Pediatric Learning Network: Adopting PFE Strategies to Improve Pediatric Asthma Care

Lesson 4: Engaging the patient/family in asthma care visits (Part 3)

PCPCC Support and Alignment Network
Quality Improvement Leader:
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Casey Jenkins and Dr. Ashraf Affan (Angel Kids Pediatrics)
Rolando Lozano (Springfield Pediatrics)

PCPCC SAN Facilitator
Liza Greenberg, RN, MPH
Goal: Reduce hospital admissions for asthma by improving quality of care, emphasizing person and family engagement (PFE) strategies.

Today:
• Discuss the goal of the learning network
• Highlight innovative pediatric practices testing/using PFE strategies
• Offer concrete examples demonstrating adoption of the ‘e-tools’ metric
• Discuss how to develop/maintain a patient registry (high or low tech) as a tool to help practice teams coordinate care with their patients/families with asthma
• Discuss steps and share lessons learned for practice teams to consider as they work to engage patients/families in the use of a patient portal (for current asthma action plan, scheduling, pre-visit assessments, concerns, questions)
1. May: Patient and Family Voices

2. June: Engaging the Patient and Family at the Point of Care (Part 1 - shared decision-making, patient activation, health literacy, and collaborative medication management)

3. Engaging the Patient and Family at the Point of Care (Part 2 - shared decision-making)

4. Today: Engaging the Patient and Family at the Point of Care (Part 3 – e-tools)

5. Connecting patients/families with appropriate supports and services - Sept 19, 2017 3:30 ET / 12:30 PT

Plus! Action steps between each call
TCPI Person and Family Engagement Performance Metrics

➢ **PFE Metric 1: Support for Patient and Family Voices**

➢ **PFE Metric 2: Shared Decision-Making:** Does the practice support shared decision-making by training and ensuring that clinical teams integrate patient-identified goals, preferences, and concerns into the treatment plan (e.g. those based on the individual’s culture, language, spiritual, social determinants, etc.)?

➢ **PFE Metric 3: Patient Activation:** Does the practice utilize a tool to assess and measure patient activation?

➢ **PFE Metric 4: Active e-Tool:** Does the practice use an e-tool (patient portal or other E-Connectivity technology) that is accessible to both patients and clinicians and that shares information such as test results, medication list, vitals and other information and patient record data?

➢ **PFE Metric 5: Health Literacy Survey:** Is a health literacy patient survey being used by the practice (e.g., CAHPS Health Literacy Item Set)?

➢ **PFE Metric 6: Medication Management:** Does the clinical team work with the patient and family to support their patient/caregiver management of medications?
QI Opportunities Connected to TCPI PFE Metrics

NHLBI Asthma Care Quick Reference: Diagnosing and Managing Asthma
Initial visit algorithm showing patient and family engagement opportunities

- A patient and family advisory group can help your practice be more welcoming to patients and families, improving word of mouth and patient experience survey scores = more patients and better retention

- Health literacy assessment – what is the right type of information (written, verbal, video and right level) that will be meaningful?
- Assess patient and family activation – what is the patient’s knowledge, skills, ability, and willingness to take action on asthma self-management? Use readiness information for goal setting, teaching and care planning
- Your medication management teaching plan will be based on patient activation and their knowledge and skills in self-management. Use teach-back and demonstration to ensure patient and family understands medication use

- Shared decision-making – identify patient and family goals for asthma management (fewer missed days at school, staying out of the ED, etc), and their preferences for treatment plan options, and incorporate them into the plan

- Use the patient portal for scheduling, answering patient questions, pushing out reminders – to maintain a relationship with the patient and family and keep them engaged in care
Defining Patient and Family Engagement

An innovative approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families

Engaging patients and families
• In their own care
• In practice improvement
• In policy (practice, hospital, community)
Pediatric Practice Innovator

Diane Weiss, MS
Parenting Specialist
Weiss Pediatric Care
Sarasota, FL
Our QI Performance Improvement Sprint Plan...to improve asthma care management and support

Aim: By the end of August, we will see at least 30% of our patients currently ≥ 6 months overdue for Asthma Care Plans/Follow-up visits and will schedule their next follow-up visit.

Plan:

1) Run a report of all patients with a diagnosis of moderate persistent asthma who have not been seen in past 6 months

2) Call patients who have not been seen for asthma care plan/follow up visit in past 6 months

3) Provide pre-visit questionnaire at each visit to ensure all questions/concerns are addressed.

