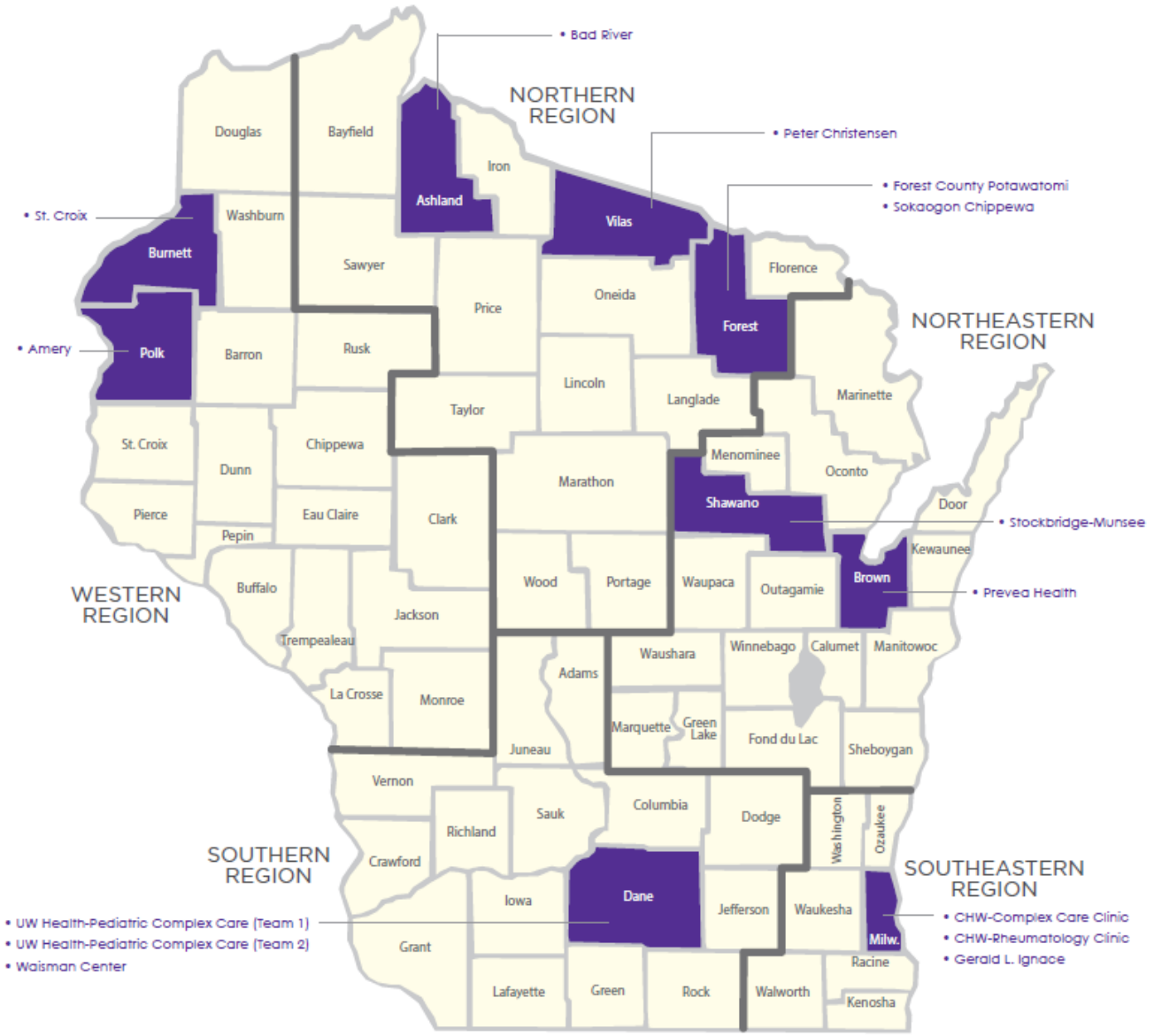
Advancing Family-Centered Care Coordination QI Project

Learning Community

February 26, 2019

Agenda

Welcome & Introductions	12-12:10
Using QI Framework to Advance Use of Shared Plans of Care (SPoC) • Learning Communities • Driver Diagram	12:10-12:35
Life QI Platform • Overview • PDSA Sample	12:35-12:55
Wrap up & Next Steps • Mar 5: Family Representative Call • Week of March 4: Q1 surveys distributed to teams • Apr 5: Q1 surveys due • April 23: In-person Summit meeting (Crowne Plaza, Madison) (registration available soon)	12:55-1:00


• Bad River
NORTHERN REGION
• Peter Christensen
• Forest County Potawatomi
• Sokaogon Chippewa
• St. Croix
• Amery
NORTHEASTERN REGION
WESTERN REGION
SOUTHERN REGION
SOUTHEASTERN REGION
Douglas
Bayfield
Ashland
Iron
Vilas
Florence
Washburn
Burnett
Sawyer
Price
Oneida
Forest
Polk
Barron
Rusk
Lincoln
Langlade
Marinette
Taylor
St. Croix
Chippewa
Dunn
Menominee
Oconto
Marathon
Shawano
Door
Pierce
Pepin
Eau Claire
Clark
• Stockbridge-Munsee
Kewaunee
Wood
Portage
Waupaca
Outagamie
Brown
• Prevea Health
Buffalo
Jackson
Trempealeau
Waushara
Winnebago
Calumet
Manitowoc
Adams
La Crosse
Monroe
Marquette
Green Lake
Fond du Lac
Sheboygan
Juneau
Vernon
Columbia
Dodge
Washington
Ozaukee
Richland
Sauk
Crawford
Iowa
Dane
Jefferson
Waukesha
Milw.
• CHW-Complex Care Clinic
• CHW-Rheumatology Clinic
• Gerald L. Ignace
• UW Health-Pediatric Complex Care (Team 1)
• UW Health-Pediatric Complex Care (Team 2)
• Waisman Center
Grant
Racine
Lafayette
Green
Rock
Walworth
Kenosha

Health Center	Population
Amery Hospital and Clinic	Children with emotional/behavioral challenges
Bad River Tribal Health Center	Youth in foster care due to opiate-addicted parents
Children's Hospital of WI-Complex Care Clinic	Children with medical complexity who are 12 yrs old or older
Children's Hospital of WI-Rheumatology Clinic	Children/adolescents with chronic rheumatic disease
Forest Co Potawatomi Health and Wellness Center	Children/youth diagnosed with global developmental delays and/or Autism Spectrum Disorder
Gerald L. Ignace Indian Health Center	Children with ADHD
Peter Christensen Health Center	Children with chronic special health care needs including behavioral health

Health Center	Population
St. Croix Tribal Health Clinic	Children with special health care needs including emotional or behavioral health
Sokaogon Chippewa Health Clinic	Children with medical complexity/behavioral health
Stockbridge Munsee Health and Wellness Center	Children with asthma (0-18 yrs old)
UW Health AFCH – Pediatric Complex Care Program (Ehlenbach)	Children with medical complexity
UW Health AFCH – Pediatric Complex Care Program (Sodergren)	Children with medical complexity (ages 12-21)
Waisman Center – Newborn Follow-up Clinic	Children less than 36 mo of age who spent time in neonatal intensive care units

Aim to Improve Family Centered Care Coordination for CYSHCN

USING SHARED PLANS OF CARE

AIM:

85% of families will agree or strongly agree that the Shared Plan of Care helps ensure more of their child's needs are met.

