# The Care Coordination Clinical Reasoning Systems Model: Advancing the OPT Model for Advanced Practice Nursing Education and Practice

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## Abstract

The changing landscape of healthcare delivery demands that advanced practice nurses possess sophisticated clinical reasoning skills that extend beyond individual patient care to encompass systems-level thinking and interprofessional team coordination. This article introduces the Care Coordination Clinical Reasoning (CCCR) Systems Model, an innovative framework that builds upon the established Outcome-Present-State-Test (OPT) Model of Clinical Reasoning. The CCCR model integrates patient-centered, team-centered, and organizational-centered systems thinking to support the complex clinical reasoning required for effective care coordination in contemporary healthcare contexts. By incorporating the Competing Values Framework and Value Network Analysis, the model provides nursing educators, students, and practitioners with structured tools and strategies to navigate the multifaceted challenges of coordinating care across settings, disciplines, and healthcare delivery systems. This article explicates the theoretical foundations, practical applications, and educational implications of the CCCR model, demonstrating its utility as both a teaching-learning strategy and a framework for advancing nursing practice in accountable care organizations and interprofessional team environments.

**Keywords:** clinical reasoning, care coordination, OPT model, systems thinking, nursing education, advanced practice nursing, interprofessional collaboration, value network analysis, competing values framework

## Introduction

Healthcare reform initiatives and the evolution toward accountable care organizations have fundamentally transformed the role of professional nurses, particularly advanced practice nurses (APNs), in coordinating patient care across complex healthcare delivery systems (Patient Protection and Affordable Care Act, 2010; Stanley, Werner, & Apple, 2009). The American Nurses Association (ANA, 2015) defines care coordination as "the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services." This definition underscores the collaborative, multi-stakeholder nature of contemporary nursing practice and the sophisticated clinical reasoning skills required to navigate increasingly complex healthcare environments.

Professional nurses have historically served as the healthcare professionals primarily responsible for coordinating patient and family care. Advanced practice nurses are particularly well-positioned to provide care coordination and case management in the context of healthcare reform (Craig, Eby, & Whittington, 2011). Research demonstrates that APN-led care models consistently deliver better coordinated care at lower costs for patients with multiple social and healthcare needs. However, the full realization of this potential depends on APNs being able to practice to the full extent of their education and licensure (Institute of Medicine, 2003).

Despite the recognized importance of care coordination competencies, nursing education has lacked comprehensive frameworks to systematically develop the complex clinical reasoning skills required for this multifaceted role. Traditional clinical reasoning models, while valuable for individual patient care, do not adequately address the systems-level thinking, interprofessional collaboration, and organizational dynamics inherent in care coordination activities. This gap in educational frameworks limits the preparation of nursing students and the ongoing professional development of practicing nurses for the demands of contemporary healthcare delivery.

## Background: The Outcome-Present-State-Test (OPT) Model of Clinical Reasoning

The Outcome-Present-State-Test (OPT) Model of Clinical Reasoning, developed by Pesut and Herman (1999), has been extensively utilized in nursing education to structure and support clinical reasoning development. The model has garnered over 3,680 citations in the scholarly literature, demonstrating its widespread adoption and impact on nursing education and practice. The OPT model provides a visual representation of the concurrent

consideration of multiple patient problems and issues, supporting the development of critical, creative, and reflective thinking skills essential for professional nursing practice.

The core components of the OPT model include:

- Filter, Frame and Focus: Juxtaposing the present state with a desired outcome state
- Clinical Reasoning Web: Visual representation of relationships between patient problems and issues
- Keystone Issue: Identification of the central problem that, if addressed, will positively impact other issues
- Testing: Ongoing evaluation of interventions and their impact on outcome
- Reflection: Metacognitive monitoring of clinical reasoning processes

While the OPT, model has proven invaluable for developing clinical reasoning at the individual patient level, the increasing complexity of healthcare delivery systems and the emphasis on care coordination across settings necessitates an expansion of the model to incorporate systems-level thinking and interprofessional collaboration dynamic (Pesut, 2025a;2025b;2025c;2025d).

