



PaCT Coaches Prep

February 15, 2018

WebEx Quick Reference

- **Mute/unmute** on your phone or using *6
- Chat to “**All Participants**”
- Chat to “**Host**” for technology issues

1. Select All Participants

2. Enter Text

3. Click Send



Welcome!

Please add the names of everyone attending in the chat box



Discussion



Test Box 2 contents

‘Potentially Better Practices’ to choose from:

- Getting ready for continuity
- Effective communication for care planning
- Coordinating today’s work together
- Determining and monitoring panel confirmation rate
- Local Alberta research findings
- Running EMR searches



Getting Ready for Continuity

Getting Ready for Continuity

This test box item is to support teams to:

- Develop a shared understanding of the importance of continuity
- Use data to understand and inform the practice's continuity
- Develop a shared understanding of the provider behaviours that contribute to continuity
- Prepare to participate in the Central Patient Attachment Registry (CPAR)



If we could only do one thing...

“Having a family doctor, being able to access the family doctor, and most importantly, continuity of care with a family doctor, is probably the single most important thing a health care system can provide to its population.”

Dr. Richard Lewanczuk,
Senior Medical Director,
Primary Health Care, AHS



2017 UPDATE



PREVENTIVE CARE

8/10

studies showed improvements in preventive care



UTILIZATION

61/64

studies showed positive results in lower utilization and hospitalization



MORTALITY

11/11

studies showed reduced mortality

EVIDENCE SUMMARY: THE BENEFITS OF RELATIONAL CONTINUITY IN PRIMARY CARE



HEALTH

13/16

studies showed positive results in improved health



COST SAVINGS

16/17

studies demonstrated cost savings



CARE QUALITY

10/16

studies showed positive results in overall care quality



SATISFACTION

15/16

studies showed increased patient satisfaction



