Care Coordination
Efficient Referral Management and Quality Intelligence Supporting Value-Based Incentives

Care Coordination with Medecision's digital platform, Aerial™, enables providers to automate manual, tedious referral tasks while reducing turnaround times to ensure timely care delivery and improve patient health and satisfaction.

Automation increases operational efficiency and improves turnaround times
Efficient, automated workflows with client-configurable auto-routing and auto-approval rules reduce paperwork, and speed processing so you can increase your staff's throughput and lower your costs.

Manage network leakage through preferred provider set-up
Manage simple to complex provider rosters for preferred and in-network providers and seamlessly guide referrals to high-quality providers to reduce out-of-network costs.

Quality intelligence supports care quality and value-based care incentives
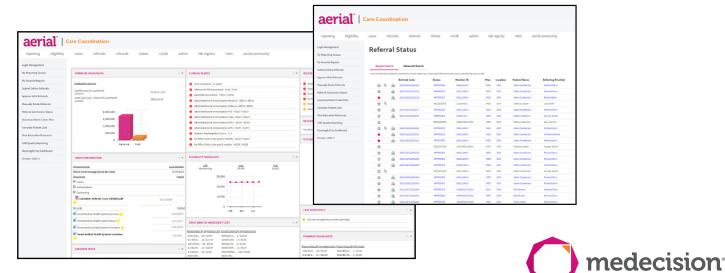Build clinical alerts to help you proactively manage gaps in care and support other pay-for-performance programs.

Robust reporting saves costs and improves decision making
Aerial™ can ingest and analyze a variety of clinical data—including lab, pharmacy, authorization, diagnosis, and procedure information—to provide actionable information that helps you reduce staff workloads and improve operational efficiency.

Improved member and provider experience
Faster, more efficient referrals to necessary healthcare services improves outcomes and increases satisfaction for both providers and patients.

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Challenge	Impact of Using Aerial™ for Care Coordination
Information sharing	• Secure, bidirectional communication with automatic referral management and authorization tools reduces paper and supports best practice workflows • Physician dashboard provides each physician access to critical patient data, announcements, and key documents with a configurable view to emphasize information and actions that are most relevant to the user
Referral management	• Submission and status tracking of referrals for individuals and populations via filterable lists with drilldown improves turnaround times • Robust, client-configurable referral intelligence rules automate and expedite routing and approvals, trigger workflow, and prevent care delivery delays • Ability to direct members to preferred providers reduces network leakage and ensures better care and financial outcomes • Real-time generation of referral letters creates a better patient experience
Care coordination	• Complete patient picture including hospitalizations and discharges, patient history, and other activity facilitates care continuation • Client-configurable clinical alerts remind users of required actions such as clinical screenings to close gaps in care and address other pay-for-performance metrics, with drilldown to facilitate outreach
Data aggregation	• Member-centric view aggregates a full range of lab, pharmacy, authorizations, diagnosis and procedure information about the patient into daily care delivery
Reporting	• Suite of reports and dashboards covering financial, utilization, and gaps in care • Customize the reporting suite and measures so they are relevant to your specific business needs, with real-time, actionable information and drill-down capability for detailed analysis

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