



**Integrated Communities Care Management Learning Collaborative  
In-Person Learning Session 3  
May 19, 2015  
Norwich University, Northfield, VT (Cabot 85)**

**AGENDA**

- 8:30 AM - 9:00 AM** Registration and Continental Breakfast
- 9:00 AM - 9:15 AM** **Welcome and Opening Remarks**  
Miriam Sheehey, Assistant Director, Clinical Quality Operations  
OneCare Vermont
- 9:15 AM - 10:30 AM** **Working Together as an Integrated Multi-Disciplinary Care Team:  
Ten Steps Toward Implementation of Shared Plans of Care**  
Jeanne McAllister, BSN, MS, MHA  
Associate Research Professor of Pediatrics, Indiana University School of  
Medicine, Indiana Children's Health Services Research
- 10:30 AM - 10:45 AM** Break and Mid-Morning Refreshments
- 10:45 AM - 11:45 PM** **Cross-Community Discussion Groups**  
For the morning breakout session, participants will be divided into 3  
groups. Each group will consist of members from each of the 3 pilot  
communities, to encourage shared learning about current successes,  
challenges and questions related to integrated care management for  
people with complex needs.
- 11:45 PM - 12:45 PM** Networking Lunch
- 1:00 PM - 2:00 PM** **Working Together as an Integrated Multi-disciplinary Care Team:  
Negotiated Actions and Accountability, Ensuring that Plan of Care is  
Accessible, Monitoring and Oversight of Plan of Care**  
Jeanne McAllister, BSN, MS, MHA
- 2:00 PM - 3:00 PM** **Team Breakout Sessions**  
Using case studies, identify steps toward implementation of shared care  
plans, in community-specific breakout groups.
- 3:00 PM - 3:15 PM** Break and Mid-Afternoon Refreshments
- 3:15PM - 3:50PM** **Team Report Out**  
Summary of Breakout Sessions, Data Collection Tool, Results on Measures



**3:50PM - 4:00 PM**

**Closing Remarks and Next Steps**  
Jenney Samuelson, Assistant Director  
Blueprint for Health

DR

**Discussion Questions for Inter-Community Morning Breakout:**



1. What is working well, in terms of identifying integrated teams, creating shared plans of care, or other aspects of this work?
2. Have you been able to take any steps to implement shared care plans, such as:
  - Creating usable templates
  - Including patients and their families in identifying goals and developing shared care plans
  - Sharing and updating care plans
3. What has been challenging?
4. What communication strategies are your teams using? Are there any communication or collaboration barriers that your teams have been facing? Are there any successes or roadblocks that you have experienced in working through these barriers?
5. Are there any “elephants in the room” as you attempt to develop a model for and implement Integrated Community Care Management in your community? Are there issues that your community team needs to work through to achieve truly integrated care? If so, what are some of them?

#### **Discussion Questions for Intra-Community Afternoon Breakout:**

1. Using a case study from your community, which of the “Steps Toward Implementation of Shared Care Plans” seem like good next steps for this person in your community? What challenges in achieving integrated care management for this person do the Steps potentially address?
2. How is your community planning to engage and consult the person and his/her family as you seek to integrate care management to improve their care?
3. How will your team determine accountability among the team members (including the person and his/her family) for actions identified in the care plan?
4. How will your team identify, engage and enlist other care management partners from outside of the initial group?
5. How will your team ensure that the shared care plan is accessible, retrievable, available and consistently used by all relevant team members, as a tool for setting goals and tracking progress?
6. How will your team ensure that there is regular tracking, monitoring and oversight for the shared care plan?