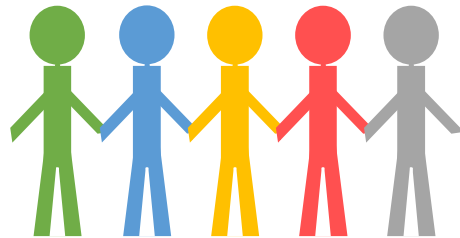


Pediatric Learning Network: Adopting PFE Strategies to Improve Pediatric Asthma Care

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

PCPCC Support and Alignment Network



Quality Improvement Leader:

Ruth S. Gubernick, PhD, MPH, PCMH CE

Practice Innovators:

Diane Weiss, MS (Weiss Pediatric Care)

Casey Jenkins and Dr. Ashraf Affan (Angel Kids Pediatrics)

Rolando Lozano (Springfield Pediatrics)

PCPCC SAN Facilitator

Liza Greenberg, RN, MPH



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 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)



Learning Network Plan

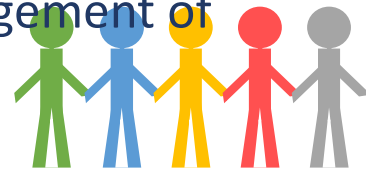
1. May: Patient and Family Voices
2. June: Engaging the Patient and Family at the Point of Care
(*Part 1 - shared decision-making, patient activation, health literacy, and collaborative medication management*)
3. Engaging the Patient and Family at the Point of Care (*Part 2 - shared decision-making*)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



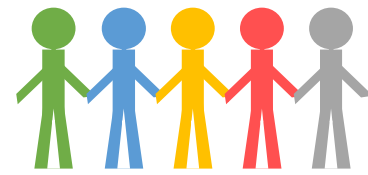
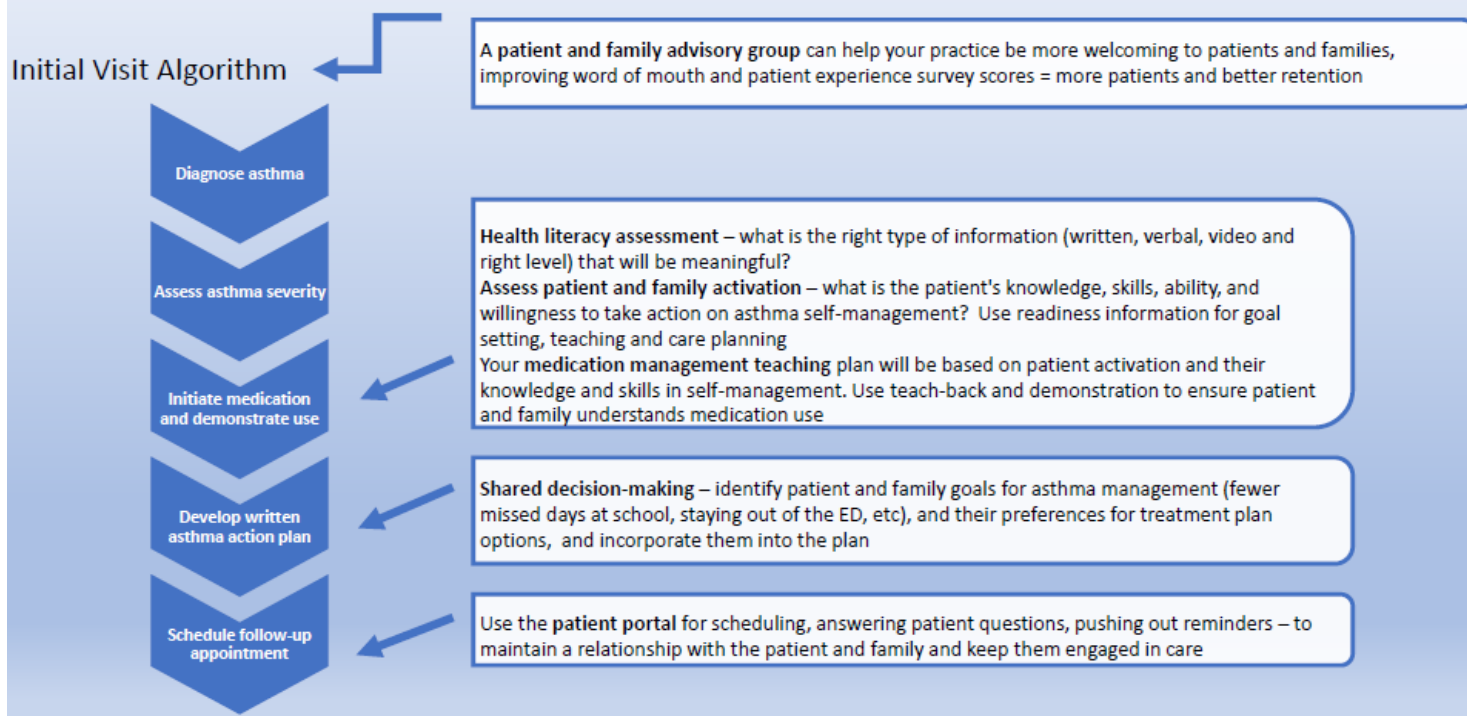
TCPI Person and Family Engagement Performance Metrics

