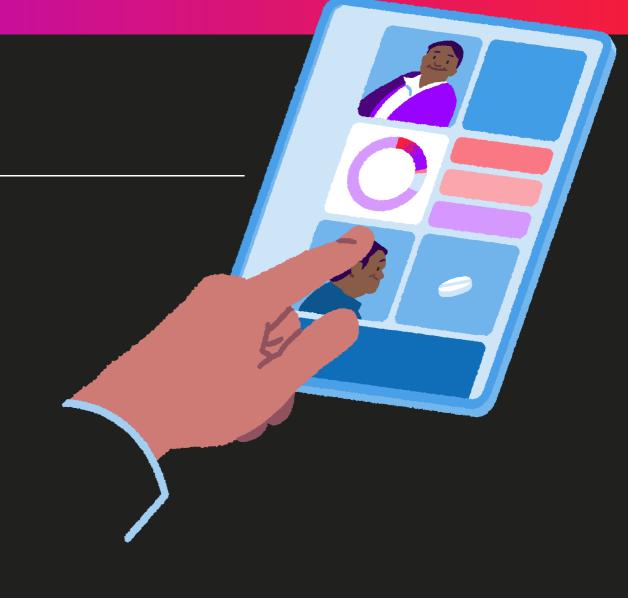
health conditions¹

16%

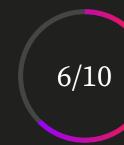
16% of people in the least-deprived fifth of England have more than four health conditions¹

1/3

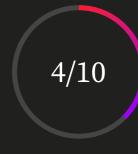
1 in 3 NHS emergency hospital admissions in 2015/16 presented with over five health conditions¹



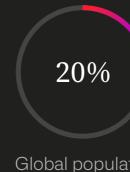
GLOBAL HEALTH RISKS



US adults with a chronic disease²

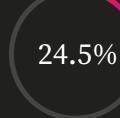


US adults with two or more chronic diseases²



Global population over 60 by 2050³

READMISSION RISK FOR PATIENTS WITH:



Housing instability



Depression



Adherence to treatment is 1.74 times higher in patients from cohesive families and 1.53 times lower in patients from families in conflict.⁵

280 million people around the world are affected by depression.⁶

Engage with multiple health

and social organizations

ELEMENT ONE

Defining the six elements of CHSO

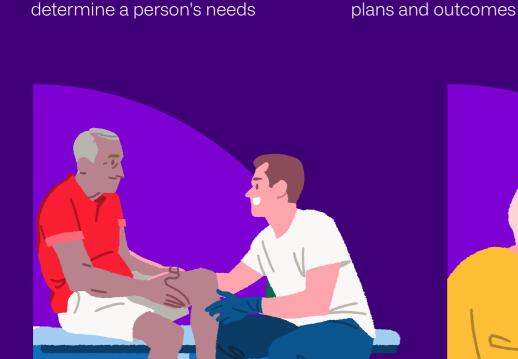
Segmentation

Use advanced analytics to

Segmentation is a vital tool for understanding the health and social needs of populations and

allows organizations to tailor CHSO requirements to three distinct patient cohorts.

Design coordinated



1. Individuals that require services from both the healthcare and social protection systems

Someone who has recently been injured

may become disabled, and will require

support from social care systems as well as medical professionals. Coordinating these services would simplify the process for the individual.



diabetes and is from a low socioeconomic background may be at higher risk of hospital readmission. Strong social support can help to avoid readmission and to ensure the best health outcomes.

An older person who lives alone and who has



Support improvement

of quality of life

social outcomes An individual who has been unemployed for a long time and has a severe health condition may find that improving health outcomes is the best route back

