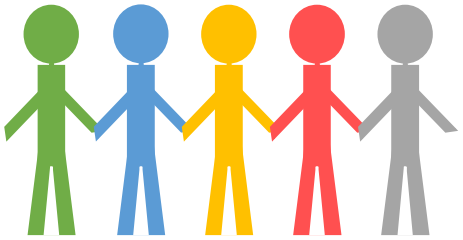
Patient-Centered Primary Care COLLABORATIVE

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

Lesson 3: Engaging the patient/family in asthma care visits (Part 2)

PCPCC Support and Alignment Network



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Quality Improvement Leader:
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Practice Innovator:
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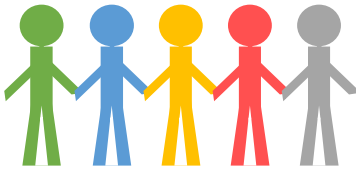
Children's Hospital of Orange Co. (CHOC)

PCPCC SAN Facilitator
Liza Greenberg, RN, MPH



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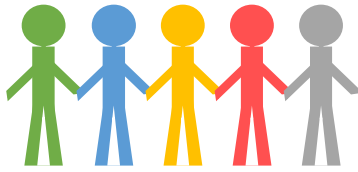
Learning Network Goal

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 practice/organization using PFE
- Offer concrete examples demonstrating adoption of the 'shared decision making' metric
- Share resources to help support testing shared decision-making strategies to engage patients/caregivers in asthma management



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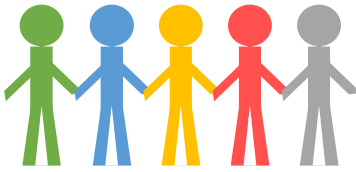
Learning Network Plan

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. Today: Engaging the Patient and Family at the Point of Care (*Part 2 - shared decision-making*)
4. Engaging the Patient and Family at the Point of Care (*Part 3 – e-tools*) - August 15, 2017 3:30 ET / 12:30 PT
5. Connecting patients/families with appropriate supports and services - Sept 19, 2017 3:30 ET / 12:30 PT

Plus! Action steps between each call



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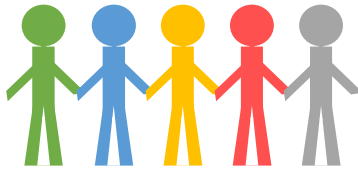
TCPI Person and Family Engagement Performance Metrics

- **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**
- **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?



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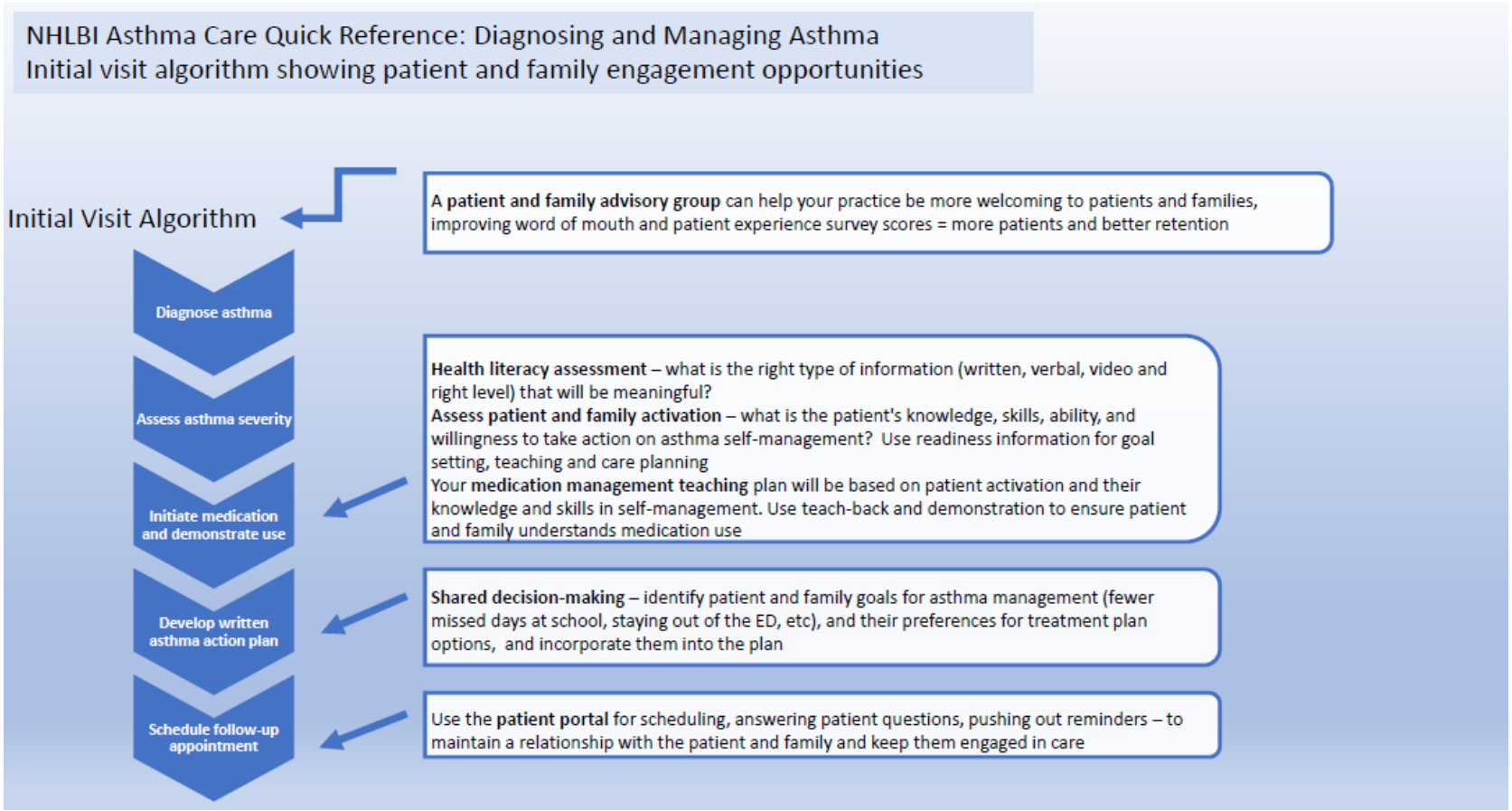
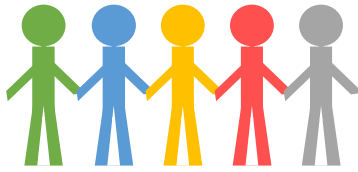
QI Opportunities Connected to TCPI PFE Metrics

