Advancing Family-Centered Care Coordination using a Shared Plan of Care

Learning Community

February 25, 2020

- Welcome! Call will start at 12pm
- Please share in the chat box:
  - Name
  - Organization

Agenda

- Introductions
- 2020 SPoC Project Overview/QI
- Sharing Activities/Experiences
  - Forest Co Potawatomi Health and Wellness Center
  - Peter Christensen Health Center
  - UW Health AFCH-Pediatric Complex Care (Ehlenbach team)
- Wrap Up & Next Steps

Learning Community Goals

- Improve coordination of care for children and youth with special health care needs using a SPoC as a communication tool
- Promote youth and family engagement
- Increase professional understanding of family-centered care
- Network with others, exchange strategies, gain new ideas
- Share successes, barriers and challenges
- We want to hear from you!

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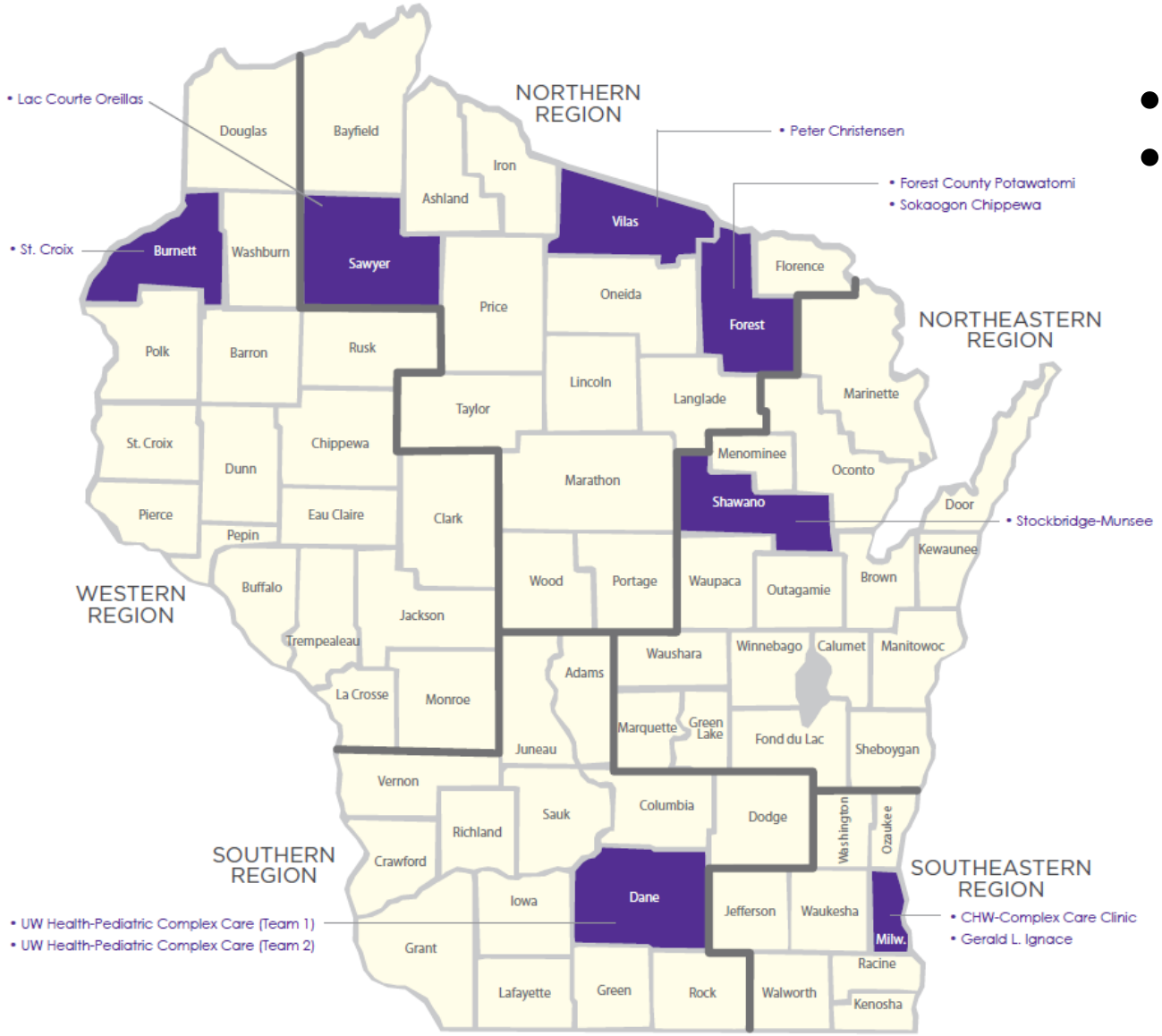

