PaCT Innovation Hubs

Test Box #4 – Guide for Coaches

The Coaches' Webinar for test box 4 is scheduled for **August 2, 2018**, and the Share & Learn webinar session with clinics is planned for **September 20, 2018**. Your team may still be working on PBPs from earlier test boxes, or they may be eagerly awaiting this test box. Please remind the former teams that there is no pressure. The important thing is that we get feedback from actual primary care teams about what works in the test boxes, and what doesn't. We want to hear about the concepts themselves and if they resonate. We also want to know if the delivery method of the information was effective – or do they have ideas for how it might be better delivered?

It may be helpful to remind the teams that PaCT Central is relying on their valuable input to design a Provincial primary care program that will be practical and relevant.

The theme of Test Box 4 is **'Co-developing a Care Plan'.**

To start, review the PBPs in the test box with the team. If they've already completed any of them, you can check those off. Consider reminding the team that PaCT Central will be interested to hear about how they incorporated these activities, and lessons learned - even if it occured in the past.

For the activities that the team is not already doing, select which ones they would like to test. (More in-depth descriptions of each activity and how to support the team follows.) If a team is having difficulty deciding what to take on, consider doing an impact/effort grid exercise with them (refer to Test Box #2 – Guide for Coaches for instructions).

'Potentially Better Practices' to choose from:

- ☐ Improving access & continuity
  - *Calculating and understanding the relationship between supply and demand related to access*
  - *Strategies for balancing supply and demand*
  - *Scheduling tips for enhancing continuity*

- ☐ Reframing Social History
  - *Capturing meaningful social history information and addressing common issues as they arise*

- ☐ Key aspects of goal setting
  - *Building a common understanding across the team of four key aspects that will help patients set meaningful and relevant goals*

- ☐ Standardizing data entry for team-based care
  - *Prescriptions, allergies, modifiable lifestyle or risk factors*

Improving Access & Continuity

The first exercise outlined in the Test Box is calculating supply and demand. The 'Balanced Panel Calculator' is provided as a tool that teams can use to get a 'snapshot' of where they're at. Please make sure that the teams understand that it is just that – a snapshot. It's not a precise and formal tool. It's intended to help teams explore and get a sense of where they're at. It's meant to be a starting point only.

Definitions for using the Balanced Panel Calculator:

Appts/day	The # of appointment slots that could potentially be booked with the provider per full work day ***(Note: count only appointment slots – do not include 'squeeze-ins')***
Days/week	The # of days that the provider works per week ***(e.g., a physician who works Monday-Thursday + half days on Fridays would be 4.5)***
Weeks/year	The # of weeks the provider typically works per year, accounting for time away from the clinic ***(e.g., vacations)***
Stat hols	The # of days that the clinic is typically closed for stat holidays ***(Note: typically 10-12, depending on observance of Good Friday & Easter Monday)***
Revisit rate	The average number of visits/year/patient ***(Note: typically 2-6, and can be found in the physician's HQCA Panel Report. No data? Use 3.)***
Panel Size*	This is a suggested 'optimal size' of panel for that provider, given the supply of appointments compared to the average revisit rate of the patients

Once you have the suggested optimal panel size, you can compare it to the actual panel size of that provider. If you don't already know it, this number can easily be found:

1. By doing a simple search in the EMR. (Note: if the panel is not 'clean', this number may be artificially high!)
2. From the HQCA Panel Report (Panel Characteristics, pg 3) or other external panel report. (Note: this number is not as accurate as one pulled from an EMR with a clean panel – i.e., confirmation rate $\geq$ 80%.)

For example, if a physician typically:

- has 28 appointment slots offered/day
- works in the clinic 4 days/week
- is away 6 weeks/year
- observes all stat holidays (12)
- has an average revisit rate of 3.7 (from HQCA panel report – see below)

According to the Balanced Panel Calculator, this physician's estimated optimal panel size is 1,389. An EMR search for total number of confirmed active patients shows an actual panel size of 1,802. This physician may be overpaneled by approximately 400 patients, which could negatively impact access and continuity unless strategies are applied to work on balancing supply and demand.

If, after calculating the ideal panel size and comparing it to the actual panel size, your team decides that they would like to PDSA some of the strategies listed in the Test Box, here are some tips:

1. Some 'tried and true' strategies are outlined in the Test Box for the teams to consider. This is not an exhaustive list, but instead a sampling of options that most clinics can easily test through simple PDSA cycles.

2. Make it clear that dropping current patients from the panel is **NOT** a recommended strategy for getting to the optimal panel size. Some physicians choose to 'close' their panel to new patients, then allow the size to decrease naturally over time. Once the ideal number has been reached, the panel 'door' can be opened and closed as needed to maintain the balance.

3. Some of the strategies listed really highlight the 'Prepare' aspect of the Model Care Plan. For example, before a patient comes in for a care planning appointment, review the chart and determine if the patient needs any lab or diagnostic imaging tests. Prepare the requisitions and ensure the patient has them ahead of time so that all the information is complete and available at the time of the appointment. As well as setting up for an efficient care planning visit, this potentially negates the need for extra appointments so that other patients can be seen when they need to be. This is also effective beyond care planning.

