



Care Coordination Fundamentals Training for Front-Line Care Managers

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A Few Words about the Day...

- Microphone Use
- Activities in large and smaller groups
- Speak Loudly and Clearly
- Phones on Silent
- Take Calls outside if Needed
- Resource Packet
- Use of words "patient", "client", "individual"



Training Objectives



By the end of this session, you will be able to:

- Describe how care management reduces barriers to health and can address social determinants of health
- Discuss what is working well in the team model of care
- Discuss what is not working well in the team model of care and list strategies to address it
- List strategies to engage healthcare providers
- Explain how society's view of chronic diseases impacts those living with a chronic disease
- List intervention strategies for each stage of coping with a chronic disease and explain what happens when interventions are not tailored to the patient's current state
- Describe the health literacy problem and how it affects your work
- Begin to use plain language in your work
- Begin to use teach back in your work





Warm-Up Activity – Share Your Best Healthcare Experience

- Find someone you don't know
- Introduce Yourself
- Do not need to disclose any personal information
- Answer the following questions:
 - What made the experience so memorable?
 - What did the people involved do to make it so memorable and positive?
 - Who was involved? Doctor? Nurse? Administrative Staff? Others?





Warm-Up Activity – Share Your Worst Healthcare Experience

- Find someone you don't know
- Introduce Yourself
- Do not need to disclose any personal information
- Answer the following questions:
 - What made the experience so memorable?
 - What did the people involved do to make it so memorable and positive?
 - Who was involved? Doctor? Nurse? Administrative Staff? Others?





Social Determinants Activity





Case Study Activity: Mr. Smith



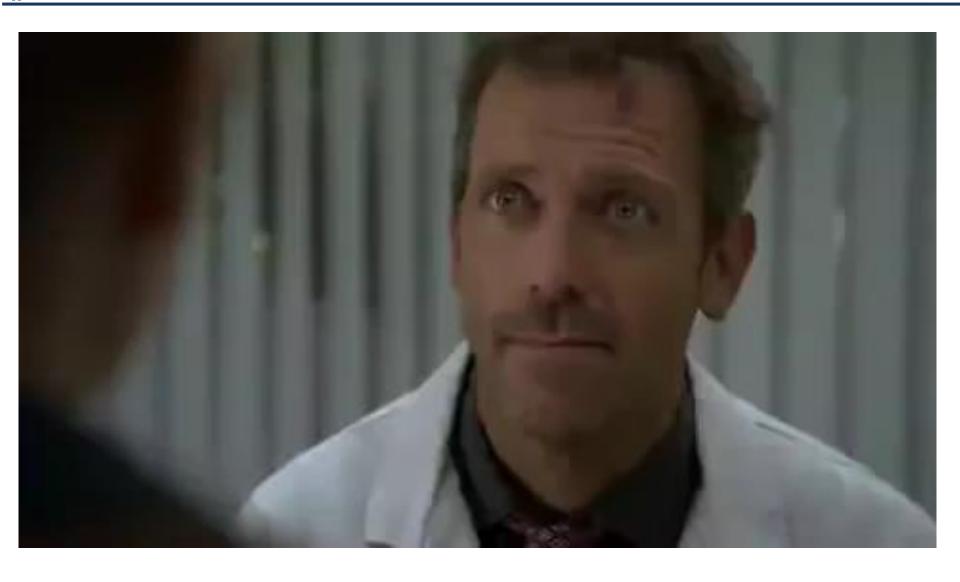


Break!



Let's Take a Look...









Re-write the directions

Eht tseb yaw ot naelc ruoy sessalg si htiw paos dna retaw.

- 1. Tsrif, esnir ruoy sessalg rednu retaw. Neht esu hsid paos ro diuqil dnah paos ot hsaw ruoy sesnel dna emarf.
- 2. Esnir ffo eht paos dna yrd ruoy sessalg htiw a tfos, tnil-eerf htolc.
- 3. Od ton esu repap slewot ot yrd ruoy sessalg; yeht nac hctarcs eht snel.





Re-write the directions

The best way to clean your glasses is with soap and water.

- 1. First, rinse your glasses under water. Then use dish soap or liquid hand soap to wash your lenses and frame.
- 2. Rinse off the soap and dry your glasses with a soft, lint-free cloth.
- 3. Do not use paper towels to dry your glasses; they can scratch the lens.





What is health literacy?