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





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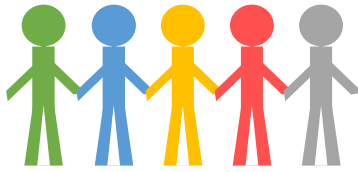
Defining Patient and Family Engagement

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)



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Pediatric Practice Innovator

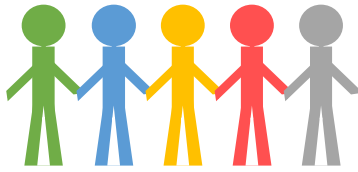
Lucy Morizio, DPM

Children's Hopsital of Orange County (CHOC)

Manager, Population Health Quality

Southwest Pediatric PTN

Orange, CA



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Southwest Pediatric

Practice Transformation Network

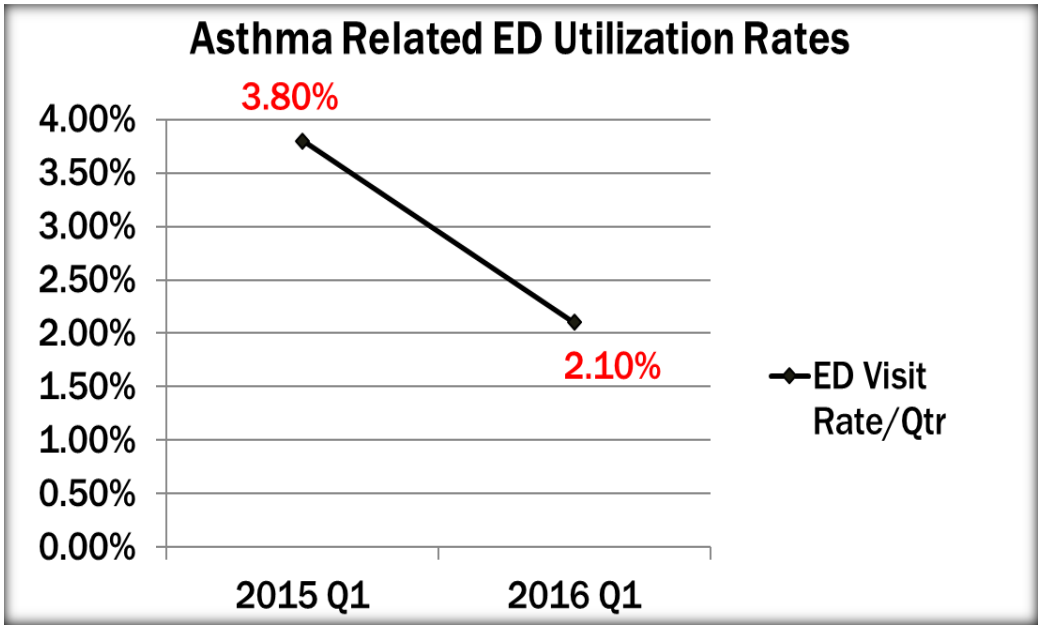
CHOC Children's

Rady Children's Hospital San Diego

Appropriate ED Utilization for Asthma

- Claims data source
- All 234 practices
- Total PTN capitated population of 230,000 children
- 18,613 children with asthma
- 46% year over year reduction in ED use