## The Care Coordination Clinical Reasoning (CCCR) Systems Model

The Care Coordination Clinical Reasoning (CCCR) Systems Model extends the foundational principles of the OPT model to address the multilevel, multidimensional nature of care coordination in contemporary healthcare contexts ( Kuiper, Pesut & Arms, 2016). The CCCR model provides structures and strategies to support the critical, creative, systems, and complexity thinking needed to define and juxtapose present patient and family healthcare concerns with desired health outcomes within the context of interprofessional care and healthcare delivery systems.

### Theoretical Foundations and Essential Thinking Skills

The CCCR model is grounded in multiple theoretical frameworks that collectively support the development of sophisticated clinical reasoning for care coordination:

#### Critical Thinking

Critical thinking encompasses the cognitive activities advanced practice nurses employ for clinical reasoning in care coordination contexts, driven by the values inherent in each situation. These activities include questioning, analysis, synthesis, interpretation, inference, induction, deduction, intuition, application, and creativity (AACN, 1998). In care coordination, critical thinking extends beyond individual patient assessment to encompass evaluation of system resources, interprofessional team dynamics, and organizational capabilities.

### Creative Thinking

Creative thinking involves metacognitive processes that support clinical reasoning through generating associations, attributes, elements, images, and operations to solve problems (Pesut, 2008; Schunk, 2012; Treffinger & Isaksen, 2005). In care coordination, creative thinking enables practitioners to envision innovative solutions to complex care challenges, develop novel approaches to resource allocation, and design patient-centered interventions that transcend traditional disciplinary boundaries.

### Systems Thinking

Systems thinking represents metacognitive processes for describing and understanding the forces and interrelationships that shape system behaviors, including interactive feedback loops (Richmond, 1993; Senge, 1990). For care coordination, systems thinking enables practitioners to recognize patterns, identify leverage points for intervention, and anticipate the ripple effects of decisions across the healthcare delivery system. This perspective is essential for navigating the complex interdependencies between patient needs, team capabilities, and organizational resources.

### Complexity Thinking

Complexity thinking involves metacognitive processes regarding relationships and recursive nonlinear pattern recognition associated with the identification and creation of clinical reasoning webs, patient care needs, and nursing care responses (Capra, 1996; Gleick, 1987; Pesut, 2008; Wheatley, 1999). Care coordination inherently involves managing complexity, as multiple interacting variables—patient factors, family dynamics, team composition, resource availability, organizational policies—simultaneously influence care processes and outcomes.

### Self-Regulation Perspectives

The CCCR model incorporates metacognitive self-regulation across three levels of systems thinking: patient-centered, team-centered, and organizational-centered. This multi-level self-regulation enables practitioners to monitor and adjust their reasoning processes in response to feedback from each system level, ensuring alignment between individual patient needs, team capabilities, and organizational resources.

## Care Coordination Essential Needs

Survey research examining various care coordination models and programs reveals essential needs that must be addressed in each case management situation to guide plans of care toward successful outcomes (Haas, Swan, & Haynes, 2014). The CCCR model organizes these essential needs into eight core components:

1. Needs Assessment: Comprehensive evaluation of patient, family, and system requirements
2. Medical Care Services and Testing: Coordination of diagnostic and therapeutic interventions
3. Evaluation of Capacity, Resources, and Skills: Assessment of patient, family, and system capabilities

4. Individualized Plan of Care: Development of tailored, patient-centered care strategies
5. Monitoring and Safety: Ongoing surveillance and risk management
6. Coaching and Educating: Patient and family empowerment through education
7. Promoting Self-Management: Facilitating patient autonomy and self-efficacy
8. Team Collaboration: Coordinating interprofessional teamwork and communication

## The Flow of Thinking Through Three Levels of Perspective

A distinctive feature of the CCCR model is its explicit attention to three interrelated levels of systems thinking, each employing different combinations of thinking skills:

### Patient-Centered Systems Thinking

At the patient-centered level, practitioners integrate critical thinking, creative thinking, self-regulation, and systems thinking to understand the patient's unique situation within the broader healthcare context. This level focuses on understanding the patient's story, identifying nursing domains and medical diagnoses, mapping relationships between problems through clinical reasoning webs, and determining keystone issues that, when addressed, will create positive cascading effects across other problems. The OPT model's core components—framing, testing, and reflection—guide reasoning at this level.

