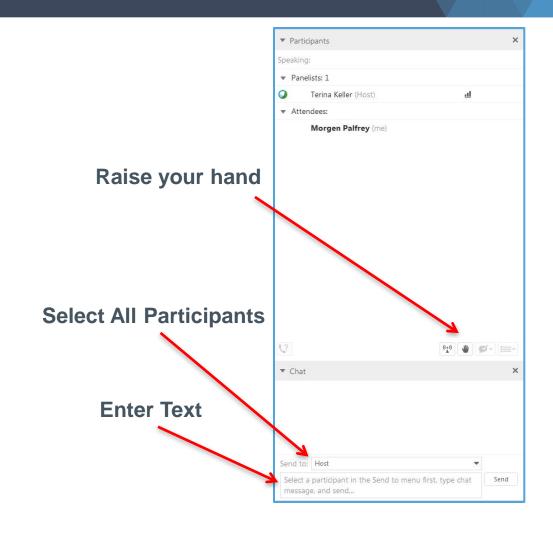
## PaCT Share-and-Learn

May 31, 2018

### WebEx Quick Reference

- Mute and unmute on your phone or using \*6 (no hold music please)
- Please use chat to "All Participants" for discussion & questions
- For technology issues only, please chat to "Host"



### Welcome!

- \*6 to mute/unmute
- Please add the names of <u>everyone</u> attending in the chat box





## Agenda

- Wordle PaCT has been\_\_\_\_\_
- Stories from the Field
  - What has been your biggest PaCT a-ha moment to date?
  - What has been your greatest PaCT challenge or crash and burn?
  - What has surprised you most about your PaCT work to date?
  - Do you have PaCT innovations would you like to share? (beyond test box items)
- PaCT Measures update
- Upcoming dates
- Accelerating Primary Care Conference call for abstracts
- Nominate a colleague Pinksocks tribe



### In one word, PaCT has been \_\_\_\_\_

When poll is active, respond at **PollEv.com/michelehanna060**Text **MICHELEHANNA060** to **37607** once to join



### Stories from the Field

McLeod River PCN Life Medical Clinic



# Life Medical Clinic McLeod River PCN

Coaches: Dr. Joseph Ojedokun and Lacey Barendregt

Clinic Manager: Kim Spence



Our mission...

"To provide an innovative medical home that will change a life"



# What has been your biggest PaCT 'a-ha moment' to date?





# Value of our Patient Representative on the QI Team



"After seeing this [care plan], I realized for the first time that this document is for me. This whole time I thought this was something that my doctors had to do for their records. I will use this – it is like my health passport."

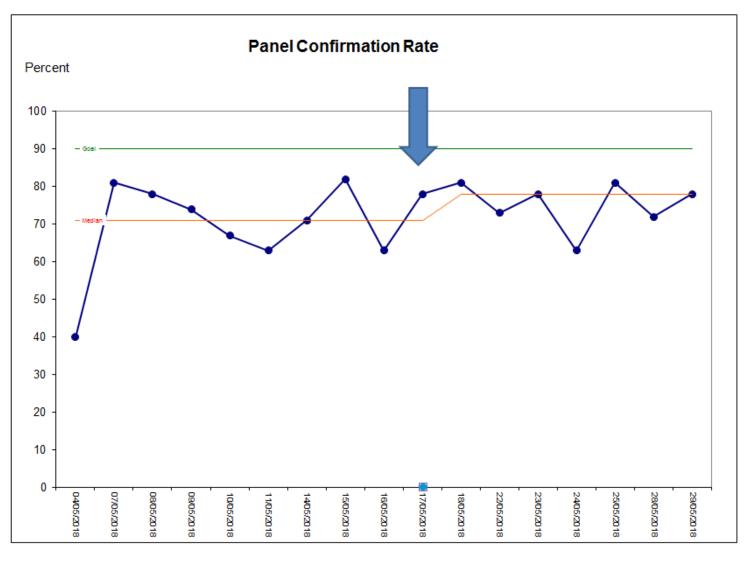
Al (Patient Representative on Life Medical PaCT Team)

# What has been your greatest PaCT challenge or 'crash & burn'?





### **Panel Confirmation Rate**





# What has surprised you most about your PaCT work to date?





## Identifying our target population

PaCT Team, McLeod River PCN

January 7, 2018

#### WHO IS PACT FOR?

Patient centeredness encourages patient engagement in care, shared decision-making, self-care, continuous quality improvement and patient feedback, effective use of interprofessional teams and technology, and increased access to care.

