

Care in Motion

— Building a Better-Connected Care Playbook

Healthcare does not have only an information problem. It has a follow-through problem.

A well-designed play does not guarantee the outcome. Success depends on clear roles, coordinated execution, and a seamless handoff.

Healthcare requires the same coordination. A member/patient may move among a health plan, hospital, provider, pharmacy, and care management team. Information may travel with them, but responsibility does not always move clearly.

An alert may reach an organization without identifying who should respond. A referral may be submitted without confirming that care was received.



The information may have moved. The care journey may not have.

A complete handoff should clarify what changed, who needs to know, who owns the next action, and how completion will be confirmed.

— CMS is Looking Beyond the Individual Encounter



In the proposed 2027 Medicare Physician Fee Schedule, CMS proposes recognizing the additional resource costs incurred by ACO practitioners when providing longitudinal care, including total cost accountability, quality reporting, and care coordination.

Although the proposal is most directly relevant to ACOs and participating providers, it reflects a broader reality: performance is shaped by what happens across encounters, organizations, and periods of care.

Is your organization measuring performance within individual encounters, or across the full care journey?

<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2027-medicare-physician-fee-schedule-proposed-rule>



— See the Full Field

A **2025 JAMA Network** Open review of **83 studies** found that follow up within **30 days** of hospital discharge was associated with lower readmission risk among adults **aged 65 and older**. The benefit of follow up within seven or **14 days** was concentrated among older adults with heart failure or acute myocardial infarction.

The findings point toward targeted follow up rather than the same response for every patient.



Does your team have the visibility to identify who needs the fastest follow up and the workflow to act in time?

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2840895>



— Make Ownership Clear



The American Medical Association recently highlighted the **PASS** approach to physician handoffs. The framework communicates patient status, essential information, required actions, possible changes, and confirmation by the receiving clinician.

Although created for clinical sign outs, its larger lesson applies across healthcare: a reliable handoff should identify the next action, its owner, its timing, and how completion will be confirmed.

When care changes hands, who is accountable for calling the next play and ensuring every action has a clear owner?

<https://www.ama-assn.org/medical-residents/residency-life/improving-verbal-sign-outs-one-simple-method-you-need>



— Confirm the Completion

A referral is not the same as a completed visit. An authorization is not the same as access to care. An alert is not the same as an intervention.

Organizations can look beyond whether information was exchanged and measure whether:

- ✓ **The next action had a clear owner**
- ✓ **The action occurred within the expected time-frame**
- ✓ **Barriers were identified and escalated**
- ✓ **Completion was visible to the appropriate teams**

The information moved. The stronger measure is whether the care journey moved with it.



Is your organization measuring the movement of information, or the completion of the next step?

— Inside the Red Zone

In football, the red zone requires precise execution because every decision carries greater consequences. Healthcare has its own red zone moments, when a missed action can disrupt the next stage of care.

A stronger playbook connects each moment to a defined response:

Hospital Discharge

Assign responsibility for outreach and confirm follow up.

Is your team measuring whether outreach resulted in completed care and using outcomes to determine where the TCM process, timing, or ownership needs to change?

New Diagnosis / Medication

Update the care plan and confirm the individual understands what comes next.

Beyond documenting education, how are you confirming that the patient understands the change and has what they need to follow the care plan?

Emergency Department

Notify the appropriate team and reassess individual's risk and care needs.

Does every player understand how their role can influence avoidable ED utilization and the value they bring to impacting patient outcomes?

Authorization Decision

Communicate the outcome and coordinate the next step in care.

Once the decision is issued, who owns the next move, and how do you know the patient ultimately accessed the approved care?

Specialist Referral

Confirm the appointment was scheduled and the necessary information was received.

Are specialists consistently closing the loop with timely consult notes and clear recommendations, or is it time to build a stronger referral roster?

Missed Follow Up

Identify the barrier, reengage the individual, and determine care plan changes.

Are missed follow-ups treated as scheduling issues, or as signals of transportation, cost, or engagement barriers requiring a new strategy?

The goal is not to call the same play for every event. It is to match each high-risk moment with clear action, an accountable owner, and confirmation that the next step was well planned and executed.

— August 2026 CMS Newsroom Updates

Aug 3 Health Technology Ecosystem Marks One Year

<https://www.cms.gov/newsroom/press-releases/readout-cms-celebrates-delivery-health-technology-ecosystem-one-year-after-launch>



Aug 4 Medicaid Toolkit for Applied Behavior Analysis Services

<https://www.cms.gov/newsroom/press-releases/cms-launches-new-state-toolkit-protect-children-autism-strengthen-oversight-applied-behavior>



Aug 7 Proposed RAPID Medical Device Coverage Pathway

<https://www.cms.gov/newsroom/fact-sheets/regulatory-alignment-predictable-immediate-device-coverage-pathway-cms-3487-nc-procedural-notice>



Aug 10 Washington Public Health Emergency Flexibilities

<https://www.cms.gov/newsroom/news-alert/cms-announces-resources-flexibilities-assist-public-health-emergency-state-washington>



Aug 11 Medicaid and CHIP Funding Final Rule

<https://www.cms.gov/newsroom/press-releases/cms-ends-federal-medicaid-chip-funding-sex-rejecting-procedures-children-youth>



Closing Perspective

The strongest healthcare playbook does more than move information. It establishes ownership, directs attention to the people most likely to benefit, and confirms that the next step occurred.

Every handoff influences the outcome, and clear ownership determines what happens next. Sometimes strengthening performance means adding the right people, partners, and capabilities to keep the organization's game day ready.

— References

Centers for Medicare & Medicaid Services. Calendar Year 2027 Medicare Physician Fee Schedule Proposed Rule. July 14, 2026.



Balasubramanian I, et al. Outpatient Follow Up and 30 Day Readmissions. JAMA Network Open. 2025.



American Medical Association. Improving Verbal Sign Outs: One Simple Method You Need. July 23, 2026.