- Full population projection:
  - 120,000 children impacted
  - $1.0 million potential savings



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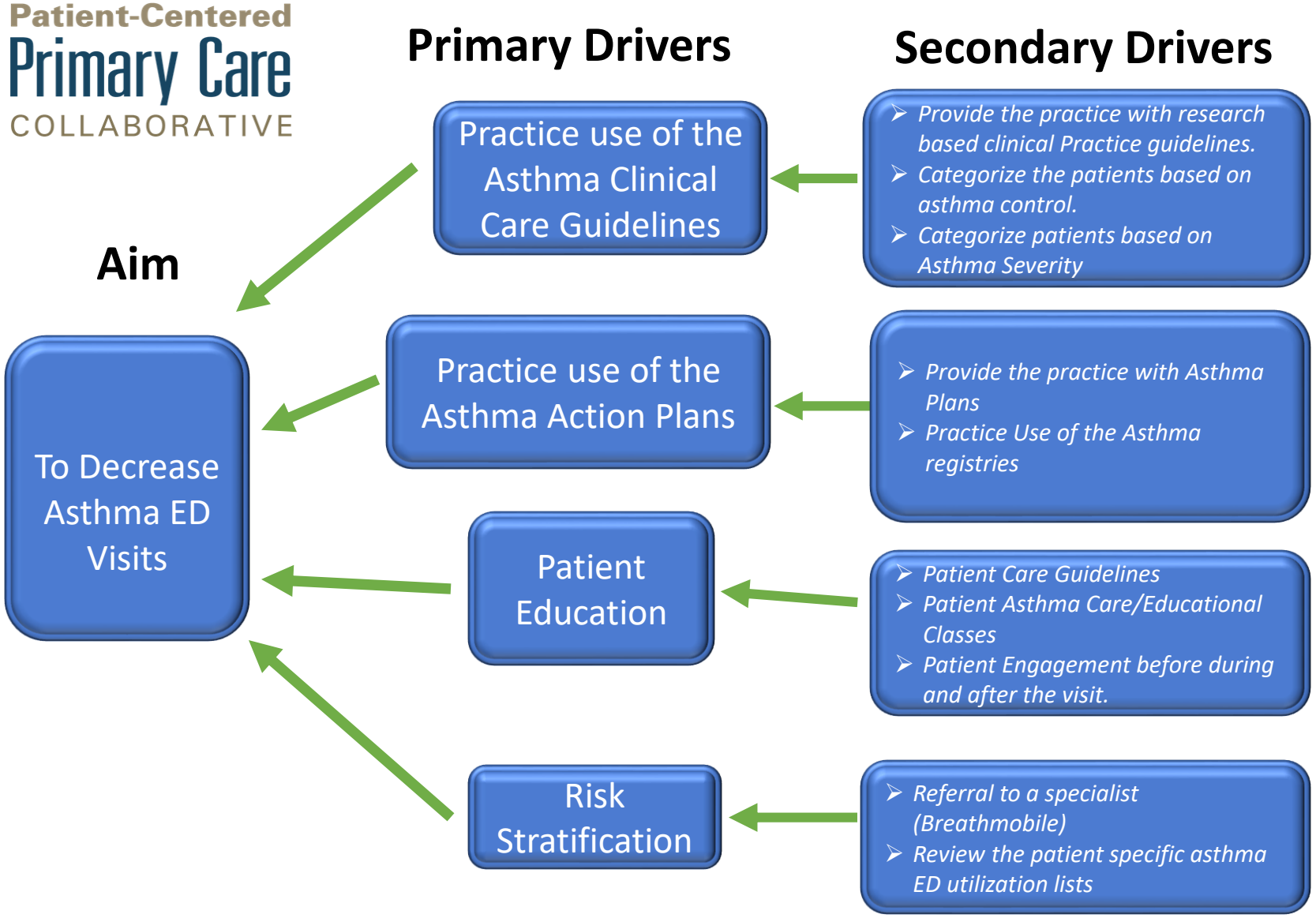

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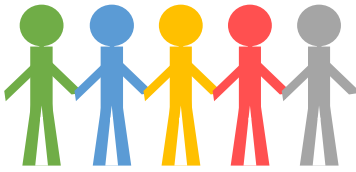
Action Item for Learning Network Participants

Review Teach-Back Method tool and…

Plan/Test using Teach-Back with the **next** patient with an asthma diagnosis and his/her parent or caregiver

HOW DID IT GO??



