Boston Children's Hospital
Integrated Care Program

Massachusetts FAMILY VOICES @ the Federation

Collaborative Care Planning

Terminology

Term	Definition	Examples
Care Planning	A process that is focused on how the care team will define and achieve the patient and family's healthcare goals. In this process the patient and family are the central part of the care team.	At the end of a visit, the patient, family and provider agree on a set of treatment recommendations, ideally with ownership and timelines for each action identified.
Integrated Care	The seamless provision of health care services, from the perspective of the patient and family, across the entire care continuum. It results from coordinating the efforts of all providers, irrespective of institutional, departmental, or community-based organizational boundaries.	Family reports that all members of the child's multidisciplinary team work together to provide the best overall care for child.
Care Coordination	The set of activities in "the space between" – visits, providers, hospital stays...	Ensuring necessary appointments are made, following up that lab tests occurred, and making sure that there is an effective connection to community services.
Handoff	The transfer of pertinent information between members of a patient's care team to enable another member to assume responsibility for some aspect of care.	At the time of discharge from hospital, the physician provides a handoff of information about the course in hospital and pending test results to the primary care team to enable the primary care provider (PCP) to continue the delivery of safe care in the community, *or*, when making a referral to a subspecialty provider, the PCP sends information about the patient before the patient's visit

Tools we're talking about today:

Pediatric Integrated Care Survey (PICS): Family experience measure of care integration. Captures experience of families working with their child's care team to plan, manage, and track their child's care. PICS can be accessed at the following website:

https://medicalhomeinfo.aap.org/tools-resources/Pages/Care-Coordination.aspx

Action Grid: A structured, standardized tool to communicate ownership, expected outcomes, and timelines for completion of action items for patient care.

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Improving Care Planning

- **Plan** the family and patient's goals for the visit ahead of time.

- **Prioritize:** At the beginning of the visit, the family should start to communicate what they need from their time with the provider and the rest of the care team. Prioritization can then continue through the visit as the plan of action is collaboratively developed. Key phrases that help communicate priorities include:
  - My main concern is ____.
  - I need more help with ____.
  - I'd like to work together to make a clear plan for ___.

- **Communicate for Action:** The goal of most visits is to identify a set of actions that will help to improve the patient's health. A lack of clarity around exactly WHAT is supposed to happen, WHO is supposed to complete each action, and WHEN the action is supposed to take place leads to care "falling through the cracks." Here are key questions that help drive care planning conversations:
  - WHAT will be done before our next appointment? WHAT can I expect?
  - WHO will do this? WHO will follow-up?
  - WHEN should I expect results? WHEN will I receive an update? WHEN should I follow-up?
  - WHY is this important to my child's health?
  - HOW will my primary care provider be informed about this?
  - HOW will this affect other parts of my child's care?

- **Create Back Up Plans:** In the event that something does not go as planned, back up plans describe what will happen to ensure the treatment recommendations still are completed. In discussing the What, Who, When, listen for "If-then" statements. For example, "If you don't hear from the subspecialty clinic in two weeks, then call this number." If you don't hear back up plans, ask "What happens if..."

Contacts

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Until every child is well™

Action Grid

Patient Name:_____

Date:_____

Clinic:_____

Problems/Goals *What is action contributing to/what is it addressing*	**Action** *What needs to be completed*	**Who** *Who is responsible for completing the action*	**When** *What is the timeline that the action needs to be completed in*	**Back Up Plan** *If there is an issue or barrier, what are the next steps*	**Completed** *Is this action completed?*

My Notes: