

# Title: The Care Coordination Workforce: Case Studies of Four Health Care Systems

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**Issue:** Healthcare providers are increasingly adopting care coordination systems, aimed at deliberately organizing patient care activities and sharing information among professionals concerned with a patient's care to achieve safer and more effective care. Understanding the configuration of care coordination systems and requirements of workforce roles will assist workforce planning.

**Methods:** Researchers at UCSF and George Washington University conducted 46 semi-structured, telephonic interviews regarding organizational structure, staffing, and payment/financing models with executives, care coordination program directors, social work, nursing, medical, and unlicensed staff engaged in care coordination at four diverse health systems: Bellin Health (urban Wisconsin), the Health Plan of San Mateo (suburban Northern California), Montefiore Health System (urban New York City), and Rush University Medical Center (urban Chicago).

**Findings:** Approaches to staffing and payment for care coordination systems varies widely. Configuration of systems often had historical antecedents with the type of provider who had performed care coordination functions in the past, or related to whether the primary functions were nursing or social services. Care coordination roles for the highest risk patients were typically filled by registered nurses or social workers; using unlicensed personnel for routine care coordination tasks appeared to be a trend. Training was largely on-the-job. Care coordination was viewed as having a positive impact in reducing unneeded emergency room and hospital visits, improving access to primary and specialty care, and addressing the social determinants of health. Financial support models were diverse: some systems used capitated payments from payers; in fee-for-service systems, the programs were supported by the health system's overall budget, while other organizations participated in alternative payment models, such as accountable care organizations.

**Discussion:** The effectiveness of care coordination systems may lie in tailoring interventions to meet the needs of a defined and risk-assessed target patient population. The Institute of Medicine identifies care coordination as a key strategy to potentially achieve more effective and efficient healthcare system yet health insurance reimbursement structures rarely incentivize care coordination efforts. As care coordination develops, policy makers must address issues of workforce rules and payment structures.

**Key Words:** Care coordination; health workforce staffing models; ACOs

**HWRC Website Link:**

[http://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/FINAL\\_Abstract.CareCoordination4CaseStudies.pdf](http://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/FINAL_Abstract.CareCoordination4CaseStudies.pdf)

