CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

pcmh kids patient-centered medical home

ADVANCING INTEGRATED HEALTHCARE

Healthy Tomorrows Quarterly Meeting

February 27, 2023

Care Transformation Collaborative of RI

Agenda

CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

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ADVANCING INTEGRATED HEALTHCARE

Topic	Presenter	Time
Welcome and Review of Agenda	Sue Dettling, BS, PCMH CCE, Program Manager & Practice Facilitator, CTC-RI	12:00pm - 12:05pm
Team Updates	CNE Family Care Center and Children's Friend Thundermist - West Warwick and CCAP Westerly Medical and Westerly Parents as Teachers	12:05pm - 12:35pm
RI FV Data and Post program Survey Results	Sara Remington, RIDOH Carolyn Karner, Project Management & Evaluation, CTC-RI	12:35pm - 12:50pm
Parent Lead - Learning Collaborative Reflections	Tiffaine Cataldo, Parent Lead	12:50pm – 12:55pm
Meeting Close and Next Steps	Sue Dettling, BS, PCMH CCE, Program Manager & Practice Facilitator, CTC-RI	12:55pm - 1:00pm

Cohort 3

Practice	Family Visiting Agency
CNE Family Care Center	Children's Friend
Thundermist - West Warwick	CCAP Healthy Families America
Westerly Medical Center	Westerly Parents as Teachers

Cohort 4

Practice	Family Visiting Agency
Aquidneck Pediatrics	EBCAP – Healthy Families America
Blackstone Valley Community Health Center	Children's Friend
CCAP Health Center	CCAP – Healthy Families America

CNE Family Care Center and Children's Friend

Successes

- Coordination of services for family; Work with families across many levels
- Terrific communication between FCC and CF FV; able to square away a family with children in 2 different agencies – share concerns from doctor with agency (with appropriate release); CF has helped with appropriate connections for those families with releases;
- Ran KIDSENT FV report – clinic was not aware of patients in FV before this report
- Education for residents on FV; including behavioral health
- CF taking resident out on home visits; builds resident knowledge; tremendous support for family
- Regular case conferences will continue
- Coordination/Communication helps avoid duplication of services (i.e.. Housing application – done once) =efficiency.
- Proof in improvement of the patients; transportation to appointments for example
- Overall project has been easy to manage; the connection with FV is very straightforward.

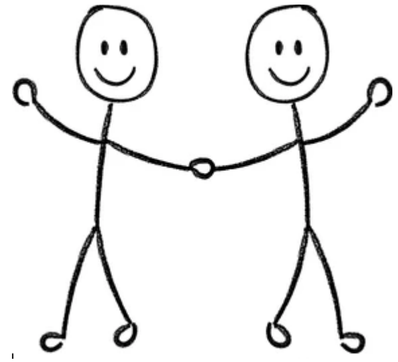
Challenges/Opportunities

- Challenging when the family chooses to not engage; not ready
- What works is the clinic is invested in the process/ relationship with FV;
- Opportunity – would be great to have other home visiting at case conference meetings (identify other FV on the KIDSNET FV report - most recently seen FV email is on KIDSNET report)

Determine ways to scale this up/spread:

- Will have ad hoc conferences; determine frequency of FV case conferences;
- Idea – continue to track participation and results; yr 1 to yr 2 data; (Jalyn as Patient Care navigator tracks her work with patients);
- Continue to measure growth in number of families connected
- Consider sharing email list of FV managers/ and contacts at medical practices;

Patient/Family Story



- In Arizona, baby born at 29 weeks after just crossing border/ 15 yr. old mother (in transit to RI/family)
- Enrolled in CNE DULCE
- Connected with bilingual FV; coordination with Integra for insurance and follow up appointments (Cardio, neonatal clinic, ophthalmology, transportation)
- Resources explained: WIC, FV went to store to help mom shop with WIC benefit; attended cardiology appointment
- Mom in immigration court – receiving MLPB assistance in getting attorney and hearing details; FV assistance with Dorcas / advice on staying in country / coordination
- Wait list for early intervention; FV helping in interim
- ED avoidance (help with language – appropriate use of clinic/ED)
- Help mom get back to school (Noel academy)

