Allscripts® Care Director

/Population Health

Allscripts® Care Director is a web-based solution that helps organizations coordinate outpatient care across the continuum. It fills the gaps, helping organizations move to value-based care, manage total population health, ensure appropriateness of care across all care settings and achieve high-quality outcomes.

How Care Director helps

Making care plans actionable at point of care

Enables providers to access a holistic care plan within their native workflows, so they can get information and communicate back to care navigators with minimal clicks.

Managing risk stratification in the care plan

Helps clinicians use risk stratification to improve outcomes and reduce cost.

Creating a holistic care plan

Assists organizations in creating configurable, evidence-based care plans across multiple clinical and socio-economic conditions.

Focusing on patient referrals

Enables the organizations to leverage referrals for community services through Care Director's patient referral capabilities, so care managers can assign care and receive confirmation of care-acceptance and care results from community services and providers.

Managing chronic Medicare and Medicaid patients

Helps effectively manage chronic Medicaid and Medicare patients using community resources, including partnering with non-clinical agencies to participate in the patients' care with assessments and updates to the patients' care plans.

Achieving better management of co-morbid populations

Empowers healthcare organizations to more effectively manage co-morbid populations, by uniting multiple care plans into one holistic care plan.

Accessing out-of-the-box, evidence-based care plans

Provides immediate access to a comprehensive library of assessments and problem set content.

Challenges we address

- **Turning insights into action—** Managing high-risk, high-utilization and chronically ill patients can help organizations better allocate resources, and track improvements in care.
- **Using configurable and evidence-based care plans—**To deliver coordinated care, providers need a holistic care plan targeted to address multiple clinical and socio-economic conditions.
- **Collaborating across all settings—** It is critical for providers to easily collaborate with other providers, and get shared insights at the point of care, regardless of the electronic health record (EHR) or location.

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All possible

Key features

- **Driving action at the point of care**—With Care Director, care plan actions become tasks in the EHR or Allscripts® Care Director Plan. With those actions displayed as tasks, providers can get through their workflow more efficiently, while providing safer patient care.
- **Guidelines endorsed by industry leaders**—Care Director uses evidence-based assessments to arrive at patient-specific problem identification, as well as access to a library of impactable problem sets to supplement the care plan whenever the patient condition changes.
- **Communication within the workflow**—Providers can use Care Director Plan to connect more effectively with other care settings, including communicating directly within a care navigator's native workflow.
- **Integration with Allscripts CareInMotion™ Engage**—A patient engagement strategy that increases the bandwidth of care coordinators through text-based, automated checkups for wellness, post-acute and chronic disease patients.

Outcomes we deliver

- Provide a more holistic care plan across the continuum, enabling multi-disciplinary care teams to collaborate, and deliver coordinated patient care.
- Collaborate with the community, and participate in community programs with non-clinical agencies, such as the YMCA, to more effectively manage chronic patients.
- Better manage recently discharged patients, by using transition-of-care standards and post-discharge assessments to identify and mitigate readmissions within the critical 30-day window.
- Gain knowledge about patient-specific needs with MotiveCare, which provides patient-specific, problem-based content that enables flexible applications for multiple conditions and care needs. For example, patient care plans can be organized and assembled to meet performance requirements for specific programs, such as MSSP.

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