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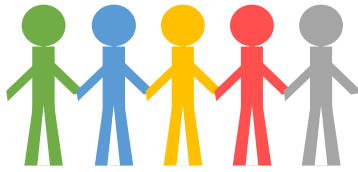
What is Shared Decision-Making?

- Shared decision-making occurs when a health care provider and a patient work together to make a health care decision that is best for the patient.
- The optimal decision takes into account evidence-based information about available options, the provider's knowledge and experience, and the patient's values and preferences.

Source: The SHARE Approach, developed by the Agency for Healthcare Research and Quality (AHRQ)



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The SHARE Approach:
A Model for Shared Decision Making

The SHARE Approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient.

STEP 1

Seek your patient's participation.

STEP 2

Help your patient explore & compare treatment options.

STEP 3

Assess your patient's values and preferences.

STEP 4

Reach a decision with your patient.

STEP 5

Evaluate your patient's decision.

Source: The SHARE Approach. Essential Steps of Shared Decision making: Quick 2 Reference Guide

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Shared Decision-Making in Clinical Care of Children

Autonomy ← **Shared Decision Making (Mutuality)** → Paternalism

Factors to consider when attempting shared decision-making with children
(Dixon-Woods, Young, & Heney, 1999)

1. Competence of children at different ages and abilities
2. A family oriented perspective as not to undermine the parent-child relationship.
3. Motivation of child to make decisions for his/her health management
4. Parental attitudes and beliefs about child's involvement in health care decisions

Source: Butz, A. M., Walker, J. M., Pulsifer, M. and Winkelstein, M. Shared Decision Making in School Age Children with Asthma. Journal of Pediatric Nursing. 2007; 33(2): 111-116.

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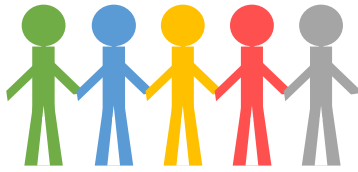
Shared Decision-Making with Pediatric (School age) Patients with Asthma and Parents/Caregivers

Goal: To change dyadic interactions between provider and parent into triadic interactions that include provider, parent and child to improve the child's asthma management.

- May enhance their self-confidence, as well as improve self-management skills
- Requires assessing the child's competence at difference ages and abilities
- Use of specific communication techniques (visual aids, turn-taking, clarifying communication and role modeling)
- Offer strategies to parents on how to provide general information about asthma and treatments, based on child's questions and interest



Source: Butz, A. M., Walker, J. M., Pulsifer, M. and Winkelstein, M. Shared Decision Making in School Age Children with Asthma. Journal of Pediatric Nursing. 2007; 33(2): 111-116.

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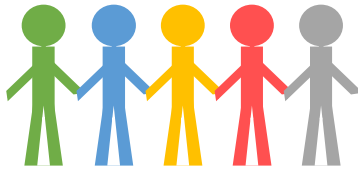
A reminder about communicating with patients…

- Acknowledge the complexity of the patient's medical condition.
- Speak slowly and avoid using medical jargon.
- Listen actively and provide information in small segments.
- Pause to allow patient participation.
- Periodically check with your patient for understanding.
- Use the teach-back technique to assess comprehension of key points.
- Use decision aids and other resources to help comprehension.
- Offer interpreter services for people with language or hearing barriers
- Invite family members and caregivers to participate when appropriate.

Source: The SHARE Approach. Essential Steps of Shared Decision Making



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Care Plan Goals

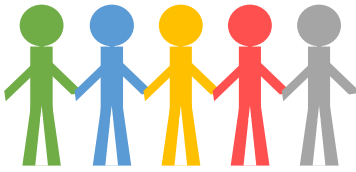
- Understand where patients are in managing their health
- Understand patients' priorities for their health (what matters to you?)
- Create shared goals
- Develop an action plan **WITH** the patient
- Customize care interventions
- Identify and address strength and challenges
- Build skills needed to reach the goal
- Leverage team-based care model

All teams work from the same care plan, for care coordination, shared goals, and communication between teams. Plan is printed and given to patient.