ADHERENCE

6/6

studies showed improved self-management and treatment adherence

Continuity Defined

Continuity

=

Quality of patient care
over time with a primary
care provider

+

connection across
healthcare events &
providers



Alberta's Journey to Continuity



Focus on Access



Focus on Panel

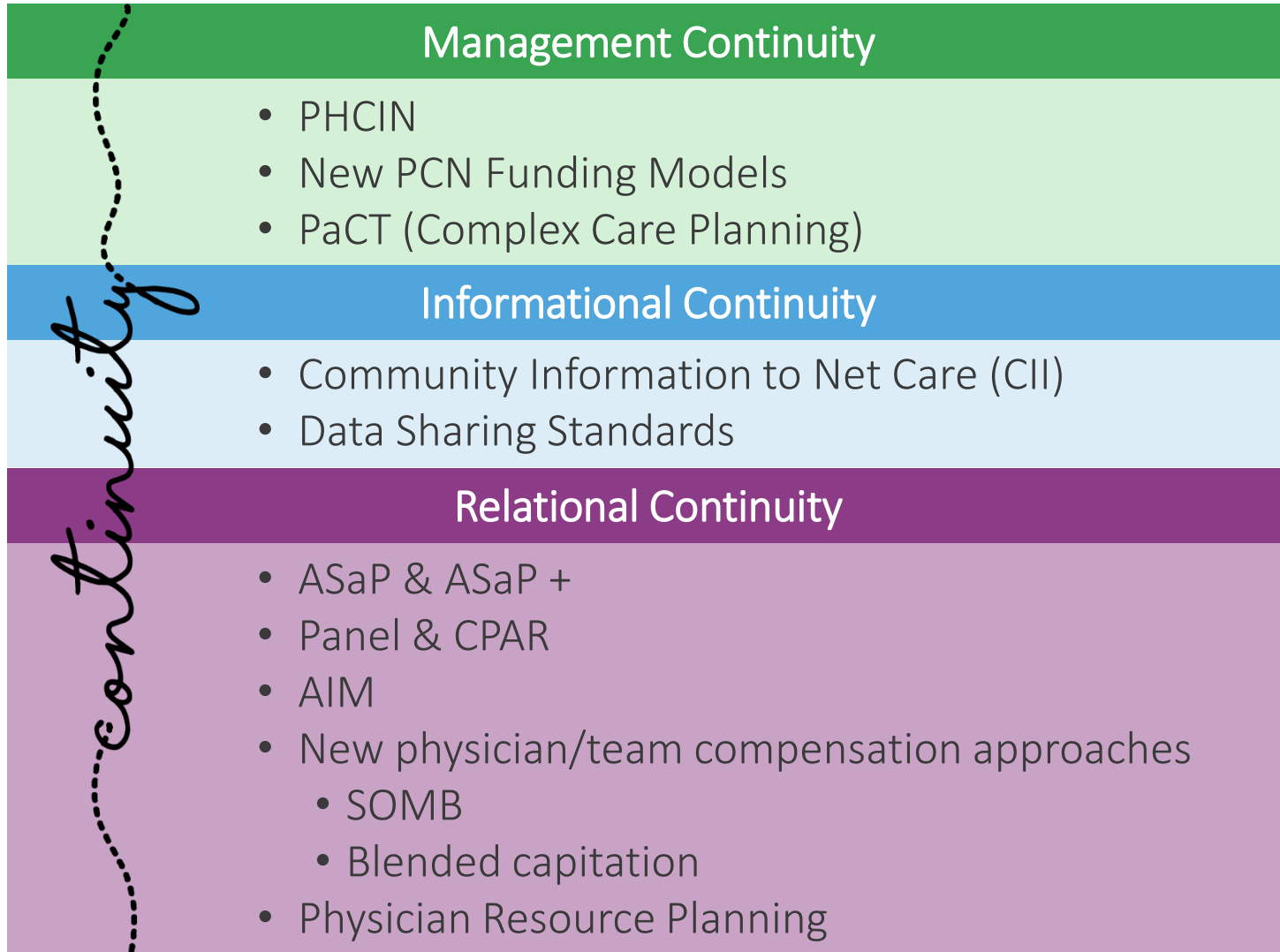


Building Capacity for PCNs to Support PMH Implementation



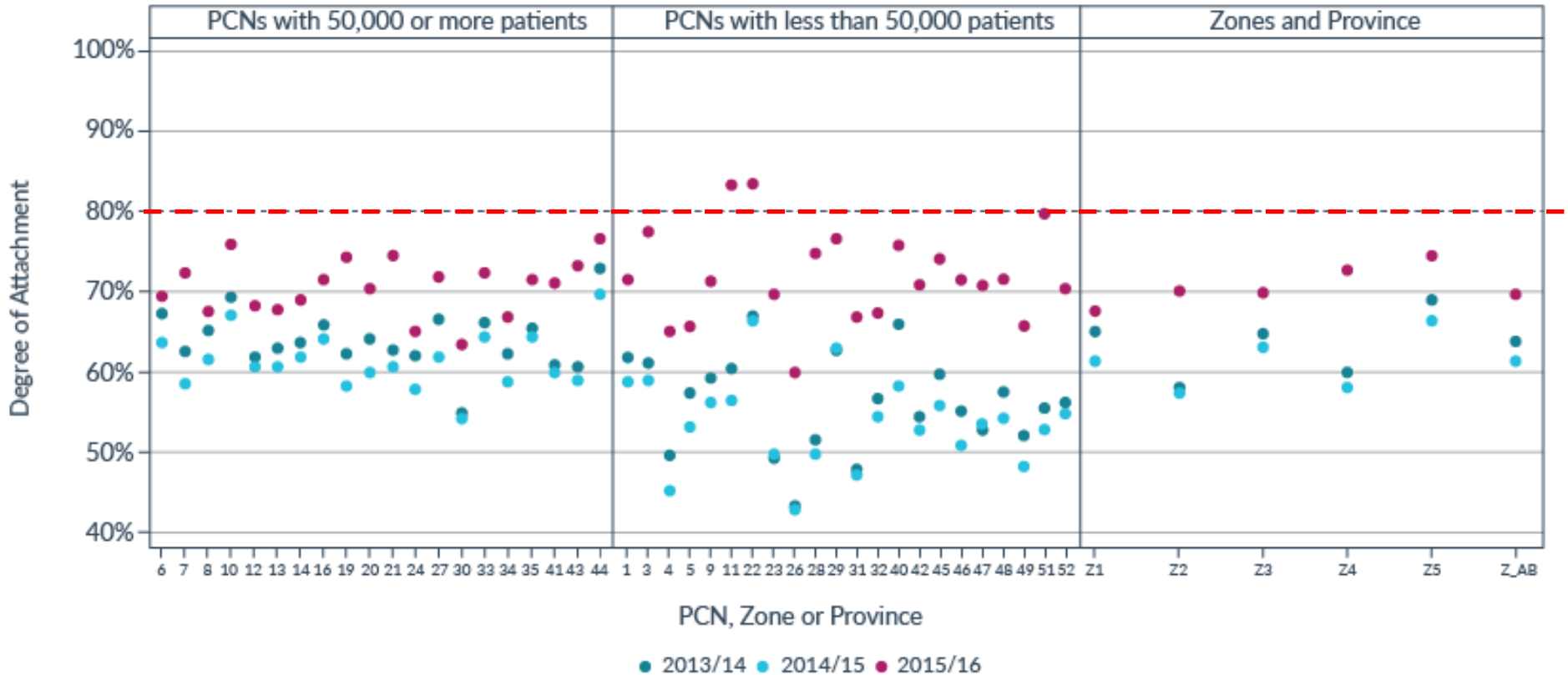
Focus on Patient's Medical Home

Continuity: The Common Thread



Continuity Aim:

Improvement in Continuity Across Alberta to 80%



Some is not a number, soon is not a time.

– Don Berwick, Launch of 100,000 Lives Campaign, IHI Forum December 2004



Test Box 2 – Getting Ready for Continuity¹⁴



- Self-reflection questions that relate to team behaviours that support continuity
- Continuity Challenge - Slide deck to support teams in understanding Continuity

Continuity of Care Challenge

- Question 1 – Patient's Medical Home
- Question 2 – Panel progress/continuity impact
- Question 3 – Types of continuity
- Question 4 – Evidence around continuity
- Question 5 – Data sources to inform continuity
 - EMR & HQCA Panel Reports
- Question 6 – Provider behaviours for continuity
- Question 7 – Continuity Aim
- Question 8 – Central Patient Attachment Registry

Questions/Discussion



Effective Communication for Care Planning

Communication - Patients and Teams



Activity 1

Reflect on what guides communication as a team and communication with patients.

- previous trainings
- patient-centred practices
- consistency across team
- patient experience



Activity 2

PDSA four principles:

- First ask, then offer
- Wait til 8
- Invite the client to write
- Trial & error

ENHANCING PATIENT-CENTRED PRACTICE: A FOCUS ON 4 PRINCIPLES