What is a Shared Plan of Care?

Essential Elements:

1. Medical summary (including providers involved in care)
2. Family strengths and preferences
3. Negotiated actions (family goals and clinical goals, timelines, and persons responsible)

Other necessary attachments – may include emergency plans, chronic condition protocols, other relevant legal documents such as IEPs or 504 plans.

Why SPoC? For Whom?

- >20% of WI children and youth have some type of special health care need anticipated to last at least a year and requiring services and supports beyond those of other children
- Fragmentation of care is common, and families often shoulder a disproportionate share of the care coordination burden
- Care plans developed with families may help reduce hierarchical relationships between health care providers and parents, improve reciprocal information exchange, and strengthen relationships

Wisconsin report from the 2001/12 National Survey of Children's Health.

Adams S, Cohen, E, Mahant S, et al. Exploring the usefulness of comprehensive care plans for children with medical complexity (CMC): A qualitative study. BMC Pediatrics. 2013; 13:10.

Approach

- Learning Community = cohort of clinical care teams (including families) using quality improvement (QI) methods to reach aim
  - Facilitated by WISMHI
- Over 12 months, teams participate in learning community calls and in-person event
- Participating pediatricians earn Maintenance of Certification credit
- FOCUS: Developing SPoC that help ensure more of child's needs are met

Learning Community Roles

WISMHI

- Implements all phases of the project
- Establishes and facilitates calls and in-person event
- Communicates updates and results to teams
- Offers targeted, as needed coaching

CYSHCN Program

- Provides grant funding to SPoC projects and WISMHI
- Directs focus of work
- Integrates work into broader CYSHCN programming
- Communicates what has been learned to national partners

Care Teams

- Participate in learning community
- Attend calls and in-person meeting
- Actively involve families in project
- Receive feedback reports & coaching
- Earn professional certification

Why QI to Improve Clinical Care?

Less effective

- Educational materials for health professionals
- Didatic educational meetings

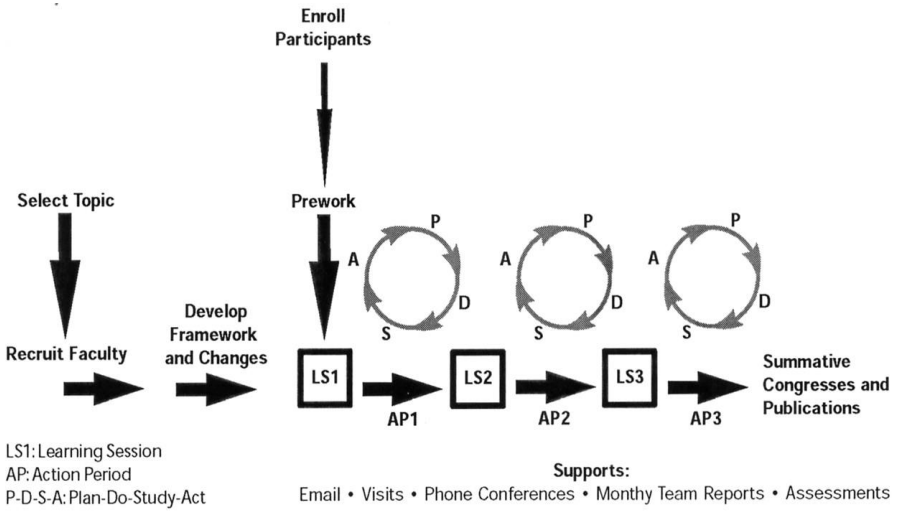
More effective

- Multifaceted interventions/QI
- Academic detailing
- Interactive educational workshops

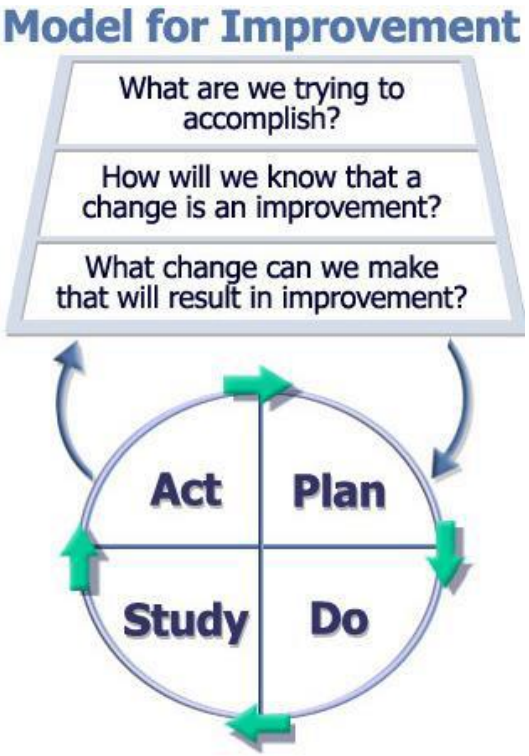
H Bauchner, L Simpson, J Chessare. Changing Physician Behaviour. *ADC* 2001;84:459-462.
LA Bero, R Grilli, J Grimshaw, E Harvey, A Oxman, MA Thomson. Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. *BMJ*1998;317:465-468.
F Mostofian, C Ruban, N Simunovic, M Bhandari. Changing Physician Behavior: What Works? *AJMC* 2015;21:75-84.

What is a Learning Community?

