

# Vermont's “Integrated Communities” Care Management Learning Collaborative

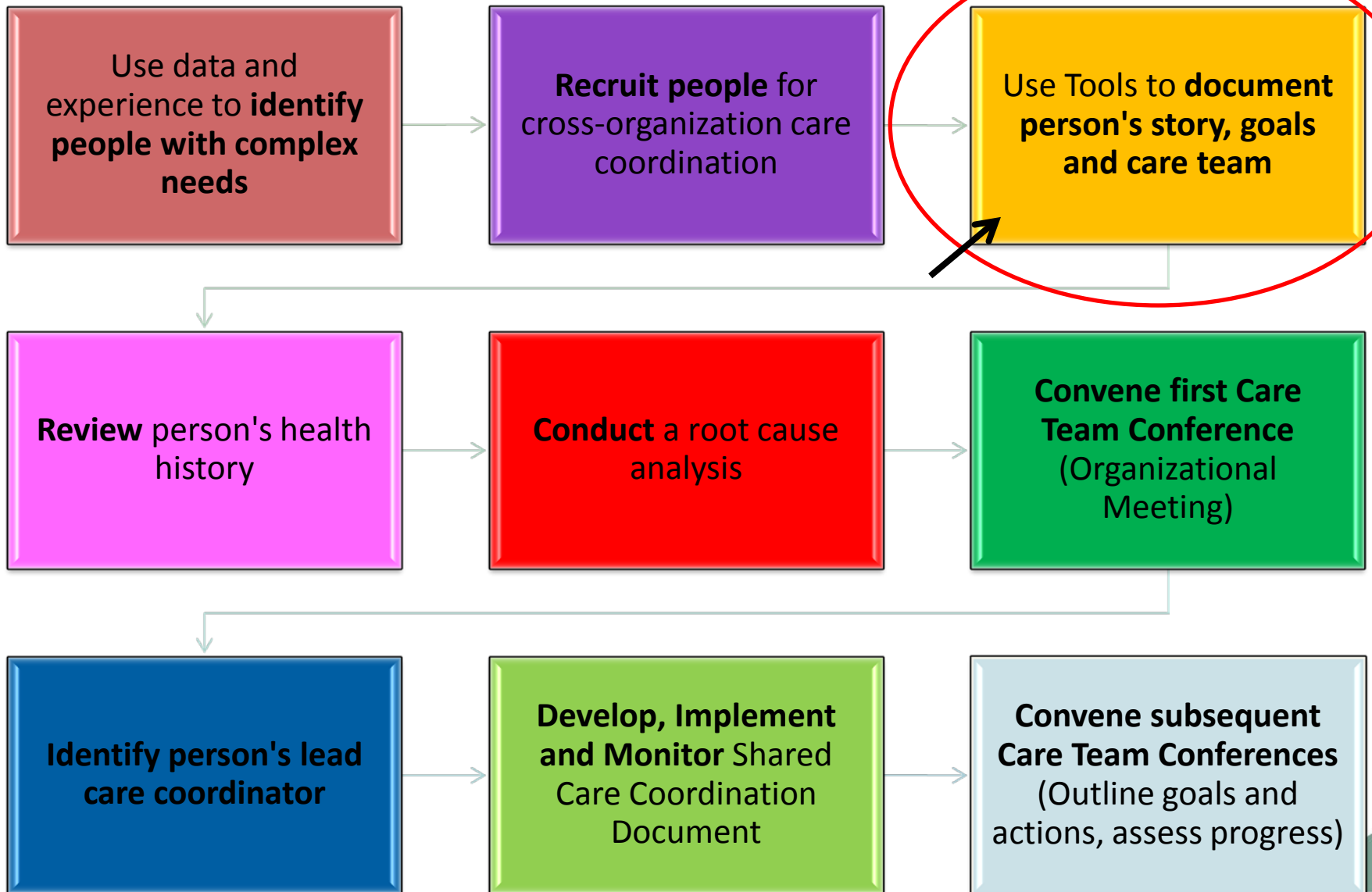
*Working Together to Improve Care for Vermonters*

October 2015 Webinar

The webinar will begin shortly. Please note that all participants will be placed on mute during the webinar. If you have a question for the presenters, please type your question into the text box.

# Key Interventions in Vermont's Integrated Communities Care Management Learning Collaborative

*(order of interventions may vary)*



### 3. Use Tools to document person's story, goals and care team

- Camden Cards
- Camden Game Board
- **Eco-mapping**

# ECO-MAPPING: A TOOL FOR DELIVERY OF FAMILY/PATIENT CENTERED

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# Objectives

- Define the term “care partnership support” and explain its effectiveness as part of an approach to providing family and patient-centered care.
- Describe strategies for implementing successful care partnership support within a pediatric practice.
- Learn how to use Eco-Maps to build family centered relationships and identify strengths and needs for a family.

**hagan**  
**rinehart**  
**connolly**  
**pediatricians** P.L.C.

**Check out our new location**  
128 Lakeside Ave. Suite 115 Burlington, VT  
t: (802)860-1928

# welcome to our new medical home!

Doctors Hagan, Rinehart and Connolly are happy to announce our new location in Burlington's South End. New patients and transfer patients are welcome. We hope to see you soon!



**FAMILY CENTERED CARE IN A MEDICAL HOME**

# Our Medical Home

- Three pediatricians: Dr. Hagan, Dr. Rinehart, Dr. Connolly
- Two pediatric nurse practitioners: Maryann Lisak and Ashley Boyd
- One main Care Coordinator (RN) Kristy
- Community Health Team Social worker Jessica Denton
- ~4000 active patients
- Insurance mix: 40% Medicaid, 55% private, <5% uninsured
- Clinical site for teaching medical students and pediatric residents
- American Academy of Pediatrics, Vice President

# What is Patient/Family Centered Care?

- Family-centered care is an approach to the planning, delivery, and evaluation of health care whose cornerstone is active participation between families and professionals.
- Family-centered care recognizes that families are the ultimate decision makers for their children, with children gradually taking on more and more of this decision-making themselves.