Thundermist - West Warwick and CCAP

Successes and Challenges

Successes:

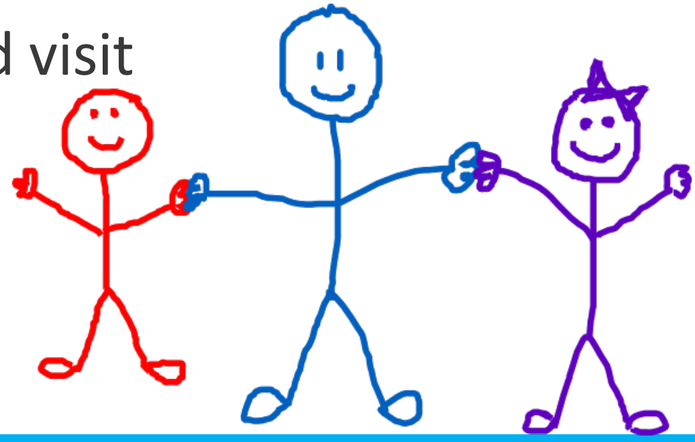
- Case conferences very helpful; better understanding of each family;
- Home visitors have the time to sit with families/see environment and behavior; offer recommendations to family to video behavior (ie. Seizure); take video/picture to pediatrician
- CCAP HFA/TMHC – have developed much better working relationship with this project

Challenges/opportunities:

- THMC WW has limited capacity with CCAP HFA for regular case conferences due to critical personnel shortage
- Continue with secure emails regarding families/follow up
- Consider benefits and understanding of program (i.e.. once referral to FV is made, follow up will be easier – as FV is addressing issues; FV supports patient in getting better care; FV serves as “patient navigator”, helpful to providers, etc.)
- FV often offer information/resources where a provider may not have time to offer (ie. Detailed nutrition, breast feeding vs. formula, etc.)

Patient/Family Story

- Mother with mental health diagnosis (post partum depression); nervous with baby about many things. Some concerns included transferring from formula to purees to solids; regularly seeing Dr. Clarke;
- FV promoting sippy cup and mother's confidence grown with feeding and overall care of child due to visits by FV
- Trusting care plan/ waiting to see on thyroid issue (labs)
- FV giving positive reinforcement to mother at accompanied visit
- "Accentuating the Positive" = ATP



Westerly Medical and Westerly Parents as Teachers

Successes and Challenges

We have built a great relationship with Dr Stuart.

- Dr Stuart has welcomed PAT team to join in on appointments with families.
- Maria has joined appointments with a new family; it has helped the family tremendously.
- Our other parent educators have upcoming appointments set up as well.
- We are looking forward to continue our care coordination.

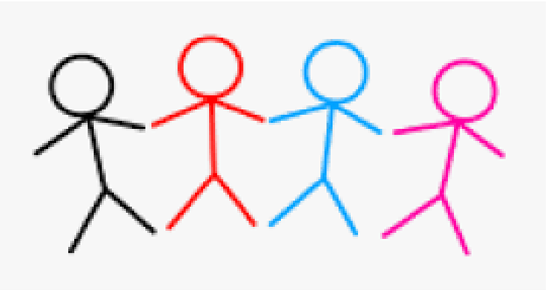
Our challenges have been Dr Stuart is only accepting newborns patients with families that are already in the practice and Dr Stuart only accepts United Healthcare state insurance.

Patient/Family Story

Dr Stuart reached out to Leanne last week regarding a possible referral.

- Dr Stuart has a mom of a 2-year-old with a speech delay and this mom has been taking her childe to a private speech provider and has racked up a huge bill.
- Mom was inquiring about other services.
- Leanne also reached out to speech therapist from EI to see what the current waitlist looks like. Leanne shared the information with Dr Stuart and also offered for Dr Stuart to share Leanne's contact information with the mom to answer any questions regarding HV programs.