- Modeled on the Institute for Healthcare Improvement's ***Breakthrough Series***
- Short-term (months) learning system that brings together teams seeking improvement in a focused topic area
- Components
  - **Shared learning**: face-to-face and/or virtual Learning Sessions
  - Structured goals, tests of change, data collection/analysis with feedback to teams
- Based upon the **Model for Improvement**
- Excellent track record of achieving dramatic results



The Model for Improvement

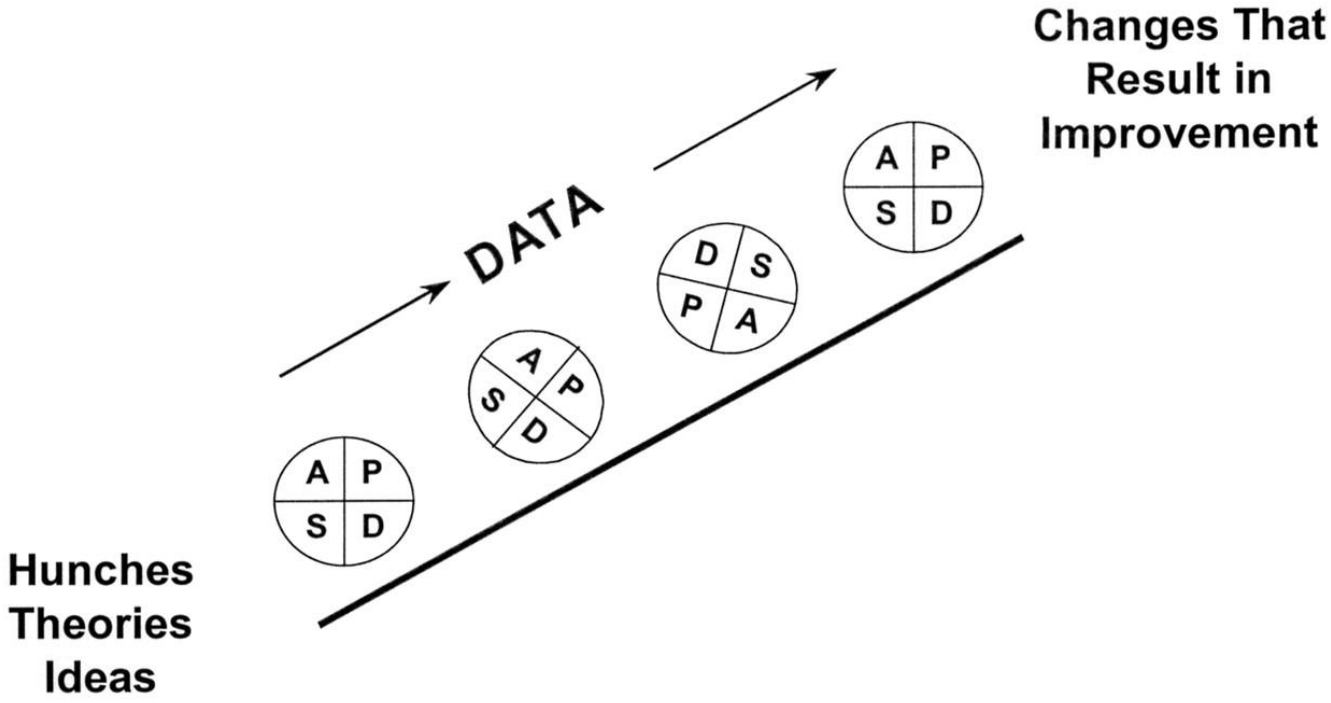


AIM

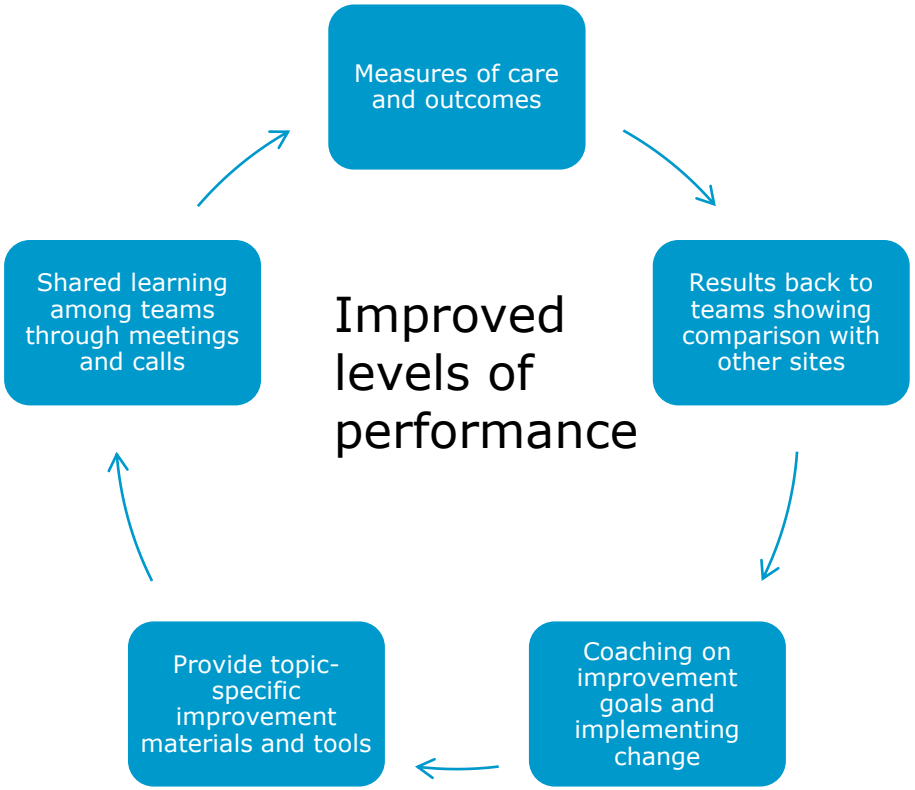
MEASUREMENT

TESTS of CHANGE

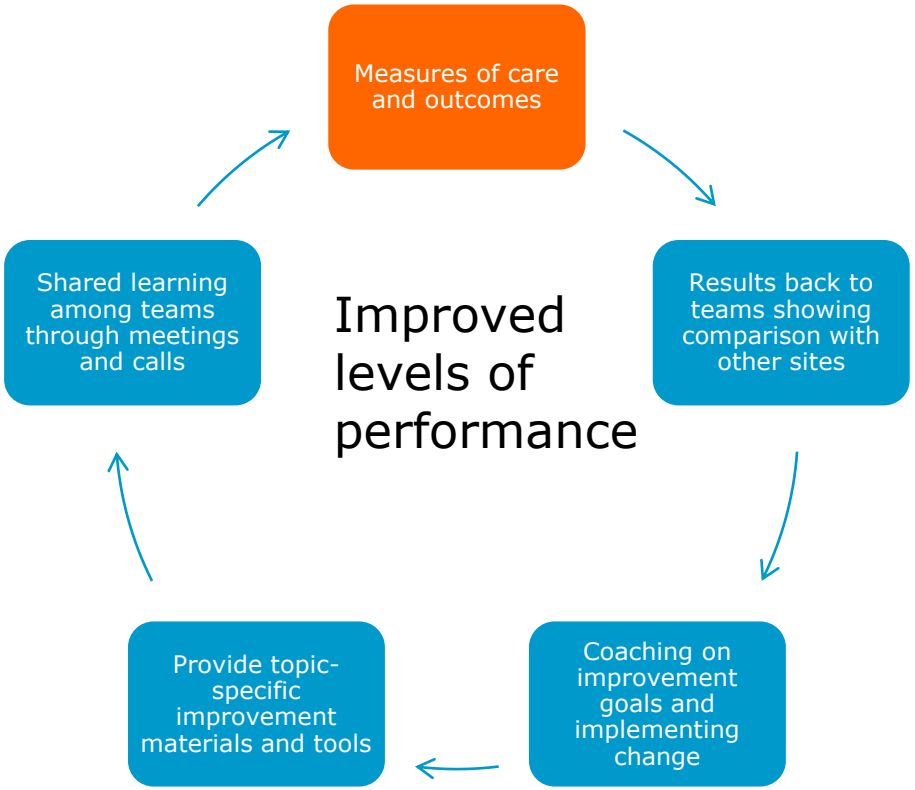