National Survey of CSHCN (2014)



# Family Centered Care

*Family centered care is about meeting families where they are, and helping them get where they want to go...*



# Care Coordination

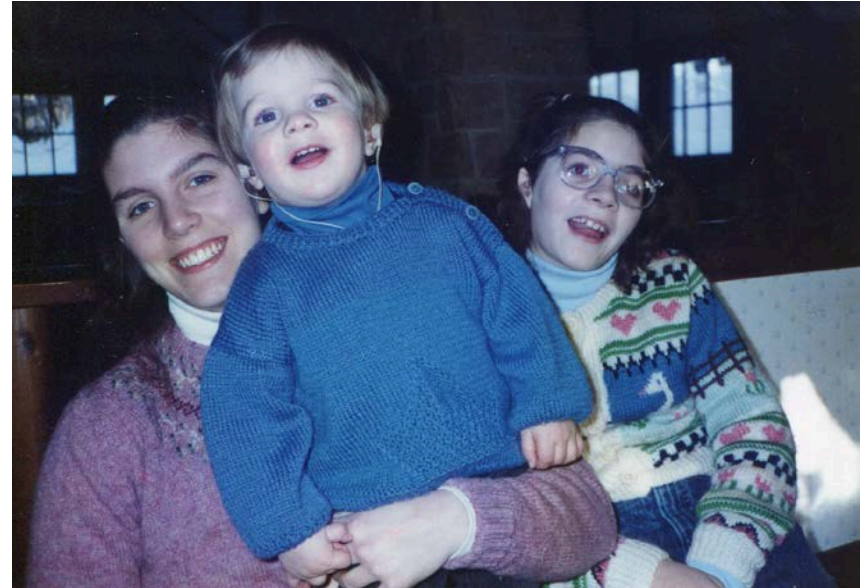
“Pediatric care coordination is a patient- and family-centered, assessment-driven, team-based activity designed to meet the needs of children and youth while enhancing the care giving capabilities of families...”

*Making Care Coordination A Critical Component of the Pediatric Health System: A Multidisciplinary Framework, Antonelli, McAllister, and Popp, The Commonwealth Fund, May 2009*



# Care Partnership Support

- A meaningful collaboration between families and the pediatric care team to ensure effective and quality care for the patient.
- Designed to address family and patient access to quality care and effective communication.



# 5 Key Elements of Highly Effective Care Coordination

## The Concept

1. Needs assessment for care coordination and continuing care coordination engagement
2. Care planning and communication
3. Facilitating care transitions
4. Connecting with community resources and schools
5. Transitioning to adult care

## The Person



# Why is Care Coordination important to family?



- Broadens Subject Matter Expertise and Builds Confidence
- Allows an informed team approach to prioritizing, planning and achieving goals with better outcomes for our children
- Establishes trusting relationships that serve everyone well.

# Care Coordination Benefits

- Ensures a health care plan that is specific to each family's individual circumstances
- Empowers families and caregivers
- Increases access to support services, specialty care, and educational resources for patients.

# Why is A Family- Centered Medical Home Important to *family?*



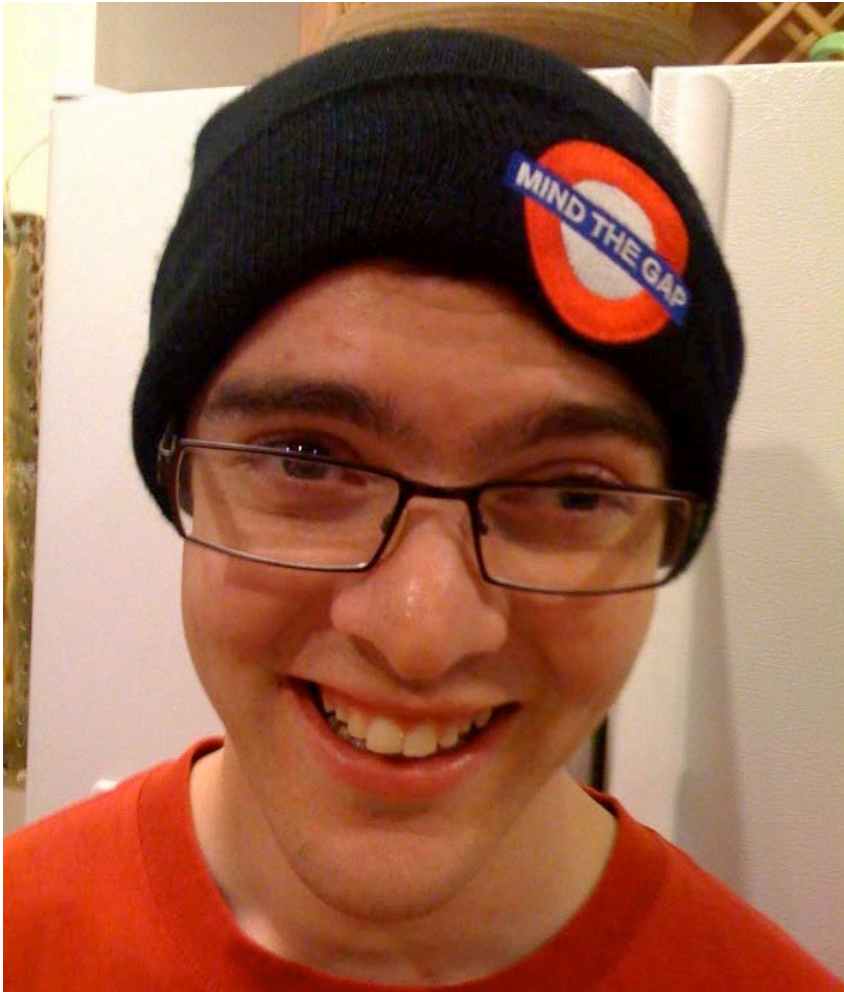
- Opportunity for the family to build a trusting and collaborative relationship with the pediatrician and office staff.
- Care coordination provides smooth facilitation among all members of the child's care team including family, specialists, pharmacy staff, community and school services.
- Comprehensive source of complete patient medical history

# Care Scenario

- 3 year old Aaliyah, at risk of losing child care placement due to behaviors
- Tantrums, injuring others, crying incessantly
- Mom's job at risk because keeps getting called to pick up the child from school
- Ages and Stages Questionnaire passed at child care
- mCHAT passed at 18 month Bright Futures Visit
- What is going on here?