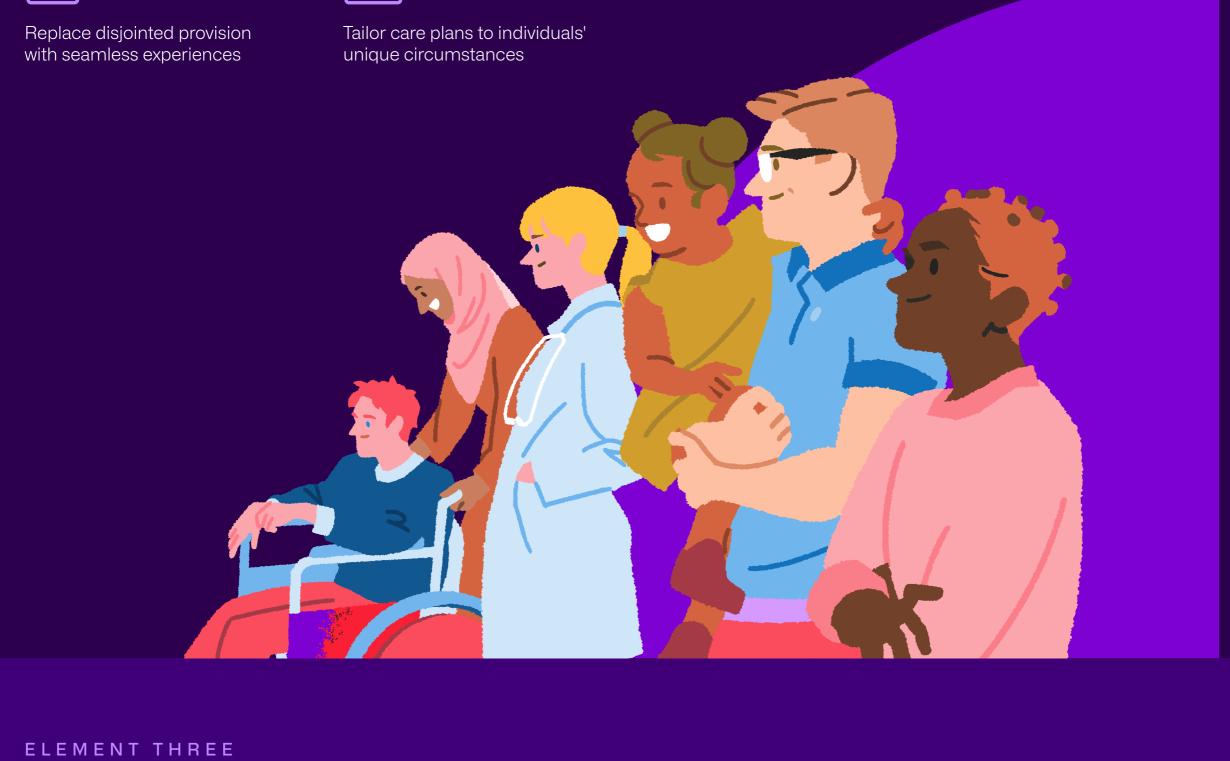
into work.

Coordination

ELEMENT TWO

The CHSO model prioritizes functional coordination, which is the process of identifying all stakeholders in a person's care—hospitals, social services, charities, family and more—and then

planning care around a person's unique needs and goals.



Creating joined-up workflows and seamlessly sharing information between stakeholders is vital for CHSO to operate effectively.