### Team-Centered Systems Thinking

The team-centered level incorporates creative thinking, complexity thinking, and systems thinking to navigate interprofessional collaboration dynamics. This level introduces the Competing Values Framework (described below) to help practitioners understand and negotiate the different values, perspectives, and priorities that team members bring to care coordination efforts. The CCCR model explicitly addresses the value exchanges that occur in team interactions and provides structure for clarifying roles, contributions, and expectations among team members.

### Organizational-Centered Systems Thinking

At the organizational level, practitioners employ complexity thinking and systems thinking to understand how organizational structures, policies, resources, and culture influence care coordination possibilities and constraints. This level addresses questions of resource availability, policy barriers and facilitators, organizational priorities, and system-level outcomes. Practitioners learn to identify organizational leverage points and advocate for changes that better support patient-centered care coordination.

## The CCCR Systems Model Web

Building on the OPT model's clinical reasoning web, the CCCR systems model web provides a visual representation of relationships between care coordination essential needs. This tool helps practitioners:

- Visually represent relationships between patient care problems, needs, and issues
- Appreciate the complexity of challenges through concurrent consideration of all needs
- Understand system dynamics and their impact on care coordination

• Manage cross-setting communication and care transitions
• Identify keystone issues at the systems level

For example, a complex patient case involving multiple comorbidities, social determinants of health, and care transitions across settings would be mapped onto the web, showing connections between needs assessment, medical services, monitoring requirements, educational needs, and self-management support. The web makes explicit which care coordination needs are most interconnected and therefore warrant priority attention.

## Integrating the Competing Values Framework for Team-Centered Thinking

A distinctive contribution of the CCCR model is its integration of the Competing Values Framework (CVF)( Cameron, 2009) to illuminate team dynamics and value exchanges in care coordination. The CVF, originally developed in organizational leadership literature, identifies four competing value orientations that influence team behavior and effectiveness:

### The Four Quadrants of the Competing Values Framework

1. Collaborate (Facilitator/Mentor roles): Emphasizes flexibility and internal focus; values participation, openness, and commitment; facilitates shared decision-making and consensus-building

2. Create (Innovator/Broker roles): Emphasizes flexibility and external focus; values innovation, adaptation, and growth; encourages creative problem-solving and entrepreneurial thinking

3. Control (Coordinator/Monitor roles): Emphasizes stability and internal focus; values efficiency, timeliness, and consistency; emphasizes documentation, measurement, and process standardization

4. Compete (Producer/Director roles): Emphasizes stability and external focus; values productivity, achievement, and goal attainment; drives toward measurable results and competitive advantage

In care coordination contexts, effective teams must balance these competing values. For example, the need to innovate (create) must be balanced with the need for standardized protocols (control); the emphasis on productivity (compete) must be balanced with attention to team relationships and development (collaborate). The CCCR model prompts practitioners to explicitly consider key questions across these four dimensions:

• What are the desired outcomes in this case?
• What values do I expect of myself and others?
• How are the feelings of the patient, family, and team considered?
• What strategies could the team use to coordinate care effectively?

This structured reflection on competing values helps team members recognize and negotiate different priorities, communicate more effectively about trade-offs, and develop shared understanding of care coordination goals and strategies.

## Value Network Analysis: Making Team Contributions Explicit

The CCCR model incorporates Value Network Analysis, a methodology from business contexts, to make explicit the value exchanges that occur in interprofessional care coordination (Allee, 2003; Allee & Schwabe, 2015). Unlike traditional hierarchical organizational charts, value network analysis recognizes that when groups of people collaborate to achieve outcomes, the process does not unfold in linear or hierarchical ways. Instead, complex patterns of value exchange occur as team members contribute their unique expertise, perspectives, and resources.