Repeated Use of the PDSA Cycle



Clinical Practice-Based Improvement



Clinical Practice-Based Improvement

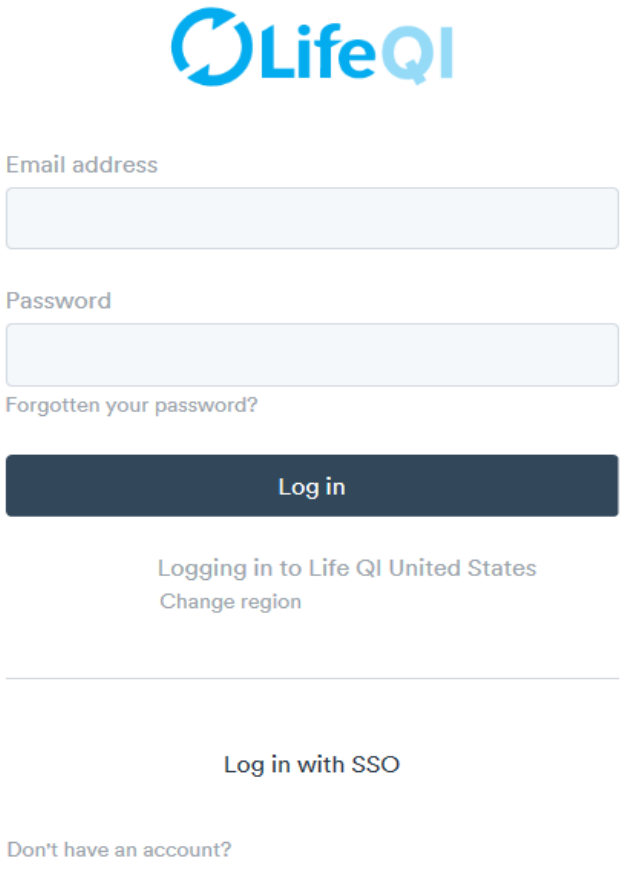


Family of Measures

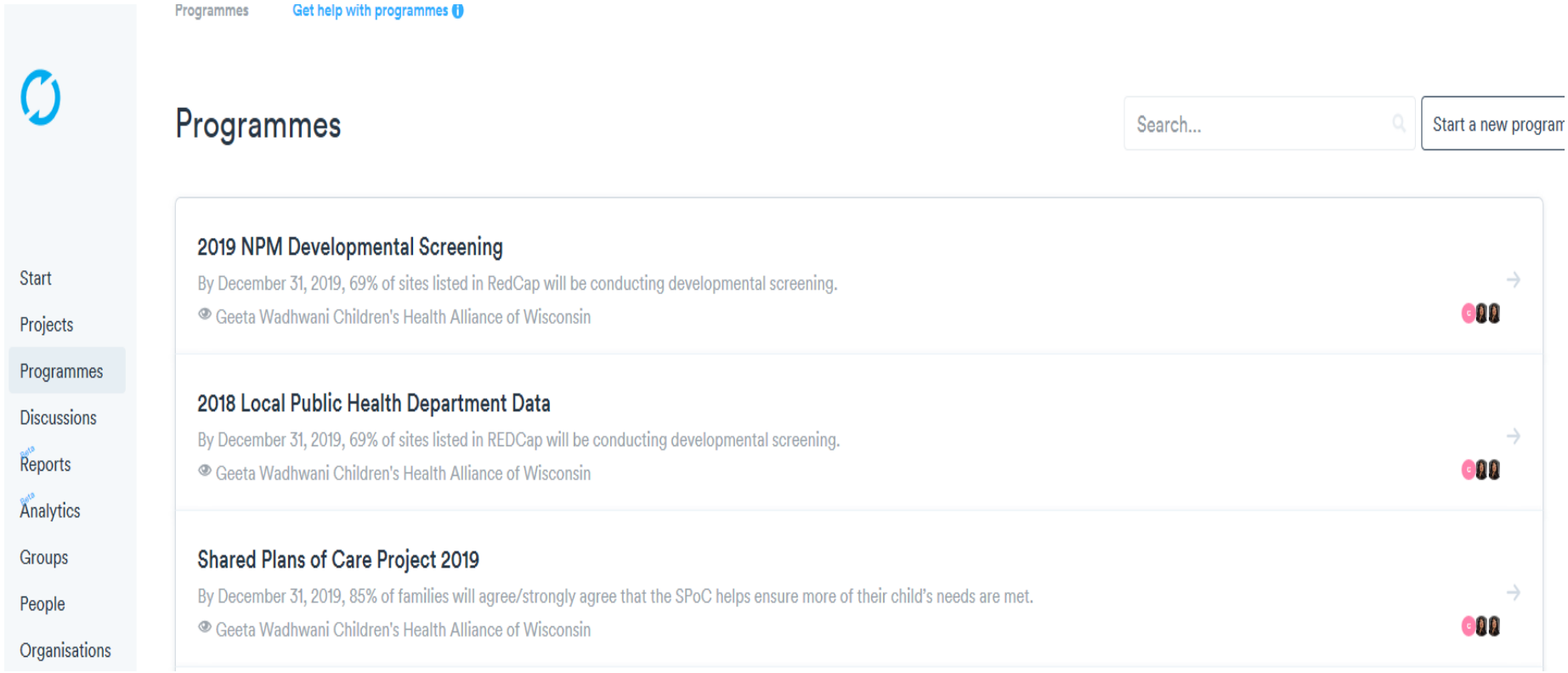
MEASURE	GOAL
• Families agree/strongly agree SPoC helps ensure more of their child's needs are met	85%
• Care team meetings including family member	75%
• Families agree/strongly agree that SPoC helps them tell other service providers (schools, child care providers) about their child's needs	60%
• Teams neutral/disagree/strongly disagree use of SPoC helps their team communicate more efficiently	<20%