Share data securely,

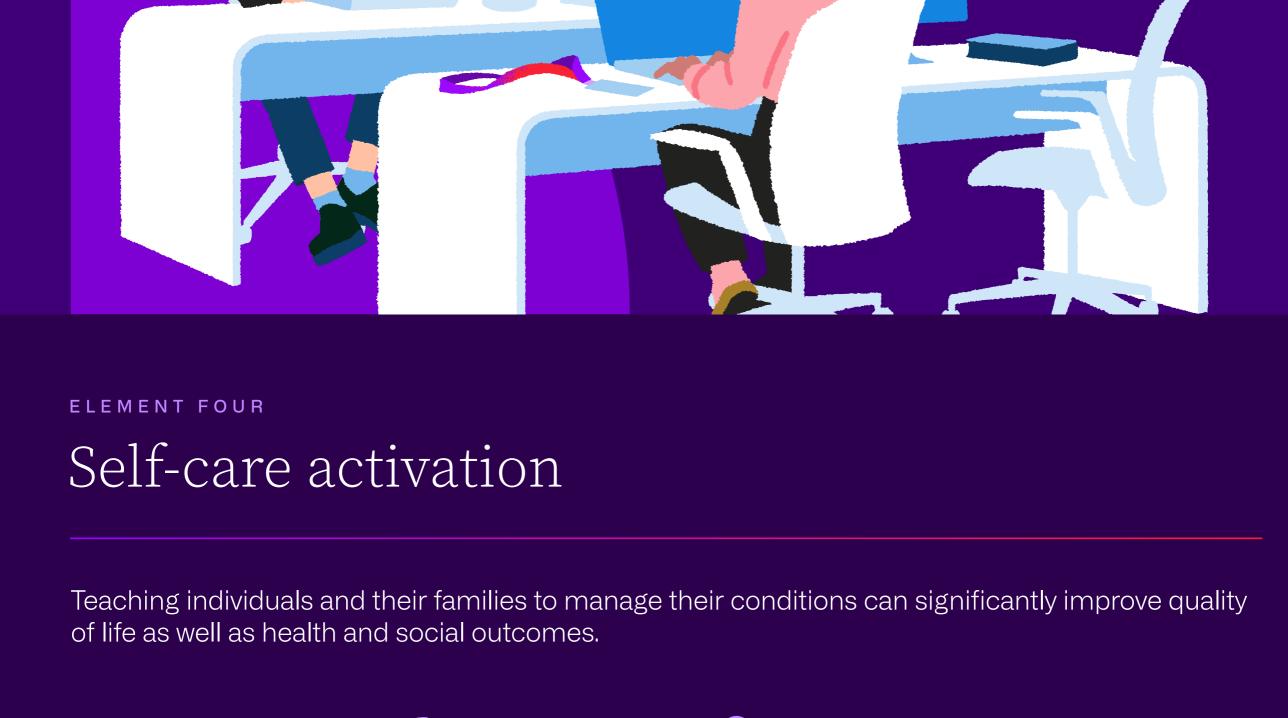
with appropriate consent

Break down information silos

Integration, interoperability

Focus on outcomes

not just processes



Empower and educate individuals, families and communities

Develop strong

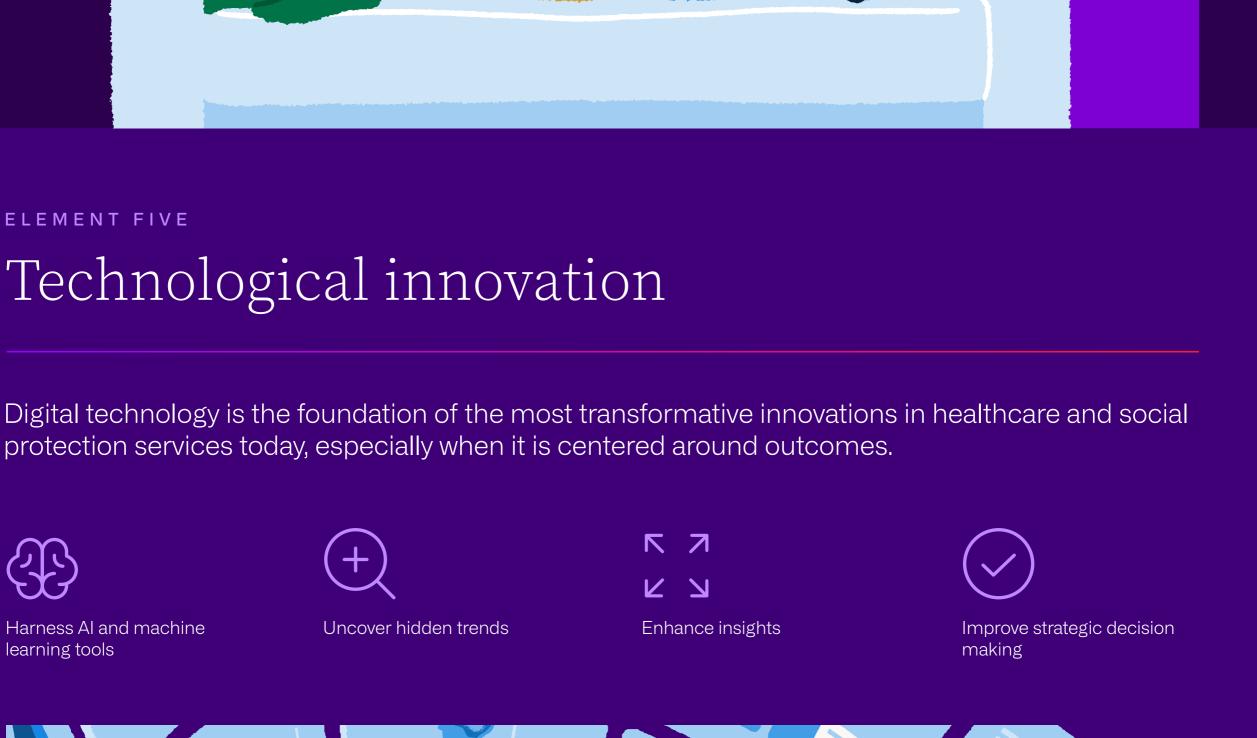
self-care routines

Manage

long-term illness

Use technology to

monitor conditions



ELEMENT SIX Operational transformation



Read the full whitepaper to dive deeper into these 6 elements of CHSO

Learn more



Read the paper

1. M. Stafford, A. Steventon, R. Thorlby, R. Fisher, C. Turton, S. Deeny, "Briefing: Understanding the health care needs of people with 2. CDC: Centers for Disease Control and Prevention, 'Chronic diseases in America'

3. World Health Organization, 'Ageing and Health', WHO Newsroom 4. Navathe, A.S., Zhong, F., Lei, V.J., Chang, F.Y., Sordo, M., Topaz, M. Navathe, S. B., Rocha, R. A., Zhou, L. (2018). Hospital Readmission and Social Risk Factors Identifies from Physician Notes. Health Services Research 53(2), 1110-1136. 5. DiMatteo, M. R. (2004). Social Support and Patient Adherence to medical Treatment: A Meta-Analysis. Health Psychology 23(2),

SPM-3541527771 Rev 1.0