- **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



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)



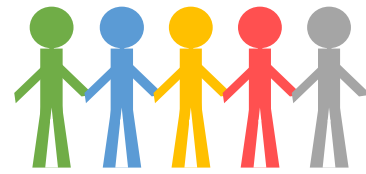
Pediatric Practice Innovator

Diane Weiss, MS

Parenting Specialist

Weiss Pediatric Care

Sarasota, FL

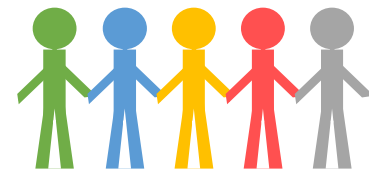


Our QI Performance Improvement Sprint Plan...to improve asthma care management and support

Aim: By the end of August, we will see at least 30% of our patients currently \geq 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:

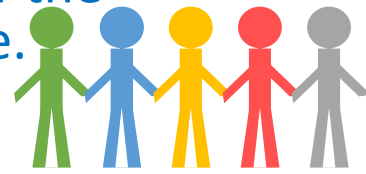
- 18 total patients were identified as meeting the criteria of moderate persistent asthma without an updated Care Plan in past 6 months
- 3 of 18 (17%) are being followed by pulmonology
- **9 of 18 (50%) patients have been seen and 3 month follow up is scheduled per protocol during sprint period**
-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



Casey Jenkins

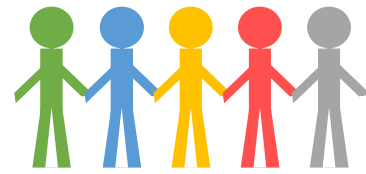
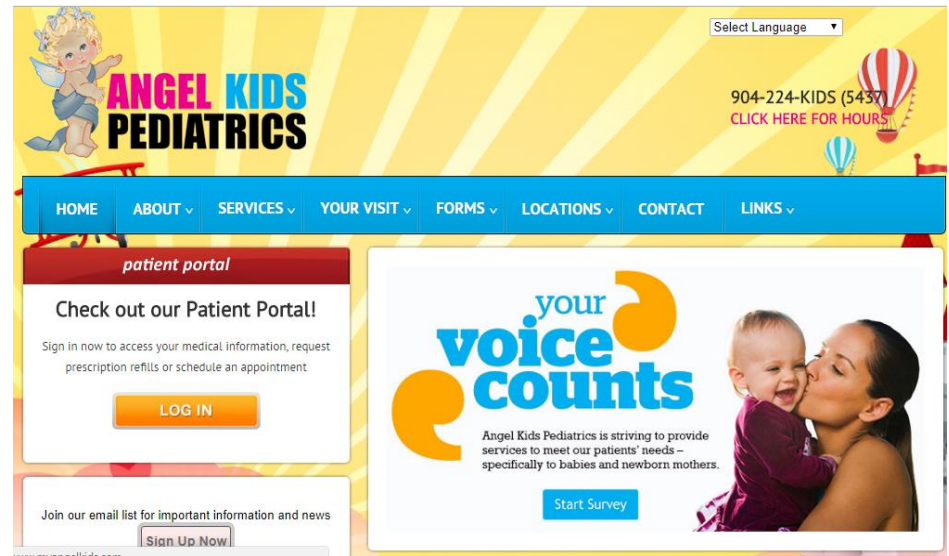
Quality Improvement Coordinator

Dr. Ashraf Affan

President

Angel Kids Pediatrics

Jacksonville, FL

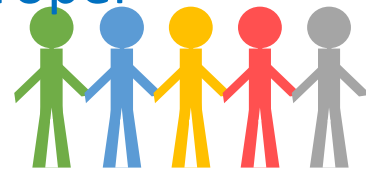


Our QI Performance Improvement Sprint Plan...to reduce avoidable ER utilization and hospital readmissions

