

PaCT Coaches Prep

—
August 2, 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



Tools Available on TOP Website

Test Box 4

- [Test Box 4 – Guide for Coaches](#)
- [Test Box 4](#)
- [Balanced Panel Calculator](#)
- [Setting Effective Patient-Centred Goals](#)
- [Addressing Barriers to Action](#)

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Survey says!...

FOR COACHES: My personal opinion of the current PaCT test box delivery strategy is best reflected by the following statement:

ANSWER CHOICES	RESPONSES
▼ It's working well - don't change a thing!	42.86% 3
▼ I would be open to adding more support with test box introductions, but I'm fine either way.	42.86% 3
▼ Absolutely! It's not quite nailed yet - let's try more options	0.00% 0
▼ I really don't know...	14.29% 1
TOTAL	7



Survey says!...

Thinking about support for coaches in test box delivery to teams, which of the following do you think might improve the process? (Check all that apply)

ANSWER CHOICES	RESPONSES
▼ A webinar for coaches is provided to review and discuss test box materials and delivery strategies prior to coaches meeting with PaCT clinic teams (CURRENT PROCESS)	55.56% 5
▼ Improvement advisors (IAs) meet individually with coaches to review test box materials and delivery strategies prior to coaches meeting with PaCT clinic teams (POTENTIAL NEW PROCESS)	33.33% 3
▼ Coaches contact IAs for guidance 'as needed' (CURRENT PROCESS)	22.22% 2
▼ IAs and coaches schedule regular 'touch points' to discuss progress, address challenges, plan, etc. (POTENTIAL NEW PROCESS)	55.56% 5
▼ Other (describe in the box below)	22.22% 2

Total Respondents: 9



Comments (themed)

- Adding more meetings might be challenging
- Coaches send PaCT meeting minutes to IA?
- Contact and support from IAs is very valued
- Less 'webinar', more 1:1 with IA by phone
- It would be nice (though likely difficult) to meet face to face as a coaches group



Discussion



Test Box 4 contents

‘Potentially Better Practices’ to choose from in:

- Improving access & continuity
- Reframing social history
- Key aspects of goal setting
- Standardizing data entry for team-based care



Improving Access & Continuity

Revisit Rate

Family physician visits

Raw and adjusted average number of visits per panel patient in each fiscal year to a family physician.

	Total visits	Average visits per patient	
	Raw	Raw	Adjusted
2014-15	4,238	3.6	3.8
2015-16	4,163	3.6	3.9
2016-17	4,267	3.7	3.9



***The Raw Average Family Physician Visits on Page 42 is recommended for calculating demand**

About the measure

This metric includes visits by patients to any family physician in an office, ambulatory care clinic, long term care or other non-specified site. It excludes hospital inpatient visits and visits to an emergency department. The number of visits was capped at a maximum of one per day per patient.

Interpretation

Use both raw and adjusted averages.

- Use raw values (actual visit rates) for planning purposes. It is an indicator of patient demand.



Example in Test Box

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 'over-paneled' by approximately 400 patients, which could negatively impact access and continuity unless strategies are applied to work on balancing supply and demand.



Strategies to Balance Supply & Demand

- Managing the schedule
- Managing visits
- Team power
- Alternatives to 'face to face'




Scheduling Basics

- Book to patient's own doctor (or most appropriate team member) today
- Book to patient's own doctor (or most appropriate team member) in the future if concern is non-urgent
- Book today but not with own doctor (or most appropriate team member)
- Book in the future, not with own doctor (or most appropriate team member)



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Questions/Discussion



Reframing Social History

The Patient and the World Around Them



Not as easy as it seems

Providers Say...

It's challenging to know how to help patients when issues are uncovered

I don't know how to start the conversation

I find that appointments get off track by lengthy conversations

I worry that the patient is uncomfortable sharing this information with me



PaCT Care Plan Template - Part B

PART B: Social History

Now that you have provided your medical history, this section captures other aspects of your life that may impact your ability to manage your health such as your finances, housing, and support systems. Is there anything in those areas that are impacting your health?