- **10 Teams**
- **7 Counties**

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Health Center	Population
Children's Wisconsin-Complex Care Clinic	Children with medical complexity (12yrs old or older)
Forest Co Potawatomi Health and Wellness Center	Children/youth diagnosed with global developmental delays and/or ASD
Gerald L. Ignace Indian Health Center	Children with ADHD
Lac Courte Oreilles	Children with special health care needs receiving care outside of the agency
Peter Christensen Health Center (Lac du Flambeau)	Children and youth with ADD/ADHD

Health Center	Population
St. Croix Tribal Health Clinic	Children who have been exposed to drugs
Sokaogon Chippewa Health Clinic	Children with medical complexity/behavioral health (0-21 yrs old)
Stockbridge Munsee Health and Wellness Center	Children with obesity (0-18 yrs old)
UW Health AFCH – Pediatric Complex Care Program (Ehlenbach team)	Children with medical complexity
UW Health AFCH – Pediatric Complex Care Program (Sodergren team)	Children with medical complexity (ages 12 and older)

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2020 SPoC Project Requirements

- Clinic Activities with SPoC
  - Quarterly care team surveys
  - Submit 1 PDSA/quarter
- Family and youth engagement with SPoC
  - Quarterly family surveys
- Family representation/partnership on the QI team
- Learning Community participation
- Care Mapping workshop
- Collaborate with your Regional Center, the Medical Home Initiative, Family Voices and others

2020 Advancing Family-Centered Care Coordination using a Shared Plan of Care Learning Community QI Project

AIM	Drivers	Tests of Change Ideas
By December 31, 2020, 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	• 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" • Use of strategies for communicating with other staff members defining and explain a SPoC and how it may be used (such as developing a "What is a Shared Plan of Care" flyer) • Use of SPoC with different groups within selected population (different diagnoses or condition severity, different levels of education, different economic resources)
	Families and youth understand value of SPoC	• Use of strategies for communicating with families defining and explaining a SPoC and how it may be used (such as developing a "What is a Shared Plan of Care" flyer) • Dedicated staff member to explain and develop SPoC • Explain "personal goals" section of SPoC using accessible language ("What matters to you?"/"What's important to you?") • In collaboration with your Regional Center, conduct a Care Mapping workshop
	SPoC improves the quality of communication	• Use strategies to empower families to communicate with other health systems, agencies about the SPoC (test scripted language or develop a SPoC cover page) • Use SPoC with care team members, hospitalists, emergency department clinicians and other clinical care providers to communicate about family/child • If working with youth between 12-21 years of age, implement transition strategies for planning the transition from pediatric to adult care
	Building a network of community supports for families, children and youth	• Develop action steps for family members to reach their short and long term goals • Identify the stressors that may impact family success • Identify and connect families to organizations/support that families may need • Aggregate and analyze data of families who have documented goals in their SPoC to support building partnerships • Share the SPoC (or relevant portions of it) to ensure community supports may be aware of a family's identified goals, strengths, and needs AND who can help the family reach their goals (i.e. school professionals, child care providers, early intervention)

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	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)
	SPoC accessible to all partners	• Family-friendly format • Share hard copy SPoC with families (and patient portal if available) • Make SPoC available within EMR
	Family Representatives/Partners are valued project team members	• Family partners have an identified and accessible 'buddy' or mentor • Families are included in decisions about SPoC design/revisions/project activities • Meeting materials are available in formats that families can access, at an appropriate language and literacy level, and in a timely manner • Family members are invited and participate in the Family Representative Calls and April in-person event. • Families are compensated for their time, expertise, and costs of participation such as childcare or travel expenses.
	Participate in learning community opportunities on Shared Plan of Care work	• Initiate discussions with other project teams (available in Life QI) • Share resources and best practices (available in Life QI) • Document your Plan-Do-Study-Act (PDSA) cycles in Life QI or available form

Measures

1. Percent of families agreeing/strongly agreeing the SPoC helps ensure more of their child's needs are met (Outcome)
   - Family quarterly survey (goal 85%)
2. Percent of team meetings that include a family member (Process)
   - Care Team quarterly survey (goal 75%)
3. Percent of families agreeing/strongly agreeing that the SPoC helps them tell other service providers (schools, childcare providers, others) about their child's needs. (Process)
   - Family quarterly survey (goal 60%)
4. Percent of teams neutral/disagreeing/strongly disagreeing use of SPoC helps their team communicate more efficiently (Balancing)
   - Care team quarterly survey (goal 20%)

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Family of Measures

	2019 Results	2020 Goals
• Families agree/strongly agree SPoC helps ensure more of their child's needs are met	87%	85%
• Care team meetings including family member	37%	75%
• Families agree/strongly agree that SPoC helps them tell other service providers (schools, child care providers) about their child's needs	82%	60%
• Teams neutral/disagree/strongly disagree use of SPoC helps their team communicate more efficiently	13%	<20%