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:

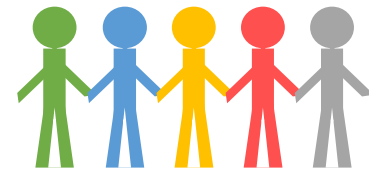
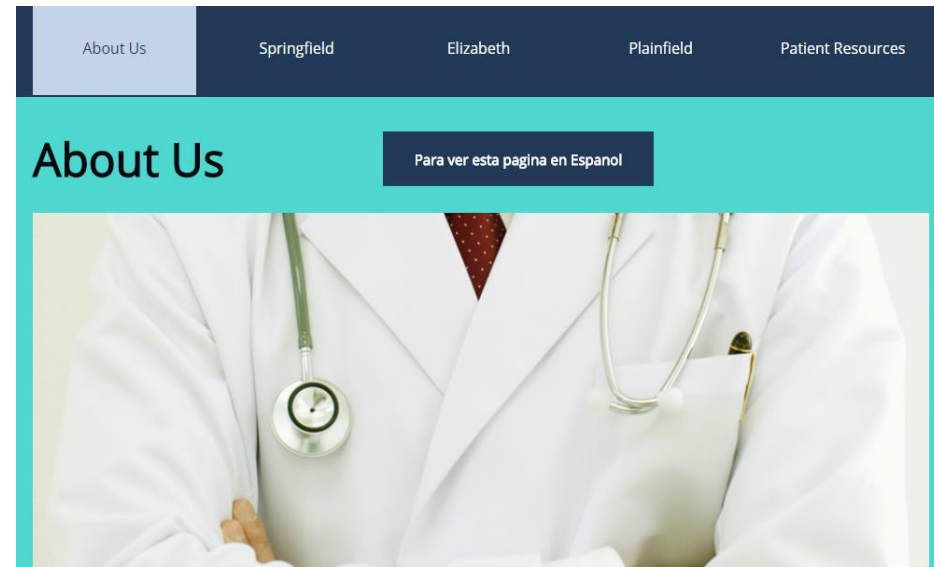
- Timeliness and accuracy of data provided
- Communication with ED and patients

Successes:

- **42 % reduction in Asthma-related ED visits**
- **66% cost reduction- \$25,710 saved**



Rolando Lozano
Practice Manager
Springfield Pediatrics
Springfield, NJ



Patient-Centered Primary Care

COLLABORATIVE

Secure | <https://75917.iqhealth.com/person/9V7fA3e56HY9Cv5/>

Dashboard | Test Test ▾ | English (United States) ▾ | Sign Out

IQHealth



Health Record




Messaging



Appointments



Practice
Information

 **Favorites ZZtest1**
Change person

 Allergies

amoxicillin, Seasonale

 Latest Results

BSA
0.47 m2
Jun 17, 2015

Weight Measured
25.5 lb
Jun 17, 2015

Height Measured
27 in
Jun 17, 2015

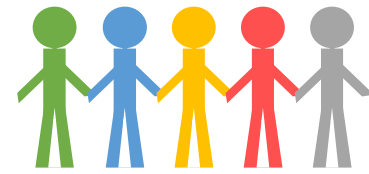
 Lab Tests Online

 Download Your Record



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.



IQHealth

Health Record

Messaging

Appointments

Practice
Information

Health Profile

Results

Documents

Medications

Procedures

Visit Summaries

Health Profile

Print

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

[Learn More](#)

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

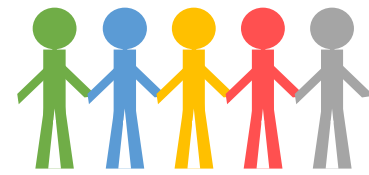
Renew

benzoyl peroxide 8% topical gel [Learn more about this](#)

Date Started On: May 18, 2015

Ordered By: Nunez MD, Helen

[Show more info](#)



IQHealth



View Upcoming Appointments

Request Appointment

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

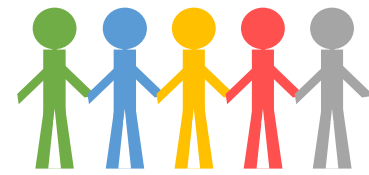
Start date



End date



Enter date in MM/DD/YYYY format.



