The Case for AI Grounded in Care Coordination

Why AI is only as effective as the coordination workflows underneath it

Healthcare leaders are under pressure to reduce readmissions, improve transition performance, and capture reimbursement tied to follow-up care. Many are turning to AI agents designed to scale communication after discharge or between visits.

But outreach volume is not the same as care coordination.[1]

AI applied to fragmented workflows cannot ensure patients are prioritized, follow-up happens on time, or issues are resolved—all of which drive readmission exposure.

The organizations seeing the strongest performance already have reliable coordination in place across teams and through each stage of follow-up. In these environments, AI extends what's already working.

CipherHealth has spent more than 15 years building clinically-proven workflows across inpatient rounding, transitions of care, and post-discharge outreach. That experience shapes how we apply AI today. This whitepaper examines the mistakes organizations make when AI is deployed before that foundation is in place—and what it takes to get it right.

More outreach doesn't equal better care

Many healthcare AI-first solutions are built to increase patient contact rates through AI Agents—automating outreach across voice, text, and chat.

This outreach-first approach can help teams:

- Send appointment reminders
- Complete outreach at scale
- Collect patient responses and answer questions
- Reduce the manual calling burden

But when AI substitutes for coordination, the result is activity without accountability.

More interactions occur, but the right patients aren't prioritized, timing windows get missed, and handoffs break down. The infrastructure needed to act on what patients report simply isn't there. As a result, organizations see little improvement in readmissions or transition performance.

[1] In this paper, "care coordination" refers to workflows that ensure follow-up, rounding, and transitions that execute reliably across the patient journey. "Coodination" is also used as shorthand throughout.

➔ **Pro-tip:** Check what you're measuring. If your team tracks contact rates and completed outreach, you're measuring activity—not whether care coordination actually happened.

[Callout box for design] Proof point: Callbacks within 2 hours linked to lower 30-day readmissions

CipherHealth's analysis of over 100,000 post-discharge interactions found that patients who received a callback within two hours had significantly lower 30-day readmission rates, demonstrating that transition performance improves when coordination workflows are executed promptly and accurately, and not by scaling outreach alone.

AI won't fix broken care coordination workflows

The biggest mistake organizations make today is applying AI before making sure coordination workflows execute reliably across transition. While AI agents may be accessible and fast to deploy, plugging gaps with automation isn't the same as closing them.

For example, a patient who just received a new comorbidity diagnosis and needs to speak with a clinician doesn't need an automated outreach; they need a system that identifies them, routes them correctly, and confirms the follow-up happened.

➔ **Pro-tip:** Before adding AI, map where coordination breaks down today. AI won't fill those gaps—it will make them harder to ignore.

[Sidebar for design] AI evaluation checklist for Transitions of Care (TOC)

Use this checklist to assess the maturity of your care coordination infrastructure and whether an AI solution operates within it to improve coordination performance.

☐ Yes ☐ No — Does the AI prioritize the right patients within defined workflows, not just based on conversational triggers?
☐ Yes ☐ No — Does it ensure follow-up occurs as part of Transitional Care Management (TCM) and other value-based workflows, not just outreach automation?
☐ Yes ☐ No — Does it coordinate actions across care teams and transitions, not just within a single interaction channel?
☐ Yes ☐ No — Does it close the loop on unresolved issues through structured escalation, not just flag them?
☐ Yes ☐ No — Does it improve measurable coordination outcomes, not just contact completion rates?
☐ Yes ☐ No — Does the AI operate inside governance-approved workflows already used by clinical teams?

If you answered "No" to most of these, the solution may increase contact volume but will not necessarily improve coordination across transitions of care or deliver measurable gains in

readmissions reduction, reimbursement capture, and operation efficiency. Coordination performance depends on workflows driving follow-up—not just technology that increases outreach activity.

Complex patients require more than automated outreach

As organizations extend automation into higher-acuity populations, the stakes of care coordination gaps grow significantly. These patients often include those recently discharged with conditions such as CHF, COPD, OB, or pneumonia, requiring close monitoring and follow-up.

