Care Coordination – Assuring a Family-Centered Approach

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Disclosure

- I have no financial interests to disclose in relation to the material that I am presenting today.

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Agenda

- Context of care coordination
- Definitions, roles, functions
- Relational coordination
  - It's about relationships
- Measures, outcomes

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Context

- Care that is not coordinated is fragmented
- Care coordination is a central MH functionality
- Medical home implementation moves forward but remains sporadic and often incomplete

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Context

- Care coordinator functions and role in primary care remain in development
  - Confusion between functions and job description
  - Uncertain curricular and training requirements
  - Uncertain professional qualifications
    - ?RN, MSW, parent
  - Undeveloped professional identity
- Care planning and its documentation are new skills for practice settings
  - Goal-driven
  - Integration with EHR/avoid duplication of effort

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Context

- Care coordination quality measures still not fully developed
- Payment and reimbursement scenarios vary
- Future integrated payment arrangements (ACOs) will demand coordinated care

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Defining care coordination

1) **Functional definition of care coordination (from J McAllister and C Cooley):**

A direct, family/youth-centered, team oriented, outcomes focused process designed to:

- *Facilitate the provision of comprehensive health promotion and chronic condition care;*
- *Ensure a locus of ongoing, proactive, planned care activities;*
- *Build and use effective communication strategies among family, the medical home, schools, specialists, and community professionals and community connections; and*
- *Help improve, measure, monitor and sustain quality outcomes (clinical, functional, satisfaction and cost)*

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Defining care coordination

Care Coordination Definition:

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 caregiving capabilities of families. Care coordination addresses interrelated medical, social, developmental, behavioral, educational, and financial needs to achieve optimal health and wellness outcomes.

- Uniquely pediatric
  - Family-centered
  - Addresses multiple holistic needs (not just health care)
  - Connected with community-based organizations

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Defining care coordination

Care Coordination Functions:

1. Provides separate visits and care coordination interactions
2. Manages continuous communications
3. Completes/analyzes assessments
4. Develops care plans with families
5. Manages/tracks tests, referrals, and outcomes
6. Coaches patients/families
7. Integrates critical care information
8. Supports/facilitates care transitions
9. Facilitates team meetings
10. Uses health information technology

