

# Breakout Session



Rebecca Baum, MD

# Objectives

1. Analyze methods of identifying a target population for care coordination
2. Identify strategies to recognize and manage barriers to change when using a shared plan of care
3. Recognize how the shared plan of care can be used effectively outside of the clinic

# Identifying the population

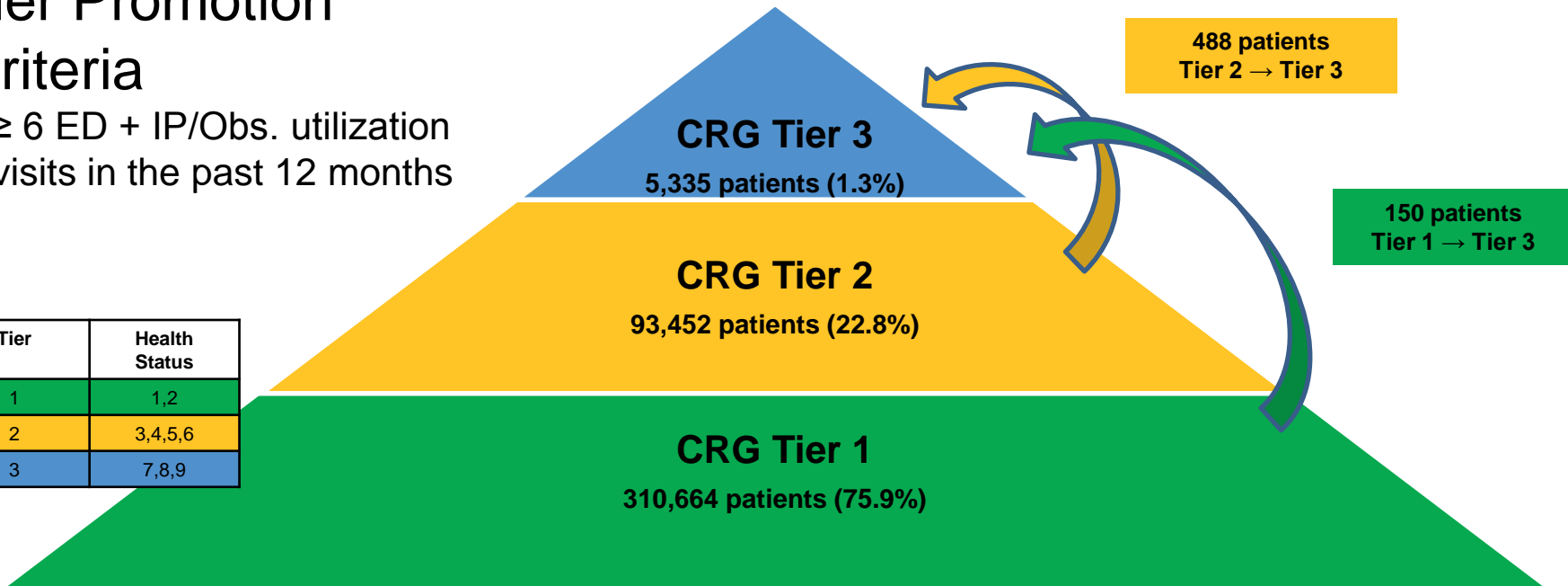


# CRG Tier Distribution – January 2018

## Tier Promotion Criteria

- ≥ 6 ED + IP/Obs. utilization visits in the past 12 months

Tier	Health Status
1	1,2
2	3,4,5,6
3	7,8,9



# Family Environment Screening



## Parent Questionnaire - R

**Dear Parent or Caregiver:** Being a parent is not always easy. We want to help families have a safe environment for kids. So, we're asking everyone these questions about problems that affect many families. If there's a problem, we'll try to help. Please answer the questions about your child being seen today for a checkup. If there's more than one child, please answer "yes" if it applies to any one of them. This is voluntary. You don't have to answer any question you prefer not to. We will keep this information confidential, unless there's concern that your child is being hurt.

Today's Date: \_\_\_/\_\_\_/\_\_\_ Child's Name: \_\_\_\_\_  
Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Relationship to Child: \_\_\_\_\_

### PLEASE CHECK

- Yes  No Would you like us to give you the phone number for Poison Control?
- Yes  No Do you need to get a smoke alarm for your home?
- Yes  No Does anyone smoke at home?
- Yes  No In the past 12 months, did you worry that your food would run out before you could buy more?
- Yes  No In the past 12 months, did the food you bought just not last and you didn't have money to get more?
- Yes  No Do you often feel your child is difficult to take care of?
- Yes  No Do you sometimes find you need to slap or hit your child?
- Yes  No Do you wish you had more help with your child?
- Yes  No Do you often feel under extreme stress?
- Yes  No Over the past 2 weeks, have you often felt down, depressed, or hopeless?
- Yes  No Over the past 2 weeks, have you felt little interest or pleasure in doing things?

### Thinking about the past 3 months

- Yes  No Have you and a partner fought a lot?
- Yes  No Has a partner threatened, shoved, hit or kicked you or hurt you physically in any way?
- Yes  No Have you had 4 or more drinks in one day?
- Yes  No Have you used an illegal drug or a prescription medication for nonmedical reasons?
- Yes  No Other things you'd like help with today: \_\_\_\_\_

**Please give this form to the doctor or nurse you're seeing today. We encourage you to discuss anything on this list with her or him. Thank you!**

## Why the SEEK (Safe Environment for Every Child)?

- Well studied
- Used in other programs at NCH
- Captures several aspects of the family environment

# Affinity Categories

## Environmental & Safety Risks

Would you like us to give you the phone number for Poison Control?

Does anyone smoke at home?

## Food Insecurity (Last 12 months)

Did you worry that your food would run out before you could buy more?

Did the food you bought just not last and you didn't have money to get more?

## Behavioral Problems & Discipline

Do you often feel your child is difficult to take care of?

Do you sometimes find you need to slap or hit your child?

## Caregiver Stress

Do you wish you had more help with your child?

Do you often feel under extreme stress?

## Caregiver Mental Health

Over the past 2 weeks, have you often felt down, depressed, or hopeless?

Over the past 2 weeks, have you felt little interest or pleasure in doing things?

## Intimate Partner Violence

Have you and a partner fought a lot?

Has a partner threatened, shoved, hit or kicked you or hurt you physically in any way?

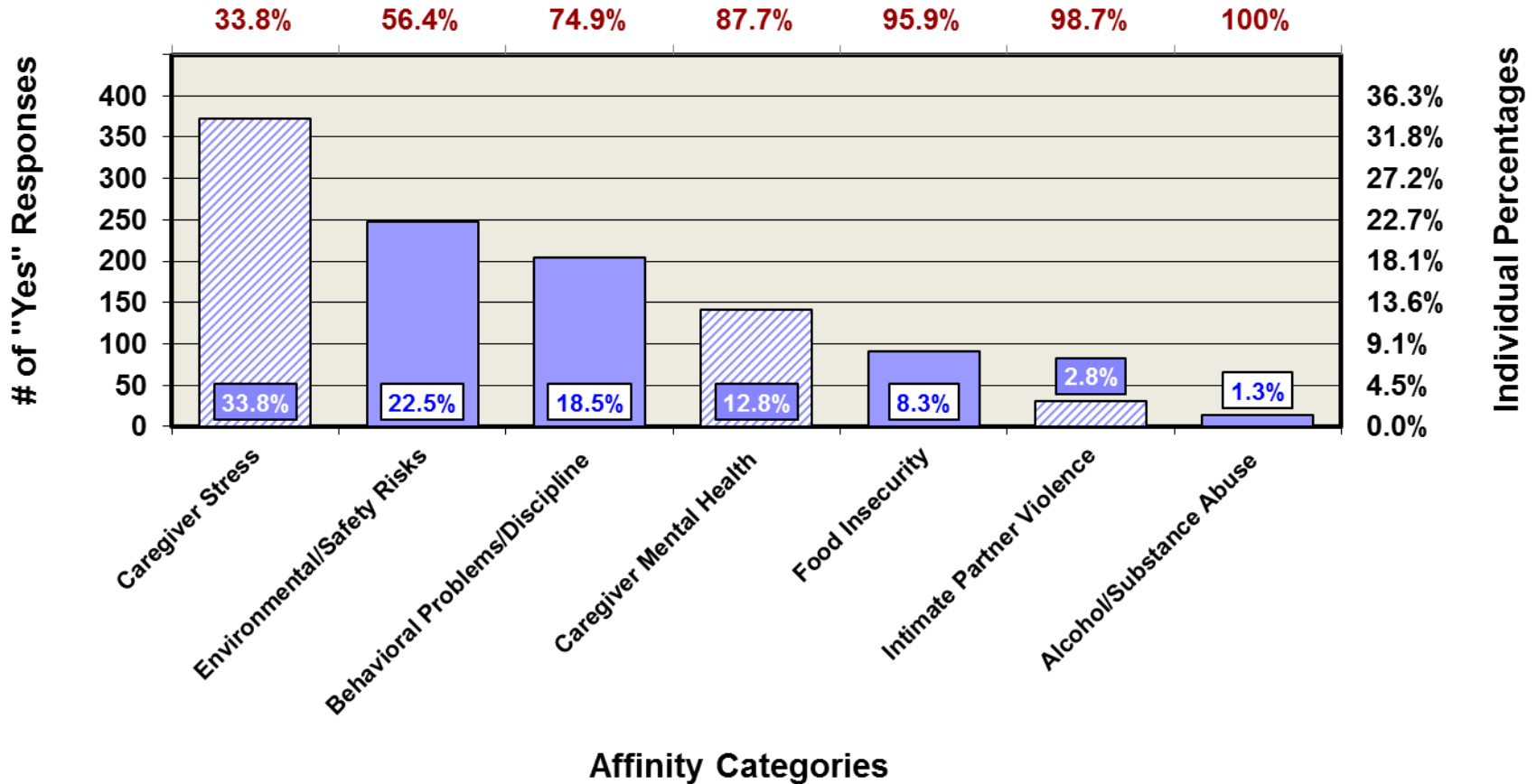
## Alcohol & Substance Abuse

Have you had 4 or more drinks in one day?