Unfortunately, learned that the family lives in CT, so not eligible for services



RI Data

Data elements are for reporting period of **October 1, 2022 – September 30, 2023**

- CCAP HFA
- 89% of kiddos are receiving breastmilk at six months of age
- 79% of infants are following safe sleep guidelines
- 100% of enrolled female caregivers attended their postpartum care appointment within 56 days of delivery

- Children's Friend HFA
- 100% of primary participants have been screened for postpartum depression
- 94% of kiddos have had their most recent well child visit
- 87.5% of enrolled female caregivers attended their postpartum care appointment within 56 days of delivery

- Westerly PAT
- 100% of caregivers are singing songs, telling stories and/or reading to their kiddos everyday during a typical week
- 86% of infants are following safe sleep guidelines
- 100% of caregivers have been screened for substance use disorder at time of enrollment

- EBCAP HFA
- 100% of primary participants have been screened for postpartum depression
- 92% of kiddos have had their most recent well child visit
- 99% of caregivers were asked if they had any concerns about their child's behavior at every visit

RI Statewide Results:

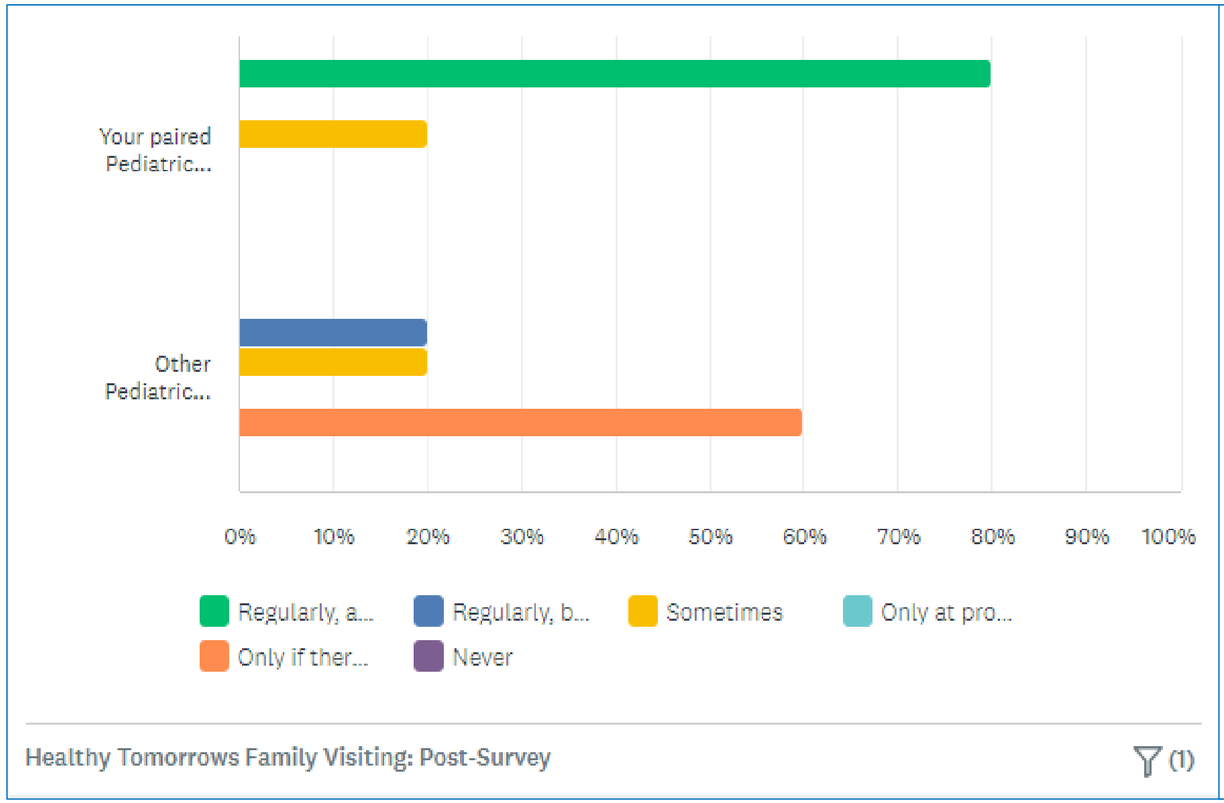
- Breastfeeding - 67%
- Depression screening - 90%
- Well child visits - 85% 😊
- Postpartum care - 76%
- Safe sleep - 61%
- Substance use screening - 95%
- Concerns about child's behavior -96%