The HealthChange® Person-Centred Practice Principles as a set of 9, clearly identify the elements of patient-centred care and communication. The principles provide guidance for the 'how to' of person-centred care. It is important to recognize that these Practice Principles are guiding principles, not hard and fast rules. Providers need to use their skills in tailoring the use of each principle to any particular patient or situation.

The Practice Principles allow providers to give information in a way that is respectful, non-judgmental and relevant to the patient. This makes it more likely that they will act on the recommendations given to them.



FIRST ASK, THEN OFFER

Check patients' existing knowledge and ideas prior to automatically providing clinical and other information, education or suggestions

Example 1: "Mrs. Brown, tell me what you already understand about diabetes and how it can affect a person's body."

Example 2: "What do you already know about how a person can manage diabetes over time?"



WAIT TIL 8

Provide patients with adequate thinking time to consider responses to questions before jumping in ahead of them

Example: When asking a patient what they already know about their health condition, allow an average of 8 seconds for them to think and respond. Allow the quiet space.



INVITE THE CLIENT TO WRITE

Encourage patients to write down or capture any aspects of a consultation that they might wish to review later. They can use paper and pen, take a picture or use their electronic devices.

Example: "The paper and pen here are for you to take any notes you think will help you once you leave the care planning appointment today. Or is there another way you'd prefer to make reminders for yourself?"



TRIAL & ERROR

Encourage a trial and error approach to patients taking action on health recommendations

Example: "Sometimes things don't go as well as we've planned or it might take a few tries to find the right approach. Take note of anything that gets in your way and we can work through other solutions together when you come back."