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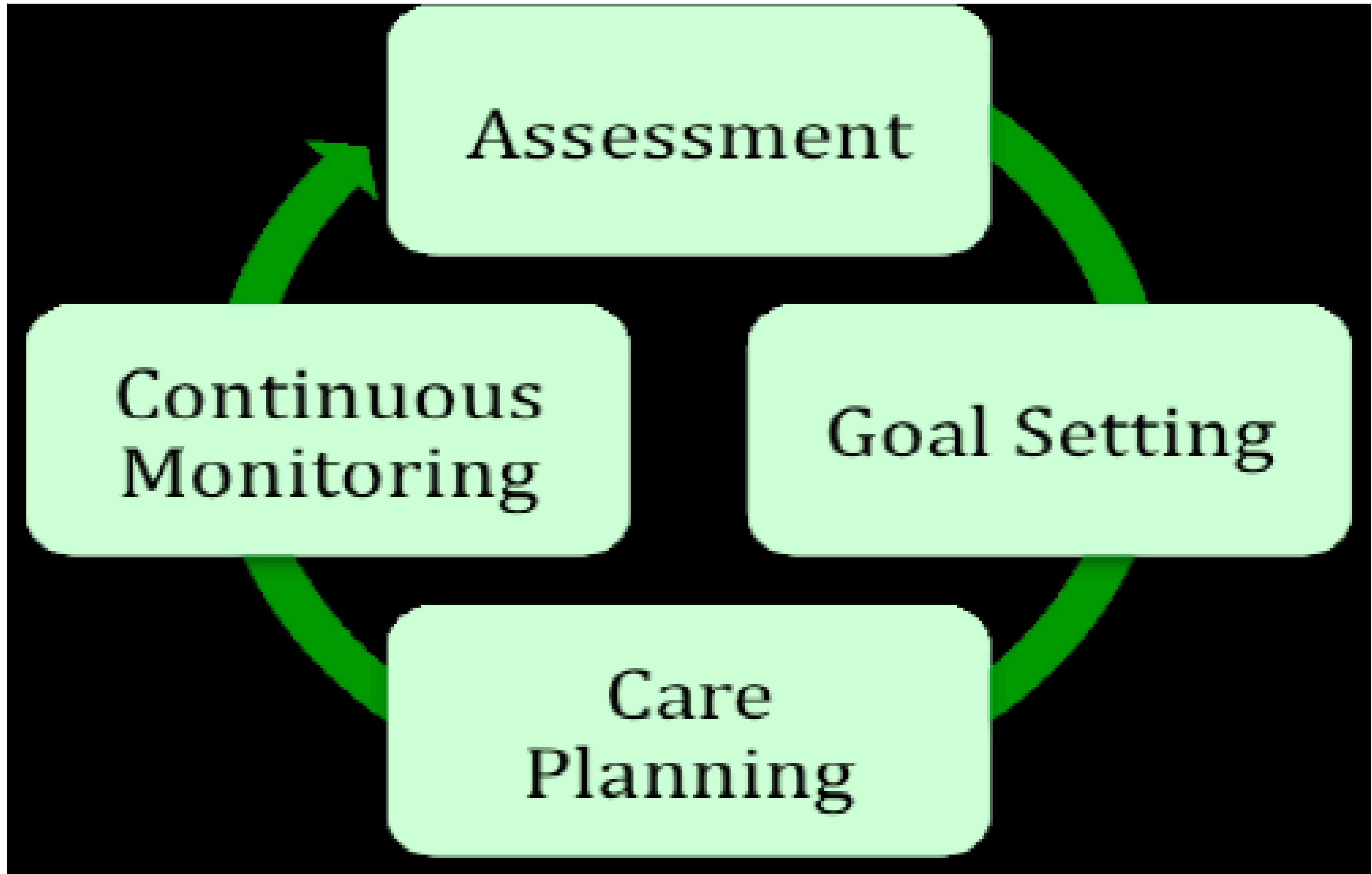

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Tools – information - documentation

- Registries
  - Population health
    - Stratify by complexity and risk
  - Tracking and monitoring of care
  - Quality indicators
- Written care plans
  - Shared among & input from stakeholders – family, specialists, others
  - Assessment of needs and goals setting built in
  - Timelines
  - Responsibilities
  - Method of circulation – fax, email, interoperable records, USB drive
- Portable medical summaries
- Fact sheets – red flag sheets – emergency care plans

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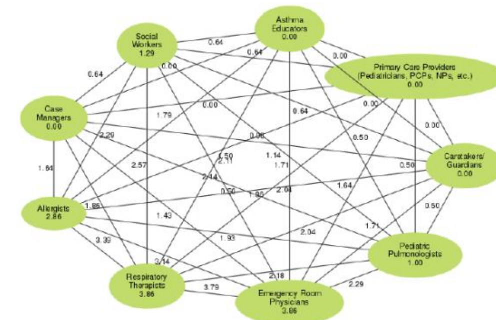
Relational coordination with community partners

<u>Coordination</u> is the management of the interdependencies between distinct tasks.

<u>Relational coordination</u> is the management of interdependencies between the people who perform tasks (J. Gittell, Brandeis University).

