

Comprehensive Care Coordination (C3)

DSS, Inc. has been a catalyst for health care innovation for 30 years. With a focus on clinical and operational excellence, DSS is also continually focused on the future of the patient outcome and patient safety. For example, as the Veterans Health Administration has embarked on a journey to become an enterprise wide HRO, DSS is incorporating the key principles of HRO and VBC into the products and services it provides.

Comprehensive Care Coordination (C3) is a web-based application designed to reduce patient readmission rates by allowing interdisciplinary teams to track and proactively manage admitted and recently discharged Veterans. C3 also supports quick identification of complex, high-risk Veterans and their vulnerabilities which enhances discharge coordination among team members. C3 displays inpatient and outpatient census lists with supportive metrics, as well as individual patient chart information within a singular view. The metrics strive to promote effective post-discharge tracking and compliance efforts that will further reduce a Veteran's risk for readmission.

C3 helps Veterans Affairs Medical Centers operate as an HRO, focused on VBC principles by providing technology that empowers clinical teams to maximize patient safety, quality of care, and operational efficiency.

An **HRO** is an organization that experiences fewer than anticipated accidents or events of harm, despite operating in highly complex, high-risk environments. They are preoccupied with the processes and environment affecting patient safety, as well as how to improve patient safety outcomes.

VBC is a health care delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes. Under value-based care agreements, providers are rewarded for helping patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives in an evidence-based way.

Comprehensive Care Coordination (C3) functionality	Sensitivity to operations	Preoccupation with failure	Reluctance to simplify	Commitment to resilience	Deference to expertise
Real-time patient clinical data (including social factors)	٠	•	•		
Tracking and trending veteran complexity (including high-risk Veterans)	٠	•	•	•	•
Inpatient/Outpatient census grid to help monitor care coordination pre- and post-discharge	•	•	•		•

C3 | Value-based care

- Supports two of the intervention categories defined by the Institute for Healthcare Improvement to help reduce re-hospitalizations: enhanced care and support at transitions and multidisciplinary team management
- Will allow clinicians to get an overview of the inpatient and outpatient care
- Will allow clinicians to monitor consults and future appointments for chronic illnesses post discharge
- C3 application is dedicated in keeping track of Veteran's healthcare progress and coordination pre- and post-discharge
- As a result, C3's platform strives to lower Veteran readmission rates

C3 | Return on investment

- Reduce the amount of emergency department visits, hospitalizations, and readmissions
- Increased health care team collaboration
- Increase clinical awareness of medications and patient records for safer discharges
- Increased awareness of complex Veterans
- Increase monitoring of current active health problems, social and health factors
- Clinicians can more easily communicate with Patient Aligned Care
 Team or PACT members
- Potentially reduce VHA hospital admission rates