Have you used an illegal drug or a prescription medication for nonmedical reasons?

## SEEK Affinity Category Responses June 2017 - May 2018

### Cumulative Percentages



**NOTE:** Adjacent bars of the same pattern are statistically equal ( $\alpha = 0.01$ ). Any differences in height should be considered random.

# Meet CJ



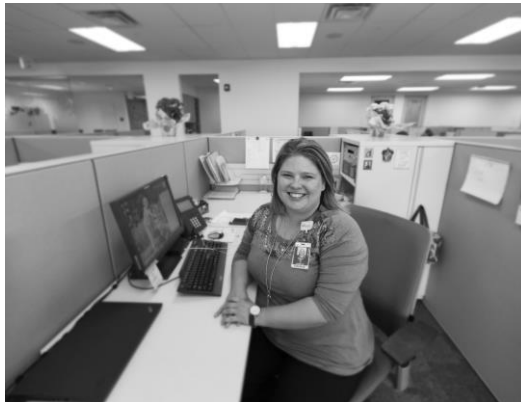


Method	Pros	Cons
<b>Diagnosis-based</b>	<ul style="list-style-type: none"> <li>• Casts a wide net</li> <li>• Potentially predictive</li> </ul>	<ul style="list-style-type: none"> <li>• May miss patients/families “non-flagged” conditions</li> </ul>
<b>Screening</b>	<ul style="list-style-type: none"> <li>• Can tailor to the needs of your population</li> <li>• Potentially predictive</li> </ul>	<ul style="list-style-type: none"> <li>• Reporting bias</li> <li>• Only as good as your screening tool</li> </ul>
<b>Referral</b>	<ul style="list-style-type: none"> <li>• Can identify patients/families who may be missed by other methods</li> </ul>	<ul style="list-style-type: none"> <li>• Potentially reactive</li> <li>• Dependent on referral source’s awareness and agency</li> </ul>

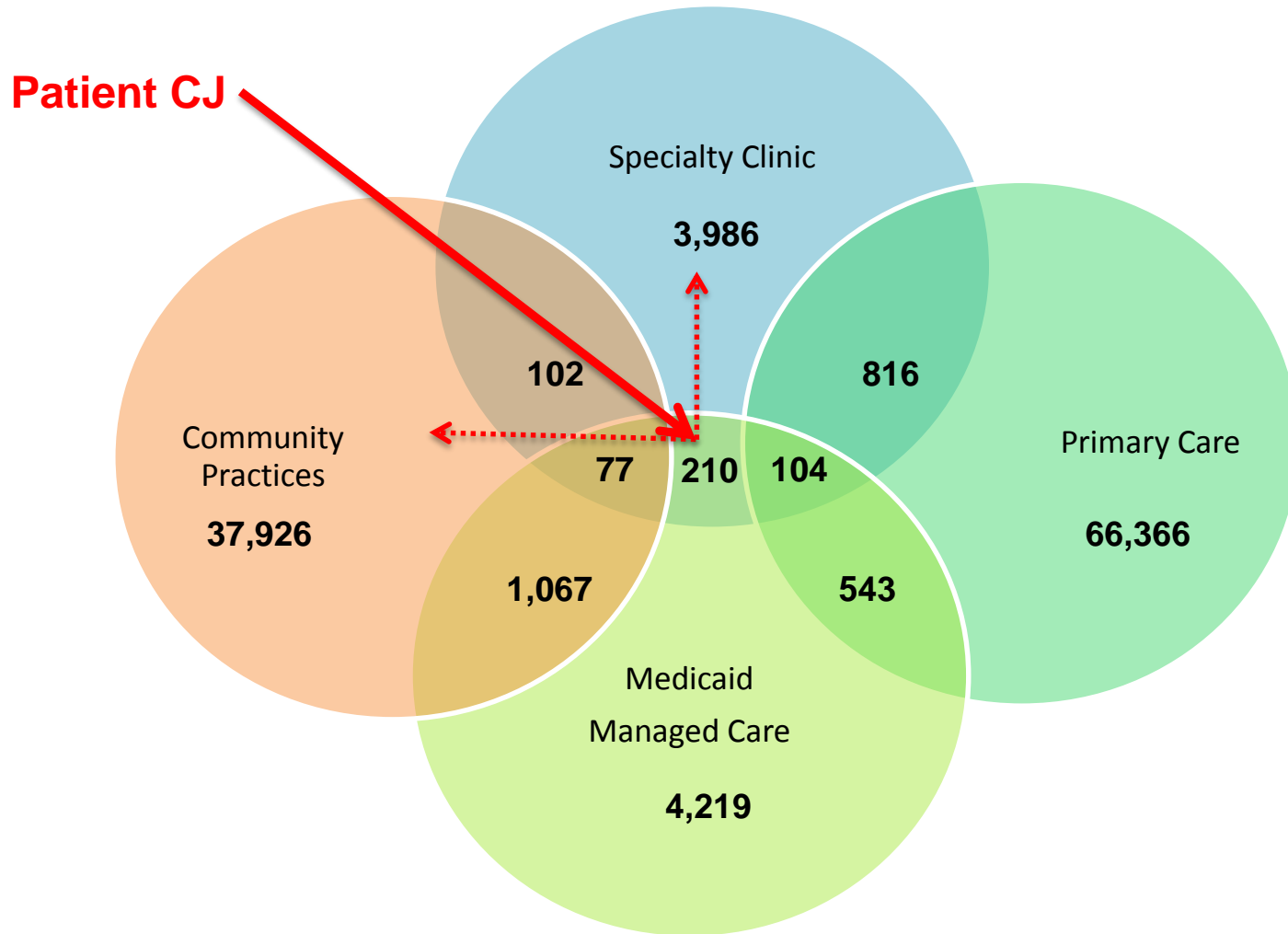
# Managing change



# CJ's Care Coordinators



# Lots of Children Like CJ



# High Risk Case Management



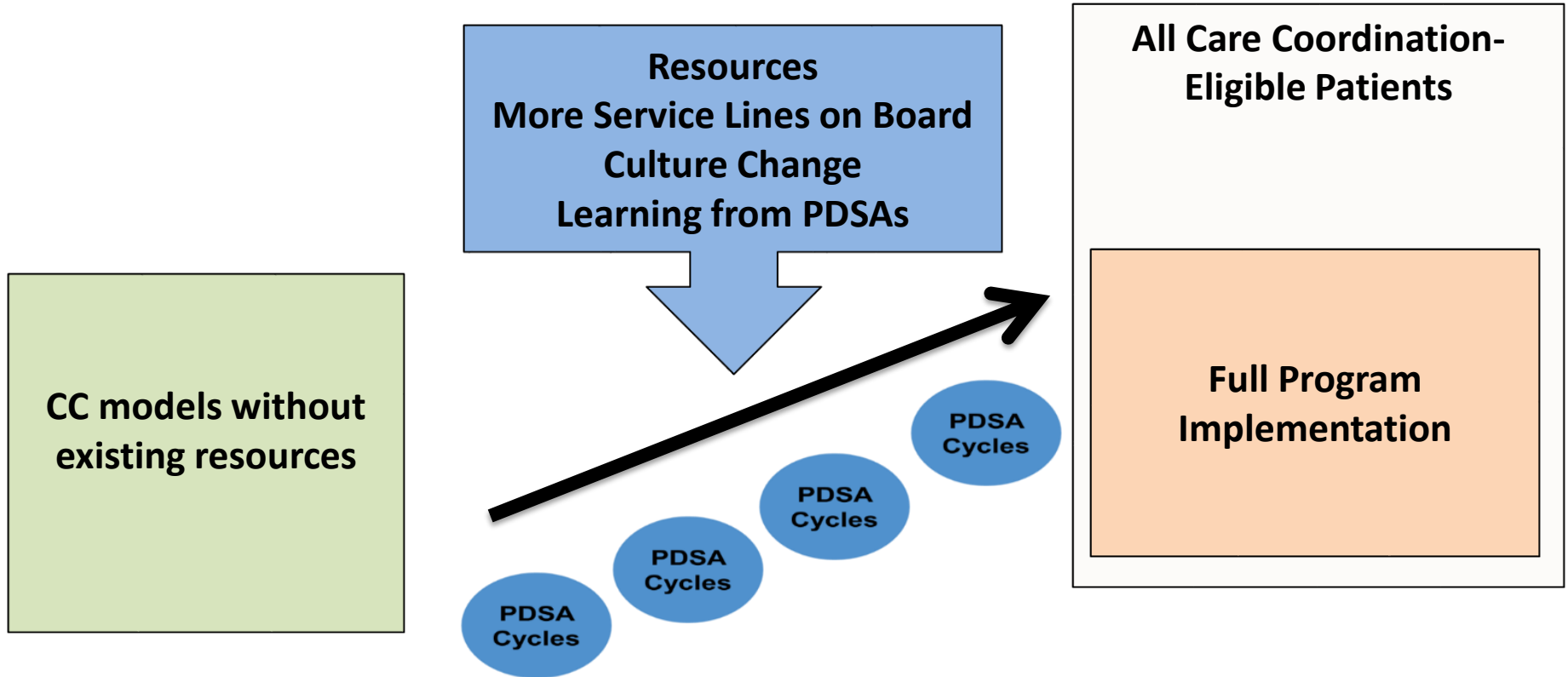
As a parent, it can be hard to get your child the health care he or she needs.