<u>Ingredients of Relational Coordination</u>

1. Shared goals
2. Timely & frequent communication
3. Mutual respect



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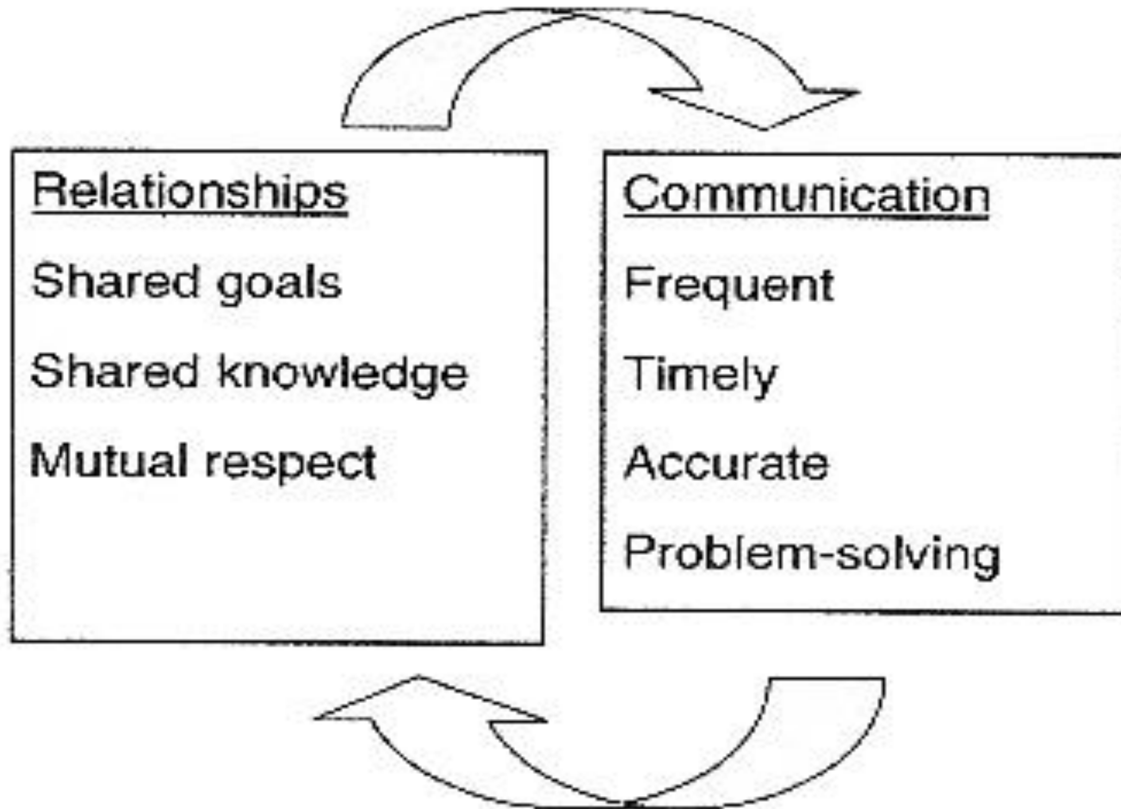
Relational coordination