# Coordinated Care? Where to Begin?



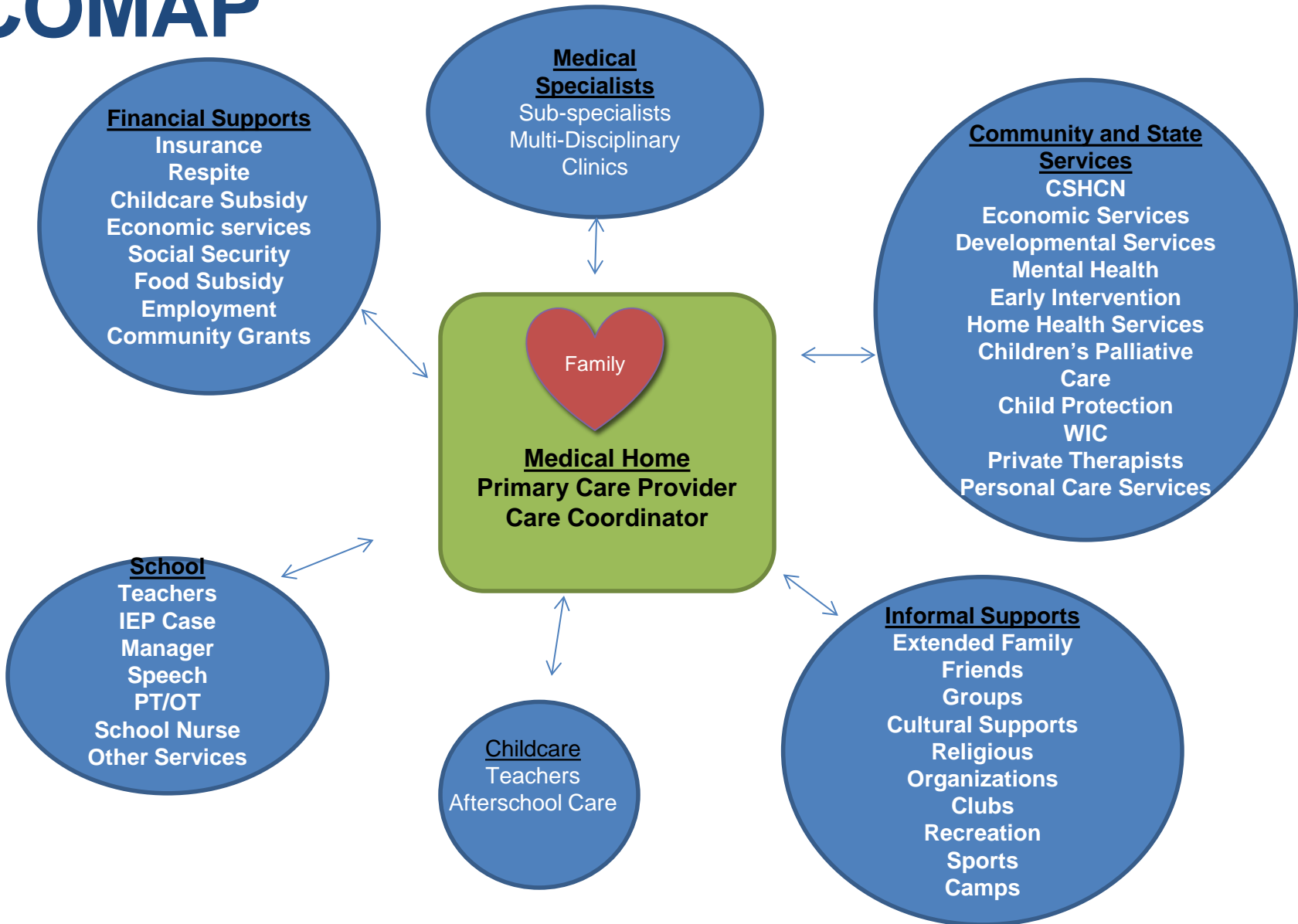
- Mind the Gap

# LEARN...

- **L**istening to a family's perspective
- **E**xplaining your perception of a family's struggles/problems
- **A**cknowledging the similarities and differences
- **R**ecommending ideas to tackle these issues
- **N**egotiating a plan together that can be followed as a team to improve outcome

Berlin & Fowkes, 1982

# ECOMAP



# Eco Map for Professionals

- A tool to help you gain a new perspective
- See the world from your patient's view
- The Eco Map allows you to bring in elements of family centered care, cultural competence
- Uses your knowledge of resources
- While recognizing strengths

Care Coordination:

# Comprehensive Assessment

## Strengths

- Concrete Support in Time of need
- Knowledge of Parenting and Child Development
- Parental Resilience
- Social and Emotional Competence
- Social Connections

## Family

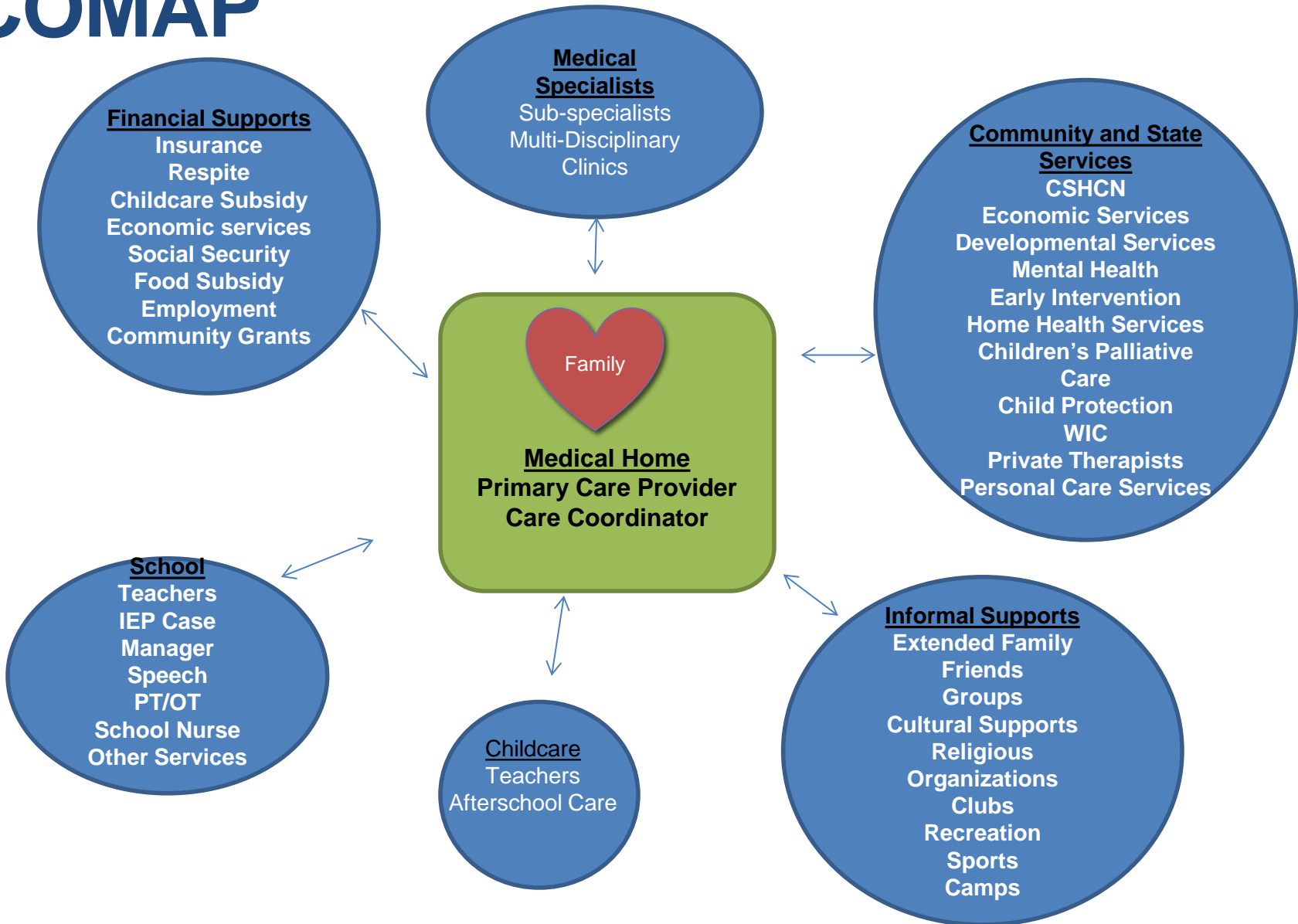
- What would you like us to know about your child? (What does s/he do well? Like? Dislike?)
- What would you like us to know about you/your family? (Culture, values)