The Partners for Kids Care Navigation Program is here to help!



# Expanding Care Coordination



# QI means change



**NATIONWIDE CHILDREN'S**  
*When your child needs a hospital, everything matters.™*

**Zero Hero™**  
*Create a safe day. Every day.*

Change is hard because people *overestimate* value of what they have - and *underestimate* value of what they may gain by giving that up.

James Belasco and Ralph Stayer, *Flight of the Buffalo*



What's in it for me?  
(WIIFM)



What's against my instincts?  
(WAMI)

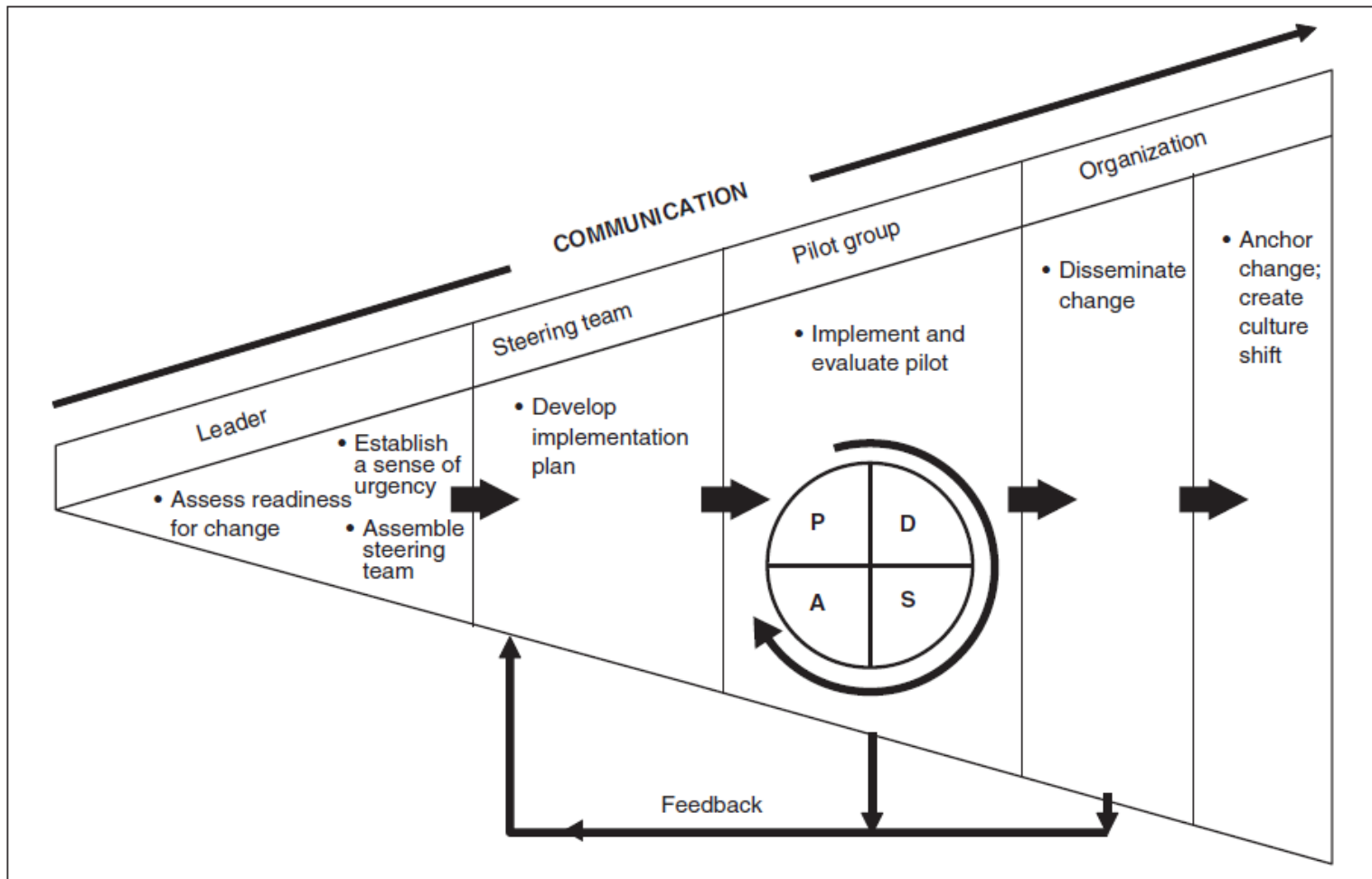


NATIONWIDE CHILDREN'S  
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Create a safe day. Every day.



# Framework for Change



Varkey P. Am J Med Qual 2010;25:268–273.

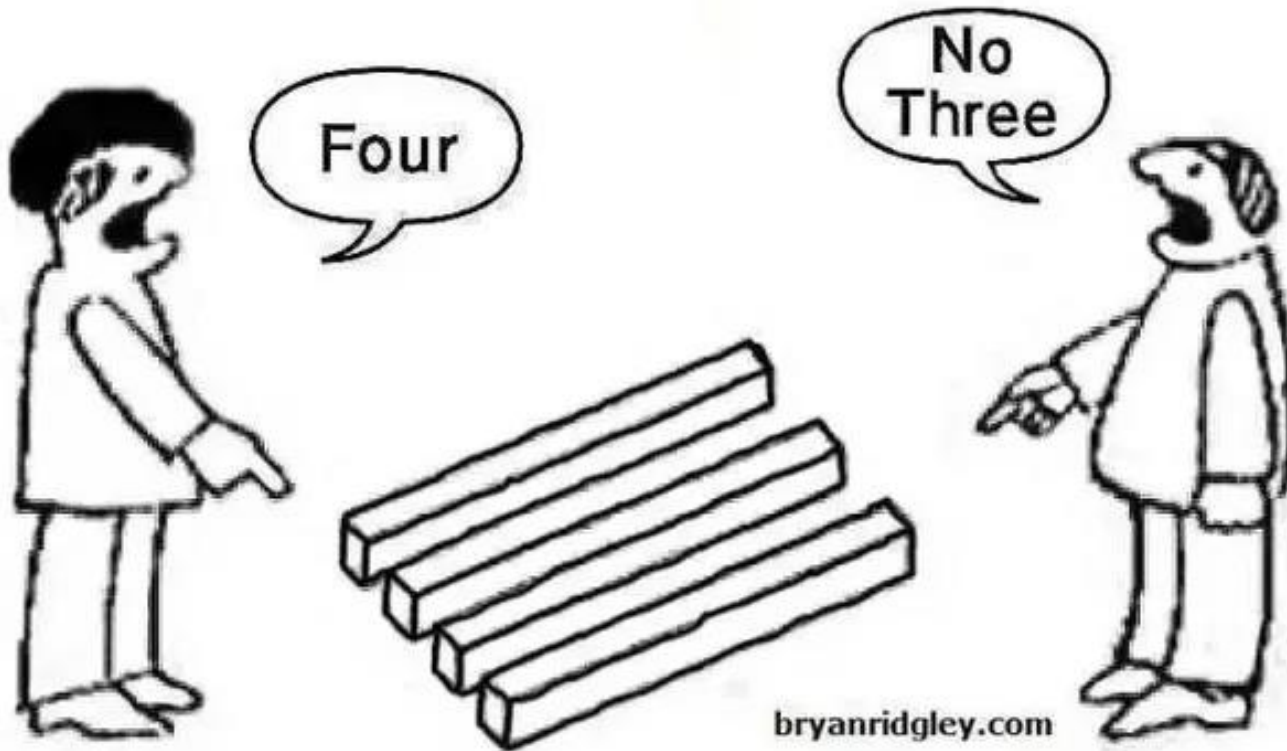


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# Perspectives

Reality can be so complex that equally valid observations from differing perspectives can appear to be contradictory.