4. Under 'Scheduling Basics', the hierarchy is intended to support those team members who book appointments. Traditionally, appointments were always booked with a physician. In this hierarchy, we're reinforcing that, in a medical home, patients may not automatically be booked to see their doctor. It may be that a visit with their PCN pharmacist or CDM RN would be appropriate. The goal is to preserve relational continuity by booking with the patient's own physician **or team**. If that's not possible, try to preserve informational continuity by booking the patient to be seen where their medical records live (the clinic's EMR).

5. The scheduling simulation (link under 'Test') is a fun and interactive way to stimulate discussion. Consider using it at a team meeting by going through it as a group.

6. Remind your team to plan small tests of change when they're not certain that a change will work or be easy to implement. Think PDSA!

Reframing Social History

Understanding social factors that influence a patient's ability to engage in their health care and take action on lifestyle and treatment recommendations is critical for effective care planning. However, unearthing and addressing social factors is reported to be a challenge for clinic teams.

As discussed in Test Box 3, a well-designed care planning template or tool can help to translate patient-centred care into practice. This test box focuses on key considerations and potentially better practices to capture meaningful social history information and address common issues as they arise.

Care plan template and potentially better practices

Discuss as a team what factors or conditions help or hinder their ability to capture social history information. In particular, ask team members to reflect on what aspects of their current care plan template helps or hinders the conversations.

Encourage team members to view this short video"*Effective Care Planning: Addressing the Sticking Points*". Discuss which highlighted practices would be beneficial for the team to adopt. Use a PDSA approach to test new team practices and explore opportunities to obtain feedback from patients.

Identifying barriers to action

When discussing patient cases and barriers that a patient may be experiencing, prompt team members to classify the barriers using BEST. Discuss as a team options that might help the patient reframe thinking, problem-solve sticking points and convert barriers into faciliators. Reinforce the value of drawing on the knowledge and expertise of the different team members.

Enhancing Social Perspective

It is important for clinic teams to be aware of supports that exist in their community and surrounding areas. A couple of provincial supports are highlighted in this test box and focused work is in progress to continue to enhance connections to supports in Alberta communities (stay tuned). Encourage teams to begin or continue to reach out to their PCN and parterning. Consider exploring opportunities to participate in community events to establish networks or coalitions.

TIP:
Turnover of staff is something that all clinics have to manage. Consider using a "see one, do one, teach one" approach to train or orient new team members to the clinic care plan template and team practices.

Key Aspects of Goal Setting

Physicians and other providers learn about goal setting early on in their training. It is common practice to set collaborative goals with patients; however, key aspects can be missed. The focus of this test box is on building a common understanding across the team of four key aspects that will help patients set meaningful and relevant goals.

Once again, the contents in this section encourages teams to reflect on how their processes and care planning tools support the application of potentially better practices. Some teams have started to adapt their care planning template or the PaCT Care Planning Template. How are the key aspects of goal setting reflected? What prompts are included to help patients:

- Understand clinical targets
- Explore options
- Focus in
- Make goals meaningful

Encourage team members to talk through what a goal setting conversation might sound like and consider asking patients for feedback as changes to the template are being tested.

Additional resources and tools to guide effective goal setting, action planning and follow-up are coming in test box 5.

Standardizing Date Entry for Team-based Care

The work of EMR standardization began in the PaCT Starter Box and has been a theme through all of the test boxes so far. There isn't anything new to consider here from the perspective of entering data into the EMR in a standardized way. We continue to build on the various data fields that we believe will be of benefit to teams participating in PaCT.

As stated before, consistent entering of data will be critical when that data will be:

- measured by the EMR
- mapped from a chart area to the care plan
- used to inform a population-wide reminder
- searched, and/or
- quickly and easily found in the chart by team members

Depending on the current state of data standardization, the team needs to take on a portion of this that is attainable and sustainable. It may not be a one-time change, but a series of incremental changes. Having said that, leaving some of these changes to later in the innovation could impede ability to conduct searches, and may lead to time consuming chart reviews.

In Test Box 4 we are looking at standardizing 3 specific areas that are important in delivering team-based care and that appear in the care plan template:

1. **Prescriptions:** The work in this section is the same for all EMRs; it is to use the prescriber in the EMR as it is intended by the vendor. All of the EMRs have instructions in their help files/resources on how to do this. If a physician can print a patient their prescription from their EMR, then their processes are likely enough to enable team-based care and mapping. As a coach, the place you may be challenged is with a physician who is not yet using their prescriber. This is where your expert coaching skills in working through the barriers with the physician will be needed.

   The bonus with working on this practice is that it will also enable the use of e-prescribing, a feature that is coming to Alberta clinics in the near future.

2. **Allergies:** As with prescriptions, the work here is to use this module in the EMR as intended by the vendor. Unlike the medication module, this area may not be routinely populated. The allergies modules in each EMR vary in their functionality and "friendliness", which impacts the desire to use them. Use your coaching skills to help teams to work through this, or to come to agreement on an area/process for entering allergies in a standard way.

3. **Modifiable Lifestyle or Risk Factors:** This can be a tricky section as the functionalities vary from EMR to EMR, and even within the EMR.

   The TOP EMR Guides are a great place to begin as there are suggested approaches for several of the modifiable lifestyle or risk factors in each. Some are tried and tested from several years of ASaP (Alberta Screening & Prevention), while others are still in development for an initiative also in the innovation stage - ASaP+ (Alberta Screening and Prevention, Plus).