4) Provide educational materials and information about the rationale/importance of regular 3 month asthma follow up visits and annual spirometry (for children 6 years+)

5) Provide/review asthma care plan at each asthma related visit

6) Schedule 3 month asthma follow-up visit for patient at the time of current appointment to ensure recheck within recommended time frame.
Findings and Reflections...

Study:

- 18 total patients were identified as meeting the criteria of moderate persistent asthma without an updated Care Plan in past 6 months
- 3 of 18 (17%) are being followed by pulmonology
- 9 of 18 (50%) patients have been seen and 3 month follow up is scheduled per protocol during sprint period
- 6 of 9 (66%) patients seen had diagnosis modified to mild persistent (5) or mild intermittent (1)

Challenges:

- Staying on top of recall with only one front office person
- It’s school physical season!
- Really need 45 minutes for these appointments

Successes:

Sampling of 9 patients/families who provided feedback as part of the sprint plan have had positive things to say about their experience.
Pediatric Practice Innovator

Casey Jenkins
Quality Improvement Coordinator

Dr. Ashraf Affan
President
Angel Kids Pediatrics
Jacksonville, FL
Our QI Performance Improvement Sprint Plan...to reduce avoidable ER utilization and hospital readmissions

**Aim:** By the end of August, we will extend hours at two of our six locations to increase access. We will also work to improve our tracking of asthma patients.

**Plan:**

1. Extend hours at our second largest office (Bartram) until 9pm Monday-Friday and at our Normandy office until 7pm Monday-Friday. This will provide extended hours at a total of three locations.

2. Hire a care coordinator and/or intern to track and analyze ER visits.

3. Outreach to patients who have visited the ER, provide coordinated care for follow-ups, and education.

4. Promote patient portal to enhance accessibility.

5. Analyze and update patient information to ensure proper tracking and inclusion of asthma care plan.
Findings and Reflections...

Study:
- Saw 24% of patients within the last 7 days of ED
- Reviewed ER utilization reports weekly to share in huddles - 100% reviewed
- Increased patient portal use by 6.6%
- Number of asthma patients in care plan enrollment will match Insurance reports - 69% accuracy

Challenges:
- Timeliness and accuracy of data provided
- Communication with ED and patients

Successes:
- 42% reduction in Asthma-related ED visits
- 66% cost reduction - $25,710 saved
Pediatric Practice Innovator

Rolando Lozano
Practice Manager
Springfield Pediatrics
Springfield, NJ
Welcome to Springfield Pediatrics!

Springfield Pediatrics has provided you online access to your health record and the ability to communicate with the office. Select the quick links above or use the navigation icons above to access additional actions.
Health Profile

The information provided below is in the electronic medical record. If you believe any data is incorrect, please notify the office.

Favorites ZZtest1
Change person

Current Medications

- Your pharmacy may make changes, so be sure to ask your pharmacist for exact medication instructions.

Renew

benzoyl peroxide 8% topical gel

Date Started On: May 18, 2015
Ordered By: Núñez MD, Helen
Show more info
Request an Appointment

Complete the information below to request an appointment. We'll review your request and respond within one business day. If this is an emergency, please call 911.

* Indicates a required field.

**Who is this appointment for?**
Please select

**Do you have a preferred provider?**

**When would you like to visit?**
- First available
- Select a date range
  - **Start date**
  - **End date**

Enter date in MM/DD/YYYY format.
Polling Question...
Using shared decision-making techniques with patients and families

- Not actively working on this
- We intend to take action on this activity in the next 6 months
- My practice began working on this in the past month
- My practice has been implementing this as a new initiative for several months
- My practice has a mature approach to this activity
Polling Question...
Using e-tools to communicate (e.g., patient portal)

- Not actively working on this
- We intend to take action on this activity in the next 6 months
- My practice began working on this in the past month
- My practice has been implementing this as a new initiative for several months
- My practice has a mature approach to this activity
E-Tools: Electronic Health Records and Patient Portals

How to Implement EHRs

Step 1: Assess Your Practice Readiness

View tools for Step 1

The assessment phase is foundational to all other EHR implementation steps, and involves determining if the practice is ready to make the change from paper records to electronic health records (EHRs), or to upgrade their current system to a new certified version.

Why Implement EHRs?

https://www.healthit.gov/providers-professionals/ehr-implementation-steps
How to Implement EHRs

EHR Implementation Lessons from the Field

The following EHR implementation lessons learned have been compiled from the Regional Extension Centers (RECs) and their EHR Implementation and Project Management Community of Practice. These EHR implementation lessons capture their collective experiences in working with physician practices throughout the country working toward implementation of EHR systems.