Complex transitions depend on:

- Multi-step follow-up workflows
- Coordination across care teams
- Time-sensitive outreach and escalation
- Live transfer when needed
- Resolution tracking
- Visibility into which patients need attention first

Unlike routine outreach, these transitions are dynamic. Patient needs can change quickly after discharge and gaps in follow-up can quickly lead to avoidable complications. AI delivers the strongest results when applied within these workflows—not just around them.

➔ **Pro-tip:** For complex patients, outreach is just the beginning. What matters is whether the right care team member was notified, acted, and closed the loop.

[Call out box for design] Proof point: Reduced readmission rates among high risk patients drive nearly $2M in savings

Middlesex Hospital partnered with CipherHealth to specifically support follow-up for CHF and COPD patients, enabling earlier intervention before issues escalated. In early evaluations of the program they prevented 120 readmissions, contributing to approximately $2M in savings, and achieved a 72.9% engagement rate. Patients who engaged saw lower readmissions—including a 9.9% reduction for COPD and 3.4% for CHF—demonstrating that outcomes improve when follow-up is dependable across all points of care.

Why care coordination-grounded AI performs differently

There's a difference between AI that simply talks to patients and AI that ensures care teams follow through. That distinction matters.

Comparing AI Agents vs. Care Coordination-grounded AI

AI Agents	Care Coordination-grounded AI
Automate outreach	Automates outreach + **Ensures workflows execute**
Improve contact rates	Improves contact rates + **Improves transition performance**
Support patient interactions	Supports patient interactions + **Supports coordination across teams**
Capture patient responses	Captures patient responses + **Closes coordination loops**

Instead of isolated interactions, care coordination-grounded AI creates oversight. Each patient signal leads to action, each action is tracked, and each issue is followed through to resolution. Even without adding staff, this is what allows organizations to consistently improve outcomes across the care journey.

[Call out quote for design]

“CipherHealth supports real interaction with patients that leads to action, not just messaging.”
-Rani Morrison, MS, MSW, LCSW, FACHE, Chief Diversity and Care Continuum at University of Illinois Health

CipherHealth’s approach: Proven care coordination workflows, strengthened by AI

For more than 15 years, CipherHealth has worked alongside health systems and care teams to make transitions of care—bringing consistency, clarity, and accountability to workflows across the patient journey.

With clinician-approved workflows in place, care teams can:

- Identify which patients need follow-up first
- Trigger outreach at the right time after discharge and across transitions of care
- See when follow-up steps are completed—or missed—across teams
- Route patient-reported issues to the appropriate team for action
- Track whether issues are resolved and escalate if not

Because rounding and outreach operate within a single platform, context captured at the bedside travels with the patient, automatically triggering follow-up and giving care teams full visibility into what was flagged before discharge.

AI-driven priority scores further strengthen these workflows by continuously refining who needs attention and when, drawing on recent activity, patient feedback, and predicted likelihood of a negative experience. No context is lost as patients move from inpatient care to discharge to follow-up.

[Call out box for design] Proof point: $15M saved with a centralized callback program

Intermountain Healthcare partnered with CipherHealth to build a structured post-discharge outreach program and replace fragmented workflows. With 20-minute callback times and streamlined documentation, they achieved timely follow-up across 33 hospitals and 400+ clinics, helping patients resolve issues early. This coordinated approach—not outreach volume—reduced readmissions and delivered nearly $15 million in savings.

Where to start

Everything starts with care coordination workflows that execute consistently, at scale. Without them, AI only creates more activity, not better clinical, operational, or financial outcomes across transitions of care.

That foundation doesn't have to be created from scratch. CipherHealth's coordination workflows are already built and strengthened by AI—deployed meaningfully across inpatient rounding, transitions of care, and post-discharge outreach. Organizations aren't choosing between building care coordination infrastructure and deploying AI. With CipherHealth, they're doing both at once.

Think your workflows are ready for AI? Let’s find out. Schedule a Care Coordination Workflow Assessment to see what’s working—and where strengthening them can unlock measurable outcomes.