# CHANGE STYLE PREFERENCE

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## CONSERVERS

*Accept the structure*

Prefer change that is incremental

## PRAGMATISTS

*Explore the structure*

Prefer change that is functional

## ORIGINATORS

*Challenge the structure*

Prefer change that is expansive

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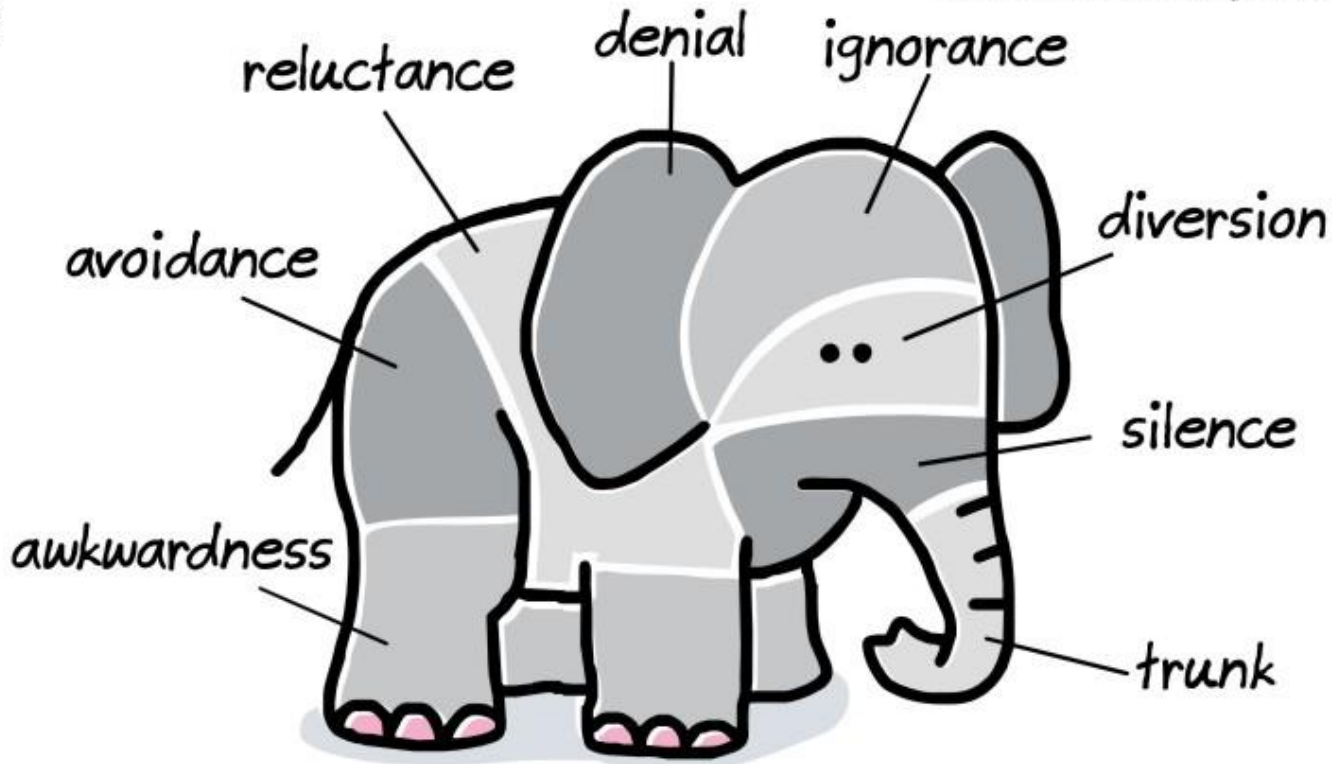


**NATIONWIDE CHILDREN'S**  
*When your child needs a hospital, everything matters.™*

**Zero Hero™**  
*Create a safe day. Every day.*

# PARTS OF THE ELEPHANT IN THE ROOM

© John Atkinson, Wrong Hands



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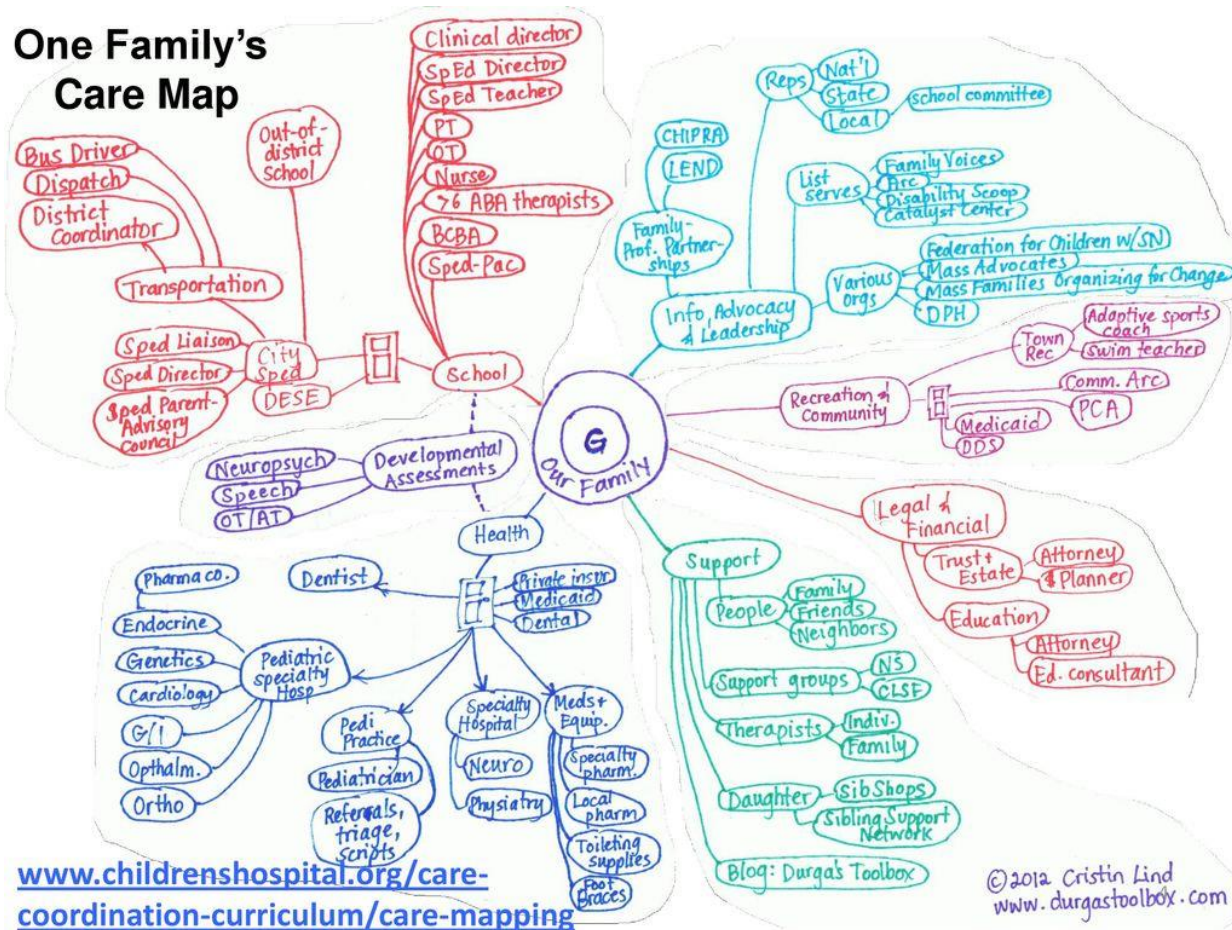
# What's the diagnosis?