Tips for Coaches

Review
examples

Team
meetings &
huddles
establish
communication
norms

Opportunity
to role model

Team
member
observation
and feedback

Ask patients
for input and
feedback

Questions/Discussion



Coordinating Today's Work Together

Sample Huddle Checklist

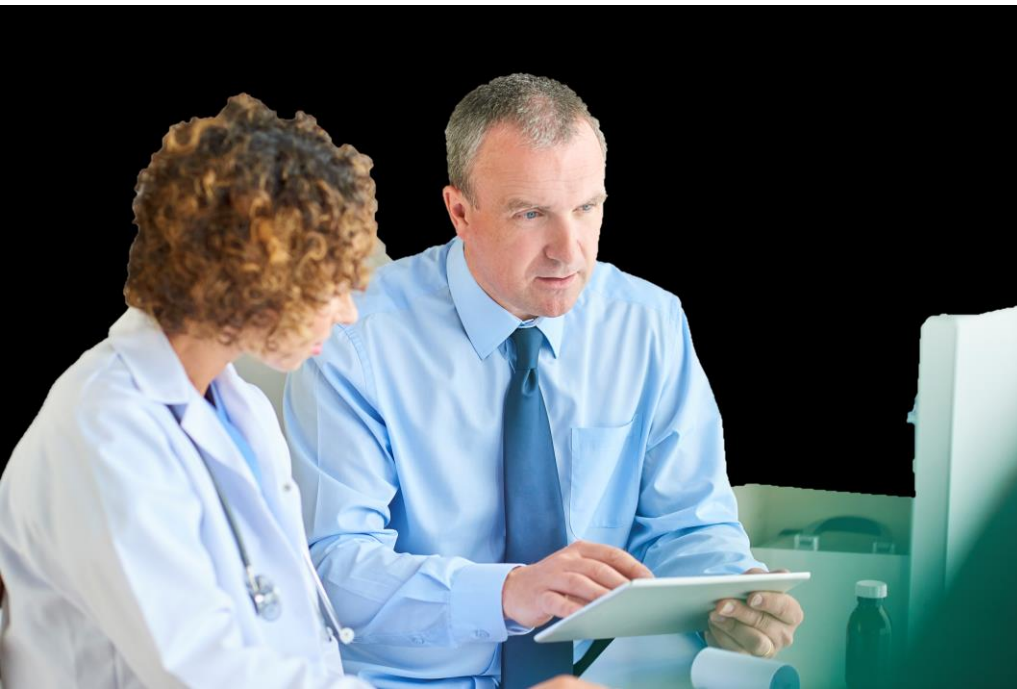
MORNING HUDDLE <i>(before 1st patient of the day)</i>	
Team Check-in	Notes
How is everyone feeling today?	
Are there any external team members here today? <i>(e.g. PCN team, residents, etc)</i>	
Is anyone away? How will we manage that?	
Is anyone leaving early? How will we manage that?	
Is there anything else we should know today?	
Schedule Review	
Who is coming in today? Cancellations? Squeeze-ins?	
Is there anything that the team should know about? <i>(e.g., patient grieving, will be receiving a diagnosis, often late or no shows, etc)</i>	
Can we offer opportunistic care while they're here? <i>(e.g., care plan update, screening due, requisitions, prescription renewal, etc)</i>	
Can we get anything ready in advance? <i>(e.g., Netcare results, print requisitions, administer screen/self-assessment, pap prep, etc)</i>	
Are we doing any PDSA's today? What's the plan?	
AFTERNOON HUDDLE <i>(before 1st patient of the afternoon)</i>	
Any change in team status? <i>(e.g. leaving early, gone home sick, etc)</i>	
Any change in the schedule? <i>(e.g. running late, new cancellations, squeeze-ins, etc)</i>	
Does anyone need help?	
PDSA update <i>(if applicable)</i>	

END OF DAY HUDDLE <i>(OPTIONAL)</i>	
Brief review of incident(s)	
What went well?	
What could we have handled differently?	
Actions required?	

Introducing Huddles

Potential Barriers:

- We don't have time
- Not everyone will be able to come
- Meetings are a waste of time
- I don't like the term 'huddle'
- Other?



