

Medical Home and Transition Work Groups Collaborate on the Development of a Care Planning Tool

Chris Stille, MD, MPH¹, Carl Cooley, MD², Susan Waisbren, PhD³, Karen Smith⁴, Monica McClain, PhD⁴

At its inaugural meeting, the Medical Home work group of the New England Genetics Collaborative (NEGC) decided to develop and pilot a dynamic care plan instrument to be used as a communication tool among specialists, families, and the primary care medical home. In June 2009, Dr. Chris Stille, a medical home content expert, and the work group finalized plans to pilot a care plan communication tool that Dr. Stille had developed. Dr. Stille submitted a successful proposal to the NEGC Innovative Project program, providing additional funding for this project from June 2009 through May 2010.

The project consisted of a) further developing and refining the communication tool to be used with parents/primary doctors/specialists, and b) testing it for feasibility in diverse pediatric practices, both as formal research and as a quality improvement activity. The goal was to create a practical care plan, a protocol for training physicians on its use, and a protocol for a brief coaching session for parents.

The care plan itself is a one page form in an e-fillable PDF format (brevity is essential in busy offices). Based on the thinking that parents *must* be part of the decision-making process and communication, the form requires the parent and doctor to note what has been done and what plans and decisions should be related to other providers. In this way, explicit co-management is communicated.

Focus groups with physicians and parents provided feedback, the major conclusions of which included:

- *Parents and physicians (especially parents) felt strongly that the care plan would improve care and communication, and would help parents greatly in the shared decision-making process.*
- *Physicians were concerned about the time required to fill-in the tool. Ideally, the tool would be made into an electronic template that could be integrated into electronic medical records.*
- *Parents made the form and coaching session more “family-friendly”.*

The evaluation phase of the pilot began in Spring 2010. Unfortunately, the tool has not yet seen enough use to adequately describe its value. This was due in part to low numbers of new eligible referrals and to doctors forgetting to use the tool. Further efforts are underway using a quality improvement methodology to overcome systems obstacles to its implementation.

The first two steps in this process may be integrating the care plan into an electronic medical record, to avoid duplication of work for the physicians, and ensuring that practices have a care coordinator or other “coach” available for brief education about how to use the plan.

¹ University of Massachusetts Medical School, Worcester, MA

² Center for Medical Home Improvement, Concord, NH

³ Children’s Hospital Boston, Boston MA

⁴ New England Genetics Collaborative, University of New Hampshire, Durham, NH