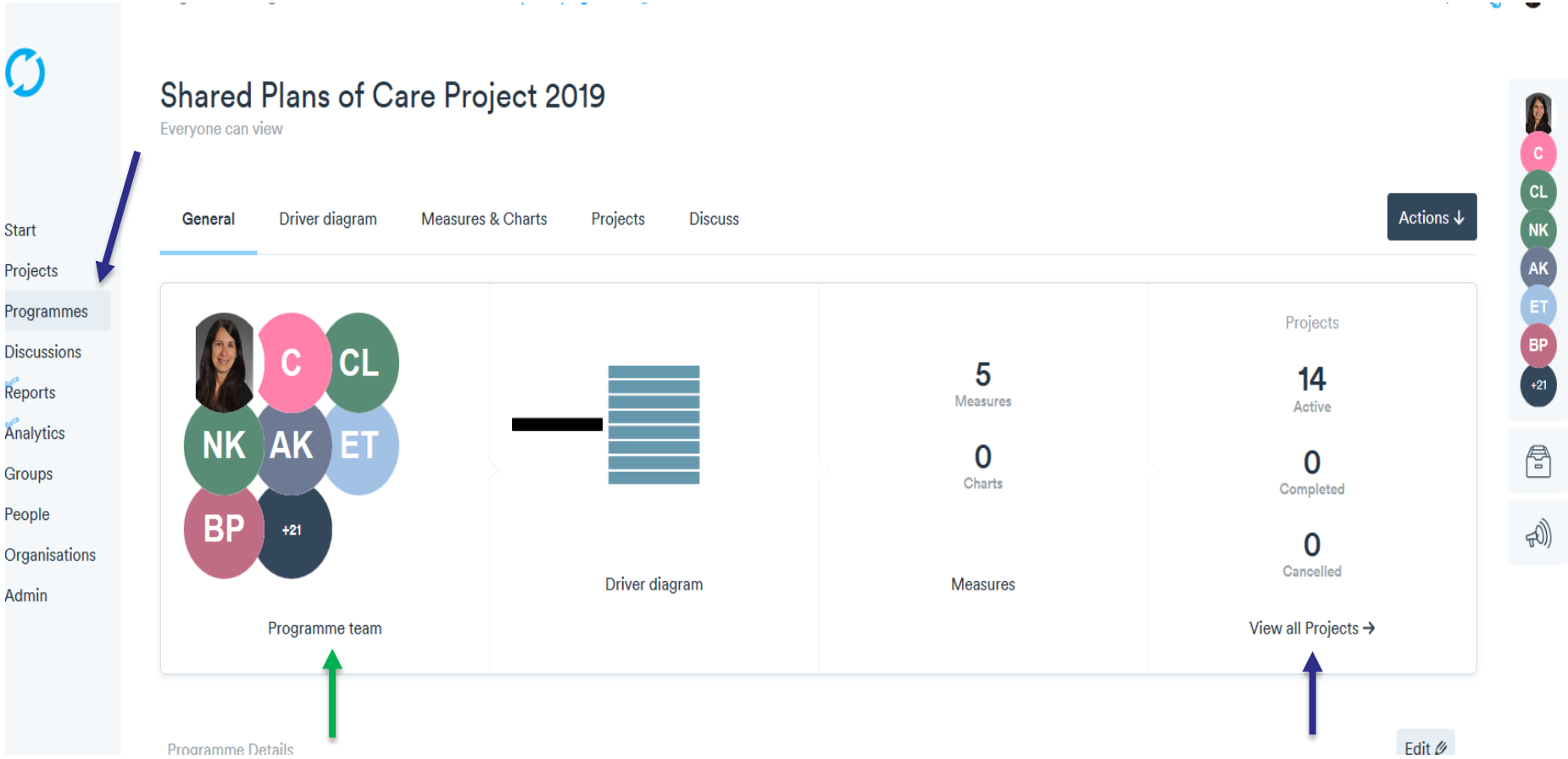
2019 Advancing Family-Centered Care Coordination using a Shared Plan of Care Learning Community QI Project

AIM	Drivers	Tests of Change Ideas
By December 31, 2019, 85% of families will agree/strongly agree that the SPoC helps ensure more of their child's needs are met	Clinicians and care team members understand value of SPoC	• Different versions of shared plans of care (previous vs plans containing 3 essential elements) • Use of SPoC with different groups within selected population (different levels of education, different economic resources, different condition severity) • Review best practice literature on development and use such as "Achieving a Shared Plan of Care with Children and Youth with Special Health Care Needs.". • Partner with Family Voices, Regional Centers, Parent 2 Parent to provide support and resources for families
	Families and youth understand value of SPoC	• Use of strategies for communicating with families when enrolling in pilot, developing SPoC (such as letters of introduction or recruitment, scripts for in-person conversations, cover pages on SPoC to explain how families might choose to use document) • Explain "personal goals" section of SPoC using accessible language ("What matters to you?"/"What's important to you?" versus "What are your goals?") • Dedicated staff member to explain and develop SPoC • Promote WI Family Voices' *Coordinating your Child's Health Care* training among enrolled families
	SPoC improves the quality of communication	• Use strategies to empower families to communicate with other health systems, agencies about the SPoC (test scripted language) • Share SPoC with emergency department clinicians and care team members, hospitalists, other clinical care providers • Share SPoC with school professionals, child care providers, early intervention • Develop and pilot a consent form to share the SPoC
	Clinic has established processes for SPoC development, implementation and updating	• Frequency of regular team meetings (Q2 wk. vs Q mo. vs other) • Team meetings are scheduled at convenient times/locations for families • Frequency of SPoC updates (Q3 mo. vs Q6 mo. vs other) • Roles for care team members in SPoC process (test different members leading different parts of process) • Families are engaged to provide feedback about SPoC clinic activities