### Types of Value Exchanges in Care Coordination

The CCCR model identifies several types of value relevant to care coordination teams:

- Deliverable: Tangible outputs or services that team members provide and expect from others
- Exchange: Resource sharing between roles or participants
- Explicit Knowledge: Codified information and expertise shared among team members
- Feedback: Information returned about activities, outputs, and their impact
- Human Capital/Competence: The knowledge, skills, and abilities team members bring
- Impact Analysis: Assessment of tangible and intangible costs, gains, and values
- Knowledge Management: Processes for creating, sharing, and applying knowledge
- Perceived Value: Team members' assessments of value added by individuals and the collective
- Resilience: The team's capacity to adapt to challenges and maintain function
- Structural Capital: Organizational infrastructure supporting teamwork
- Systems Thinking: Team members' understanding of system dynamics
- Value Realization: Intentional negotiation and management of competing values

The CCCR model includes specific reflection questions for each of these value types, helping teams explicitly discuss contributions, clarify expectations, and recognize interdependencies. This explicit attention to value exchanges enhances role clarity, reduces conflicts arising from implicit assumptions, and supports more effective team functioning.

## Practical Application of the CCCR Model

The CCCR model is operationalized through a series of structured worksheets and reflection tools that guide practitioners through systematic care coordination reasoning:

## The CCCR Systems Model Worksheet

The comprehensive CCCR worksheet integrates all components of the model into a visual map showing:

- Patient description and story at the center
- Eight care coordination essential needs surrounding the patient
- Practice issues, interventions, and outcomes for each essential need
- Value types associated with each care coordination need
- The Competing Values Framework wheel at the team-centered level
- Arrows showing the flow of thinking from patient-centered through team-centered to organizational-centered perspectives
- Connection to the individualized plan of care and final outcome judgments

Practitioners work through the worksheet systematically, first mapping the patient story and care needs at the patient-centered level, then identifying the interprofessional team activity plan and value exchanges at the team-centered level, and finally considering organizational resources and constraints at the organizational-centered level. This process makes explicit the multiple levels of reasoning required for effective care coordination.

## Clinical Example: Complex Care Coordination Case

To illustrate the model's application, consider a 60-year-old African American female patient with a history of cerebrovascular accident and multiple comorbidities including hypertension, GERD, obesity, hyperlipidemia, vitamin D deficiency, mild cognitive impairment, hemiplegia, depression, nicotine dependence, cellulitis, and a history of physical abuse. This patient presents with multiple interconnected nursing domains requiring coordinated care:

- Safety/Protection (physical abuse, cellulitis, fall risk) - 13 web connections
- Nutrition (obesity, vitamin D deficiency, hyperlipidemia) - 10 web connections
- Coping/Stress Tolerance (depression, nicotine dependence) - 8 web connections
- Health Promotion (GERD, hypertension) - 8 web connections
- Activity/Rest (hemiplegia) - 7 web connections
- Perception/Cognition (mild cognitive impairment) - 7 web connections

Using the CCCR model, the care coordination team would:

1. Map all diagnoses and problems onto the clinical reasoning web, visualizing interconnections
2. Identify Safety/Protection as the keystone issue based on the highest number of web connections
3. For each care coordination essential need, identify specific practice issues, interventions, and desired outcomes
4. Apply the Competing Values Framework to understand team dynamics and ensure balanced attention to collaboration, creation, control, and competition needs
5. Use Value Network Analysis reflection questions to clarify roles, contributions, and

expectations
6. Consider organizational resources and constraints that may facilitate or hinder care coordination
7. Develop an integrated interprofessional team activity plan
8. Continuously test and refine the plan based on feedback from all system levels

## Educational Implications for Nursing Education

The CCCR model offers substantial benefits for nursing education across prelicensure, graduate, and continuing education contexts. Its utility extends from classroom instruction to clinical education to professional development for practicing nurses.