Do you ever have difficulty making ends meet (paying your bills) at the end of the month? Is there anything about your current employment situation or finances that would impact your health and wellbeing? Who covers the cost of medications and other services?

Is there anything you would like your care team to know about your housing situation? Do you feel safe where you live?

Do you feel you have enough support at this time to manage your health? Can you tell me more about your supports? Are there any community resources or services that you use (e.g., transportation services, food services, group support meetings, etc.)?





Effective Care Planning - Addressing the Sticking Points

BARRIERS TO ACTION

Problems almost always come up, even when people have good intentions or a sound plan for managing their health. Healthcare providers play an important role in helping patients recognize where they are getting stuck and managing what is getting in the way of them committing to or carrying out a desired action.

To increase a person's chance of success with change, a patient's behaviours, emotions, situations and thinking need to be considered. The acronym **BEST** can be used by providers to quickly identify and classify common barriers to action and work with patients to reframe thinking, problem solve sticking points and convert barriers to *facilitators*.

BEST Barriers to Action & Facilitators for Change

Behaviours - Actions, everyday habits, planning or lack of planning

Emotions - Emotional reactions to things that happen to us, mood states

Situations - Medical, physical, cognitive, social, cultural, access, money, changes in circumstances, clinicians

Thinking - Beliefs, attitudes, expectations and habitual thinking patterns, readiness, importance, confidence, knowledge (RICK)

Discussion about barriers might come up early in the medical visit when discussing what is important to the patient or when talking about a patient's social history.

Barriers could also pop up when doing collaborative goal setting with the patient. It is important to pay attention to these as they come up and to look for opportunities to replace the barriers with facilitators.

Sample Phrasing - Some tips & tricks to help your patient turn barriers into facilitators

Patient: I work 12 hour shifts so it is impossible to fit exercise into my day
Provider: Working long shifts can make that feel impossible. Has there been a time where you have been able to incorporate activity into your day despite your long shifts?

Patient: It's not fair that I have to live with this awful disease every day. Having it ruins everything.
Provider: It sounds like this can be very overwhelming. Do you find that there are days you cope better than other days? What helps to make those days better.

Patient: I know that I should be eating healthier, but I need to be able to pay rent this month.
Provider: Having a safe place to live is important. Would you be open to discussing some options that may be available to you to access low cost or free food this month?

Patient: I am a single mom and have so much on my plate already. How can I possibly add checking my blood sugars every four hours.
Provider: Checking your blood sugars regularly does require a bit of extra time and planning. If checking every four hours seems overwhelming at this point, what might be a more realistic target to start with?






Click here to watch the short video *Effective Care Planning: Addressing the Sticking Points* to hear this sample phrasing in action!

Tips for Coaches

Ask about
comfort level
with
completing
social history
section of
care plan

See one,
do one,
teach one

Highlight
links to
content in
previous test
boxes

Connect with
PCN about
available
patient
support
resources

Practice with
the team
classifying
barriers
using BEST

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Grant Opportunity

Reducing the Impacts of Financial Strain on Albertans

Call to Action -

1. Do you serve individuals impacted by financial strain?
2. Are you willing to partner with groups within your community to test new ground to improve supports and make connections for individuals for whom income is a barrier to health?
3. Are you willing to be a part of identifying gaps, coordinating services and/or strengthening the community's capacity to avoid and address the health impacts of financial strain?



