



## Enhancing Care Partnership Support

### Part of the 3-part “How-To” Webinar Series, Fostering Partnerships and Teamwork in the Pediatric Medical Home

March 27, 2014

#### Questions and Answers

**Faculty:**

RJ Gillespie, MD, MHPE

Cortnee Whitlock, Parent Partner

Jill Rinehart, MD, FAAP

Kristy Trask, BSN, RN

**Moderator:**

William Schwab, MD

This document includes questions presented by participants that were not answered during the live webinar due to time constraints:

Questions	Answers
Is there more information on the parent surveys (CAHPS CG PCMH) so that we might use these surveys as well?	Find more information on the parent survey here: <a href="https://cahps.ahrq.gov/surveys-guidance/cg/pcmh/index.html">https://cahps.ahrq.gov/surveys-guidance/cg/pcmh/index.html</a> .

<p>Do specialists ever join the huddles or care plan meetings, either virtually or in person?</p>	<p><b>Dr Rinehart:</b>  Yes--often we will have them call in and occasionally they make a physical appearance (psychiatrists and physiatrists mostly). This is great when we are helping a family make a medical decision (surgery) or for a universal understanding of a finding (tumor size, impacts of vision disabilities, etc.)</p>
<p>Are care plans part of an electronic medical record? If so, what EMR vendor do you use?</p>	<p><b>Dr Rinehart:</b>  Yes-- we use Physician's Computer Company (<a href="http://www.pcc.com">www.pcc.com</a>) which has a pediatric oriented EHR and a care plan feature with "goals," "Next steps" where we record accountability.</p>
<p>Please elaborate on Cortnee Whitlock's position as a parent partner. What are her exact roles and responsibilities? How many providers does she provide assistance for? How many families does she serve?</p>	<p><b>Dr Gillespie:</b>  Cortnee's role is to advise us on quality improvement projects, and as such she brings a parent perspective to the work that we are doing to improve our practice. She participates in our quality improvement committee, which meets monthly, and gives input on how our QI efforts would impact parents and families in the practice. She has also been an active participant in our medical home learning collaborative team (the team consists of two providers, a nurse, an administrative staff member, an IT support staff member, and Cortnee) – this learning collaborative was a larger project involving eight practices working on medical home implementation over a 2 ½ year time frame. For our practice, this amounts to 2-4 hours a month working on these teams. In this role, she doesn't directly interact with families, although we have considered some models like this...just haven't implemented them yet.</p>
<p>Are there any HIPPA issues involved with having a parent partner?</p>	<p><b>Dr Gillespie:</b>  Not in our model. Within our medical home learning collaborative and our quality improvement committee we do not review any patient level information or any protected health information. Any quality data that we review is practice-level, de-identified data (both quality data that we have collected and that is collected on our behalf, such as health plan data or data collected by our Aligning Forces for Quality project in Oregon – essentially an all-payer all-claims database project).</p>
<p>What does "plan for your child's well visit" look like?</p>	<p><b>Dr Gillespie:</b>  That is an online module that was developed by the Child and Adolescent Health Measurement Initiative (CAHMI), where parents go online prior to a well visit (only early childhood right now – up to age 5) and complete a list of questions that would help us identify where parents have concerns / questions, and allows them to look at the usual anticipatory guidance subjects that would come up in that particular visit and choose which ones that they want to self-educate on</p>

	(there are links in the online program), which ones they do not want information about, and which ones they want to ask the provider more questions about. This information is fed into our EHR so that the provider has an idea before the visit of what the parents' priorities are.
Is Cortnee Whitlock a registered nurse?	<b>Cortnee Whitlock:</b> I am not a registered nurse. My background is in nutrition and health science as well as psychology. I'm still attending school and expected to graduate in less than eighteen months.
Cortnee, do you serve a care coordinator role with families in the practice?	<b>Cortnee Whitlock:</b> I do not. My engagement with families come mainly from social interactions then take their stories, suggestions, and concerns and discuss them in meetings or find ways to advocate for their needs the best I can. Additionally, I plan on being part of the parent group that the Children's clinic is preparing to start in early summer.