CHA Cambridge Health Alliance

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Source: Activating Patient Engagement in Care Delivery: Performance Metrics that Guide Patient-Centered Care. PCPCC Support & Alignment Network and Cambridge Health Alliance, March 22, 2017 (webinar)



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CHA Cambridge Health Alliance

Living a Happy, Healthy Life
My Goals… My Plan

My Goals:

1)

2)

My Strengths: (For example: kind, helpful, hard-working)

Challenges: Things that could get in the way of me reaching my goals (for example: decreased energy, lack of family support, money)

My Team / Supports: Who can help me reach my goals?
(For example: my doctor, family, friends, therapist)

Name	Relationship

Which of these things may help me feel better?

Healthy Eating


Exercise Plan


Email My Team


Stress Reduction Group

Medicine / Pill Box


Talking


Journaling

Date: _____

MY ACTION PLAN

1. Choose ONE of the things below to work on. Set simple goals and take small steps.


☐ Make time for activities I enjoy


☐ Reach out to people who can help me


☐ Do something kind for someone else each day


☐ Eat Healthier


☐ Exercise


☐ Other

_____

2. Choose your confidence level:
How sure are you that you can stick to your plan? (If less than 7, consider changing plan)

10 VERY SURE

7 SURE

5 SOMEWHAT SURE

0 NOT SURE AT ALL

3. Fill in the details of your activity:

What: _____

_____

How Much: _____

_____

When: _____

How often: _____

Where: _____

_____

With whom: _____

_____

Start Date: _____

Follow-Up Date: _____

Best Way to Follow-Up: _____

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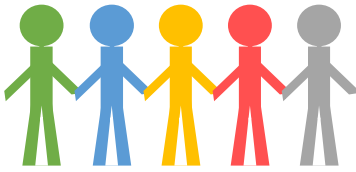
Care Plan, meet EMR

1. **My goals to improve my health**: ***
2. **My healthcare team's goals**: ***
3. **My strengths and supports to meet my goals**: ***
4. **Challenges to meeting my goals**: *dropdown.*
   - Need more support
   - Housing problems
   - Transportation problems
   - Insurance problems
   - Healthcare providers don't speak my language
   - Legal problems
   - Financial problems
   - Other
5. **My healthcare team**: ***
6. **My Action Plan**: *dropdown.*
   - keep my appointments
   - if I feel worse, I will ***
   - take my medicines every day
   - Keep track of progress using ***
   - Other

1. **My confidence that I can follow my Action Plan**: *1-10*

Source: Activating Patient Engagement in Care Delivery: Performance Metrics that Guide Patient-Centered Care. PCPCC Support & Alignment Network and Cambridge Health Alliance, March 22, 2017 (webinar)



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Asthma Action Plan

www.idph.state.ia.us (Press Firmly)

Name	Date of Birth	Effective Date
Katie Miller	10 yrs	/ / to / /
Doctor		Parent/Guardian
Doctor's Office Phone Number		Parent's Phone
Emergency Contact After Parent		Contact Phone

The colors of the traffic light will help you use your asthma medicines.

Green means **Go Zone!** Use preventive medicine.

Yellow means **Caution Zone!** Add prescribed yellow zone medicine.

Red means **Danger Zone!** Get help from a doctor.

Pay Attention to Symptoms.

GO (Green)

You have all of these:
- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Peak flow from ____ to ____

Personal Best Peak Flow ____

CAUTION (Yellow)

You have any of these:
- First sign of cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night

Peak flow from ____ to ____

DANGER (Red)

Your asthma is getting worse fast:
- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Lips blue
- Fingernails blue
- Trouble walking and talking

Peak flow from ____ to ____

Use these medicines every day

MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
Qvar 40	2 Puffs	Morning and Night
COMMENTS: Don't forget to use your spacer!		

For asthma with exercise, take:

Albuterol	2 Puffs	30 minutes before exercise

Continue with green zone medicine and ADD:

MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
Qvar 40	2 Puffs	Morning and Night
Albuterol	2 Puffs	Every 4-6 hours as needed
COMMENTS:		

IF QUICK RELIEVER/YELLOW ZONE MEDICINE IS NEEDED MORE THAN 2-3 TIMES A WEEK THEN CALL YOUR DOCTOR.

Take these medicines and call your doctor

EMERGENCY MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
Orapred	2 tsp	Morning and Night for five days only
Albuterol	2 Puffs	Every 3-4 hours as needed
COMMENTS: Use Orapred only if OK by office		

Get help from a doctor now! It's important!

Asthma is a potentially life threatening illness. If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT. Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Check all items that trigger your asthma and things that could make your asthma worse:

- ☐ Chalk Dust
- ☐ Cigarette smoke & Second hand smoke
- ☐ Colds/Flu
- ☐ Dust mites, dust, stuffed animals, carpet
- ☐ Exercise
- ☐ Mold
- ☐ Ozone alert days
- ☐ Pests - rodents & cockroaches
- ☐ Pets - animal dander
- ☐ Plants, flowers, cut grass, pollen
- ☐ Strong odors, perfumes, cleaning products, scented products
- ☐ Sudden temperature change
- ☐ Wood smoke
- ☐ Foods: ____
- ☐ Other: ____

☒ This student is capable and has been instructed in the proper method of self-administering the medications named above (or attached prescription).