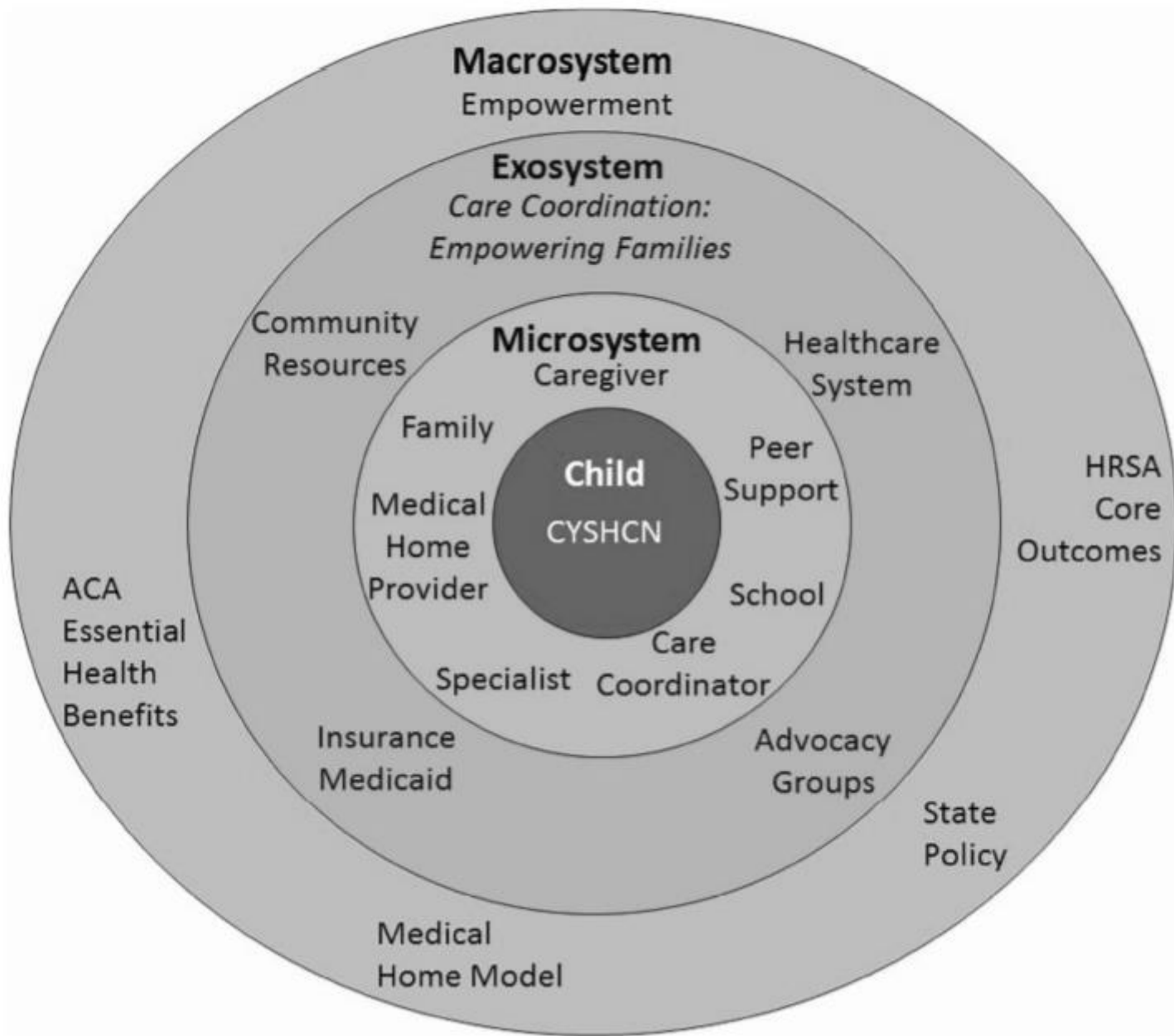
- **Not feeling heard or valued**
- **Fearing the unknown**
- **Competing priorities**
- **Differing perspectives**
- **Personal approach to change**

# Using the shared plan of care outside the clinic



# Connecting and Prioritizing

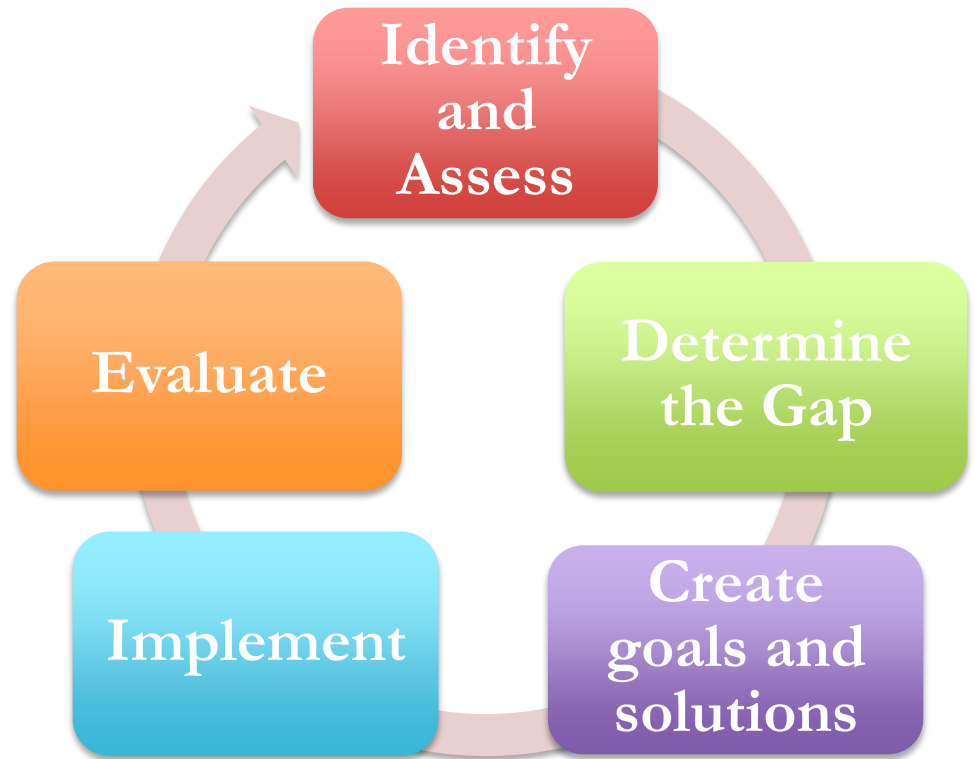






# Care coordination

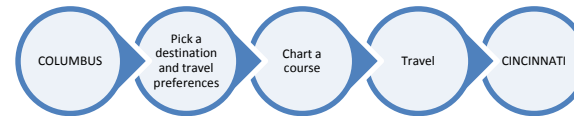
## *An analogy*



# Health Risk Assessment

Category	Examples
Physical health	Communication, cognition, activities of daily living
Medication review	Medication reconciliation, insurance coverage
Condition-specific	Asthma, diabetes, epilepsy, etc.
Nutrition	Formula, type of feeding, etc.
Medical devices	GT, trach, other equipment
Medical services	Home care, therapies, admissions, ED visits, preventive care
Education	School placement, special education services
Social	Financial, family make up, caregiver mental health, legal, health literacy, etc.
Community resources	Early intervention, Title V, behavioral health, SSI, WIC, Board of Developmental Disabilities, faith-based, etc.

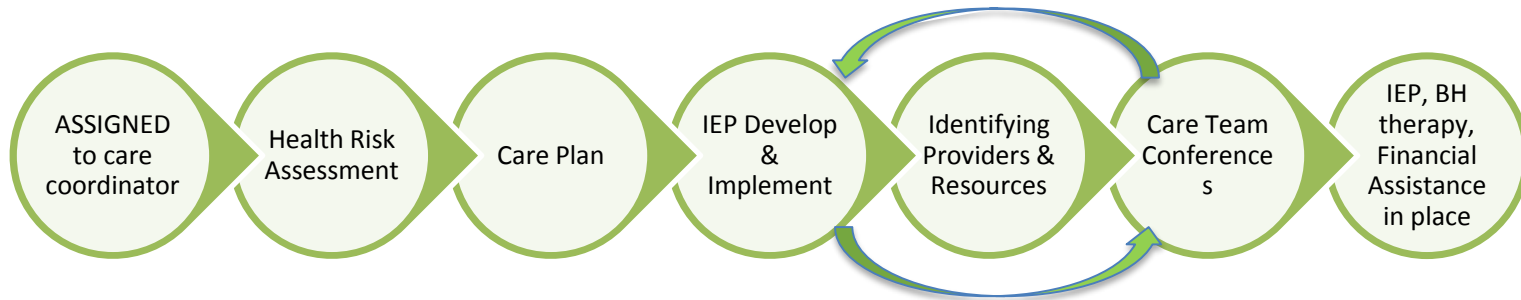
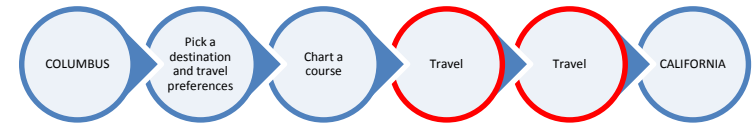
# Some journeys are short and straightforward



6 year old with cerebral palsy (CP) and multiple ED visits. Has not attended CP clinic visit or followed up with referral to OT/PT.