#### The Medical Home

The Patient's Medical Home (PMH) is a vision presented by the CFPC as the future of family practice in Canada.

The key components include Timely Access, Attachment, and Continuity of care. The PaCT initiative encourages attachment and continuity of care through patient-centred team-based care.

#### Care Planning

Care Planning is not a document signed by the patient and physician; it is not necessarily 03.04J. It is a proactive, systematic approach to empowering patients who have, or are at risk for having complex health needs to manage their own care.

Earlier Improvement Facilitator training and TOP initiatives addressed patient panelling, screening and systems improvements. PaCT builds on earlier initiatives and focuses on patient-centred team-based care planning for those with complex health needs.



#### **Identifying PaCT patients**

Although all our patients require Care Planning (CP), patients with complex health and rising needs are more likely to benefit from a comprehensive, team-based care. Many criteria contribute to a patient's complexity.

The key phases in the Patient collaborating with Teams (PaCT) initiative include: Identify, Prepare, Plan, and Manage. For effective CP, it is imperative to reliably define and select patient populations with complex health needs in a given community; the more objective or evidence-based the definition is, the more reliable or pragmatic the definition is.



## Identifying our target population

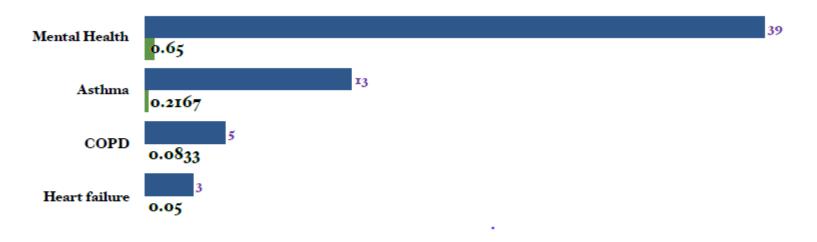


Figure 3: Among patients who had 25+ ED visits, mental health was the reason for visit in 65% of visits for chronic conditions

#### **Our Aim Statement:**

Over the next 12 months we will engage in the care planning process with 16 of the 32 patients who are 50-69 years old diagnosed with depression or anxiety, seen more than 5 times in the clinic over the past year

# Do you have any PaCT innovations would you like to share?





By Ian Sane (originally posted to Flickr as Exercise Buddies) [CC BY 2.0 (https://creativecommons.org/licenses/by/2.0)], via Wikimedia Commons

## Care Plan Template

Patient Name:		Emergency Conta	ect:	1
AB Health Card No.:		Date of Birth:		1
Primary Care Provider:		Contact No.:		]
	P/	ART A: Medical Summo	згу	
Current Health Co	nditions			
1.	4.		7.	
2.	5.		8.	
3.	6.		9.	
Current Medicatio	ons			
1.	4.		7.	
2.	5.		8.	
3.	6.		9.	
What is your smok	ing status? Non-smoke	er 🗆 Smoking 🗆 💮	·	
Assistive Devices:	None □ Wheel	lchair□ Oxygen□	Other Specify:	
	_	ctive Yes□ No□ Pa	werofAttomey Yes □ No □	
Goals of Care docu	mented Yes□ No□			
	•	PART B: Social History		
Finances:		<u> </u>		
Housing:				
_				
Support Systems:				
support systems:	PAD	I C: Goals and Action	Plan	
		TC: Goals and Action	Plan	
WHAT MATTERS TO		T C: Goals and Action	Plan	
WHAT MATTERS TO			Plan	
WHAT MATTERS TO		4.	Plan	
WHAT MATTERS TO		4.	Plan	
WHAT MATTERS TO		5.	Plan	
WHAT MATTERS TO	THE PATIENT	5.	Plan	
WHAT MATTERS TO	THE PATIENT	5. 6. ITERS TO THE PATIENT	Plan	
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WHAT MATTERS TO  PLANNED ITEMS TO  1.  2.  3.	THE PATIENT	4. 5. 6. 1. 5. 6. 6.	Plan	
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PLANNED ITEMS TO  1. 2. 3.  FIRST FOLLOW UP A	THE PATIENT  ADDRESS WHAT MAT	4. 5. 6. TIERS TO THE PATIENT 4. 5. 6. EMS- DATE	Plan	

6.
IED ITEMS- DATE
4.
5.
6.
·

## **Patient Survey on Care Planning** Visit



#### Your Patient Centered Visit

OVery Poor

We are interested in your experiences with our Patients Collaborating with Teams initiative. Before you answer, please

- · You can stop answering or skip any questions. Your choice will not affect how well you are treated here.
- No one will know who answered this survey.
- There are no right or wrong answers.