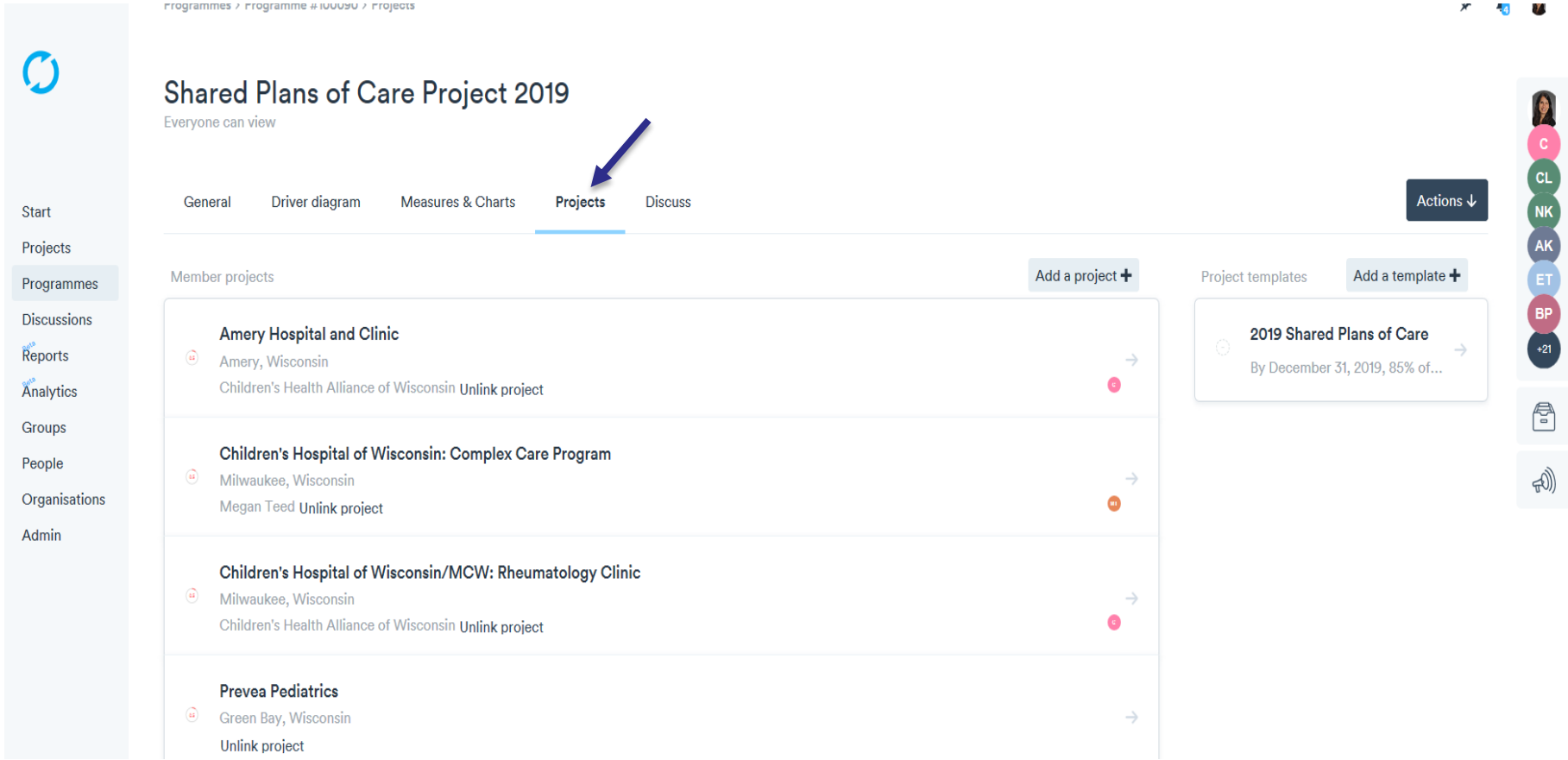


https://us.lifeqisystem.com/login/


Programmes
Get help with programmes
Programmes
Search...
Start a new program
Start
Projects
Programmes
Discussions
Reports
Analytics
Groups
People
Organisations
2019 NPM Developmental Screening
By December 31, 2019, 69% of sites listed in RedCap will be conducting developmental screening.
Geeta Wadhwani Children's Health Alliance of Wisconsin
2018 Local Public Health Department Data
By December 31, 2019, 69% of sites listed in REDCap will be conducting developmental screening.
Geeta Wadhwani Children's Health Alliance of Wisconsin
Shared Plans of Care Project 2019
By December 31, 2019, 85% of families will agree/strongly agree that the SPoC helps ensure more of their child's needs are met.
Geeta Wadhwani Children's Health Alliance of Wisconsin


Shared Plans of Care Project 2019
Everyone can view
Start
Projects
Programmes
Discussions
Reports
Analytics
Groups
People
Organisations
Admin
General
Driver diagram
Measures & Charts
Projects
Discuss
Actions ↓
C
CL
NK
AK
ET
BP
+21
Programme team
Driver diagram
5
Measures
0
Charts
Measures
Projects
14
Active
0
Completed
0
Cancelled
View all Projects →
Programme Details
Edit

Project Teams



Lac du Flambeau Peter Christensen Health Center

Everyone can view

Start
Projects
Programmes
Discussions
Reports
Analytics
Groups
People
Organisations
Admin

General | Driver Diagram | Measures & Charts | PDSAs | Discuss

Actions ↓

Change score

Project team

Driver diagram

4
Measures

0
Charts

Measures

0
Ramps

Add PDSAs →

Cycles

PDSAs

Project Details

Edit

Title

Lac du Flambeau Peter Christensen Health Center

Status

Active

Problem

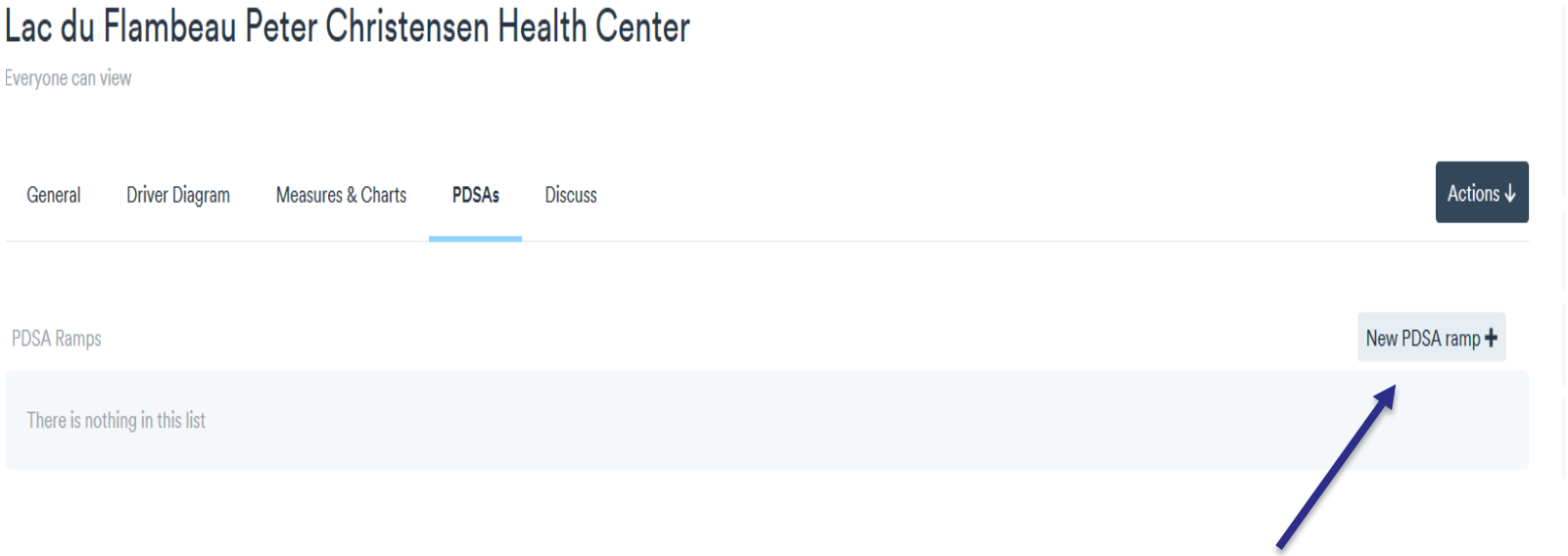
Focus on children with chronic special needs related to behavioral health