## Needs

- Worries or Developmental concerns? (Sleep, moving, language)
- Social changes?(Job, Divorce, Death, Move)
- Medical
- Educational
- Financial
- Legal

Harper Browne, C. (2014, September). *The Strengthening Families Approach and Protective Factors Framework: Branching out and reaching deeper*. Washington, DC: Center for the Study of Social Policy

# ECOMAP



# Family



**Who does this child  
live with?**

# Family

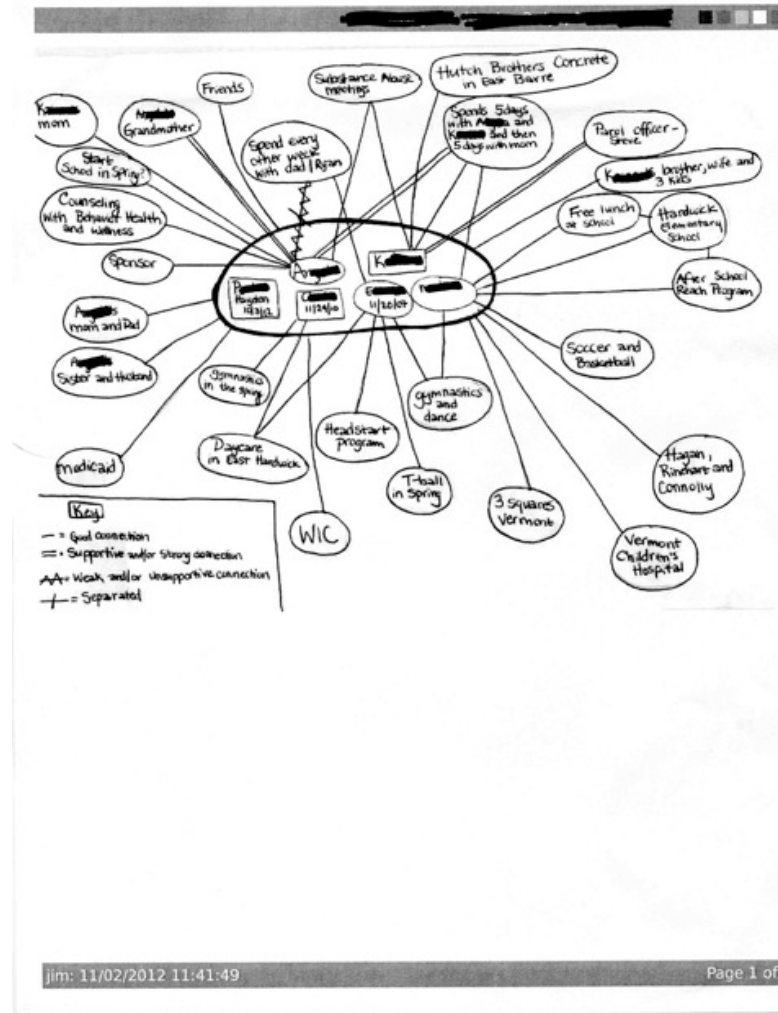


Who Do You Live With?

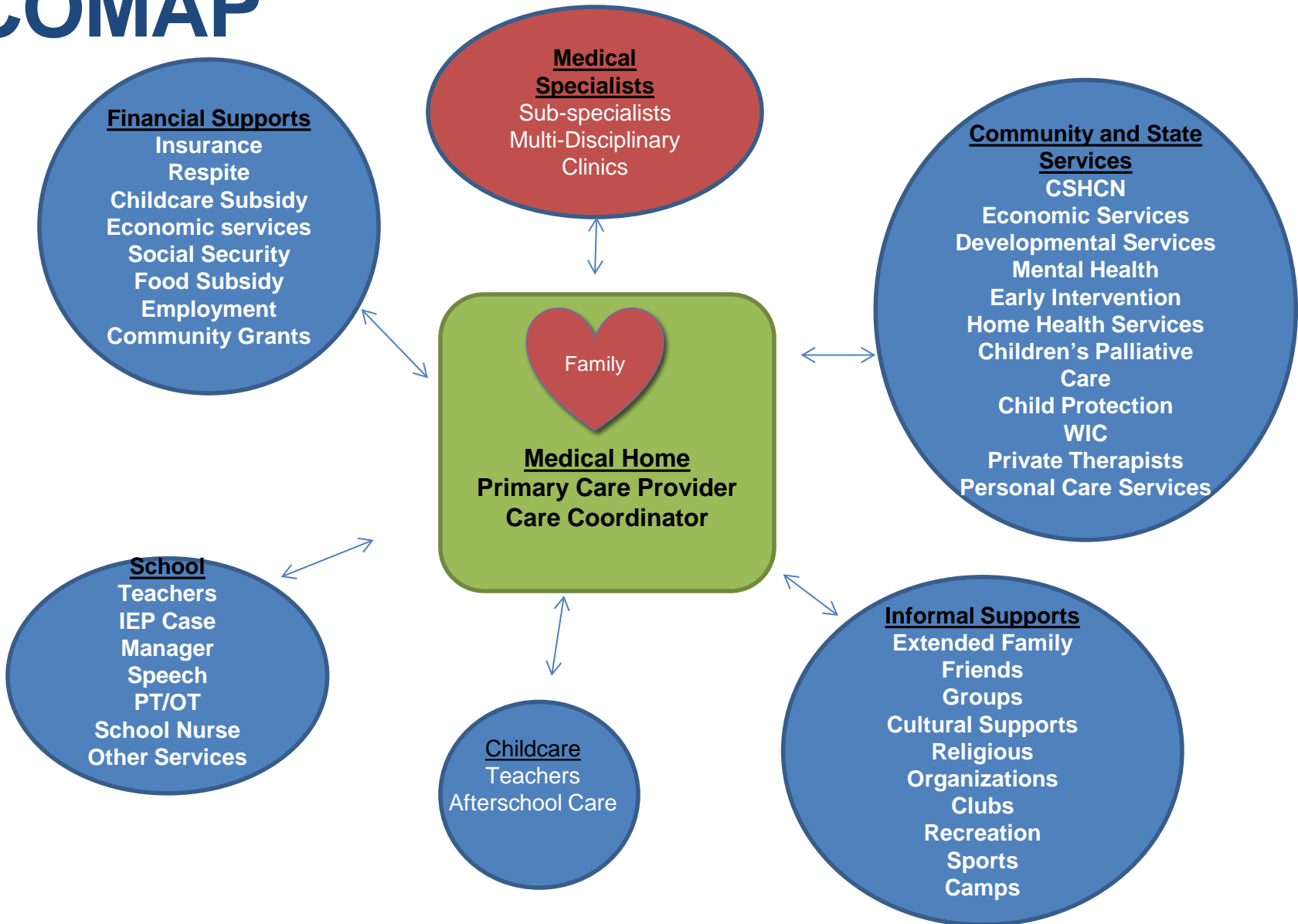
Who Do You Live With?