- [illegible]



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

HealthIT.gov

in Partnership with the National Learning Consortium

Newsroom | FAQs | Multimedia | Implementation Resources

Providers & Professionals | Patients & Families | Policy Researchers & Implementers

Benefits of EHRs | How to Implement EHRs | Privacy & Security | EHR Incentives & Certification | Success Stories & Case Studies | Resource Center

HealthIT.gov > For Providers & Professionals > How to Implement EHRs > Step 1: Assess Your Practice Readiness

Print | Share

How to Implement EHRs

- 1 Assess Your Practice Readiness
- 2 Plan Your Approach
- 3 Select or Upgrade to a Certified EHR
- 4 Conduct Training & Implement an EHR System
- 5 Achieve Meaningful Use
- 6 Continue Quality Improvement

Step 1: Assess Your Practice Readiness

Step 2: Plan Your Approach

Step 3: Select or Upgrade to a Certified EHR

Step 1: Assess Your Practice Readiness

View tools for Step 1

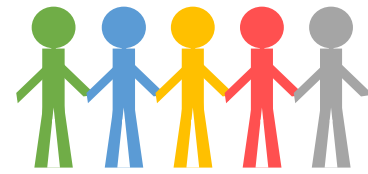
The assessment phase is foundational to all other EHR implementation steps, and involves determining if the practice is ready to make the change from paper records to [electronic health records](#) (EHRs), or to upgrade their current system to a new certified version.

Why Implement EHRs?

"It is key for any group that runs a professional practice and uses an EHR system to have a staff person onsite or someone accessible to the community that is an expert on the system to avoid calling the EHR vendor all the time."

-Dr. David Gorelick, Internist, Aquidneck Medical Associates,

<https://www.healthit.gov/providers-professionals/ehr-implementation-steps>





The screenshot shows the HealthIT.gov website. At the top, there's a blue header with the HealthIT.gov logo and a search bar. Below the header, there's a navigation bar with tabs for 'Providers & Professionals', 'Patients & Families', and 'Policy Researchers & Implementers'. Under 'Providers & Professionals', there are several sub-tabs: 'Benefits of EHRs', 'How to Implement EHRs', 'Privacy & Security', 'EHR Incentives & Certification', 'Success Stories & Case Studies', and 'Resource Center'. The 'How to Implement EHRs' tab is selected. Below the navigation bar, there's a yellow banner with the title 'How to Implement EHRs'. To the right of the title, there are links for 'Print' and 'Share'.

Step 1: Assess Your
Practice Readiness

Step 2: Plan Your
Approach

Step 3: Select or
Upgrade to a
Certified EHR

Step 4: Conduct
Training & Implement
an EHR System

Step 5: Achieve
Meaningful Use

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



Parent-Reported Outcomes of a Shared Decision-Making Portal in Asthma: A Practice-Based RCT.

