Modern healthcare is challenging organizations to deliver pervasive coordinated care across multiple care settings, and has presented concerns surrounding efficiency and accuracy. Continuity between care settings is increasingly crucial to clinical and financial success. Enhance and expand the coordination of care with the HIMSS Continuity of Care Maturity Model (CCMM).

The stages of the model are as follows:

**Stage 7**

**Stage 6**
- Dynamic intelligent patient record tracks closed loop care delivery and multiple care pathways/protocols for each patient along with patient compliance tracking. Organizational, pan-organizational, and community-wide Clinical Decision Support (CDS) and population health tracking. Policies address non-compliance.

**Stage 5**
- Community-wide patient record with integrated care plans and bio-surveillance. Patient data entry, personal targets, alerts are available. Patient data aggregated into a single cohesive record. Mobile tech engages patients. Community wide identity management. Best clinical practices are derived from care community healthcare data and operationalized across the community (continuous quality improvement and adaptation).
Stage 4
Shared care plans track, update, task coordination with alerts and reminders. E-prescribing. Pandemic tracking and analytics is in place. All care team members have access to all appropriate data. Semantic data drives actionable Clinical Decision Support and analytics. Comprehensive audit trails. Policies are in place for collaboration, data security, mobile device use, and interconnectivity between healthcare providers and patients.

Stage 3
Multiple entity clinical data integration. Regional/national PACS. Electronic referrals, consent are in place. Telemedicine is being used. Aggregated clinical and financial data. Medical classification and vocabulary tools are pervasive. Mobile tech supports point of care. Data governance across varied internal and external organizations is coordinated.

Stage 2
Patient record is available to multi-disciplinary internal and tethered care teams. EMR exchange is occurring on a limited basis. Immunization and disease registries for all patients. There is a patient-centered clinical data presentation. Pervasive electronic automated ID management for patients, providers, and facilities. Policies drive clinical coordination and semantic interoperability. Change management process is documented and standardized.

Stage 1
Limited shared care plans outside the organization. Leverage 3rd party reference resources. Basic alerts are in place. Some externally generated data incorporated into patient record. Policies for Continuity of Care strategy, business continuity, disaster recovery, and security & privacy are in place. Data governance is active.

Stage 0
Engaged in EMRAM maturation. Data is isolated. Governance is informal and undocumented.

For more information visit: www.himssanalytics.org/CCMM