Start Date

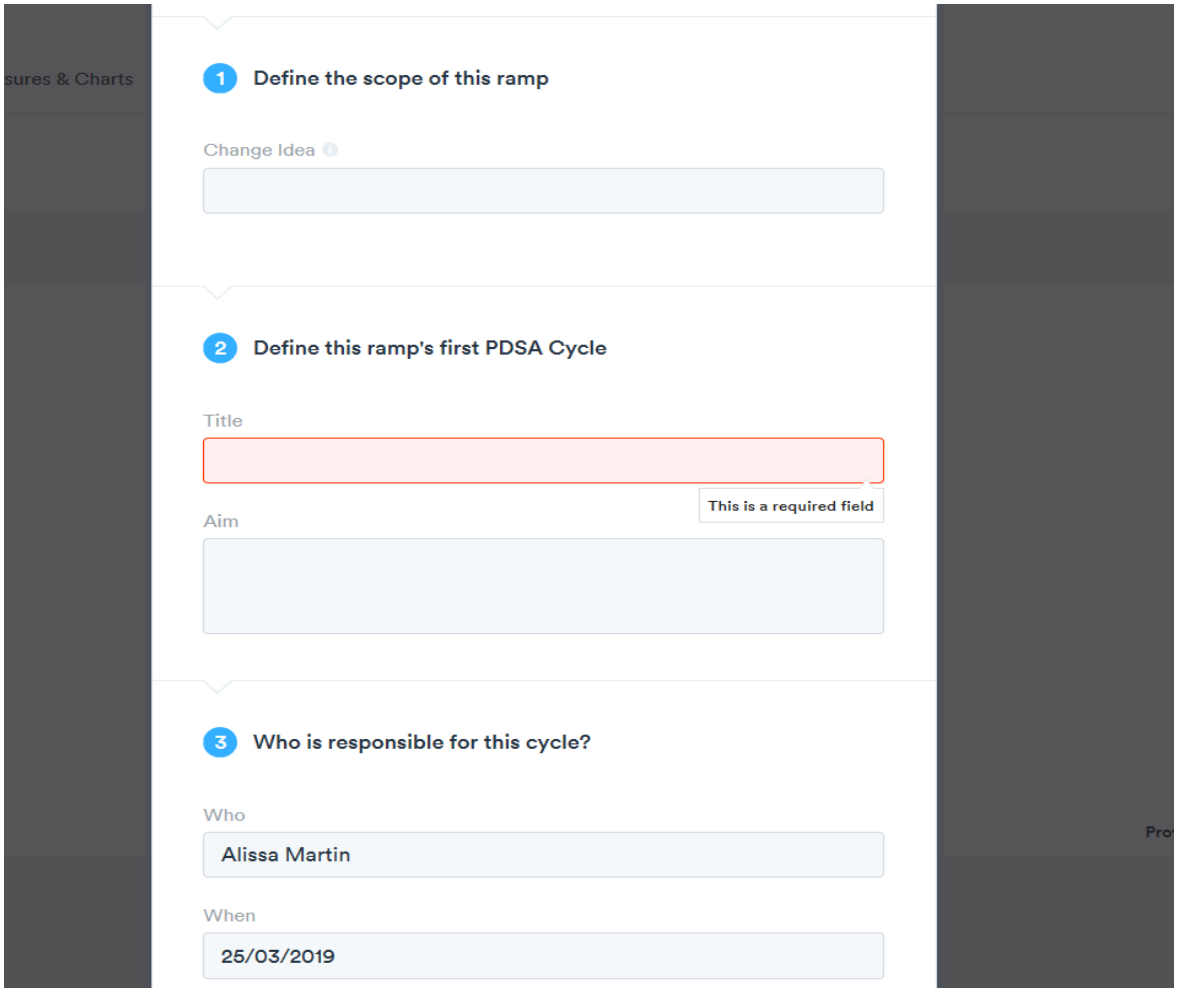
01/01/2019

End Date

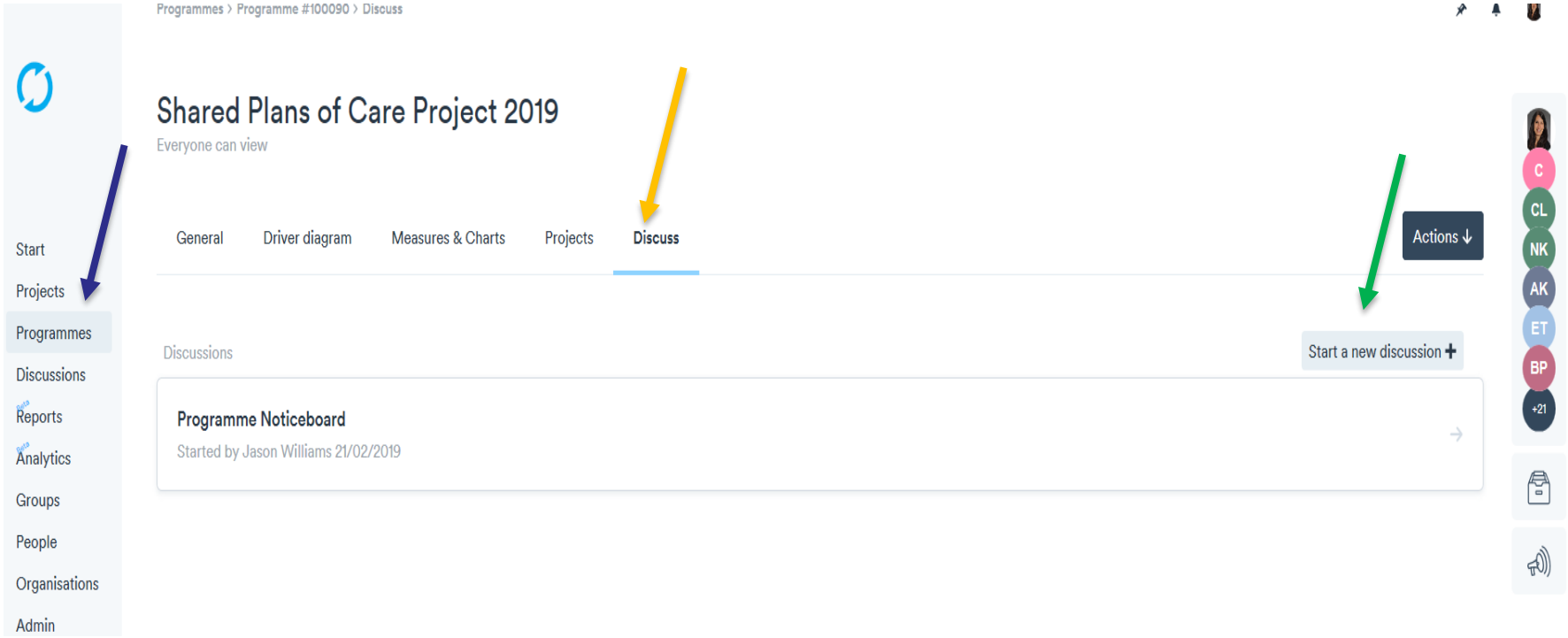
31/12/2019

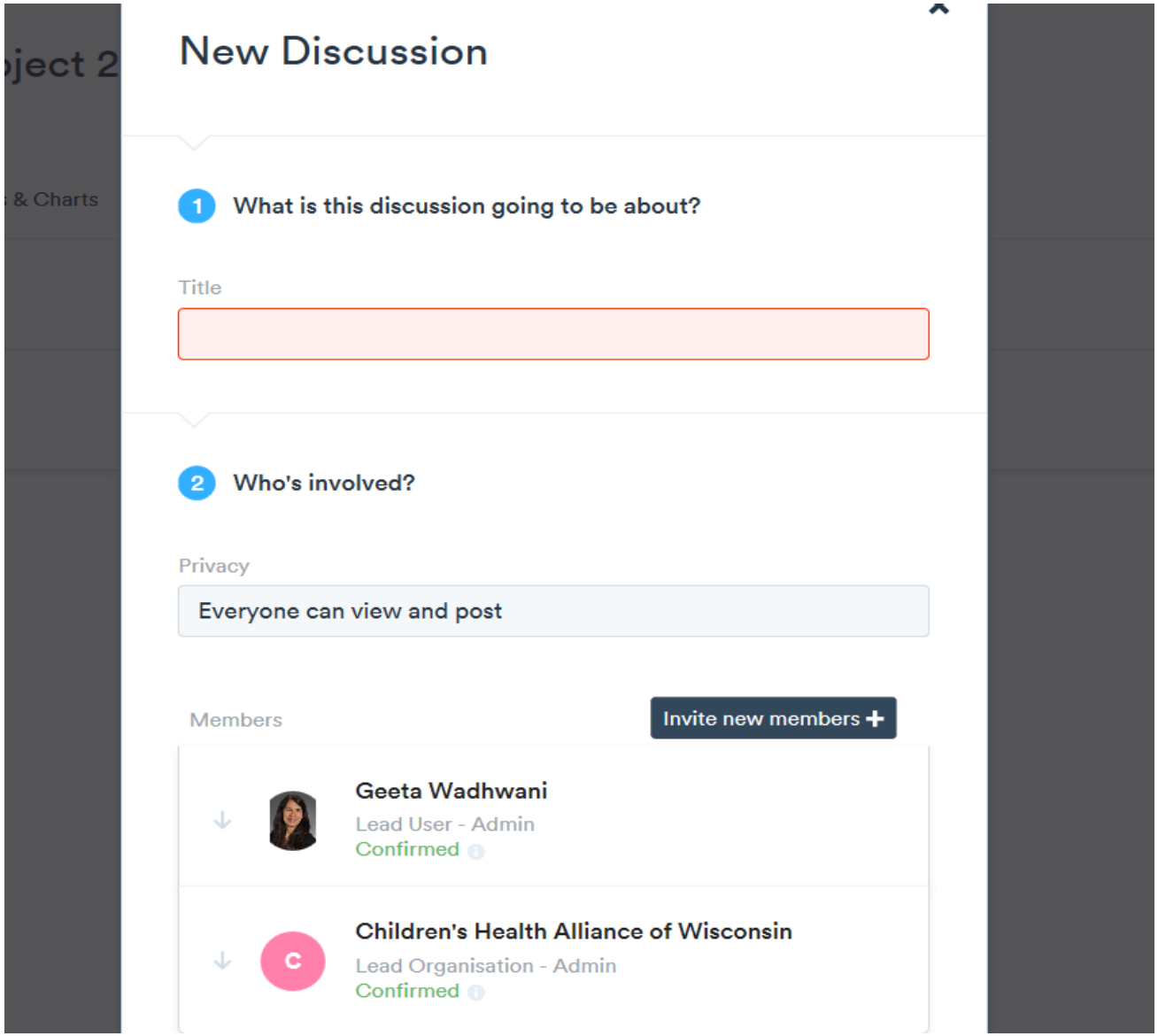

Lac du Flambeau Peter Christensen Health Center
Everyone can view
General
Driver Diagram
Measures & Charts
PDSAs
Discuss
Actions ↓
PDSA Ramps
New PDSA ramp +
There is nothing in this list

PDSA Ramp


sures & Charts
1 Define the scope of this ramp
Change Idea
2 Define this ramp's first PDSA Cycle
Title
This is a required field
Aim
3 Who is responsible for this cycle?
Who
Alissa Martin
When
25/03/2019

Discussion Posting and Resource Sharing




New Discussion
1 What is this discussion going to be about?
Title
2 Who's involved?
Privacy
Everyone can view and post
Members
Invite new members +
Geeta Wadhwani
Lead User - Admin
Confirmed
Children's Health Alliance of Wisconsin
Lead Organisation - Admin
Confirmed

Reminders

- **Mar 5:** Family Representative Call
- **Week of Mar 4:** Q1 surveys sent to teams
- **Apr 23:** In-person Summit, Crowne Plaza, Madison (registration available this week)
- **Sign up for Life QI!**

Thank you!

Colleen Lane (clane@chw.org)

WISCONSIN Medical Home
Children's Health Alliance of Wisconsin