☐ This student is not approved to self-medicate.

Check asthma severity: ☐ Mild Intermittent ☐ Mild Persistent ☒ Moderate Persistent ☐ Severe Persistent

PHYSICIAN SIGNATURE ____

PHYSICIAN STAMP

Produced by the Iowa Department of Public Health
Adapted from the NYC Childhood Asthma Initiative
Adapted from NHLBI

Funding provided through a cooperative agreement with the Centers for Disease Control and Prevention

Printed 2003

WHITE - School/Child Care Copy Pink - Family Copy Yellow - Doctor Copy

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Asthma Treatment Plan – Student

(This asthma action plan meets NJ Law N.J.S.A. 18A:40-12.8) (Physician's Orders)

The Pediatric/Adult Asthma Coalition of New Jersey — "Your Pathway to Asthma Control" — www.pacny.org

Sponsored by American Lung Association in New Jersey

NJ Health — New Jersey Department of Health

(Please Print)

Name	Date of Birth	Effective Date

Doctor	Parent/Guardian (if applicable)	Emergency Contact
Phone	Phone	Phone

HEALTHY (Green Zone)

You have *all* of these:
- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work, exercise, and play

And/or Peak flow above _____

Take daily control medicine(s). Some inhalers may be more effective with a "spacer" – use if directed.

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
☐ Advair® HFA ☐ 45, ☐ 115, ☐ 230	2 puffs twice a day
☐ Aerospan™	☐ 1 ☐ 2 puffs twice a day
☐ Alvesco® ☐ 80, ☐ 160	☐ 1 ☐ 2 puffs twice a day
☐ Dulera® ☐ 100, ☐ 200	2 puffs twice a day
☐ Flovent® ☐ 44, ☐ 110, ☐ 220	2 puffs twice a day
☐ Qvar® ☐ 40, ☐ 80	☐ 1 ☐ 2 puffs twice a day
☐ Symbicort® ☐ 80, ☐ 160	☐ 1 ☐ 2 puffs twice a day
☐ Advair Diskus® ☐ 100, ☐ 250, ☐ 500	1 inhalation twice a day
☐ Asmanex® Twisthaler® ☐ 110, ☐ 220	☐ 1 ☐ 2 inhalations ☐ once ☐ twice a day
☐ Flovent® Diskus® ☐ 50 ☐ 100 ☐ 250	1 inhalation twice a day
☐ Pulmicort Flexhaler® ☐ 90, ☐ 180	☐ 1 ☐ 2 inhalations ☐ once ☐ twice a day
☐ Pulmicort Respules® (Budesonide) ☐ 0.25, ☐ 0.5, ☐ 1.0	1 unit nebulized ☐ once ☐ twice a day
☐ Singulair® (Montelukast) ☐ 4, ☐ 5, ☐ 10 mg	1 tablet daily
☐ Other	
☐ None	

Remember to rinse your mouth after taking inhaled medicine.

If exercise triggers your asthma, take _____ ____ puff(s) ____minutes before exercise.

CAUTION (Yellow Zone)

You have *any* of these:
- Cough
- Mild wheeze
- Tight chest
- Coughing at night
- Other:_____

If quick-relief medicine does not help within 15-20 minutes or has been used more than 2 times and symptoms persist, call your doctor or go to the emergency room.

And/or Peak flow from_____ to_____

Continue daily control medicine(s) and ADD quick-relief medicine(s).

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
☐ Albuterol MDI (Pro-air® or Proventil® or Ventolin®)	2 puffs every 4 hours as needed
☐ Xopenex®	2 puffs every 4 hours as needed
☐ Albuterol ☐ 1.25, ☐ 2.5 mg	1 unit nebulized every 4 hours as needed
☐ Duoneb®	1 unit nebulized every 4 hours as needed
☐ Xopenex® (Levalbuterol) ☐ 0.31, ☐ 0.63, ☐ 1.25 mg	1 unit nebulized every 4 hours as needed
☐ Combivent Respimat®	1 inhalation 4 times a day
☐ Increase the dose of, or add:	
☐ Other	

- **If quick-relief medicine is needed more than 2 times a week, except before exercise, then call your doctor.**

EMERGENCY (Red Zone)

Your asthma is getting worse fast:
- Quick-relief medicine did not help within 15-20 minutes
- Breathing is hard or fast
- Nose opens wide • Ribs show
- Trouble walking and talking
- Lips blue • Fingernails blue
- Other:_____

And/or Peak flow below _____

Take these medicines NOW and CALL 911.
Asthma can be a life-threatening illness. Do not wait!