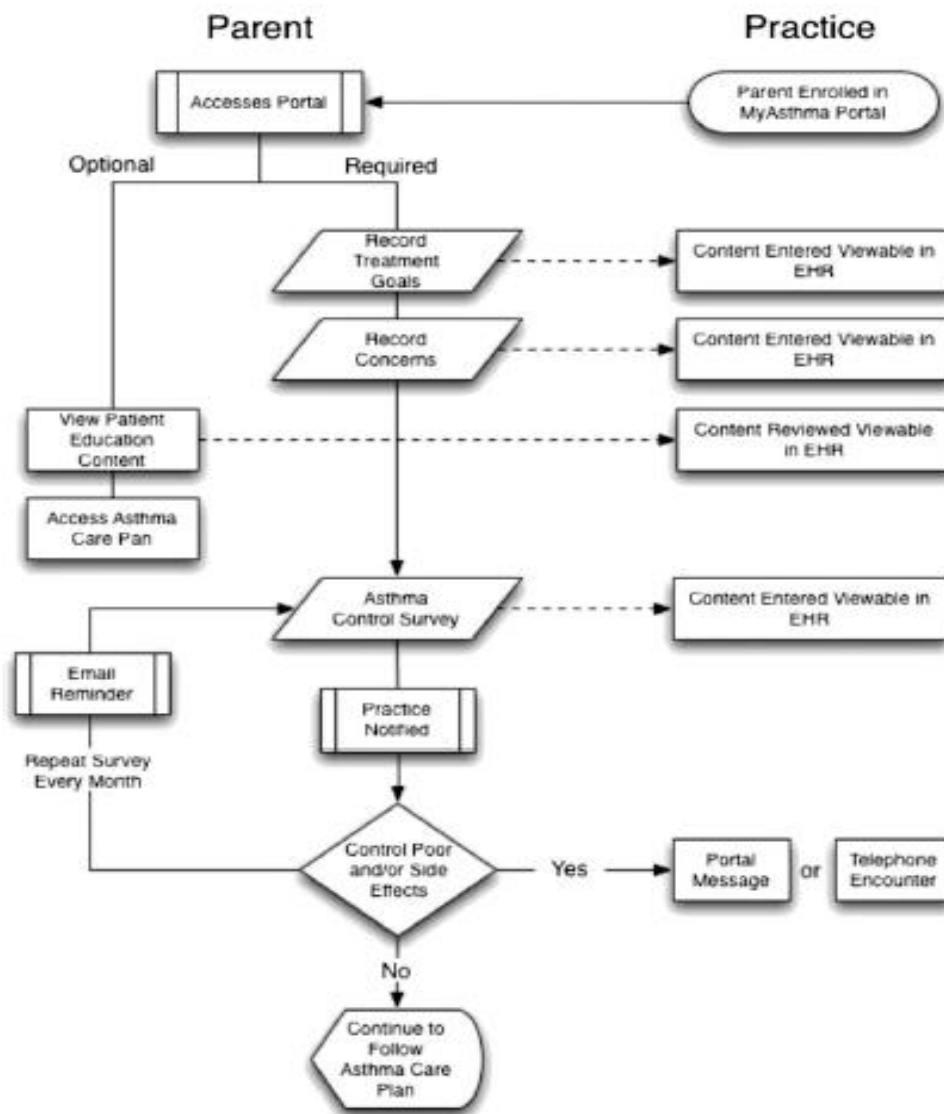
To evaluate feasibility, acceptability and impact of MyAsthma, an EHR-linked patient portal

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

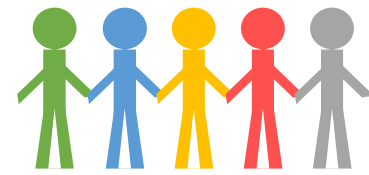
Reported results

- 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.





Source: Fiks, AG, et al. Parent-reported outcomes of a shared decision-making portal in asthma: A practice based RCT. Supplemental Information. Appendix 2: The MyAsthma Portal Features *Pediatrics* 2015 Mar 9; [e-pub]. (<http://dx.doi.org/10.1542/peds.2014-3167>)



MyAsthma Portal (Homepage)



MyAsthma Home	Asthma Education	Care Plan	Care Team
---------------	------------------	-----------	-----------

Check-in Survey You are up-to-date! Next check-in: Oct 1, 2014 Last check-in: Sep 11, 2014	Goals Edit Parent's Goal: not miss work due to child's asthma Child's Goal: NOT miss school	Concerns Edit Steroids impacting growth Cost of medication Impact on life Time to manage medications Other: taste of prednisone
--	--	--

Check-in Survey Timeline

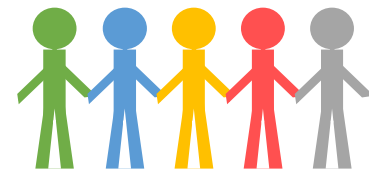
No concern
 Of concern
 Major concern

Asthma Control Assessment	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Asthma control	Well	Well	Well	Uncontrolled	Uncontrolled	Poor	Well	Well	Well	Well	Well	Well
Meeting goals	Very much	Very much	Moderately	Slightly	Slightly	Moderately	Very much	Very much	Very much	Very much	Very much	Very much
Managing concerns	Very much	Very much	Moderately	Moderately	Definitely	Definitely	Very much	Very much	Definitely	Very much	Very much	Very much
Side effects	No	No	No	No	Yes	No	No	No	No	No	No	No
Missed school/day care	1	0	2	0	2	0	0	0	0	0	0	0
ER or urgent care visit	0	0	0	0	0	0	0	0	0	0	0	0
Hospital admission	0	0	0	0	0	0	0	0	0	0	0	0
Steroid by mouth	0	0	0	0	1	0	0	0	0	0	0	0
Home/school disruption	None of the time	None of the time	A little of the time	Some of the time	Some of the time	None of the time	A little of the time	A little of the time	A little of the time	None of the time	None of the time	None of the time
Shortness of breath	Not at all	Not at all	Once or twice a week	Once a day	2 or 3 nights a week	Once or twice a week	Not at all	Not at all	Not at all	Not at all	Not at all	Not at all
Symptoms at night	Not at all	Not at all	Once or twice a week	2 or 3 nights a week	2 or 3 nights a week	Once a week	Once or twice a week	Once or twice a week	Once or twice a week	Once or twice a week	Not at all	Once or twice a week
Rescue inhaler/nebulizer	Not at all	Once a week or less	Once a week or less	1 or 2 times per day	1 or 2 times per day	Once a week or less	Once a week or less	Once a week or less	Once a week or less	Once a week or less	Not at all	Not at all
Parent rating of control	Completely controlled	Well controlled	Well controlled	Poorly controlled	Somewhat controlled	Somewhat controlled	Completely controlled	Completely controlled	Completely controlled	Completely controlled	Completely controlled	Completely controlled
Taking medications	More than half	More than half	More than half	All	All	All	More than half	More than half	More than half	All	More than half	All