Needs addressed by care coordinator: Transportation assistance, selection and utilization of PCP, working with DME vendor to resize equipment, facilitation of appointment scheduling

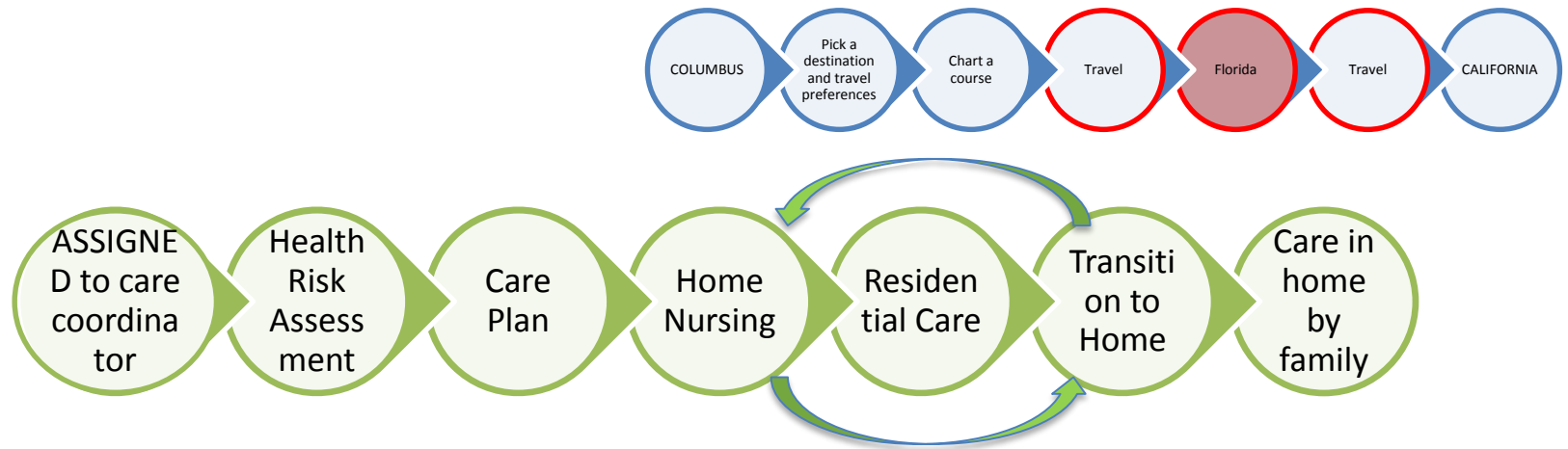
# Other journeys are longer



8 year old with ataxia of unknown etiology, intractable epilepsy, developmental regression and ADHD who has developed severe anxiety and depression resulting in suicidal ideation, aggression and a feeding disorder which required G-tube placement.

Needs addressed by care coordinator: IEP, connection to BH services, coordinating multiple specialists, finding resources in rural area, establishing a support system as parents separate, financial assistance

# Other journeys are one step forward and two step backs



4 year old child with progressive neurologic decline and respiratory failure in less than 1 year. Family does not speak English and has a second child with the same disorder.

Needs addressed by care coordinator: Home nursing, environment modifications, emergency and contingency planning, ventilator transport, medication management, temporary residential care when mother out of country,

# Educating and Empowering

Report

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## Project Leadership

Effecting Change, One Parent at a Time

Prepared By

Allison Gray, Juno Duenas and Janice Daar Watson

FAMILY VOICES  
of California

 Lucile Packard Foundation  
for Children's Health

Chapter 1	<p><b>Knowing the Past to Change the Future: <i>History and Purpose of Advocacy</i></b></p> <p>Key Legislation and Policies; The Disability Rights Movement; What Does It Mean to Advocate?; Current Issues</p>
Chapter 2	<p><b>Rules of the Road: <i>Systems, Laws, and Entitlements</i></b></p> <p>How Policies Are Made; Important Laws and Public Systems; Making the Connection: From Individual to Public Policy Advocacy</p>
Chapter 3	<p><b>Becoming a Mover and Shaker: <i>Working with Decision-Makers for Change</i></b></p> <p>Your Elected Officials; How Bills Become Laws; The California Budget Process; Providing Testimony; Building Relationships with Legislators; Working with the Media</p>
Chapter 4	<p><b>Playing Well with Others: <i>Enhancing Communication</i></b></p> <p>Enhancing Personal Communication Skills; Effective Listening; Partnering with Your Child</p>
Chapter 5	<p><b>Telling Your Story: <i>Developing and Presenting Stories to Others</i></b></p> <p>The Importance of Storytelling; Developing Your Story; Presenting and Evaluating Your Story</p>
Chapter 6	<p><b>Ways You Can Serve: <i>Participating on Decision-Making Bodies</i></b></p> <p>The Value of Participation; Places to Serve; Plan for Success; Rules for Participation</p>
Chapter 7	<p><b>Solidifying Partnerships: <i>Connecting with Local Change Makers</i></b></p> <p>Connecting with Local Leaders and Advocates; Your Action Plan: Presentations and Peer Review</p>

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FROM THE FIELD

## ***Care Coordination: Empowering Families, a Promising Practice to Facilitate Medical Home Use Among Children and Youth with Special Health Care Needs***

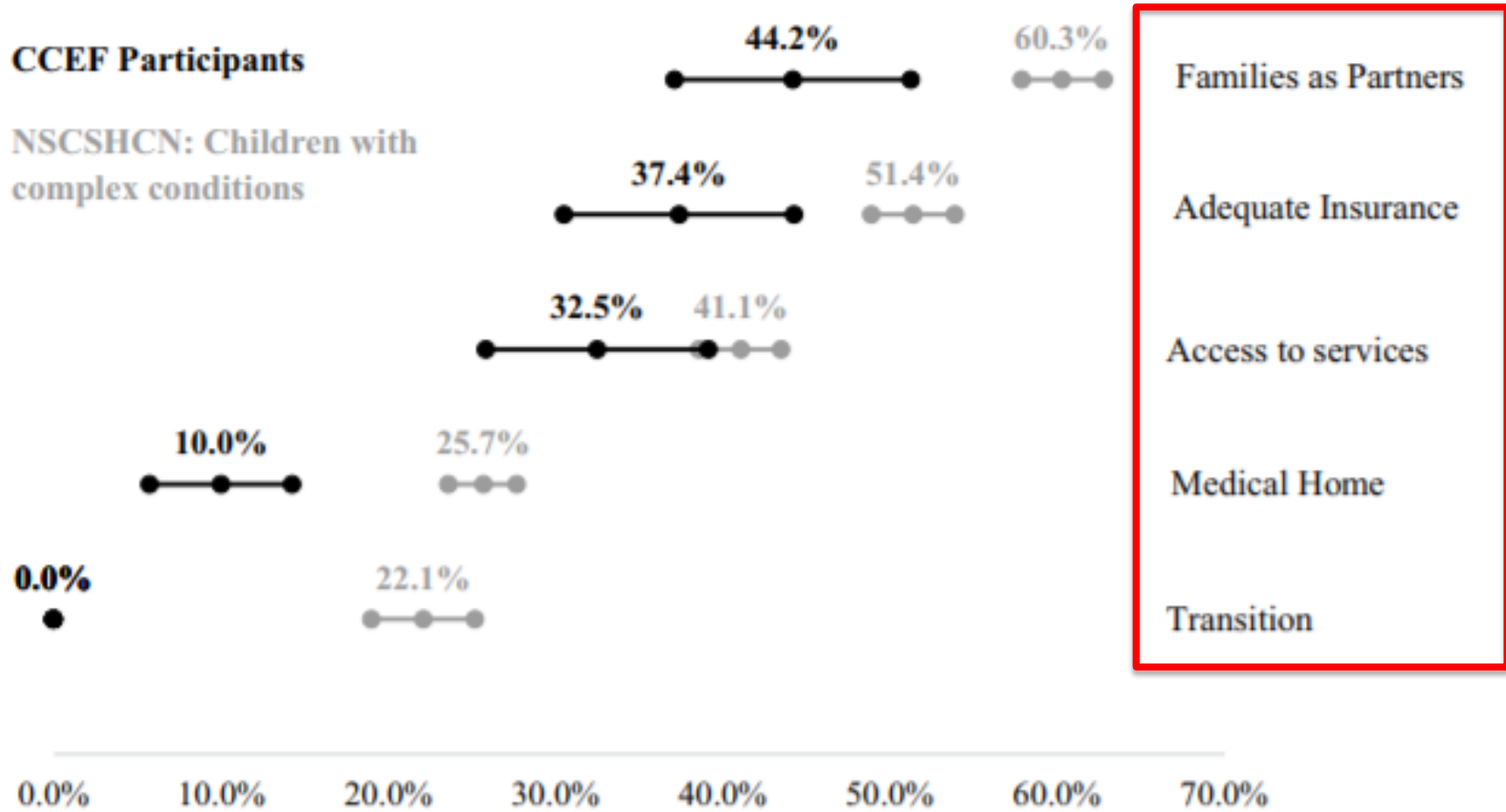
Lisa Gorman Ufer<sup>1,2</sup>  · Julie A. Moore<sup>1,2</sup> · Kristen Hawkins<sup>1,2</sup> · Gina Gembel<sup>1,2</sup> · David N. Entwistle<sup>2,3</sup> · David Hoffman<sup>2</sup>

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# Results



# Summary

## 1. Your resources will be limited

Figure out the best way to get patients and families what they need with the resources you have

## 2. Be prepared to meet resistance

Address it, don't ignore it!