# EcoMap



# ECOMAP

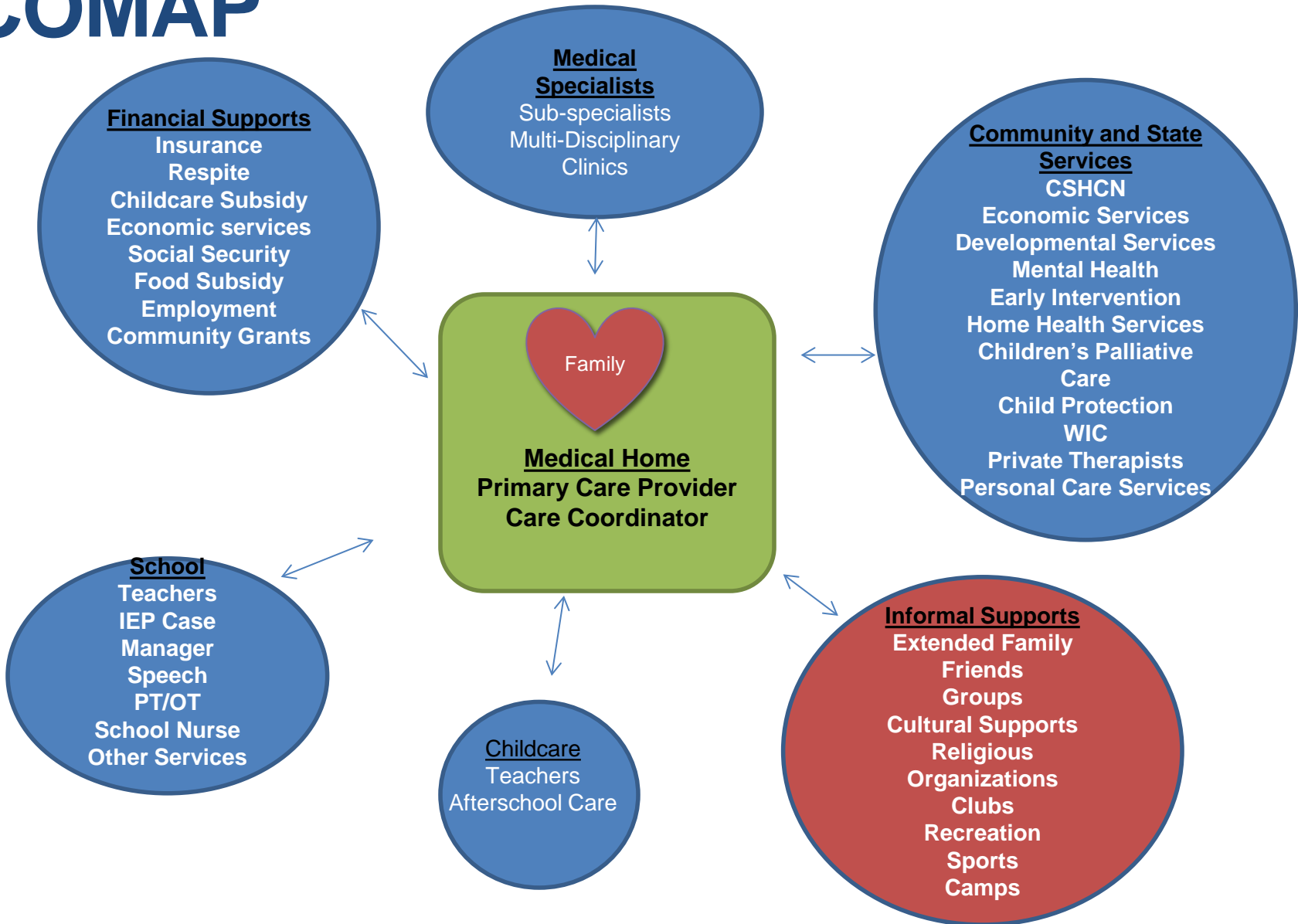


# Medical Specialists

- What diagnoses have been used to describe your child? What do you call it?
- What worries you about him/her? What are his/her challenges?
- What do you think has caused your child's problems, challenges or diagnosis? Why is it happening now?
- What kind of treatment do you think your child should receive? What results do you hope for?
- Are relationships supportive?