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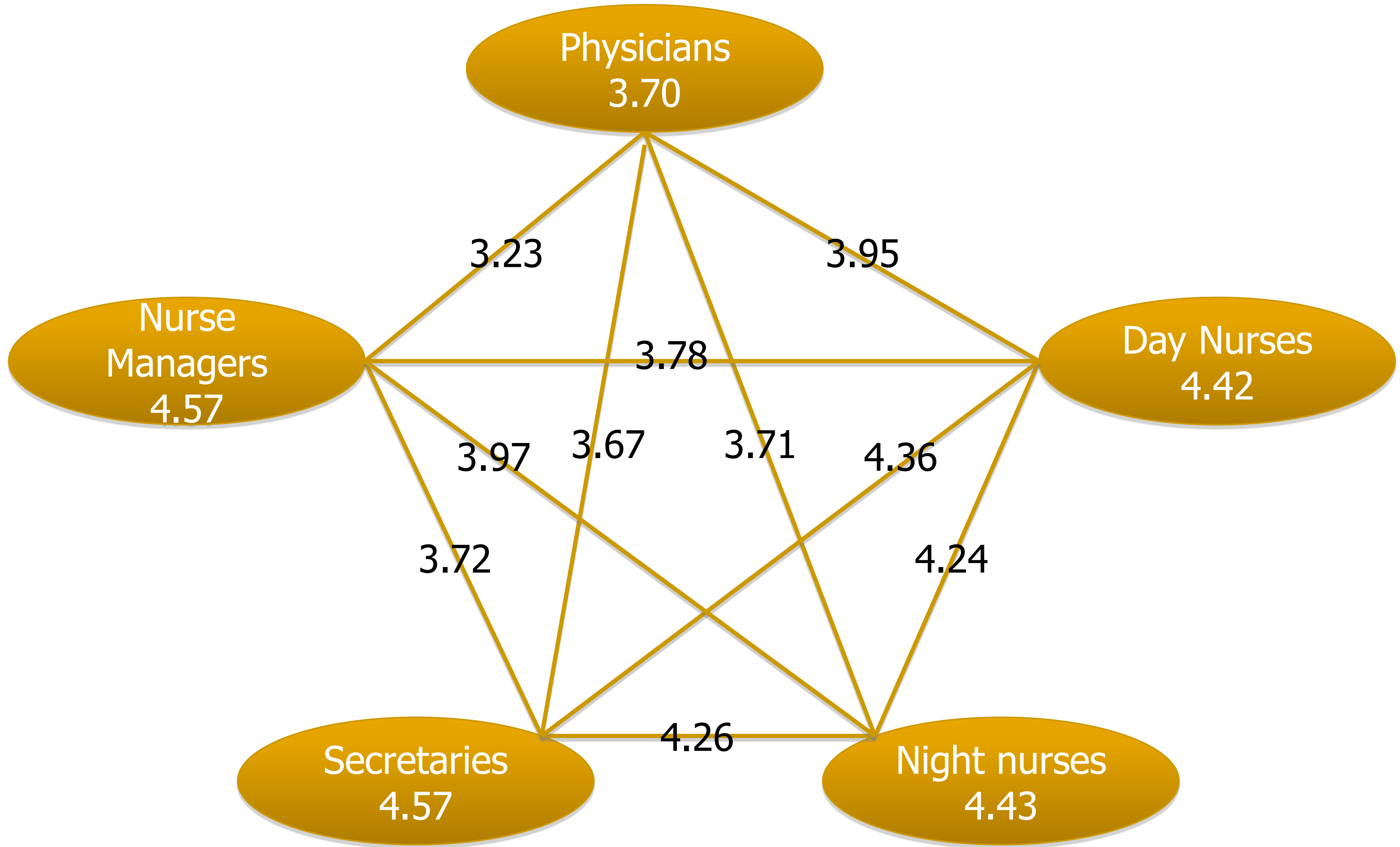
Mapping relational coordination in a neonatology unit



Higher numbers represent stronger coordination linkages

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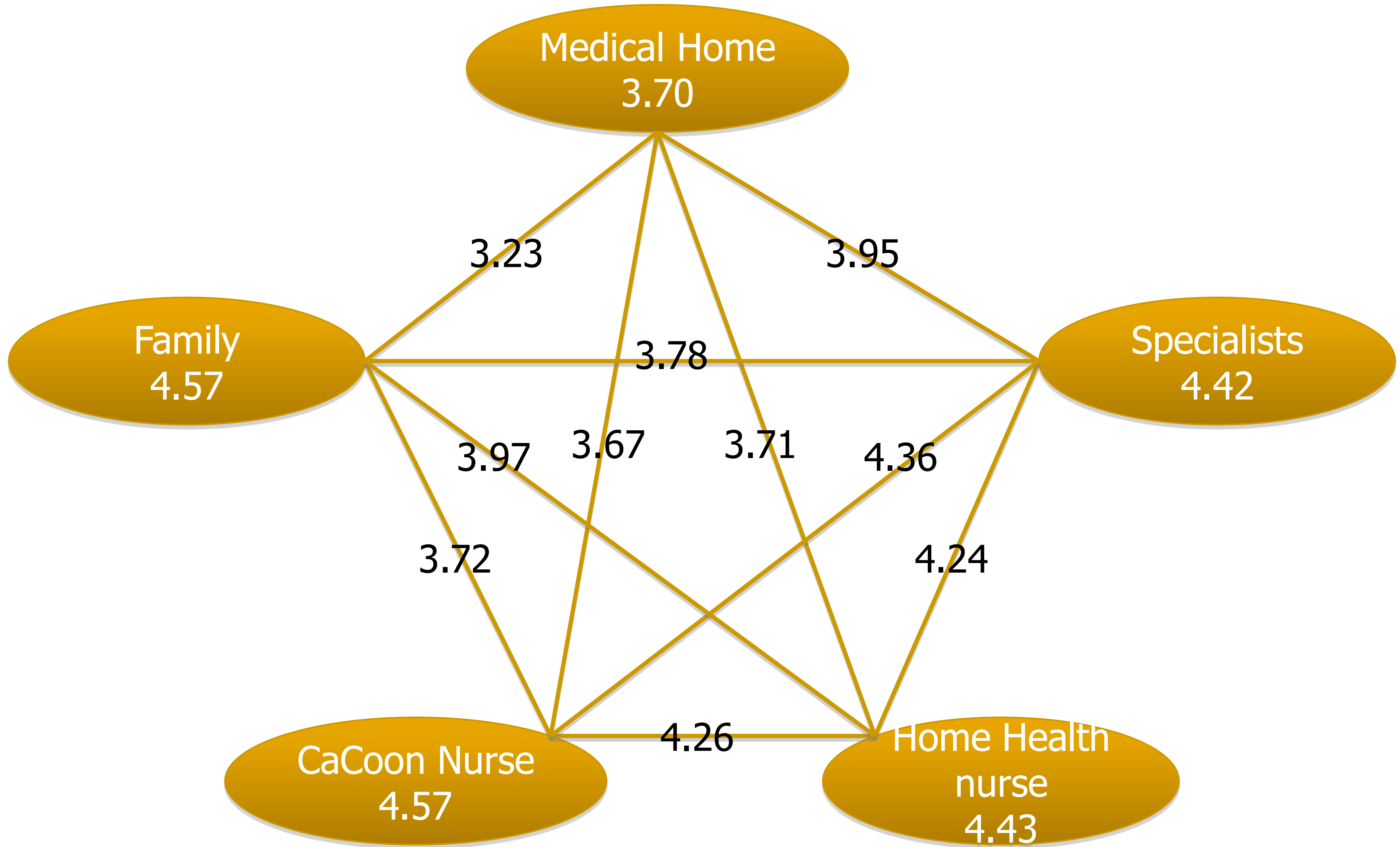
Mapping relational coordination for CYSHCNs