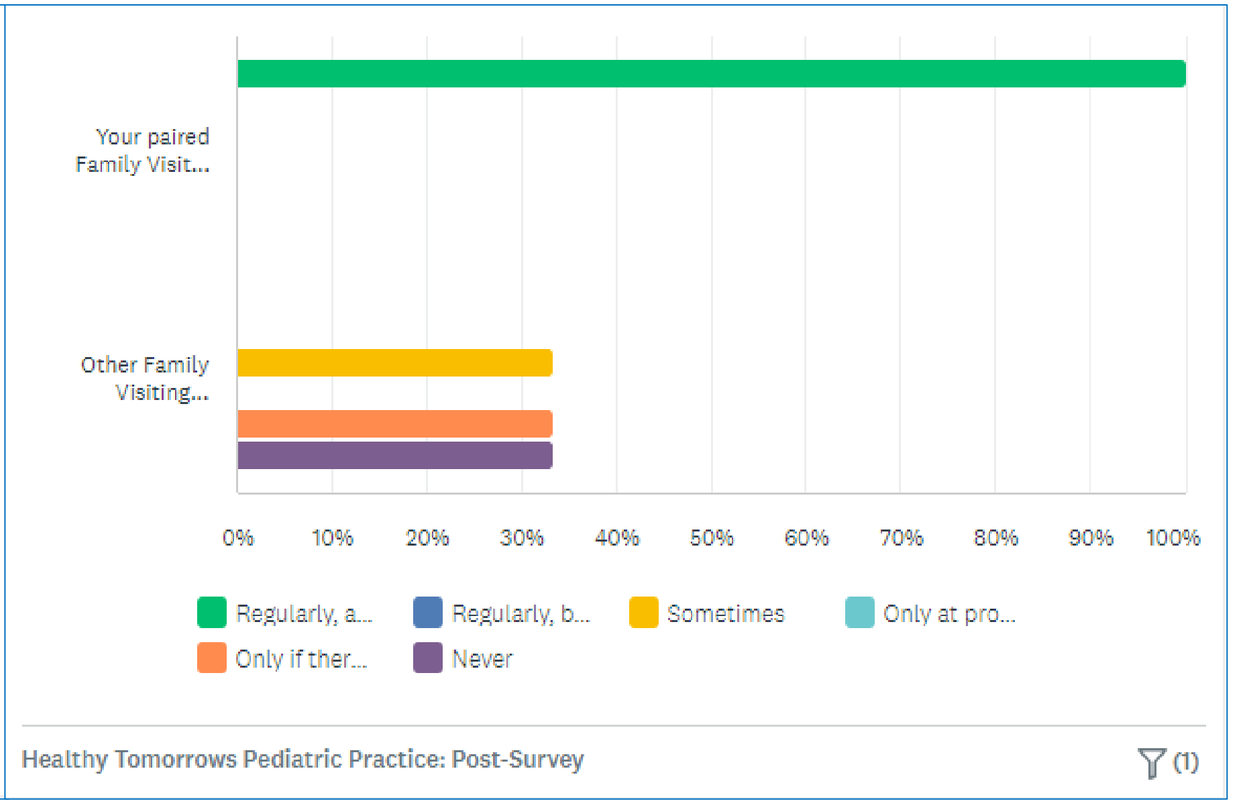
Post Program Survey Results

Five (5) survey respondents from three (3) **FV agencies**

Four (4) survey respondents from three (3) **practices**

How often do you communicate with?