Modified from Kleinman (1980) Patients and healers in the context of culture, CA: University of California Press

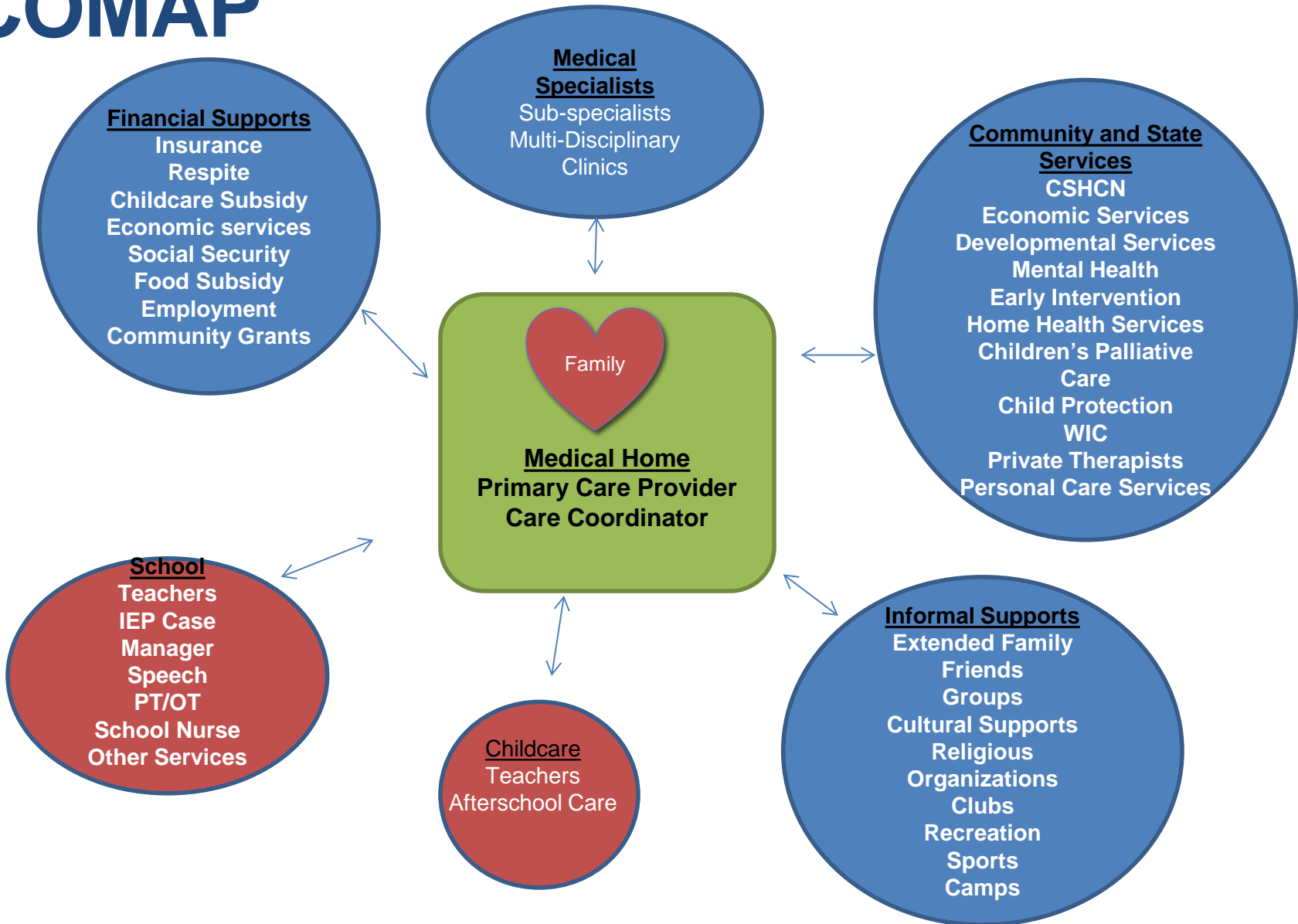
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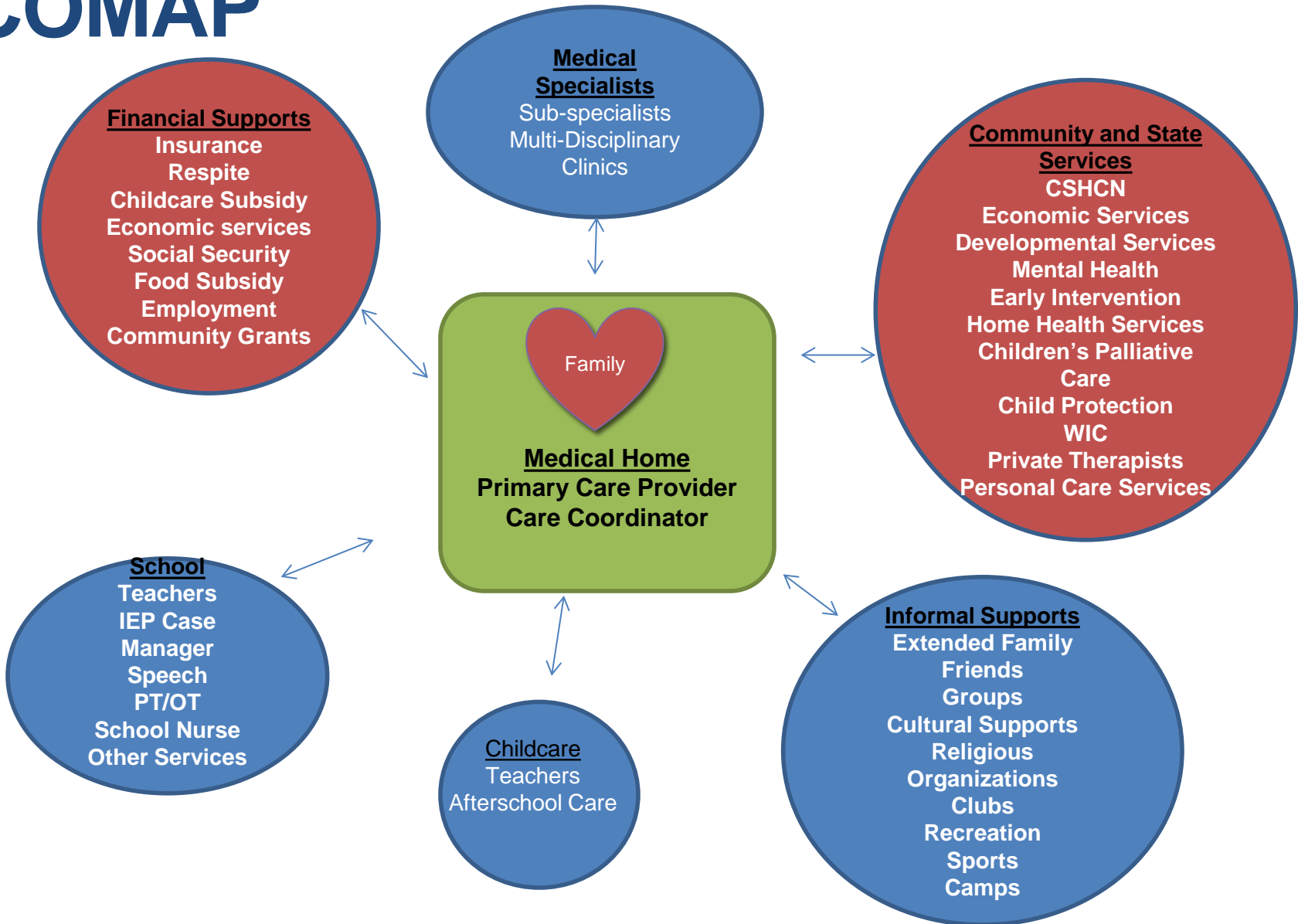
# Informal Supports