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Forest Co Potawatomi Health and Wellness Center

- **Idea/Activity Tested**
  - Created an education flyer that includes information on what a Shared Plan of Care is
  - Available throughout the clinic and share with clients

FOREST COUNTY POTAWATOMI
HEALTH & WELLNESS CENTER
COMMUNITY HEALTH

Shared Plans of Care

Information for Families

A Shared Plan of Care is a generated report to help children with special needs get the right services and supports. It is called a "shared" plan because it's for you and your child's health, and Forest County Potawatomi Health & Wellness Center service providers share the work of creating the plan and putting it into action.

A Shared Plan of Care is readily available for you upon request during your office visit and/or can be mailed to you quarterly upon your request and permission.

How Shared Plans of Care Help

You share your insight and expertise about your child with his or her teachers, therapists, health care providers, and others.

Your goals for your child are the first priority.

You get a clear report that addresses your child's needs. The Shared Plan of Care spells out who will do what, and when.

Your child gets a valuable service at no cost to your family.

FOREST COUNTY POTAWATOMI
HEALTH & WELLNESS CENTER

8201 Mish ko swen Drive
Crandon, WI 54520
715-478-4300
health.fcpotawatomi.com

CLINIC HOURS:
Monday through Friday
7am to 6pm
Saturday (Walk-In Only)
8am to 4pm

Proudly Serving the
Forest County Potawatomi Community
& Area Residents

Forest Co Potawatomi Health and Wellness Center

- **Tip(s) for other teams?**
  - Make sure your team has the same understanding of what a SPoC is for
  - Get the providers on board (we did this through a lunch and learn)
  - Have consistent meetings

- **Question(s) for other teams?**
  - What are other ways you have used the funding (other than supporting someone's salary)

Peter Christensen Health Center (Lac du Flambeau)

- **Idea/Activity Tested**
  - Meet with (5) patients/parents/caregivers after scheduled appointment with PCP (Goal: Increase interest among patient/parent/caregiver)
  - Results: Needs were identified right away - 2 out of 5 patients/families implemented a SPoC
  - Disconnect of goals was identified between patient/family and PCP
  - Meeting with patient/families after scheduled appointment created an opportunity to offer psychosocial support, build a rapport, identify needs, and align goals between PCP and patient/families

Peter Christensen Health Center

Shared Plan of Care (SPoC)

What is a Shared Plan of Care?

Shared Plan of Care (SPoC) is a written plan to help children with special needs get the right services and supports. It is called a "shared" plan because you and your child's health, education, and services providers share the work of creating the plan and putting it into action. A SPoC brings you and different people who work with your child together in a room to talk about goals and challenges. In the end, you have a plan (the SPoC) to help your child move forward.

How SPoCs Help

You share your insight and expertise about your child with his or her teachers, therapists, health care providers, and others.

Your goals for your child are the first priority.

People with different kinds of skills and experience come together with a common goal of helping your child.

You get a clear written plan that addresses your child's needs. The SPoC spells out who will do what, and when.

People involved in the SPoC gain a better understanding of your unique child and family.

Frequently asked questions

WHO IS INVOLVED IN A SPoC?

That's up to you. Members may include:

- You – the parent(s) or guardian(s)
- Your health care provider
- Therapist(s)
- Developmental disabilities caseworker
- Social worker
- School nurse, counselor or teachers
- Child care providers
- Other people you think might be helpful

IS SPoC THE SAME AS AN INDIVIDUAL EDUCATION PLAN (IEP)?

No. IEPs are focused on school goals. SPoCs focuses on your child's overall health and well-being, including how they are doing at school.

HOW DO I PREPARE FOR A SPoC?

Write down any of your child's needs that have been hard to meet (like supplies or therapies that aren't covered by insurance, child care, etc.).

Bring any written information that you'd like to share. Examples might include:

- A care notebook
- An Individual Education Plan
- Report cards
- An Individual Service Plan
- Letters denying services or insurance

PETER CHRISTENSEN HEALTH CENTER

COMMITMENT AND CONFIDENTIALITY AGREEMENT FOR SHARED PLAN OF CARE PROJECT

itment:

I am committed to helping the Shared Plan of Care Quality Improvement project team in its efforts at constant mprovement.

will ask questions when I need clarity or help to improve my ability to participate.

ill strive to provide valuable input.

l attempt to resolve any problems with my team and, if unsuccessful, attempt to resolve any such problems the team lead.

make my best effort to fulfill my commitment to the SPoC QI project team by completing all assignments ccept.