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
☐ Albuterol MDI (Pro-air® or Proventil® or Ventolin®)	4 puffs every 20 minutes
☐ Xopenex®	4 puffs every 20 minutes
☐ Albuterol ☐ 1.25, ☐ 2.5 mg	1 unit nebulized every 20 minutes
☐ Duoneb®	1 unit nebulized every 20 minutes
☐ Xopenex® (Levalbuterol) ☐ 0.31, ☐ 0.63, ☐ 1.25 mg	1 unit nebulized every 20 minutes
☐ Combivent Respimat®	1 inhalation 4 times a day
☐ Other	

Triggers

Check all items that trigger patient's asthma:

- ☐ Colds/flu
- ☐ Exercise
- ☐ Allergens
  - ☐ Dust Mites, dust, stuffed animals, carpet
  - ☐ Pollen - trees, grass, weeds
  - ☐ Mold
  - ☐ Pets - animal dander
  - ☐ Pests - rodents, cockroaches
- ☐ Odors (Irritants)
  - ☐ Cigarette smoke & second hand smoke
  - ☐ Perfumes, cleaning products, scented products
  - ☐ Smoke from burning wood, inside or outside
- ☐ Weather
  - ☐ Sudden temperature change
  - ☐ Extreme weather - hot and cold
  - ☐ Ozone alert days
- ☐ Foods:
  - ☐ _____
  - ☐ _____
  - ☐ _____
- ☐ Other:
  - ☐ _____
  - ☐ _____
  - ☐ _____

This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.

Permission to Self-administer Medication:

☐ This student is capable and has been instructed in the proper method of self-administering of the non-nebulized inhaled medications named above in accordance with NJ Law.

☐ This student is not approved to self-medicate.

PHYSICIAN/APN/PA SIGNATURE _____ DATE _____
Physician's Orders

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN STAMP

Save

Print

Print Medicines Only

REVISED AUGUST 2014

Make a copy for parent and for physician file, send original to school nurse or child care provider.

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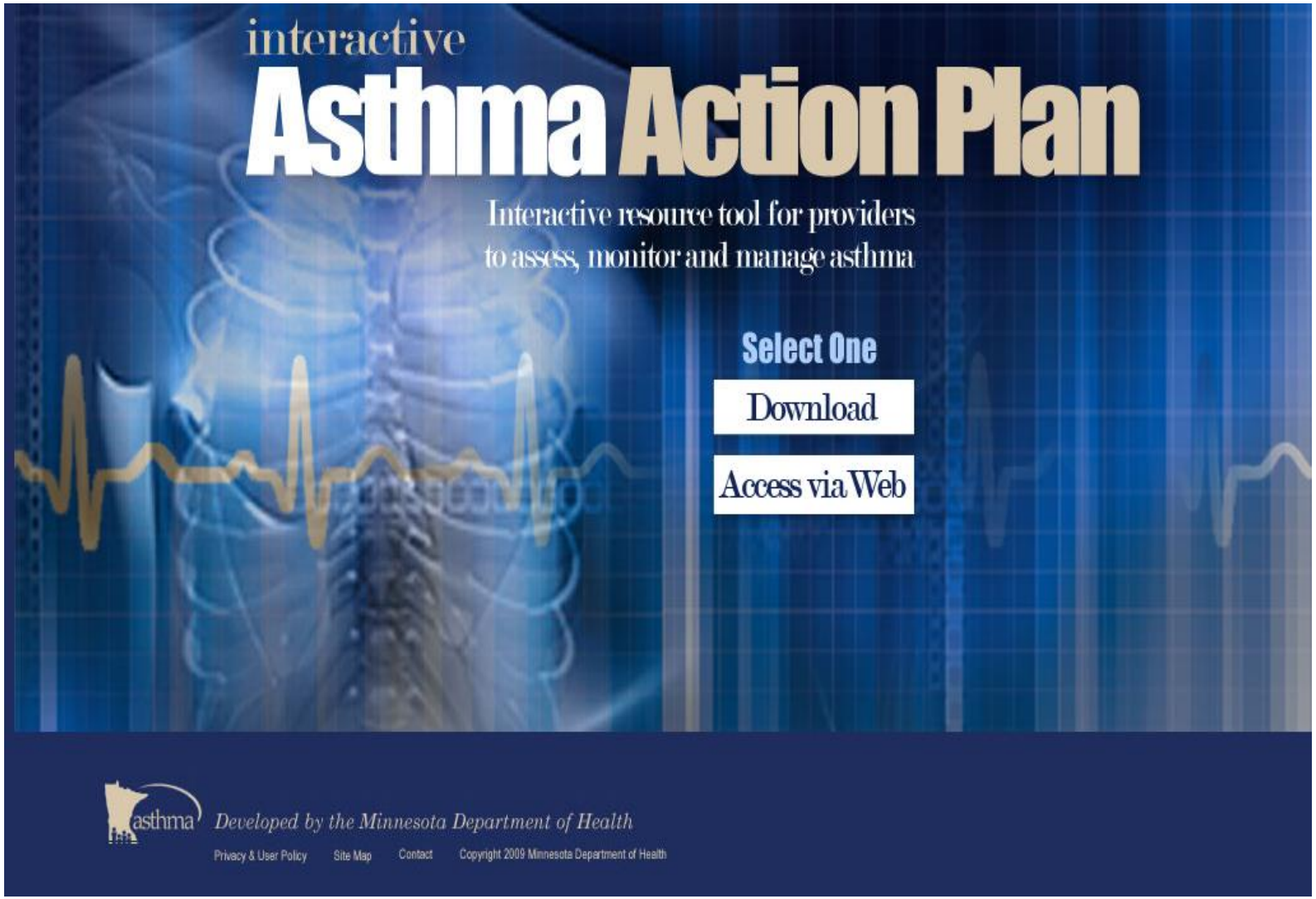

