

Implementing the Chronic Care Model for the Management of Noncommunicable diseases (NCDs) in the Primary Care Setting

Lecture: Applying Components of the Chronic Care Model

Next, we want to incorporate clinical information systems to streamline and enhance care for chronic conditions.

Health Systems can leverage technology to create a comprehensive patient registry for specific chronic disease, enabling efficient monitoring of patient health status, and minimizing complications.

Key strategies encompass the timely reminders to both providers and patients, pinpointing relevant subpopulations for proactive care, facilitating personalized patient care planning, promoting coordinated care by sharing information with patients and providers, and monitoring the performance of the practice team and care system.

One important feature of a clinical information systems is registries. Registries are a central feature of the Chronic Care Model. There are lists of all the patients with a particular chronic condition in a healthcare organization. Registries provide feedback showing how each professional is performing in providing care for chronic illness. And there used to plan both the individual patient care and the population-based care; registers received data from the patient and their families, as well as the care team. Examples of data that is entered include: data from the patient (such as their personal detail, name, address, and contact details), their clinical diagnosis, information, (such as their current best motor function details about their symptoms, their medication, when their symptoms started when they were diagnosed), and questions about their quality of life.

Information from the healthcare team can include a clinical description of the affected patient, genetic diagnosis, details, and test results.

This generates information to be utilized to facilitate research and clinical trials and improve overall standards of care.

One important potential function of a clinical information system is an automated reminder system. This can help teams to comply with practice guidelines, collect clinical data and generate patient specific reminders and suggestions for physicians at the point of care. This can include reminders to physicians about important preventive care actions such as annual screening tests, which physicians may miss in their overloaded clinical routine. Clinical information systems can be helpful in tracking progress by providing reporting outcomes to patients and providers, organizing patient and population data to facilitate efficient and effective care, providing timely care reminders for providers and patients, and prompting reminders to perform needed labs or exams.

A clinical information system can range from paper-based docket, or card files, to fully functional electronic health records (and everything in between). Whatever the system is it needs to perform optimally.

Let's look further at applying a clinical information system in practice. Relevant patients' subpopulations can be identified for proactive care, such as to notify all the smokers of a new cessation program, invite patients to a group meeting or altering medications if some new therapy is shown to be beneficial.

It allows for individual patient care planning. Care Plan is stored and can be adjusted as the patient routine changes. Information can be shared with patients and providers through printouts care summaries and communications from distant sites. And these are ways to increase efficiency and quality of care provided. Clinical information systems can facilitate the monitoring of performance of the practice team and care system. It can provide feedback on performance of the provider, clinic, or entire system.

This feedback loop is valuable information for us to learn from the interventions being tested and the changes made in the health facilities.