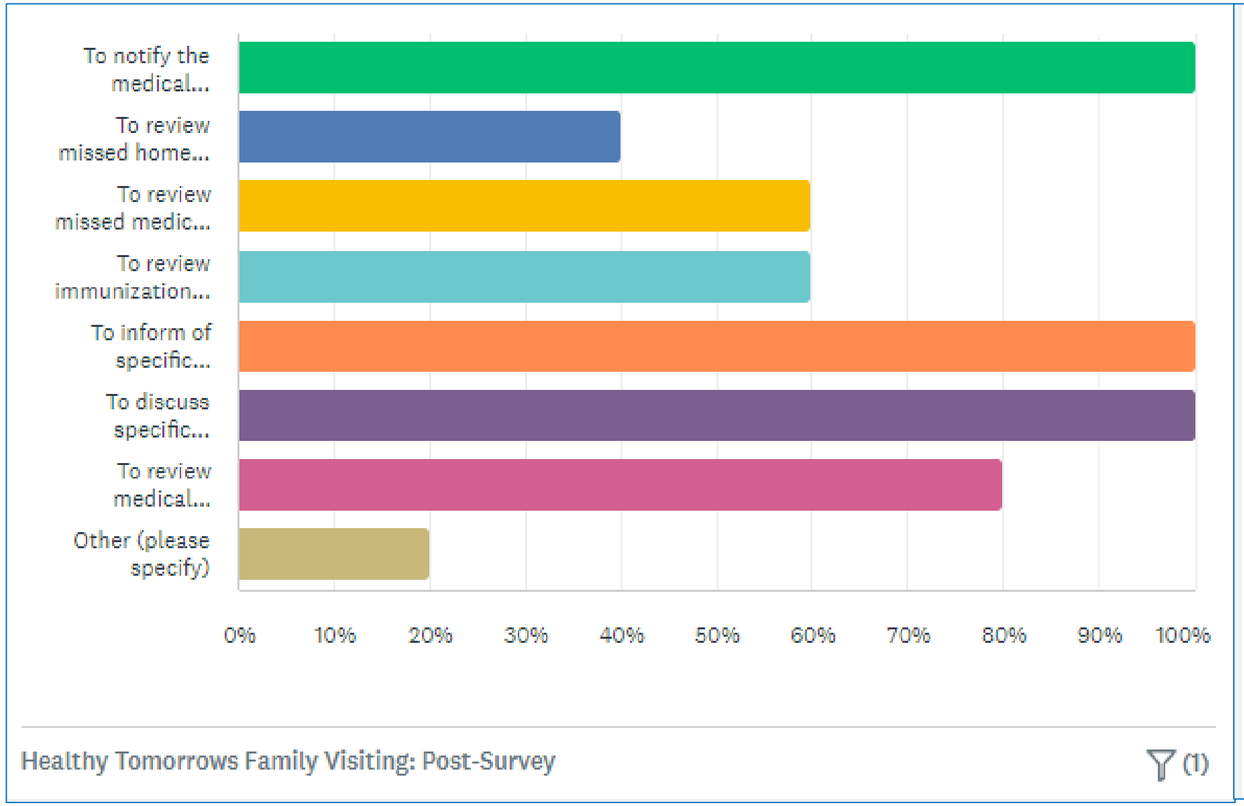




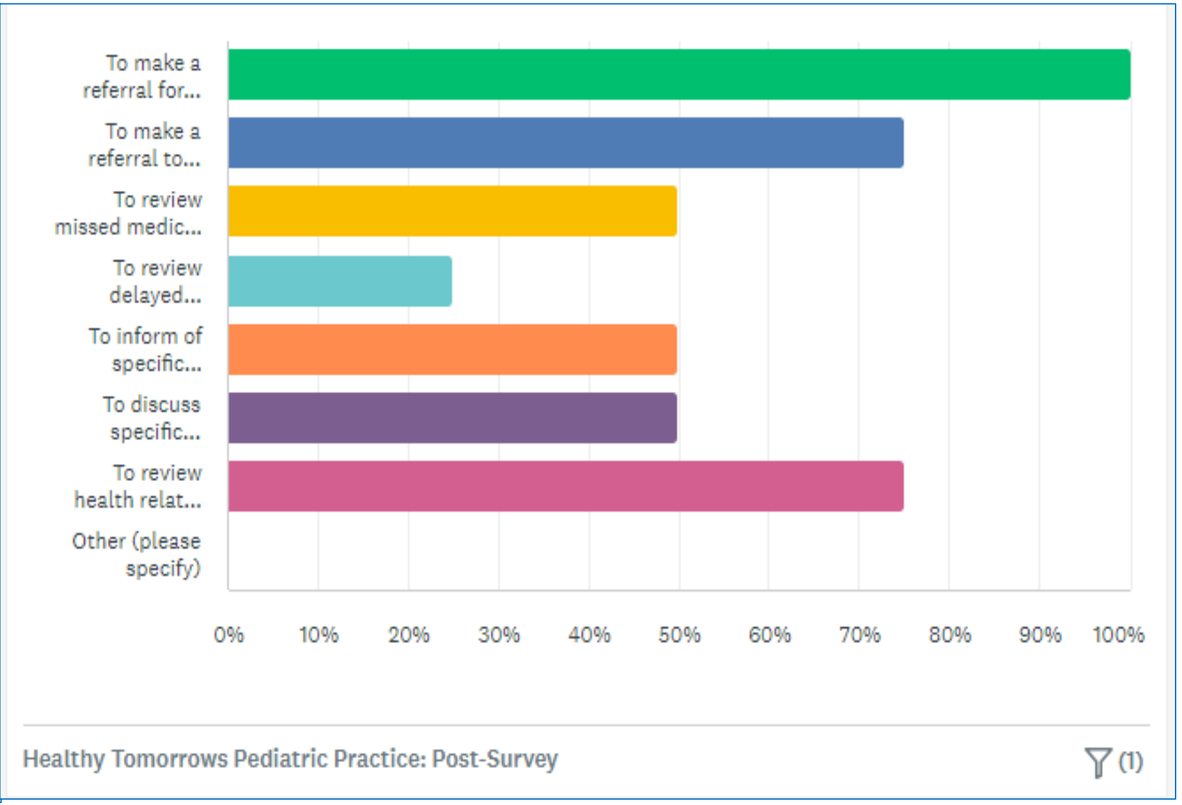
Post Program Survey Results

Please identify the typical reasons your practice contacts your paired Family Visiting program / practice:

Family Visiting



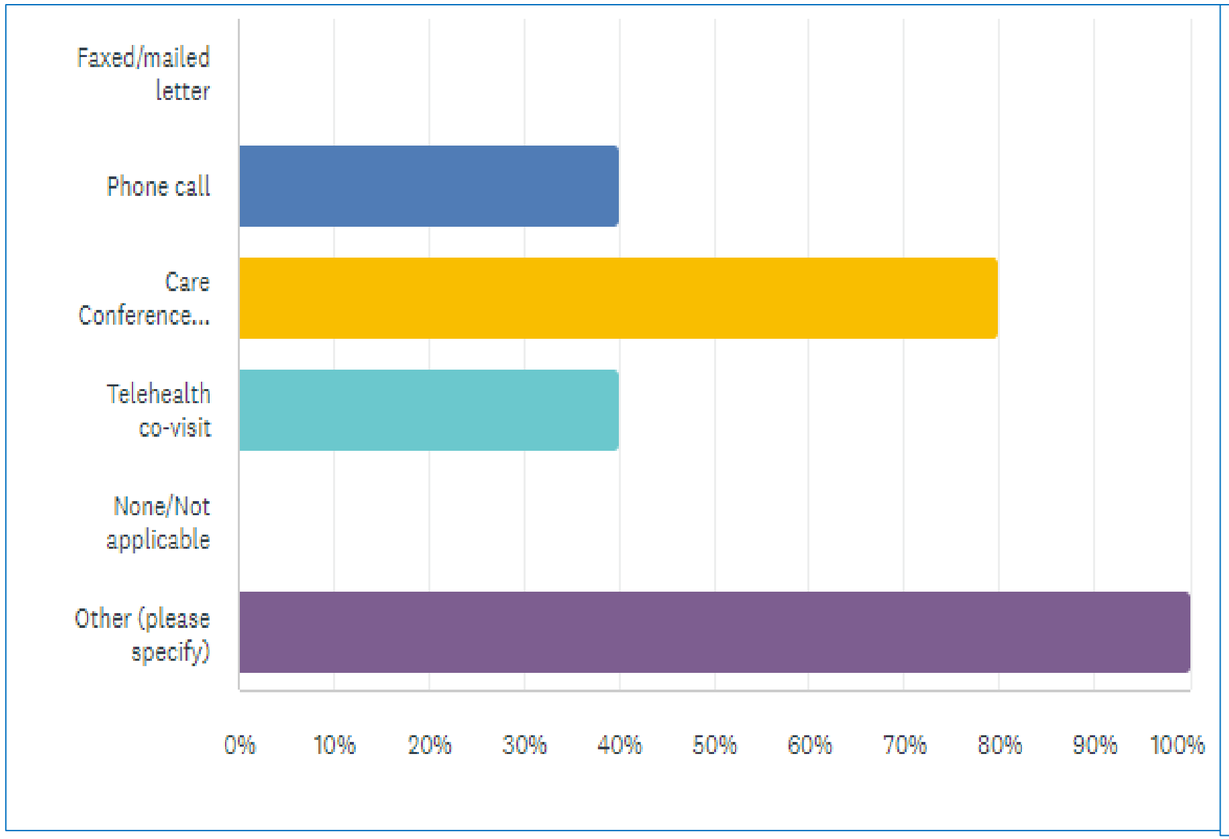
Pediatric Practice



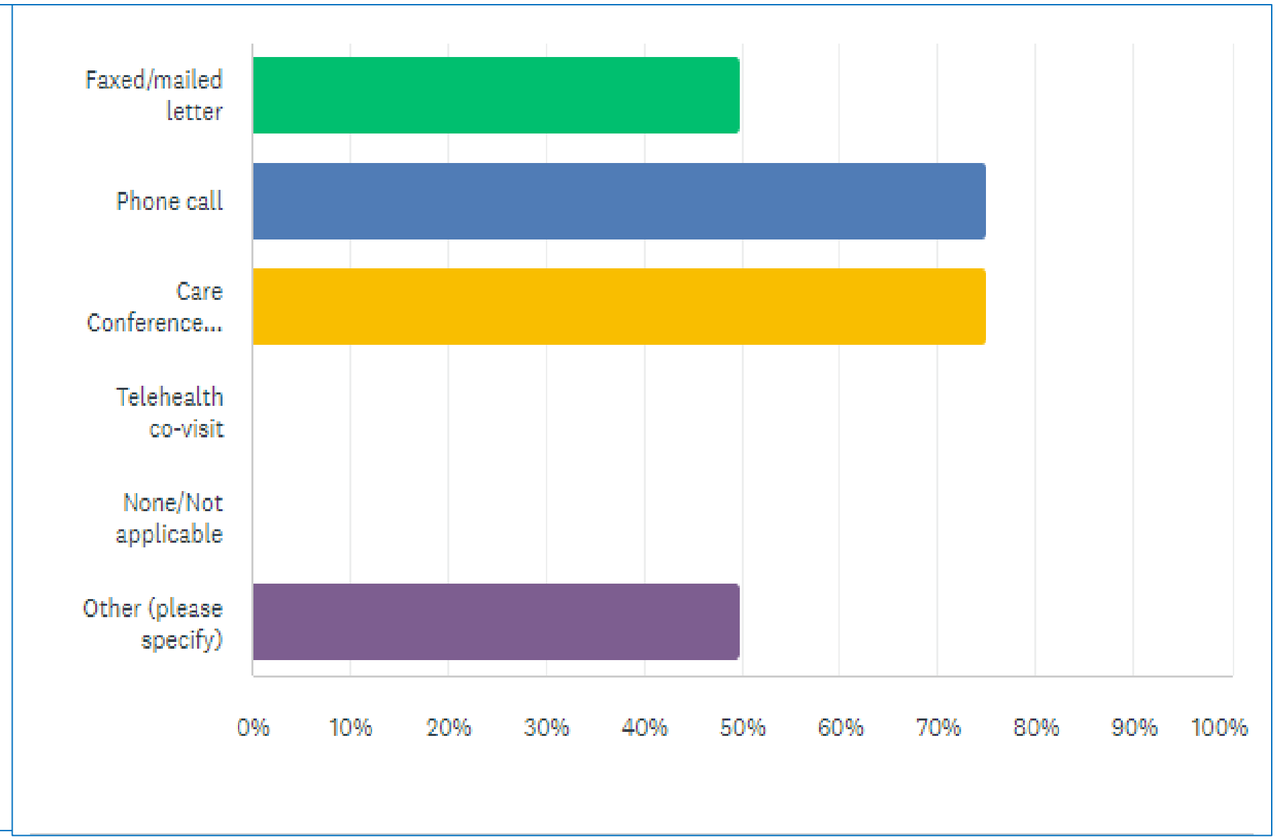
Post Program Survey Results

What methods of communication do you typically use to contact your paired partner?

Family Visiting



Pediatric Practice



FV Post Program Survey Results

To what degree has working with a paired Primary Care Team resulted in:

	BIG IMPROVEMENT	MODERATE IMPROVEMENT	SMALL IMPROVEMENT	NO IMPROVEMENT	TOTAL
Increased knowledge about working with Pediatric practices	80.00% 4	20.00% 1	0.00% 0	0.00% 0	5
Increase in practice's knowledge about Family Visiting programs	100.00% 5	0.00% 0	0.00% 0	0.00% 0	5
Increase in collaboration with practice about shared families	80.00% 4	20.00% 1	0.00% 0	0.00% 0	5
Improvement of health for children based on increased collaboration	100.00% 5	0.00% 0	0.00% 0	0.00% 0	5
Improvement of health of mom/caregiver based on increased collaboration	80.00% 4	20.00% 1	0.00% 0	0.00% 0	5
Increased referrals to Family Visiting program	60.00% 3	20.00% 1	20.00% 1	0.00% 0	5
Improvement in my ability to interact with children's' medical practice and the health care system	60.00% 3	40.00% 2	0.00% 0	0.00% 0	5
Improvement in my ability to contact practice between scheduled case conferences	100.00% 5	0.00% 0	0.00% 0	0.00% 0	5

Practice Post Program Survey Results