## 3. Use the shared plan of care as a guide

Figure out who will do what based on what's feasible and what's most important

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# Appendix



# Methodology Challenges

## 1. Choosing a measurement population

Because similar patients have different needs, defining a like cohort for comparison is difficult

## 2. Defining the point in time to measure

Because different circumstances change the time required to produce a result, it is difficult to choose a “dose” of care coordination that we would expect to be effective

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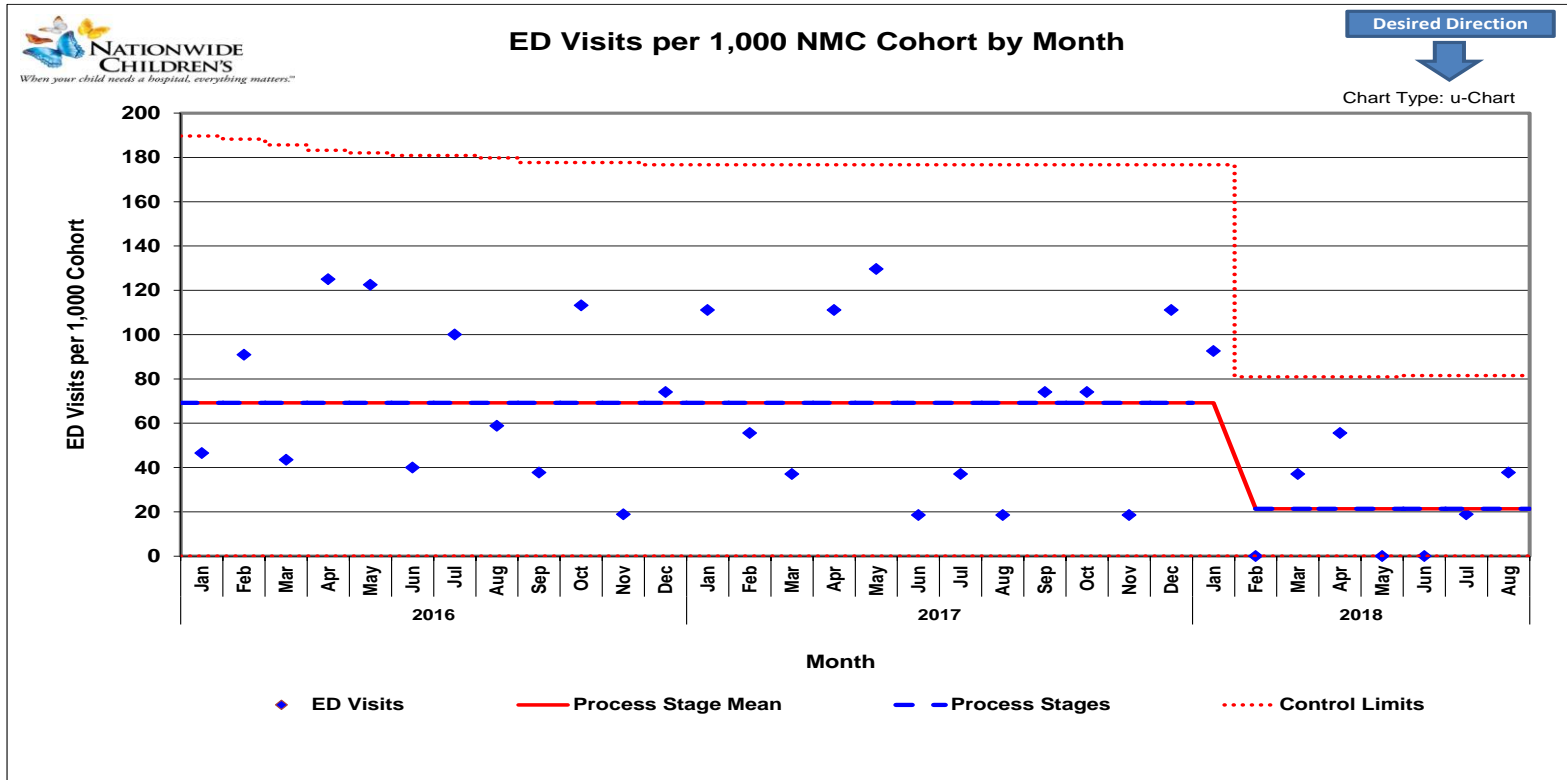
# Subgroup Analyses

## Analysis #1: GOALS MET

*Patients who were in NMC cohort in January 2018 and met ALL goals on the care plan (n=54)*

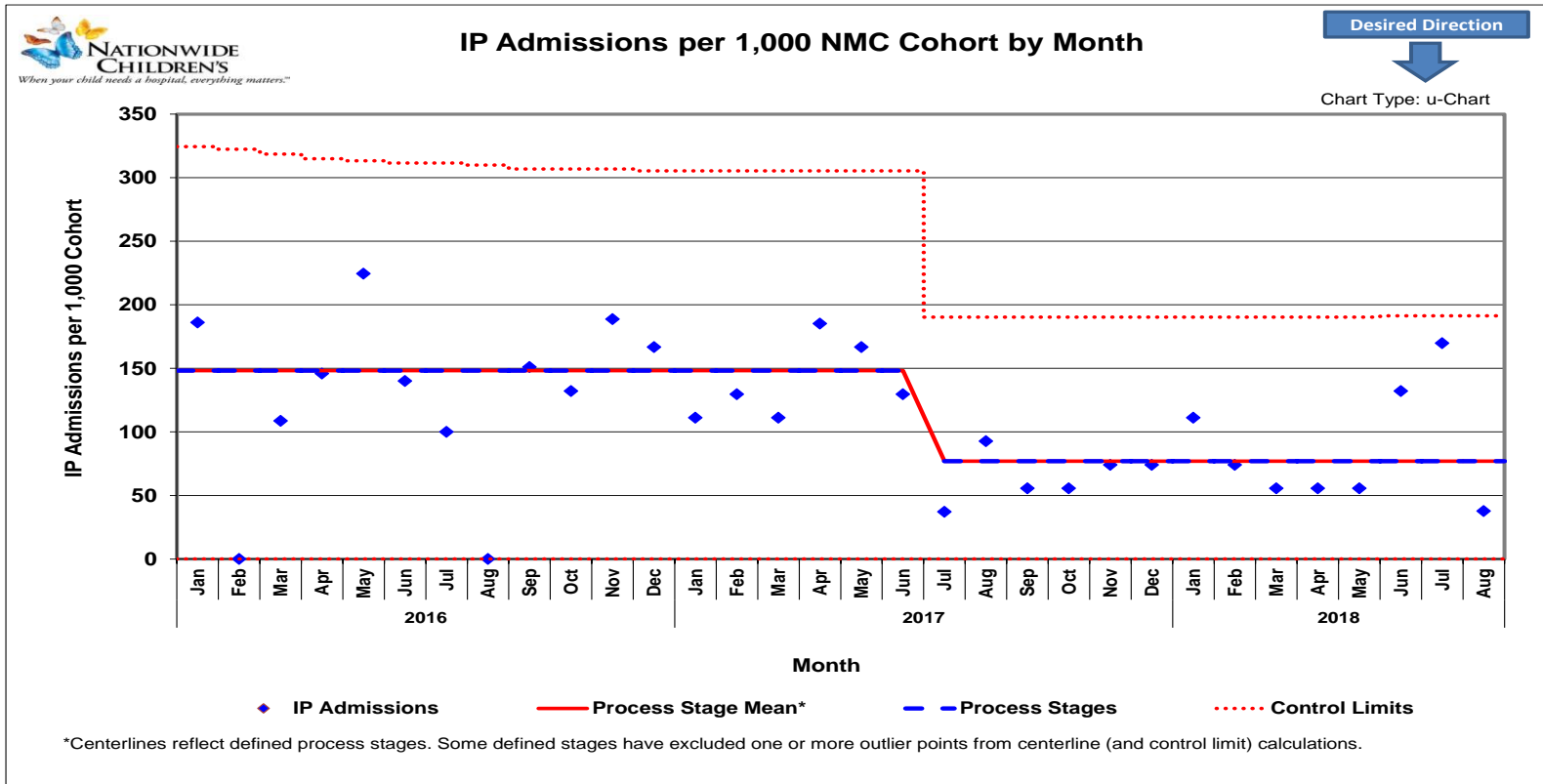
- Different lengths of enrollment with care coordinator
- Different start and stop dates of care coordination
- Same point in the journey (end)

# ED Visit Rate



ED Visits	2	4	2	6	6	2	5	3	2	6	1	4	6	3	2	6	7	1	2	1	4	4	1	6	5	0	2	3	0	0	1	2
Total Patients	43	44	46	48	49	50	50	51	53	53	53	54	54	54	54	54	54	54	54	54	54	54	54	54	54	54	54	54	54	53	53	53

# Admissions



IP Admissions	8	0	5	7	11	7	5	0	8	7	10	9	6	7	6	10	9	7	2	5	3	3	4	4	6	4	3	3	3	3	7	9	2
Total Patients	43	44	46	48	49	50	50	51	53	53	53	54	54	54	54	54	54	54	54	54	54	54	54	54	54	54	54	54	54	53	53	53	