#### YOUR VISIT

○ Excellent

Thinking about the healthcare team you saw during your last visit, how would you rate...?

a. The			Very Good		1 0111	Poor	Very Poor
	e amount of time that they gave you?	0	0	0	0	0	0
b. The	e way they listened to you during the visit?	0	Ô	0	0	0	Ö
c. The	eir explanations of tests and treatments?	C	Ô	0	Ō	0	Ō
d. The	e way they involved you in decisions about your care?	0	Ô	0	0	0	Ö
e. The	eir knowledge of your medical history?	C	Ô	0	Ō	0	Ō
f. The	eir knowledge of what matters to you most?	C	Ō	Ō	Ō	O	Ō

2	Overall, h	wo	would	you r	ate t	he care	YOU	received	in that	visit?

∩Good

○ Very Good

:	3	What could your health team have done better when developing strategies for health improvement with you?

#### YOUR CARE PLAN

Now that some time has passed since your patient centered visit, we would like to know how the strategies discussed are working for you.

4 How often have you been able to follow the plan you developed with your care team?

All of the time A good bit of the time	Some of the time	A little of the time	ONone of the time
--	------------------	----------------------	-------------------

5	What kind of challenges, if any, are you having in following your new health strategies?

The physicians at this clinic are members of the McLeod River Primary Care Network. You can find out about the McLeod River Primary Care Network at www.mrpcn.ca

PrimaryCare Network MCLEOD RIVER
YOUR FINAL

#### Your Patient Centered Visit

#### THOUGHTS

6 Compared to how you felt before your patient centered visit, do you feel more confident in your ability to take care of your health?

Yes, definitely	Yes, to some extent	○No, not really	○No, not at all

7 Do you know how to contact your health care team when you have questions about your health?

(	Yes, definitely	Yes, to some extent	○ No, not really	○ No, not at all

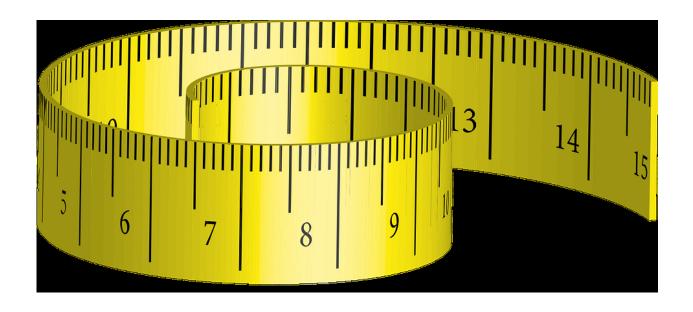
8	Do you have other comments about your patient centered visit you would like to share?
	•

#### THANK YOU FOR SHARING YOUR PERSPECTIVES

We value your time and appreciate your thoughts. The information you have given us will help our team understand how to serve you better.

> The physicians at this clinic are members of the McLeod River Primary Care Network. You can find out about the McLeod River Primary Care Network at www.mrpcn.ca

### **PaCT Measures**



bonnie.lakusta@topalbertadoctors.org 780-628-4902



# What's next....



# Test Box 3 – Available on TOP Website

#### Test Box 3

- Test Box 3 Guide for Coaches
- Test Box 3
- Third Next Available (TNA) for Coaches | Slide Deck
- Toolkit for TNA Indicator
- Team Roles & Responsibilities
- · Focus on Health Literacy
- Ask RICk
- . EMR Advanced Directives ACCURO
- EMR Advanced Directives MED ACCESS
- . EMR Advanced Directives WOLF
- · EMR Advanced Directives (coming soon)



http://www.topalbertadoctors.org/pact/toolsresources/



## Important dates

### Test Box #3

Coaches' Prep - Monday, June 11

Share & Learn – Thursday, July 26

### Test Box #4

Coaches' Prep – Thursday, August 2

Share & Learn - Thursday, September 20



## **Accelerating Primary Care Conference**

What matters most to patients, providers and the system when it comes to continuity of care?



FRESH LOOK. NEW APPROACH.

STILL ACCELERATING.



## Nominate a colleague – pinksocks tribe



### **Questions? Comments? Musings?**

