Care Coordination
Breakout Session B
2:45 – 4:00 PM

- Introductions – 5 mins
- Overview – 15 mins
- Breakout – 20 mins
- Group Discussions/Questions – 30 mins
- Adjourn
Achieving Patient-Centered Care and Optimized Health In Care Transitions by Evaluating the Value of Evidence

Jane Brock MD

Transitions of Care Core Components and Measures Workgroup

Patient Centered Outcomes Research Institute (PCORI)
Patient Engagement

- Optimizing the central role of engaging chronically ill adult patients through deliberate and consistent efforts by healthcare professionals and systems to: 1) identify what matters most to patients; 2) assess their perspectives, needs and capabilities; 3) include patients in effective shared decision-making regarding all aspects of the their care plans; 4) foster shared accountability for actions related to these care plans; and, 5) assure reciprocal and respectful relationships.
Family Caregiver Engagement

- Optimizing the central role of family caregivers in the care of chronically ill adult patients by deliberate and consistent efforts by healthcare professionals and systems to: 1) identify what matters most to family caregivers; 2) assess their perspectives, needs, and capabilities; 3) include family caregivers in effective shared decision-making regarding all aspects of patients’ plans of care; 4) foster shared accountability for actions related to these care plans; and, 5) assure reciprocal and respectful relationships.

Patient Centered Outcomes Research Institute (PCORI)
Patient Education

- Continuous interactive teaching and learning processes involving the healthcare professional with patient and/or family caregiver. Participation in these processes should be based on assessment of each patient's goals and designed to:
  1) empower patients to assume better responsibility of their own health care;
  2) provide opportunities to choose healthier lifestyles;
  3) increase patients' satisfaction with their care experience;
  4) promote patient-centered care;
  5) increase adherence to medication and other therapies;
  6) avoid or reduce complications;
  7) ensure continuity of care; and,
  8) promote independence in activities of daily living.

Patient Centered Outcomes Research Institute (PCORI)
Family Caregiver Education

- Deliberate and consistent efforts to involve family caregivers in decision making regarding patient care. Caregivers are prepared with the skills needed to care for patients following discharge including knowledge of symptoms to be aware of as evidence of worsening conditions, and how to access help if necessary. Caregivers are provided with resources and supports in the community to assist with providing for the patients’ needs following discharge, as well as addressing their own needs.
Clinical – Medication Management

Clinical Management: Patient-centered care that is characterized by prevention or early identification of problems (e.g., exacerbation of primary medical conditions resulting in acute admission, health problems that develop during the acute admission, or new issues that develop following hospital discharge) which represent the most common clinical reasons for poor outcomes among the target populations.
Clinical – Medication Management

Medication Management: Patient-centered care that is characterized by an organized effort to ensure optimum therapeutic outcomes for patients through improved medication use and reduction of adverse events. Efforts to promote adherence are integrated within a comprehensive TC care plan.
Care Coordination

- Activities involved in comprehensively managing all care throughout the episode of illness, including assuring timely access to appropriate, high value health and community-based services and transfer of information among all team members, including patients and family caregivers.
Patient Engagement.....

Issues / Problems to be Addressed
Problem Statement #1

• Decision regarding plans of care that are necessary to optimize outcomes often do not include the preferences of the patient.
Problem Statement #2

- Patients often lack necessary and appropriate information tailored to their unique needs to make informed decisions related to their health, especially during and following acute episodes of illness.
Problem Statement #3

- Patients are not adherent to their plan of care and providers may not promote adherence or assess reasons for non-adherence through shared responsibility. Lack of adherence to plan of care may lead to emergency department use, hospitalization or other adverse outcome.
Problem Statement #4

- Traditional health care delivery models typically do not promote effective two-way relationships between patients and health care professionals.
Breakout - 4 groups (20 mins)

- List perceived gaps or worries pertaining to problem statement?

- List current work in your facility/agency that directly relates to the problem statement?
Come Together....... Group Discussion
Questions?

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