Over the coming months, the RECs will continue to share their experiences from the field and the resulting leading practices and tools that can be used throughout all phases of the Practice Transformation Roadmap. Please check back often for more EHR implementation lessons, information, and resources.

Lesson 1 – Identify and coordinate with the local health information exchange (HIE) in your area

Featured Lessons from the Field: EHR Implementation with Minimal Practice Disruption in Primary Care Settings

The Washington & Idaho Regional Extension Center (WIREC) shares their experience and lessons of EHR implementation including:

- The importance of a physician champion
- Workflow planning is essential
- Make training a priority
- Never go live without a lab interface

https://www.healthit.gov/providers-professionals/ehr-implementation-steps
Parent-Reported Outcomes of a Shared Decision-Making Portal in Asthma: A Practice-Based RCT.

To evaluate feasibility, acceptability and impact of MyAsthma, an EHR-linked patient portal

• 6-month RCT at 3 primary care practices (Total of 60 families enrolled).
• Use of MyAsthma vs. standard care

Reported results

• 57% of parents in intervention group used MyAsthma during at least 5 of 6 study months
• Parents of children with moderate or severe persistent asthma used portal more
• 92% were satisfied with MyAsthma
  • Improved communication with office, ability to manage asthma and awareness of importance of ongoing attention to treatment.
• Children had lower frequency of asthma flares and parents missed fewer days of work due to asthma.

MyAsthma

Check-in Results

Your child's asthma is:

UNCONTROLLED
You reported your child is experiencing medication side effects

Instructions:

Please call your doctor's office to discuss your child's asthma control and side effects.

The results of the check-in have been sent to your doctor's office.

You can always call or send a message to your doctor's office with any questions.

If this is a medical emergency, please call 911.

Would you like to learn more about asthma with CHOP videos and handouts?

[Yes] [No, thanks]

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E-Tools: Open Notes

Everyone on the Same Page

OpenNotes is the international movement dedicated to making health care more open and transparent by urging doctors, nurses, therapists, and others to share their visit notes with patients.

Today **16,441,000** patients have online access to their notes.

Join the movement ➔

[https://www.opennotes.org/](https://www.opennotes.org/)
Pediatrics & Adolescents

Access to notes allows families to manage health care that often happens across health systems, and helps children learn to be more engaged in their own health. You’ll find information here for health systems and health care professionals.

https://www.opennotes.org/
How Could We Implement a Patient Registry?

- Identify a care coordinator as your Registry “Champion”
- Meet as a practice team
  - Flow charting/process mapping of current care coordination functions
- Define your registry population (asthma diagnosis)
  - MD recall
  - Diagnosis codes
  - Identify initial data fields
  - Identify available technology (e.g., Excel, Access or other software application; as a function within your EHR)
  - Use PDSA cycles to test “small” changes
Action Item for Learning Network Participants

Plan/Test a change to improve recruitment/use of your patient portal or another e-tool to improve communication regarding asthma care management
Using QI Methodology (Model for Improvement) to test changes

- **AIMS**: What are we trying to accomplish?
- **MEASURES**: How will we know that a change is an improvement?
- **IDEAS**: What change can we make that will result in improvement?

**Act**  **Plan**  **Study**  **Do**

From: Associates in Process Improvement
Remember...
It Takes an Effective Team to Do QI Work!

- Members representing different kinds of expertise in the practice/organization
  - Clinical Leader
  - Technical Expertise
  - Day-to-Day Leadership
  - Administrative Staff
  - Parent/Caregiver Partner(s)
  - Practice Facilitator/QI Coach
Open Discussion

Please share Action Steps Taken:

• Engaging Patients/Families in Conversation Related to Their/Child’s Care (e.g., Pre-visit contact/forms, Family Strengths, Asthma Control Test (ACT)
• Planning/Testing an Asthma Support Group
• Creation/maintenance of a Asthma Registry
• Assessment of Patient/Caregiver Activation
• Assessment of Health Literacy
• Use of Teach Back Method
• Additional PFE-related successes during the previous month(s)?
• Issues/challenges?
• Surprises or something important that you and your practice teams learned about PFE?
Reminders

• Assignment: Plan/test a change to improve recruitment/use of your patient portal or another e-tool to improve communication regarding asthma care management.

• Connecting patients/families with appropriate supports and services - Sept 19, 2017 3:30 ET / 12:30 PT

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Technical Support Available from PCPPC SAN and Partners

PCPCC SAN website and PFE Resource Center
https://www.pcpcc.org/tcpi

Pediatric Asthma and PFE
https://www.pcpcc.org/tcpi/learning

Contact

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