- What do you enjoy doing?
- What do you enjoy doing with your child?
- What makes you feel good about yourself?
- What is special about you/your child?

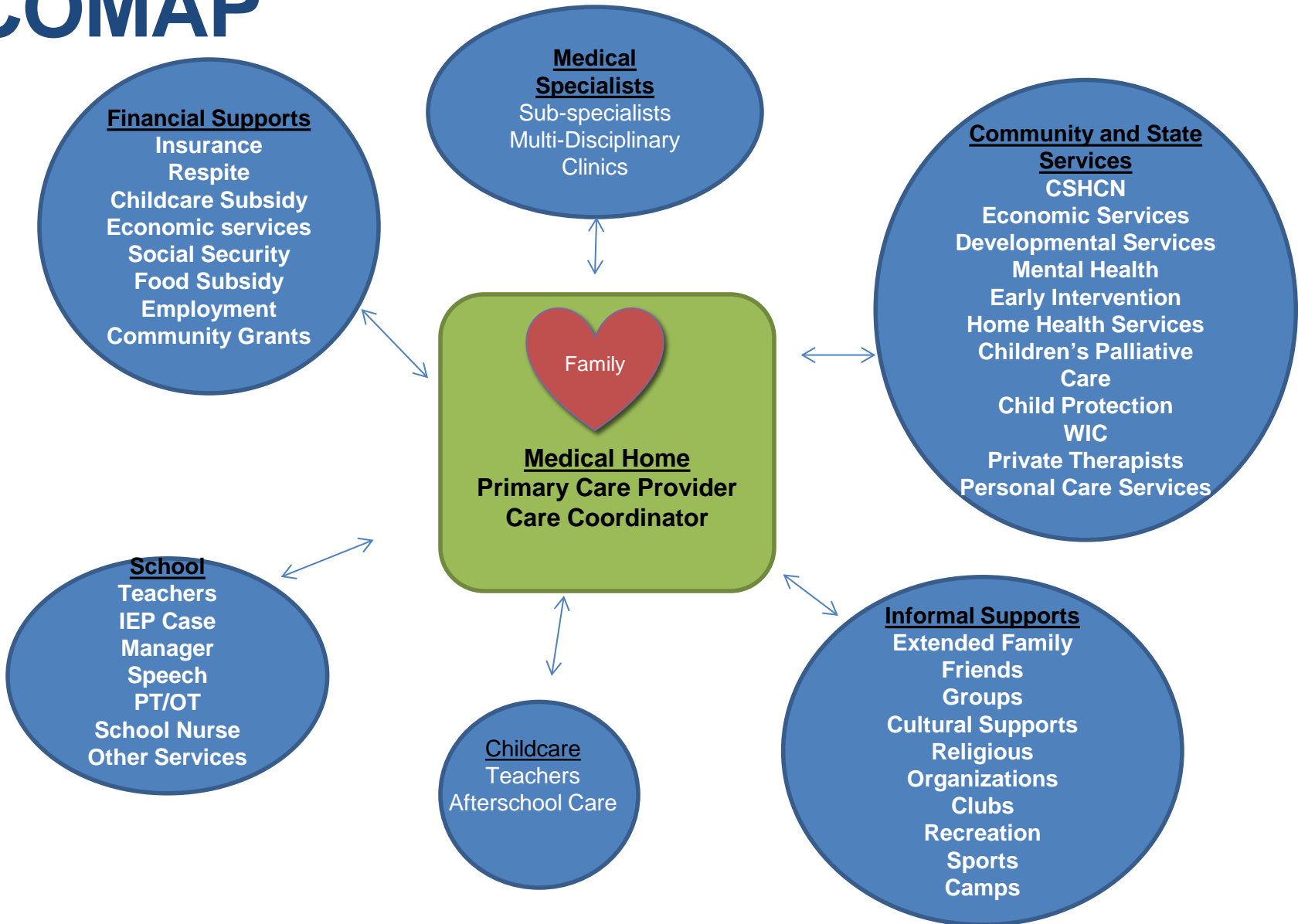
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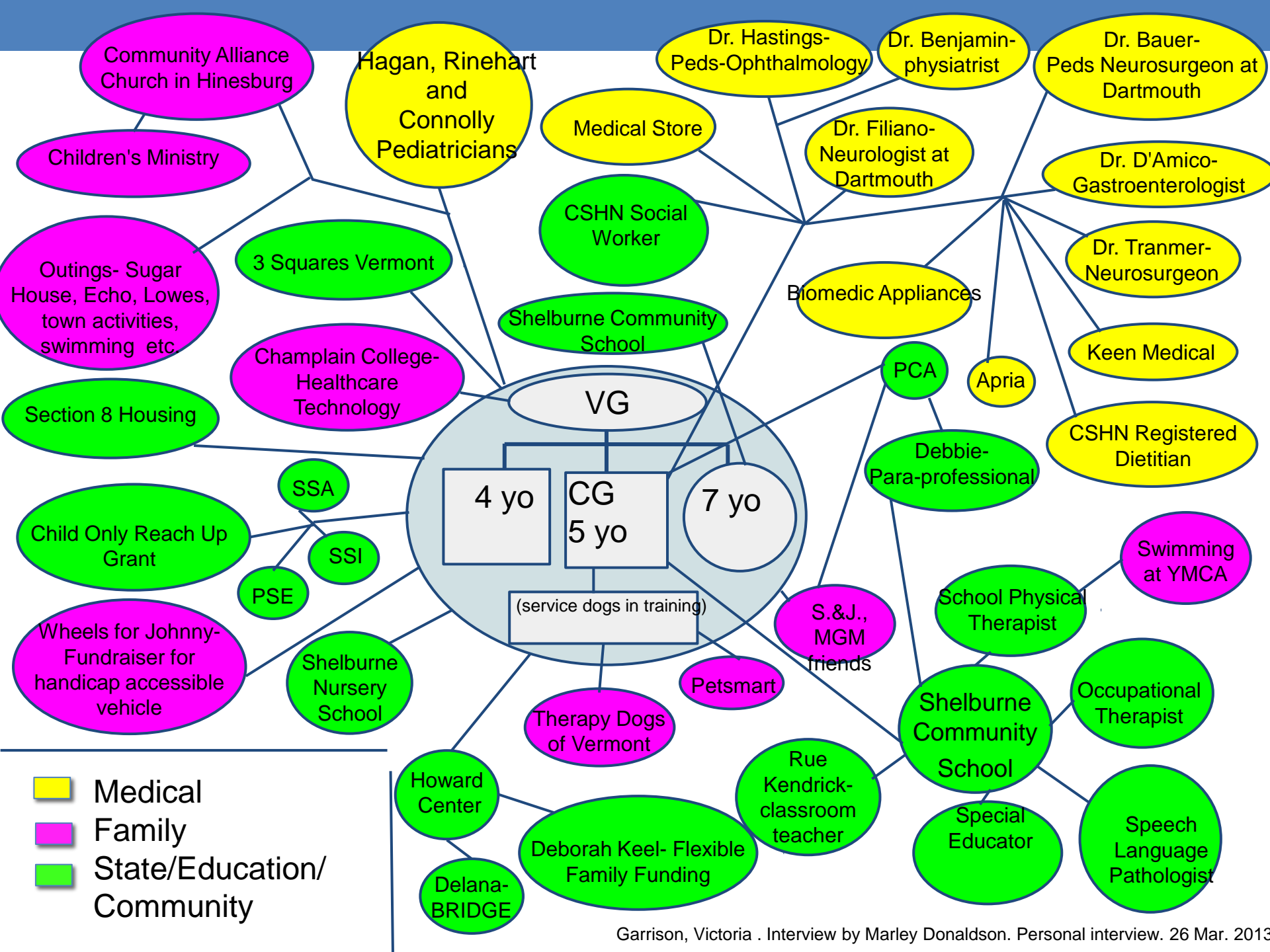
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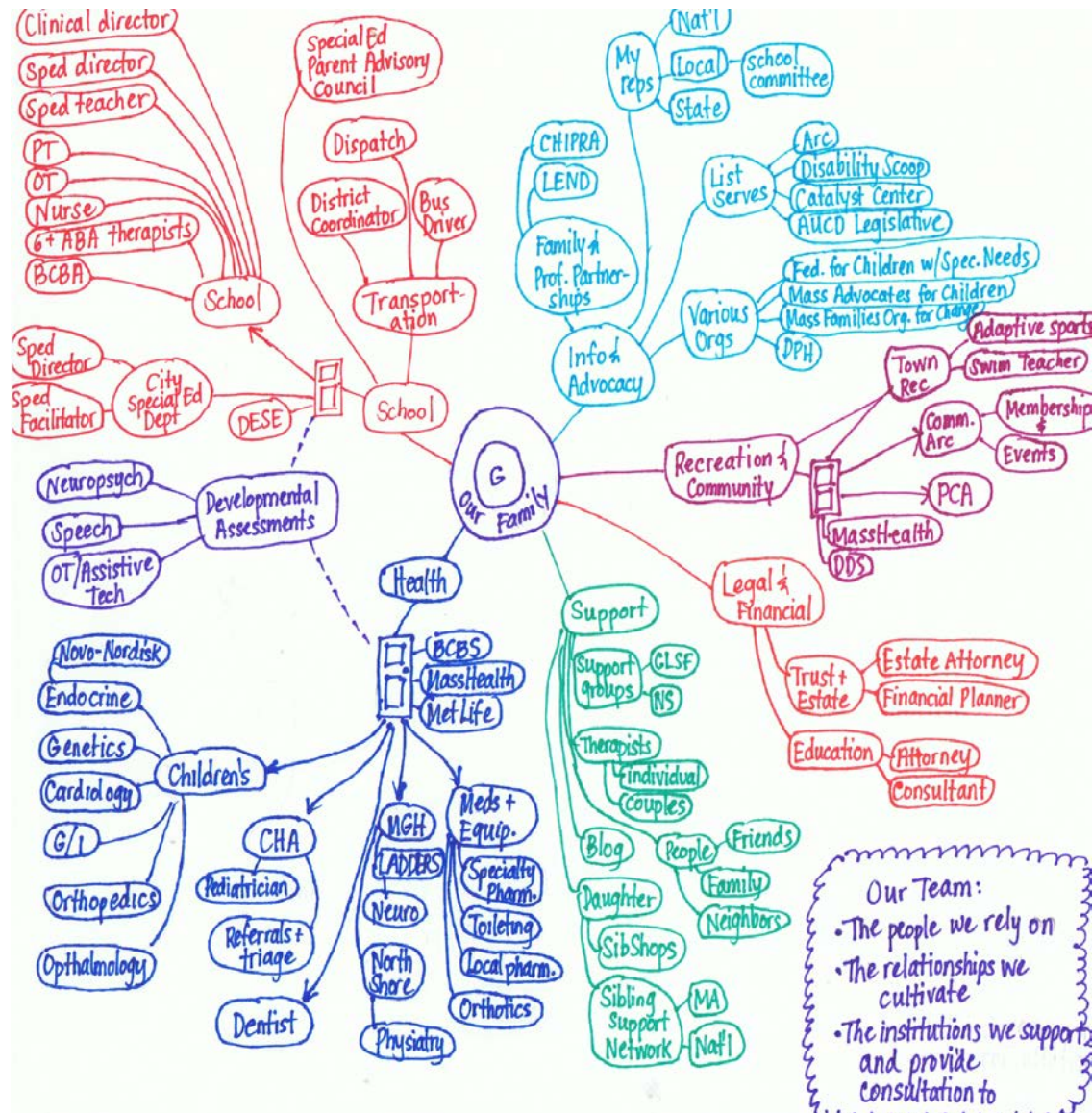


# ECOMAP









# Take Home Points

- Care coordination improves care for families, practices and health care professionals
- Eco-Map is a tool for creating family centered, culturally effective conversations
- Comprehensive Assessment –Strengths based but identifying needs
- Involving families as partners in care coordination strengthens families, improves relationships and makes the practice of medicine more rewarding