EMR Messaging - examples

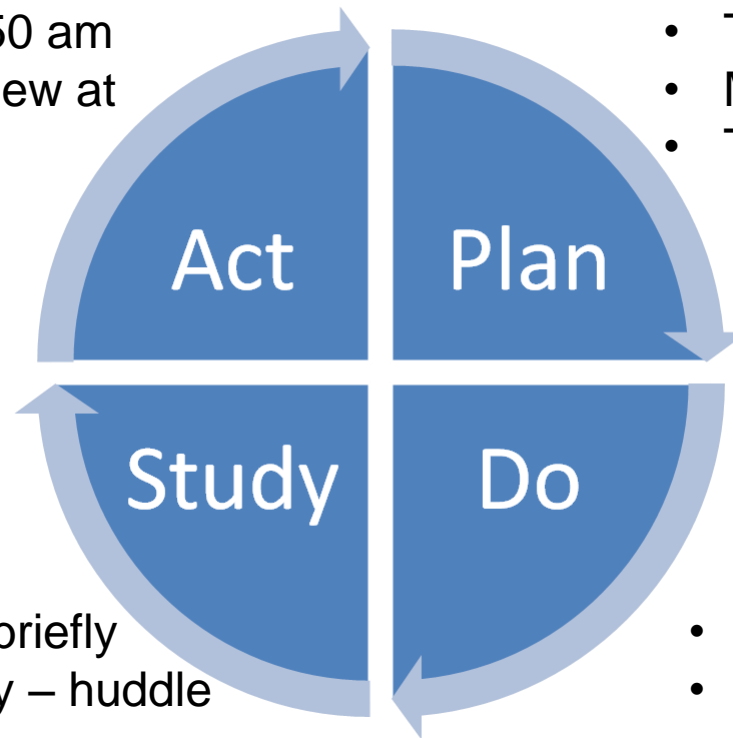
- Update team on change in schedule
- Messages about specific patients (e.g., follow up)
- Come to room # to meet the patient
- (Some research may be required!)

The screenshot shows a 'New Interoffice Message' window with the following fields and options:

- Message:** A large text area for the message content.
- Notes:** A smaller text area for additional notes.
- Response:** A section with two buttons: 'Message Left' and 'No Answer', and a 'Completed' checkbox.
- To:** A dropdown menu with options: All Front Office Staff, All Physicians, Everyone in Clinic, Nursing, Patient, Staff, Physician, and Group. A 'Resolve groups to individual addresses' checkbox is below.
- From:** A dropdown menu with options: Patient, Consultant, Family Member, Clinic MD, Staff, and Other.
- Re:** A dropdown menu with options: Patient and Other.
- Clinic MD:** A dropdown menu with the selected option 'Dana Know-Four, MD'.
- Priority:** A dropdown menu with options: Routine, Important, and Urgent.
- Buttons:** Quick Print, Print, Send, Cancel, and Refresh.
- Text:** 'Please Call Back (Will Call Again) For Your Information'.

PDSA

- Try again Wed at 8:50 am
- Huddle briefly to review at end of day



- Tues. morning at 8:55 am
- MD, LPN, MOA & reception x1
- Try the sample checklist

- At end of day, meet briefly
- Patients arrived early – huddle cut short
- Thwarted 2 potential ‘blow outs’

- Meet at the LPN’s EMR
- Review the schedule
- Run through the checklist



Example Scenario

At the pre-clinic huddle, the team is reviewing the schedule for the day. Jasmine (panel manager) comments that Mrs. Singh is coming in for a prescription refill and her name came up on the EMR query for patients with complex health needs who are over 65 and haven't been in to the clinic for more than a year. Dr. Lee responds that it would be very beneficial to engage her in attending a care planning appointment, but anticipates that he may be running late at that point – the patient before her is coming in for a counselling appointment. Nancy (LPN) offers to talk to Mrs. Singh when she rooms her, and invite her for a care planning appointment. She'll review the script ahead of time to refresh her memory on the key points to mention. Dr. Lee says that he'll touch on it briefly, when he sees Mrs. Singh, to reinforce what Nancy has said. Beth from reception suggests that Nancy send a quick EMR message if Mrs. Singh is agreeable about coming in for care planning so that the reception team can ask Mrs. Singh if she'd like to book before she leaves the clinic.



Questions/Discussion



Determining and Monitoring Panel Confirmation Rate

How well are teams doing with panel confirmation?

- If the confirmed panel list is our outcome, the panel confirmation rate is our process measure.
- This measure tells us how well a team is doing with their panel confirmation process.
- The definition of a panel is:

The group of patients who consider a particular physician (or nurse practitioner) to be their primary provider, and that provider agrees.



