

THE PATIENT "QUARTERBACK"

COLLABORATIVE PATIENT CARE



PRESENTERS DISCLOSURE

- **Presenters:** Penny Borghesan
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- **Relationships that may introduce potential bias and/or conflict of interest:**
 - **No member of the panel have relationships to declare.**





WORKING MODEL OF BEING PATIENT CENTERED

- “If ~~physicians~~ **healthcare** professionals view themselves as experts whose job is to get patients to behave in ways that reflect that expertise, both will continue to be frustrated...Once ~~physicians~~ **healthcare** professionals recognize patients as experts on their own lives, they can add their medical expertise to what patients know about themselves to create a plan that will help patients achieve their goals.”

Funnell & Anderson JAMA 2000;284:1709; annotated 2017

NEWS HEADLINE

HEALTH AFFAIRS BLOG

Where's The Patient In The Patient-Centered
Medical Home?

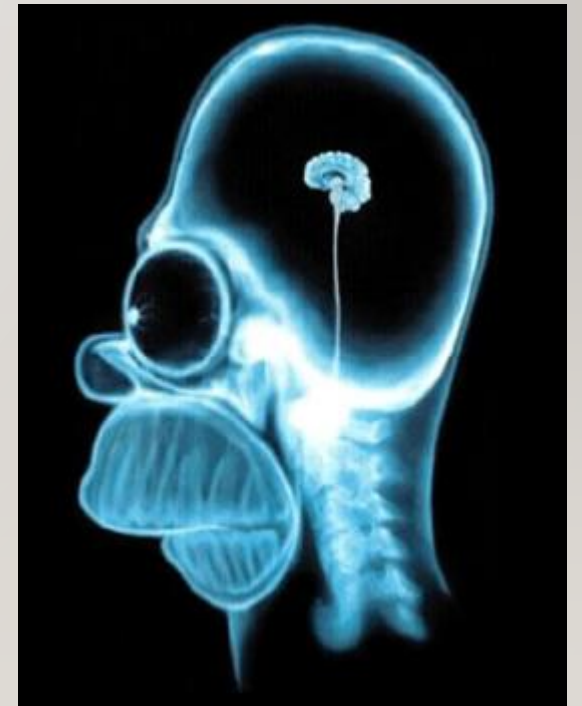




*“Look - can you
please huddle with your own team!”*

KNOWLEDGE VS WISDOM

- “The value of experience is not in seeing much, but in seeing wisely”
- Patients know what they WANT
- Wisdom is in seeing how to take that which patient desires and intertwine that with good care



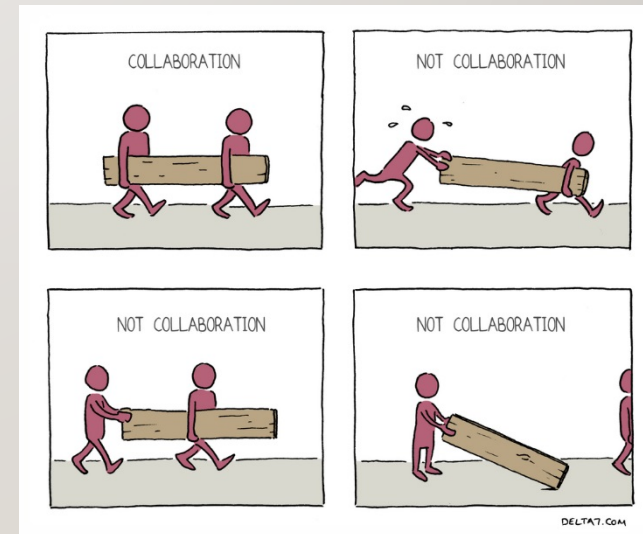
TRADITIONAL CARE TEAM HUDDLE

- Interpretation of patient outcomes through caregivers
- Need to hear from QB in their own words
- No more interpretations
- Remove bias



PATIENT EXPERIENCE

- I know what I need in health care
- I know my body
- I have to trust my providers
- Treat me with respect
- Work with me and not against me



MULTIPLE INVOLVEMENT

- Involving me in decision making
- Goal setting
- Enhancing my skills, problem-solving
- Follow-up and support
- Increasing access to resources
- I am the reason you have a job!
- Emphasize my central role in managing my illness



CARE PLAN DEVELOPMENT

- Two Models
 - Community Pharmacy Led
 - Physician Led
- NON-COLLABORATIVE
- No outcome measures
- Bridge building to enhance patient outcome
- ? Cost Effective



THE PROJECT

- Collaboration between clinic and community pharmacy on complex care plans
- Physician, patient, community pharm involved in evolution of care plan
- PATIENT led



PROJECT

- Monthly follow up built collaboration between the clinic and community pharmacist
- Communication built outside of confines of project
- Scope of practice of partner was also a determinant of success



COLLABORATIVE CARE PLAN

- Understand and choose treatments
- Identify and set goals
- Adopt and change behaviors
- Cope and overcome barriers
- Follow-through
- Communication to team

FOLLOW UP DON'TS

- Lecturing
- Inducing Fear
- Finger-wagging
- “You should”
- Shaming



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“You have to learn about thousands of diseases, but I only have to focus on fixing what’s wrong with ME! Now which one of us do you think is the expert?”

PATIENT CENTERED CARE

- Relationship building
- Information sharing
- Action Planning
- Problem Solving
- Collaborative goal setting: Makes clinic time more fruitful and productive on each visit





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RELATIONSHIP AND TRUST

- Relationship building takes time
- Relationship building takes time and energy
- Foundational to the collaborative care in the PCMH model



EVIDENCE

- Collaboration across boundaries:
 - Patients are aware and informed
 - Patients are more engaged
 - Patients will feel empowered
 - Patients have more confidence in healthcare system
 - Partnerships with other providers gives a level of trust to patient
- Makes my job easier and more fruitful

OUTCOMES

- Support network for my practice
- Team is looking out for the patient
- Inspiration and learning from others
- Patient benefits
 - Tangible
 - intangible



GOAL OF COLLABORATION IN PCMH

- **“The *systematic* provision of education and supportive interventions to increase patients’ *skills and confidence* in managing their health problems, including regular *assessment* of progress and problems, *goal setting*, and *problem-solving support*.” IOM2003**



SUCCESS OF THIS MODEL

- Allied Providers working to full scope of license
- Relationship
- Knowledge
- Trust
- Commitment to PCMH model



BACK TO HEADLINE

- Patient-centered care is about respect, engagement and choice
- Respect among providers on the interdisciplinary care teams, respect among patients and providers, and a willingness for all to engage in truly shared decision making
- The beauty of the PCMH lies in its flexibility, its potential, and its dynamic nature as a tool for primary care transformation
- **It is as much a process as a foundation and structure for care delivery**

BARRIERS

- TIME
- RESOURCES
- Reimbursement models
 - Hinder collaboration
 - Incorrect focus
- Education models
- Responsibility





-Question-