Member, I understand the importance of respecting the privacy and confidentiality of parents and

absolutely confidential all information that I may obtain concerning patients, families, medical staff, QI project team business practices. I will not share such information outside my team or my work ber.

o obtain confidentiality information from patients, medical staff, or others that is highly relevant eam member.

of Service:

n free to end my participation on the team at any time. If I choose to do so, I will provide notice as possible.

PoC QI project team may terminate my status for just cause, such as:

ply with the SPoC QI project team confidentiality and commitment agreement;

ticipate;

ttitude, work or appearance; or

stances which, in the judgement of the team lead would make continued m member contrary to the best interests of the SPoC QI project team.

ature: _____

_____ Date: _____

Peter Christensen Health Center (Lac du Flambeau)

- **Tip(s) for other teams?**
  - Have your resources or referral for services and active listening skills ready
  - Potential appointments that are good to meet with patients/families are after annual or problem visits
  - Avoid sick visits

- **Question(s) for other teams?**
  - What are some incentives other teams offer patients/families? Is this mentioned at the first encounter with patients/families?

UW Health AFCH-Pediatric Complex Care (Ehlenbach team)

- **Idea/Activity Tested**
  - Based on parent involvement, it became apparent there was a need for a user's guide to help parents know what to do with their SPoC
  - Over the course of 2019, developed the idea and held a focus group with several families
  - Starting to roll out it's use now

What is a Shared Plan of Care (SPoC)?

A shared plan of care is a *tool for communication*. It contains information about your child:

- goals and plans to achieve them
- your child's medical issues
- what to do if a crisis occurs ("action or emergency plans")
- information about your family and other important people in your child's life

Why is a SPoC important?

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Who makes and updates a SPoC?

The Peds Complex Care team is one group that makes SPoCs. Some people who contribute to the SPoC include:

- you/your child
- your child's health care team(s)
- others who are important in your child's care

Just like each child, a SPoC is unique! A SPoC is a "living" document, so it can get updated as things change. Tell your complex care nurse if you notice something that should be updated.

What should I do with it? When should I use it?

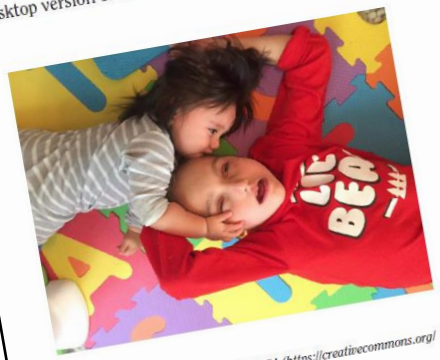
Your child's SPoC can be used in any way that makes it easier to receive good care. You are in charge of who can access it. We also keep a copy in your child's electronic medical record. You might want to share it with:

- **health care team members:** primary care doctor, emergency room staff, specialists, private duty nurses, durable medical equipment providers
- **school:** nurses, therapists, teachers, counselors, aides or others who contribute to your child's well-being
- **community resources:** case managers, CLTS service coordinators, respite workers/centers, daycares, social workers, transportation services, recreational/camp staff, vocational rehabilitation team members

Where should I store my SPoC? I'm afraid I'll lose it!

Here are some tips that have worked for others:

- Take a picture of it on your cell phone as soon as you receive it.
- Upload it to a document scanning app.
- Make several copies and put one in your child's "go" bag or tuck it into a device or equipment that travels with them.
- Give or email a copy to people who might find it useful.
- If you have MyChart you can find it in Letters on the desktop version of MyChart.



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Camba, Vin. 2019.

Shared Plan of Care User's Guide

Created by Parents for Parents

in collaboration with

UWHealth | American Family Children's Hospital

Pediatric Complex Care Program

Children's Health Alliance of Wisconsin

Southern Regional Center
Children and Youth with Special Health Care Needs

Family Voices of Wisconsin

UW Health AFCH-Pediatric Complex Care (Ehlenbach team)

- **Tip(s) for other teams?**
  - Parent involvement is key! It should guide the work
  - One idea for identifying a parent: consider engaging someone who has talked with you about flaws in “the system” they have experienced (this discussion may be one that some consider “complaining” or the person might have been frustrated or angry)
  - Helpful to map out what you want to accomplish by quarter & schedule meetings in advance
  - Provide food at meetings!

UW Health AFCH-Pediatric Complex Care (Ehlenbach team)

- **Question(s) for other teams?**
  - Where are you storing your SPoC? Electronic medical record? If so, where?

Questions?

Reminders

- **Mar 3:** Family Representative Call
- **Apr 3:** Q1 surveys and one PDSA cycle due
- **Apr 7:** In-person meeting (Health care teams from competitive grant only) – Holiday Inn, Madison
- **Apr 21:** In-person meeting (Tribal Health Center teams only) – Stoney Creek, Rothschild

Thank you!

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