# Subgroup Analyses

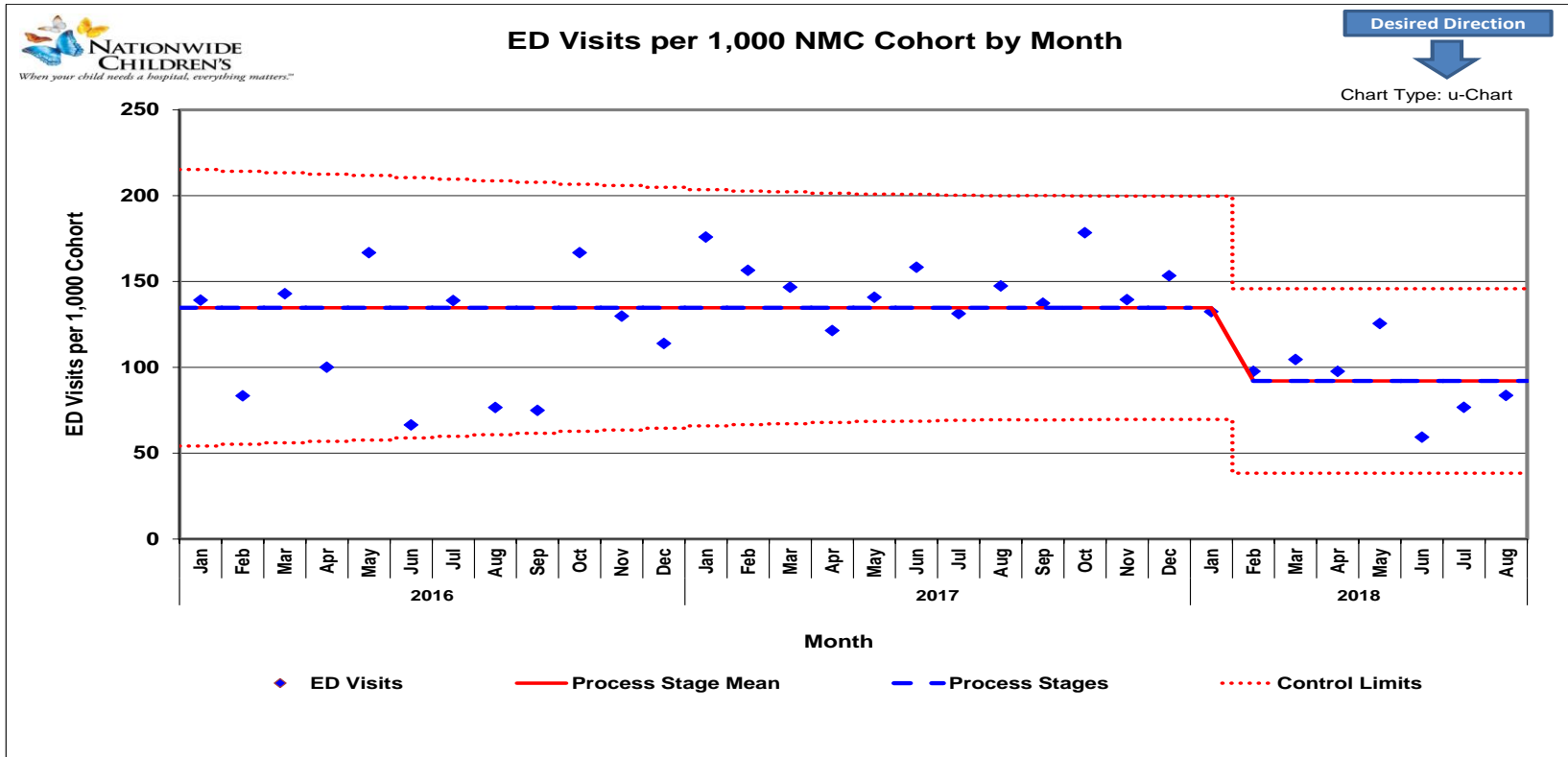
## Analysis #2: ONE VISIT COMPLETE

Patient who were in NMC cohort in January 2018 who had AT LEAST one visit complete with a care coordinator (n=287)

- Different lengths of enrollment with care coordinator
- Different start dates care coordination
- Varying points in the journey when measured, varying number of visits

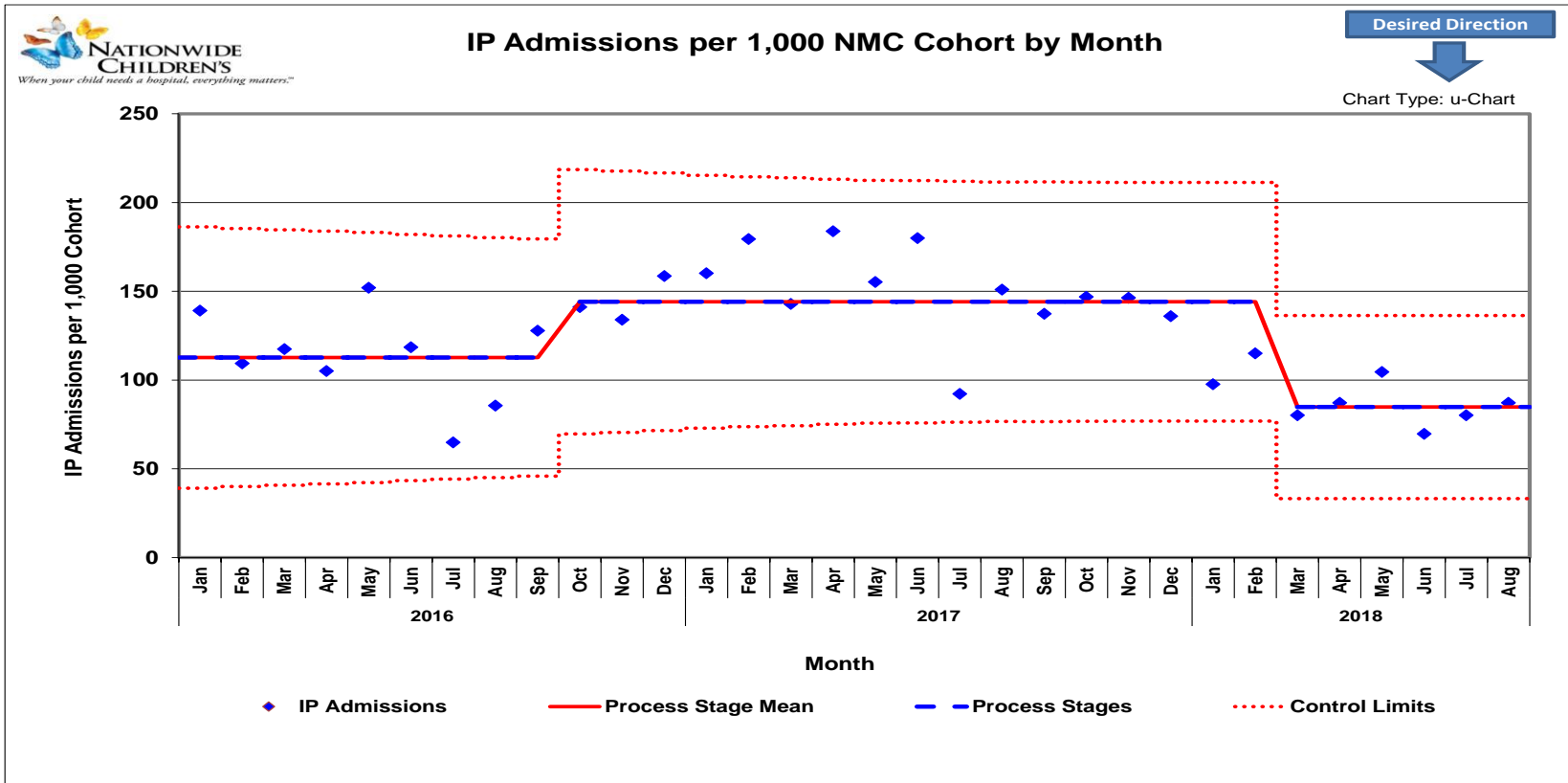


# ED Visits



ED Visits	26	16	28	20	34	14	30	17	17	39	31	28	45	41	39	33	39	44	37	42	39	51	40	44	38	28	30	28	36	17	22	24
Total Patients	187	192	196	200	204	211	216	222	227	234	239	246	256	262	266	272	277	278	282	285	284	286	287	287	287	287	287	287	287	287	287	287

# Admissions



IP Admissions	26	21	23	21	31	25	14	19	29	33	32	39	41	47	38	50	43	50	26	43	39	42	42	39	28	33	23	25	30	20	23	25
Total Patients	187	192	196	200	204	211	216	222	227	234	239	246	256	262	266	272	277	278	282	285	284	286	287	287	287	287	287	287	287	287	287	287