Contact: Cindy Grand at cindy.grand@ahs.ca



Questions/Discussion



Key Aspects of Goal Setting

Meaningful and Relevant Goals

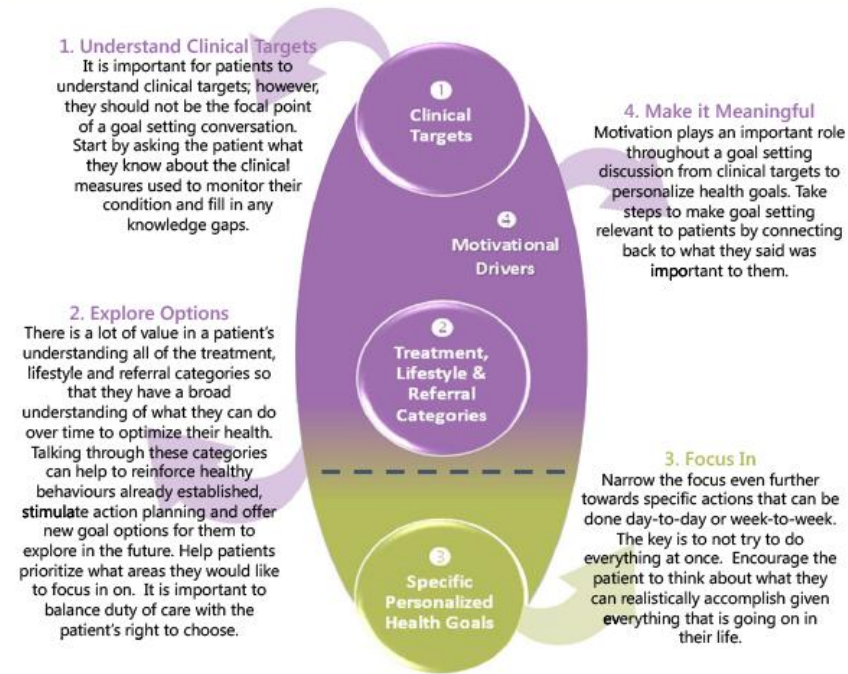


Resources

SETTING EFFECTIVE PATIENT CENTRED GOALS


Goal setting is foundational in health care. Traditionally, setting goals has been done by healthcare providers for patients. The shift to collaborative goal setting between patients and providers helps to ensure health goals are connected to the things that are meaningful and relevant to patients. This can help strengthen engagement in goal setting conversations and intention to change.

The HealthChange® principle *Four Aspects of Goal Setting* can act as a guide to setting effective patient centred goals. Consider how you could build these four aspects into care plan conversations.



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Questions/Discussion



Standardizing Data Entry for Team-based Care

(More) EMR Standardization

Continuing to focus data standardization efforts on the fields in the care plan template

In this section:

- Prescriptions
- Allergies
- Modifiable Lifestyle/Risk Factors



New EMR Guide Content



Telus-Wolf EMR Guide Supplement – PaCT Test Box 4 Content for Innovation Hub Feedback

Recording Prescriptions, Allergies and Modifiable Lifestyle Factors

Prescriptions

When prescribing for the care of complex patients it is especially important for all team members to be using the prescribing module in the way intended by the vendor. This way all team members can access present and past medications for optimal care of the patient. This will also enable the clinic to map the medications to the care plan template so it does not need to be manually entered. (It is also worth noting that in the near future Alberta clinics will also be enabled for electronic-prescribing. Early information coming from this e-prescribing pilot is that as long as the prescribing module in the EMR is used as intended by the vendor, the clinic will be enabled to e-prescribe.)

(There is a new prescriber in Wolf, this content is from the new prescriber.) The image below illustrates the start of creating a basic prescription in Wolf:



Telus-Med-Access EMR Guide Supplement – PaCT Test Box 4 Content for Innovation Hub Feedback

Recording Prescriptions, Allergies and Modifiable Lifestyle Factors

Prescriptions

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The image below illustrates the correct method for entering prescription data in Med-Access:

Questions/Discussion



What's next....

Shout out



FRESH LOOK. NEW APPROACH.
STILL ACCELERATING.



Important dates ahead

- Test Box 4 materials
 - www.topalbertadoctors.org/pact
 - “Tools and Resources”
- Test box delivery to clinic teams
- Test Box 4 Share & Learn webinar: **Sept 20, 2018**
- Test Box 5 Coaches’ Prep webinar: **Sept 27, 2018**