Source: http://www.asthma-iaap.com/

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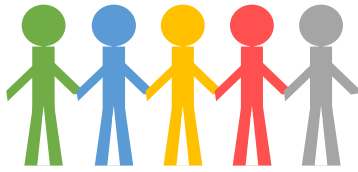
Asthma Support

Review medication device use with patients/families

Patient-Centered Primary Care COLLABORATIVE

Action Item for Learning Network Participants

Plan/Test the creation/update of an asthma action plan, by using shared decision-making tools/techniques, with the next school-aged patient with an asthma diagnosis and caregiver that you see in your practice.



Patient-Centered
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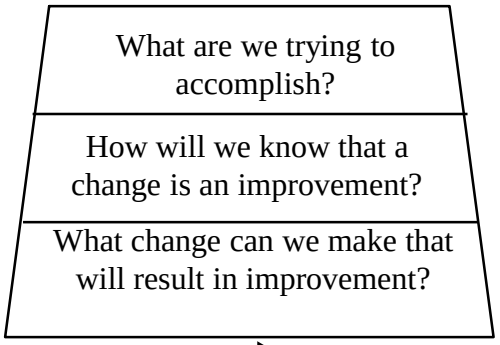
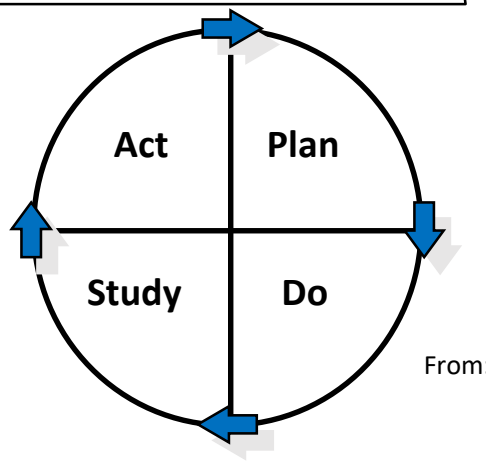
Using QI Methodology (Model for Improvement) to test changes



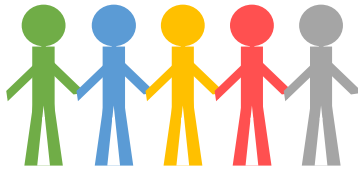


From: Associates in Process Improvement

Patient-Centered Primary Care COLLABORATIVE

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



Patient-Centered Primary Care COLLABORATIVE

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?

Patient-Centered Primary Care COLLABORATIVE

Reminders

- **Assignment:** Plan/Test the creation/update of an asthma action plan, by using shared decision-making tools/techniques, with the next school-aged patient with an asthma diagnosis and caregiver that you see in your practice.

- Engaging the Patient and Family at the Point of Care (*Part 3 – e-tools*) – **August 15, 2017 3:30 ET / 12:30 PT**

Contact information:
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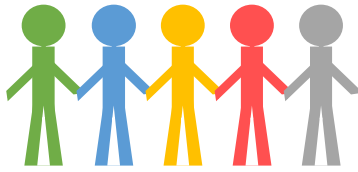

Patient-Centered Primary Care COLLABORATIVE

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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