



Care Coordination Services



Palos Health's Care Coordinators can assist you and your patients at no cost to you or the patient!

Do you have patients who may need extra guidance and support?

Consider referring patients with:

- ◆ Multiple chronic conditions
- ◆ Uncontrolled illness (diabetes, uncontrolled asthma)
- ◆ Cancer diagnosis
- ◆ Frequent or unnecessary ED utilization
- ◆ Trouble with medication adherence, transportation to appointments, or picking up medications

Care coordination nurses can help patients by:

- ◆ Providing ongoing patient and caregiver education
- ◆ Scheduling physician appointments
- ◆ Performing medication reconciliation after hospital discharge
- ◆ Identifying barriers to care and connecting patients with needed community resources
- ◆ Referring to chronic disease management resources
- ◆ Reviewing health maintenance and closing care gaps

Care coordinators can make a difference!

Call: 708-827-CARE or refer through Epic or Palos Link

(Over for more info...)



Care Coordination Services

How does it work?

- Refer a patient by phone or in-basket message care coordination through Epic or Palos Link. (Search: *P care coordination* in the message recipient field)
- Care coordinators call the patient to evaluate the patient for care coordination services.
- Based on their initial evaluation, the care coordinators determine if and how they may be able to help. They spend time talking to the patient to identify patient goals and then call the patient at regular follow-up intervals (e.g. weekly, monthly).
- Patients can then also call to speak to a care coordinator by calling 708-827-CARE (2273).
- All care coordination encounters are documented and can be viewed in Epic or Palos Link.
- Care coordinators may also contact you or your office for more information and to keep you updated on any changes.

Examples of resources and topics care coordinators utilize to help patients and their physicians:

| Care Coordination |
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| AIDS Related Services |
| Adult Day Care |
| Bereavement Resource List |
| Cancer Resource Guide |
| Caregiver's Support - Resource Guide |
| Community Resource Book |
| Comprehensive Rehabilitation Facilities |
| Counseling Services |
| Food Pantries |
| Home Delivered Meals |
| Home Health Care Services |
| Home Services Placement Agencies |
| Homecare Services Agencies - Hourly |
| Hospice Providers |
| Medicar Services |
| Nursing Homes with Dialysis |
| Palliative and Supportive Care |
| Pharmacy Resources |
| Physicians Who Make House Calls |
| Shelters - Homeless |
| Skilled Nursing and Rehabilitation Facilities |
| Substance Abuse Treatment Resource |
| Support Hotlines |
| Transportation Options |
| Universal Respiratory and DME Order Form |
| Waiver SNF Facility List for Next-Gen ACO |
| Waiver SNF Next-Gen Education |
| Waivers Providers for NGACO |

You or your office staff can easily refer a patient for care coordination services.

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