### Benefits for Nursing Students

For nursing students, the CCCR model provides:

- A structured framework for developing increasingly sophisticated clinical reasoning skills
- Visual tools that make complex thinking processes explicit and learnable
- A bridge from individual patient care reasoning to systems-level thinking
- Preparation for interprofessional collaboration through explicit attention to team dynamics and value exchanges
- Exposure to the full scope of care coordination competencies expected in contemporary practice
- Opportunities to practice metacognitive reflection on their own reasoning processes

Prelicensure students might initially focus on patient-centered systems thinking, mastering the OPT model components before progressing to team-centered and organizational-centered perspectives. Graduate students preparing for advanced practice roles would engage with all three levels of the model, developing expertise in navigating competing values, facilitating team collaboration, and influencing organizational systems.

### Benefits for Nurse Educators

For nurse educators, the CCCR model offers:

- A comprehensive teaching framework that addresses the full complexity of care coordination
- Structured assignments and assessment tools for evaluating students' clinical reasoning development
- A common language for discussing clinical reasoning across courses and clinical experiences
- Integration of interprofessional education competencies into clinical reasoning instruction
- Alignment with contemporary healthcare delivery models and practice expectations
- Evidence-based pedagogical strategies grounded in metacognitive and self-regulation theory

Educators can implement the CCCR model through case studies, simulation scenarios, clinical debriefing sessions, written assignments using the model worksheets, and portfolio development demonstrating progression in systems-level clinical reasoning. The model's visual tools facilitate formative and summative assessment of students' ability to identify keystone issues, map problem relationships, consider team dynamics, and evaluate organizational influences on care coordination.

### Benefits for Practicing Nurses and Advanced Practice Nurses

For practicing nurses and APNs, the CCCR model provides:

- A systematic approach to organizing complex care coordination activities
- Tools for communicating with interprofessional team members about care plans and priorities
- Frameworks for navigating organizational systems and advocating for needed resources
- Strategies for managing competing values and priorities in team contexts
- Reflective tools for continuous quality improvement in care coordination practices
- Documentation frameworks that demonstrate the value of nursing contributions to care coordination
- Professional development resources for expanding care coordination competencies

In accountable care organizations, patient-centered medical homes, and other contemporary practice settings, the CCCR model provides a shared framework that can facilitate communication across disciplines and settings. The model's explicit attention to value exchanges and competing values can reduce interprofessional conflicts and enhance team effectiveness.

## Discussion

The Care Coordination Clinical Reasoning Systems Model represents a significant advancement in frameworks for developing and supporting clinical reasoning in nursing education and practice. By extending the well-established OPT model to incorporate systems thinking at patient, team, and organizational levels, the CCCR model addresses a critical gap in nursing education: preparing nurses for the complex care coordination responsibilities that characterize contemporary healthcare delivery.

### Alignment with Contemporary Healthcare Demands

The CCCR model directly addresses several contemporary healthcare imperatives. First, the emphasis on care coordination aligns with the core elements advanced by the Agency for Healthcare Research and Quality (AHRQ, 2014) and the National Quality Forum (NQF, 2010), positioning nursing education to prepare graduates for recognized priority competencies. Second, the model's integration of interprofessional collaboration dynamics responds to calls from the Institute of Medicine (2003) and others for healthcare professionals educated in teamwork and collaboration. Third, the attention to organizational-level systems thinking prepares nurses to function effectively in accountable

care organizations and other value-based care models that require sophisticated understanding of system dynamics and resource stewardship.

## Theoretical Contributions

Theoretically, the CCCR model makes several contributions to nursing knowledge. It demonstrates how established frameworks from other disciplines—the Competing Values Framework from organizational leadership and Value Network Analysis from business—can be meaningfully integrated with nursing's clinical reasoning frameworks to address nursing's unique concerns. This creative synthesis exemplifies nursing's role in knowledge development through integration and application of interdisciplinary insights.