- Health literacy is the wide range of competencies and skills that people develop over their lifetimes to seek out, comprehend, evaluate, and use health information to make informed choices.
- People use health information, concepts, and other essential health materials required to successfully function as a patient to reduce health risks and increase quality of life.





Literacies hidden in Health Literacy

- Fundamental Literacy
- Scientific Literacy
- Civic Literacy
- Cultural Literacy





Fundamental Literacy

- Fundamental Literacy: Reading, writing, speaking, and numeracy.
 - Fundamental literacy skills are essential to the ways people develop skills, acquire information, and conduct daily life.
 - Health information and materials are often not tailored to patients' fundamental literacy skills.





Scientific Literacy

- Scientific Literacy: Skills and abilities to understand and use science and technology.
 - This literacy includes:
 - Knowledge of fundamental scientific concepts
 - Ability to understand technical complexity
 - Understanding of scientific uncertainty and that rapid change in the accepted science is possible and happens often.





Civic Literacy

- Civic Literacy: Skills that enable people to become aware of public issues, participate in critical dialogue about them, and become involved in decision-making processes.
 - This literacy includes:
 - Media literacy skills
 - Familiarity with civic and government systems and processes
 - Understanding of power and other hierarchical relationships
 - Awareness that personal behaviors and choices affect others in a larger community and society





Cultural Literacy

- Cultural Literacy: Ability to recognize, understand, and use the collective beliefs, customs, worldview, and social identity of diverse individuals to interpret and act on information (Kreps & Kunimoto, 1994).
- Should be bilateral communication:
 - Communicator should understand aspects of the culture of the recipient
 - Recipient should understand aspects of the culture of the sender.



Patient's Point of View





http://www.acponline.org/multimedia/?bclid=782539368001&bctid=790962260001





Who has health literacy problems?

- Older people 66% of US adults age 60 and over have inadequate or marginal literacy skills.
- Non-whites 50% of Hispanic Americans and 40% of African
 Americans have reading problems.
- Immigrants
- Low income people 50% of welfare recipients read below the fifth grade level.

Kirsch J, et al. Adult Literacy in America: A First Look at the Results of the National Adult Literacy Survey (NALS). Department of Education, 1993





Who has health literacy problems?

Limited English proficient patients

 A limited English proficient individual is one who does not speak English as his/her primary language and has a limited ability to read, write, speak, or understand English.

US Census Statistics:

- Over 24 million individuals in the US speak English less than "very well."
- More than 54 million people in the US speak a language other than English.
- During the past decade, the number of Spanish and Asian-language speakers grew by 7.2 million.





Who has health literacy problems?

- Low health literacy can affect anyone of any age, ethnicity, background, or education level.
 - Patients with high incomes can be affected by low health literacy.
 - Many patients self-identify themselves as someone with lower health literacy, even if they have college degrees.
 - Possibly 9/10 adults may lack skills needed to manage their health (cdc.gov/healthmarketing/resources.htm)





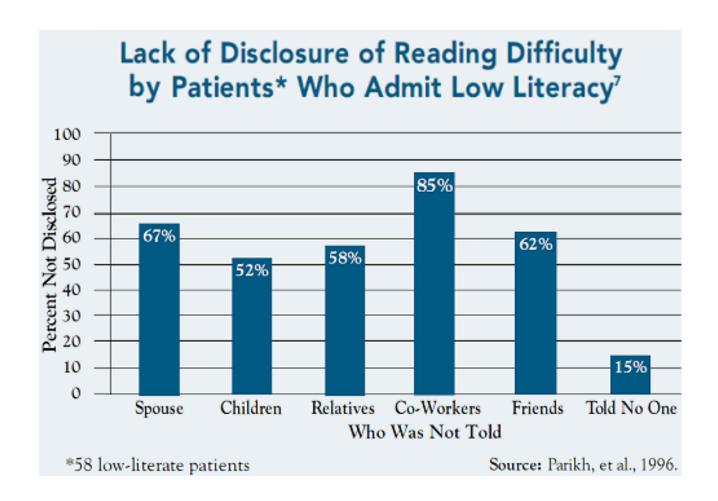
The Big Secret

- You may not even know that a patient has low health literacy because:
 - They are often embarrassed or ashamed to admit they have difficulty understanding health information and instructions.
 - They are using well-practiced coping mechanisms that effectively mask their problem.





Health Literacy and Shame







Lunch!





Possible Solution – Plain Language?