Higher numbers represent stronger coordination linkages

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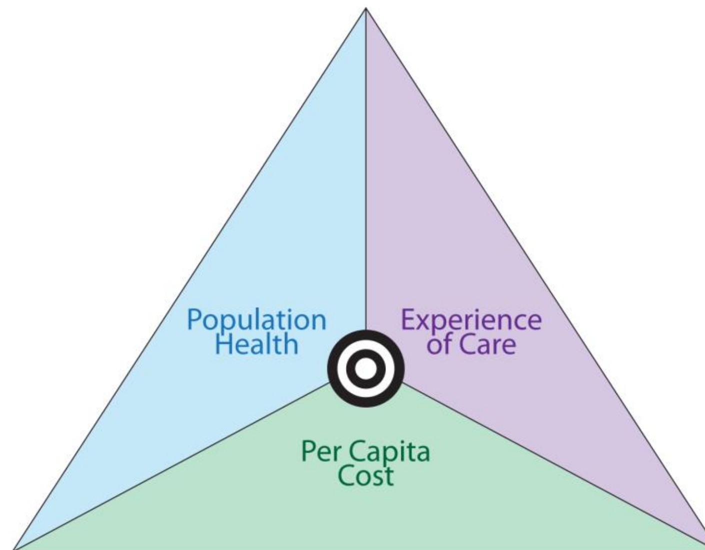
Measuring outcomes

- "Triple aim" based
  - Improve the health of a population
  - Improve the patient/family experience of care
  - Reduce cost



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Measuring outcomes

- Process indicators
  - Care coordination functions defined and assigned
  - Care coordinator role defined and filled
    - Internally or externally
  - Relationships with other team members are clear
  - Care plans in use
    - Defined population
    - % of population with care plans
  - Care coordination service/role communicated to patients and families
    - % of families who know about service
    - % of families who utilize care coordination/coordinator
  - Improve Medical Home Index domain score

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Measuring outcomes

- Outcome indicators
  - Health of population receiving care coordination
    - Disease specific indicators
    - Reduction in unplanned/unnecessary care
    - Reduction in school absence
  - Patient/family experience of care coordination service
    - Satisfaction measures
    - Tracking and monitoring results – increased safety
  - Cost reduction related to care coordination activity
    - Utilization indicators
    - Reduced redundancy

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