The model also advances understanding of clinical reasoning as inherently multilevel and multidimensional. Traditional models of clinical reasoning, while valuable, often present reasoning as primarily an individual cognitive process focused on a single patient. The CCCR model recognizes that in contemporary practice, clinical reasoning necessarily encompasses reasoning about teams, organizations, and systems. This expanded conception of clinical reasoning better reflects the actual cognitive demands nurses face in practice.

## Pedagogical Implications

From a pedagogical perspective, the CCCR model embodies several evidence-based teaching-learning principles. The use of visual representations—webs, worksheets, frameworks—supports learning by making abstract thinking processes concrete and visible (Ausubel, 1963). The structured reflection questions scaffold metacognitive development, helping learners not only to reason effectively but also to become aware of and articulate their reasoning processes (Schön, 1983). The progression from patient-centered to team-centered to organizational-centered thinking allows educators to sequence learning experiences developmentally, building toward increasingly complex systems thinking.

## Limitations and Future Directions

Several limitations and areas for future development should be acknowledged. First, while the model's complexity reflects the reality of care coordination, the multiple components and levels may present challenges for initial learners. Educators will need to thoughtfully sequence introduction of model elements, beginning with the OPT model foundations before adding team and organizational perspectives. Research on optimal sequencing and pedagogical strategies for teaching the model would inform implementation.

Second, while the theoretical foundations of the model are sound, empirical research is needed to evaluate its effectiveness. Studies should examine outcomes such as students' clinical reasoning development, practitioners' care coordination competence, team effectiveness, and patient outcomes. Comparative studies examining the CCCR model versus other teaching-learning approaches would provide evidence for educational decision-making.

Third, the model currently focuses primarily on advanced practice nursing contexts. Adaptation for prelicensure education and for RN practice in various settings would extend

its applicability. Research exploring how different nursing roles (bedside nurses, nurse managers, nurse educators) might utilize the model would enhance its utility across the nursing workforce.

Future development might also address integration with emerging technologies. For example, how might electronic health records be designed to support the systematic clinical reasoning promoted by the CCCR model? Could artificial intelligence tools be developed to help practitioners identify keystone issues or visualize complex care coordination webs? Such innovations could enhance the model's practical utility in fast-paced clinical environments.

## Conclusion

The Care Coordination Clinical Reasoning Systems Model represents a significant contribution to nursing education and practice. By extending the established OPT model of clinical reasoning to incorporate team and organizational systems thinking, integrating the Competing Values Framework, and employing Value Network Analysis, the CCCR model provides a comprehensive framework for developing the sophisticated clinical reasoning competencies required for contemporary care coordination.

For nursing educators, the model offers structured tools and strategies for teaching the full complexity of clinical reasoning required in modern healthcare delivery. The visual representations, reflection questions, and worksheets provide concrete scaffolding for learning increasingly sophisticated reasoning skills. The model's alignment with contemporary healthcare priorities—care coordination, interprofessional collaboration, value-based care—ensures that nursing education prepares graduates for actual practice demands.

For nursing students, the CCCR model provides a clear, structured pathway for developing clinical reasoning competencies progressively, from individual patient care through team collaboration to organizational systems navigation. The model makes explicit the thinking processes that expert nurses employ but often struggle to articulate, supporting the development of expertise through deliberate practice and metacognitive reflection.

For practicing nurses and advanced practice nurses, the model provides practical tools for organizing complex care coordination activities, facilitating interprofessional communication, and navigating organizational systems. The frameworks for understanding competing values and value exchanges can reduce team conflicts and enhance collaboration effectiveness. The model's emphasis on reflection supports continuous professional development and quality improvement in care coordination practices.

As healthcare delivery continues to evolve toward greater complexity, integration, and accountability, frameworks like the CCCR model that support sophisticated clinical reasoning across multiple system levels will become increasingly essential. By building on the strong foundation of the OPT model and extending it to address contemporary practice

realities, the CCCR model advances nursing education and practice in ways that serve better patient care, more effective teamwork, and more efficient healthcare delivery. Nursing educators, students, and practitioners are encouraged to explore and implement this comprehensive framework for clinical reasoning development and care coordination excellence.

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