Panel Confirmation Tips

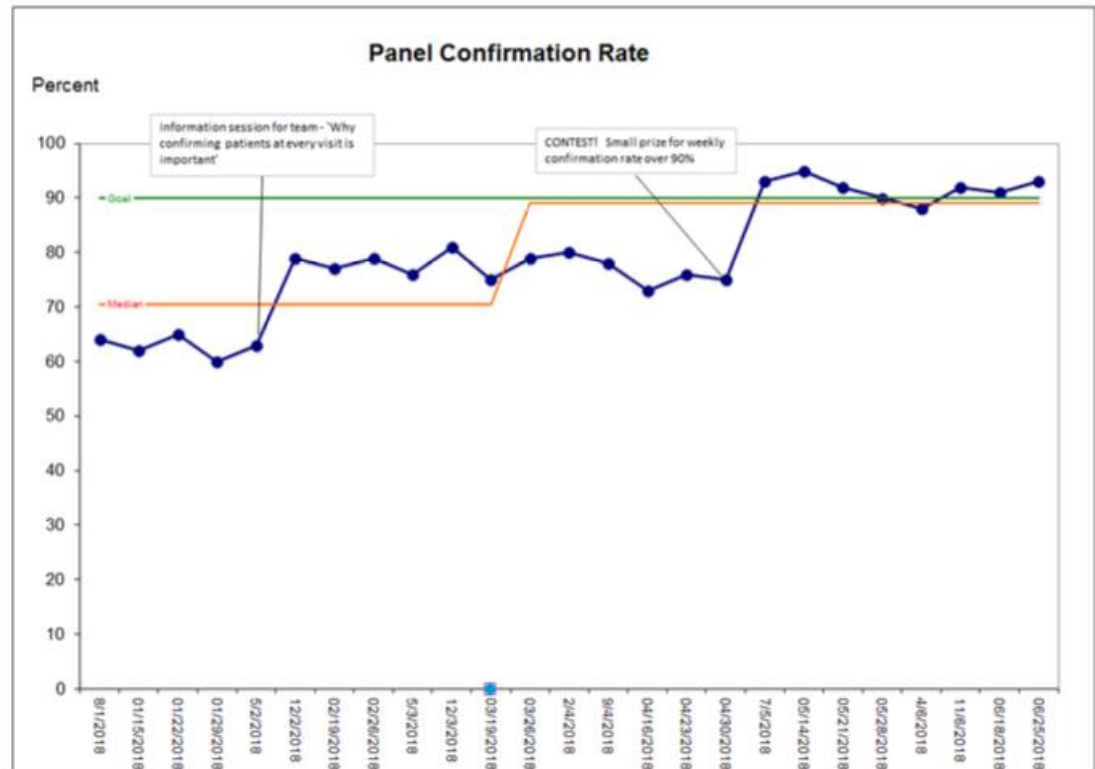
- If a patient isn't confirmed, by our Alberta definition, they are not paneled
- Teams who are aligned to the importance of continuity will likely do a better job of this
- Is leadership open to incentives for the team to do this work?
- Measure, share, measure, share, measure, share.....



Measure and Share

$$\frac{\# \text{ of patients confirmed this week}}{\# \text{ of patient visits this week}} \times 100 = \text{Confirmation Rate \%}$$

Example Run Chart:



Check out the TOP EMR Guides and videos for measuring confirmation rates in each EMR



Check out the TOP QI Guide for more information on run charts



Questions/Discussion



Running EMR Searches

Let your EMR do the heavy lifting

- Your EMR is a powerful tool to help with monitoring and measuring care planning processes
- This section is about learning the EMR search engine capabilities through starting with simple searches and layering on



Building EMR Searches

Identify patients:

- Without a visit in the past year
- Who are over 65 years of age
- Who had 2 or more ER visits in the past year

Tip: Check out TOP EMR Guides and videos



Questions/Discussion



What's next....

Important dates ahead

- Test Box 2 materials
 - www.topalbertadoctors.org/pact
 - “Tools and Resources”
- Test box delivery to clinic teams TBD by coaches
- Test Box 2 Share & Learn webinar: **April 5, 2018**
- Test Box 3 Coaches’ Prep webinar: **April 11, 2018**

