

Title (en)

CNA-GUIDED CARE FOR IMPROVING CLINICAL OUTCOMES AND DECREASING TOTAL COST OF CARE

Title (de)

CNA-GEFÜHRTE PFLEGE FÜR VERBESSERTE KLINISCHE ERGEBNISSE UND VERRINGERUNG DER PFLEGEGESAMTKOSTEN

Title (fr)

SOINS GUIDÉS PAR CNA POUR AMÉLIORER LES RÉSULTATS CLINIQUES ET DIMINUER LES COÛTS TOTAUX DES SOINS

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Application

**EP 17869390 A 20171109**

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Abstract (en)

[origin: WO2018089584A1] The described invention provides a method, a system and non-transitory computer readable medium storing computer program instructions that when executed on a processor cause communicatively linked clinical outcome tracking and analysis modules to perform operations that use CNA-guided care to improve clinical outcomes at a specific patient level and to decrease total cost of care at the population level. Computer program instructions when executed on a processor comprising a first clinical outcome tracking and analysis module causes the first clinical outcome and tracking module to account for biological variance up front by grouping patients in the patient population, thereby effectively removing biological variance as a factor in value of care, and leaving treatment variance as a predominant factor in treatment outcome by receiving, sorting, and classifying personal health information, the latter by generating and assigning a plurality of Clinical outcome tracking and analysis Nodal Addresses (CNAs), each CNA representing a discrete punctuated string of digits comprising a prefix, a middle and a suffix that each represent a set of preselected variables that partition the sorted and classified information into a clinically relevant set of information. The first clinical outcome tracking and analysis (COTA) module tracks consequences of treatment choices and reports on outcomes associated with the use of these CNAs. CNA-guided care, which has two faces, operates through the application of CNAs, and is formed by the triad of a health care provider, a payer, and the patient who is suffering from a disease. The first face, the enabling tool, comprises interactions between a medical care provider, a computer containing a processor comprising a first clinical outcome tracking and analysis (COTA) module, a first client device comprising a second COTA module that is communicatively linked to the first COTA module via a network, and a payer. The payer transmits to the processor comprising the first COTA module via the second COTA module information identifying a health care service under consideration for the patient whose health plan benefits cover the service and other variables selected by the payer. In response, the first COTA module transmits to the second COTA module, (1) the clinical outcome data for the appropriate CNA, (2) the behavioral variance data for each medical provider at the appropriate CNA; (3) a cost report comprising cost data in real time for treating each patient in the patient population assigned to the appropriate CNA; and (4) one or more graphic analyses correlating cost of care to clinical outcome. If this information is sufficient to establish that the medical service is an appropriate delivery or level of service, considering potential benefits and harms to the patient; that the medical service is effective in improving health outcome by improving clinical outcomes and reducing total cost of care; that the service is cost-effective for the medical condition being treated and the clinical outcome, compared to alternative health interventions or no intervention; and that the service follows generally accepted medical practice, the payer then can approve payment to the medical care provider for the service. The second face, which comprises interactions between the computer containing a processor comprising the first COTA module, a second client device comprising a third COTA module that is communicatively linked to the first COTA module via a network and the patient provide for communications between the processor comprising the first COTA module and the communicatively linked third client device comprising the third COTA module that provide information sufficient for a complete medical evaluation of the patient and for assigning a CNA to the patient. The CNA then is used to enable a patient with a condition to select an optimal care plan with a reduced risk of adverse variance and a medical professional based on geography, clinical outcome, cost and other patient-set criteria within the CNA. The assigned CNA can be associated with one or more bundles of predetermined patient care services for treatment of the condition, which can provide a predetermined course of treatment, cost certainty, or both. Once the patient selects a medical professional that meets one or more of geographical, cost and clinical outcome needs of the patient, the first COTA module can be communicatively linked to a computing device at the selected medical professional's office to facilitate scheduling of an appointment.

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