- Plain language calls for health information and other health related documents/websites/etc. be explained in language that everyone understands (living room language).
- Simplifying complicated medical/health language is a good start but is it enough?





The Impact of Plain Language

- In 2003, Washington Department of Revenue created the "Straight Talk" program. They trained employees in plain language principles and rewrote 250 customer letters using plain language guidelines.
- The rewrite of one tax collection letter has resulted in the state collecting an additional \$5 million to date and won a Governor's Award for Quality Performance in 2004.





Before and after using plain language

 BEFORE – The Dietary Guidelines for Americans recommends a half hour or more of moderate physical activity on most days, preferably everyday. The activity can include brisk walking, calisthenics, home care, gardening, moderate sports exercise, and dancing.





Before and after using plain language

- BEFORE The Dietary Guidelines for Americans recommends a half hour or more of moderate physical activity on most days, preferably everyday. The activity can include brisk walking, calisthenics, home care, gardening, moderate sports exercise, and dancing.
- AFTER Do at least 30 minutes of exercise, like fast walking, most days of the week.





Make It Plain!

Medical Term	Plain Language Term
Epidemic	
Chronic disease	
Hypertension	
Lipids	
Increased Risk	
Cardiologist	





Plain Language Activity

- Groups of 3
- Use the Plain Language Scenarios Worksheet in your packet
- Choose who will be the patient, the care manager, and the observer
- Role play the scenario using plain language
- For the next 2 scenarios, switch roles so that each person has an opportunity to play each role



The Teach Back Method





https://www.youtube.com/watch?v=pCNCqA5LqFo





Teach Back Method Activity

- Return to your groups of 3
- Using the same scenarios, practice the teach back method
- Choose who will be the patient, the care manager, and the observer
- Role play the scenario using teach back
- For the next 2 scenarios, switch roles so that each person has an opportunity to play each role





Index Card Activity





Coping with a Chronic Disease

- Receiving a chronic disease diagnosis can be overwhelming
- Patients cope in different ways and often may be confused, overwhelmed and unsure
- Other patients with diabetes, hypertension and cardiovascular disease may not think of themselves as having a chronic disease since these conditions are so common





Stages of Coping with a Chronic Disease

Denial:

This can't be happening. This is not a big deal.

Anger/sorrow:

Why is this happening to me?

Recognition/ depression:

This has happened, now what?

Acceptance:

Alright, I'm ready to work with this. I'm not going to give up.





Stages of Coping Activity

- Try to understand how the patient feels and how ready they are to make changes, accept their condition, get treatment, etc.
- Educate the rest of the team on what stage the patient is in and explain the tailored approach.
- Be ok with not intervening at certain points or right away
- Often, what the clinician thinks is necessary at a certain moment, the patient does not necessarily agree with. This may lead to distrust or inaction.





Break





What is Patient Centered Care?





Patient Centered Care

- The IOM (Institute of Medicine) defines patient-centered care as:
 - "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."





Patient Centered Care

...can often be achieved best through a team based approach to care.





Team Based Care Delivery

 While not all teams are at the same level of competence and effectiveness — assuming that the care team is well developed and optimized — there are many potential advantages for patients.

http://www.ihi.org/communities/blogs/layouts/ihi/community/blog/itemview.aspx?List=0f316db6-7f8a-430f-a63a-ed7602d1366a&ID=29





Potential Advantages for Patients of Team Based Care Delivery

- Enhanced access to care and services with a consistent care team
- Improved quality, safety, and reliability of care
- Enhanced health and functioning in those who have a chronic condition
- More cost-effective care
- Improved patient and family experience
- http://www.ihi.org/communities/blogs/ layouts/ihi/community/blog/itemview.aspx?List=0f316db6-7f8a-430f-a63a-ed7602d1366a&ID=29





An Effective Care Team:

- Learns from regular practice to fine tune their skills
- Has shared goals
- Struggles with learning new approaches
- Has clear roles and responsibilities
- Learns to rely on and trust their team members
- Communicates effectively

 http://www.ihi.org/communities/blogs/_layouts/ihi/community/blog/itemview.aspx?List=0f316db6-7f8a-430f-a63a-ed7602d1366a&ID=29





Activity – Self Assessment of Your Team Based Care





Reflection/Wrap Up

- One thing that I appreciated about the day was...
- One thing that I want to think more about is...
- One thing that I am proud of in my work is...
- One thing that I want to change about how I work is...
- One word that comes to mind when I think about the day is...