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Source: Fiks, AG, et al. Parent-reported outcomes of a shared decision-making portal in asthma: A practice based RCT. Supplemental Information. Appendix 2: The MyAsthma Portal Features. *Pediatrics* 2015 Mar 9; [e-pub].

(<http://dx.doi.org/10.1542/peds.2014-3167>)



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

Back to the Home Page

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E-Tools: Open Notes



[Home](#) [About](#) [For Patients](#) [For Professionals](#) [Our Stories](#) [Join The Movement](#) 



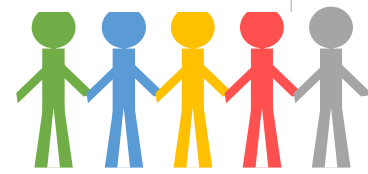
Everyone on the Same Page

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/>





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.

DOWNLOAD
THIS TOOLKIT

Pediatrics & Adolescents Toolkit



Pediatrics &

<https://www.opennotes.org/>

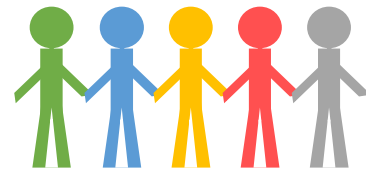


How Could We Implement a Patient Registry?

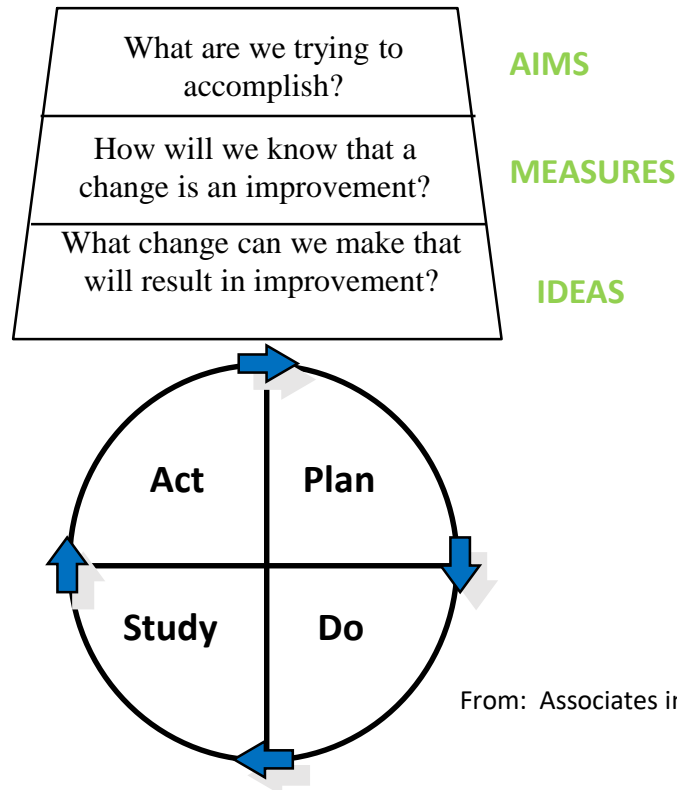
- Identify a care coordinator as your Registry “Champion”
- Meet as a practice team
 - Flow charting/process mapping of current care coordination functions
 - Define your registry population (asthma diagnosis)
 - MD recall
 - Diagnosis codes
 - Identify initial data fields
 - Identify available technology (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



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**

Contact information:

Ruth Gubernick

856-477-2177

gubernrs@hln.com



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

- Liza Greenberg, Program Director
liza@pcpcc.net