To what degree has working with a paired Family Visiting Team resulted in:

	BIG IMPROVEMENT	MODERATE IMPROVEMENT	SMALL IMPROVEMENT	NO IMPROVEMENT	TOTAL
Increased knowledge about working with Family Visiting programs	100.00% 4	0.00% 0	0.00% 0	0.00% 0	4
Increased knowledge of which families the Family Visiting program is working with	100.00% 4	0.00% 0	0.00% 0	0.00% 0	4
Increase in the frequency our staff asks caregivers if the family has Family Visiting services	75.00% 3	25.00% 1	0.00% 0	0.00% 0	4
Increase in referrals our practice is making to the Family Visiting program	75.00% 3	25.00% 1	0.00% 0	0.00% 0	4
Reduction in barriers to making a referral to Family Visiting program	100.00% 4	0.00% 0	0.00% 0	0.00% 0	4
Increase in our team's generation of practice population health reports to identify families that might benefit from Family Visiting referrals	100.00% 4	0.00% 0	0.00% 0	0.00% 0	4
Increase in our practice's documentation in the medical record of shared goals and action plans	50.00% 2	50.00% 2	0.00% 0	0.00% 0	4
Increase in our practice's utilization of KIDSNET for Family Visiting information	100.00% 4	0.00% 0	0.00% 0	0.00% 0	4
Increase in collaboration with Family Visiting program about shared families	100.00% 4	0.00% 0	0.00% 0	0.00% 0	4
Improvement of health for children based on increased collaboration/utilization,	100.00% 4	0.00% 0	0.00% 0	0.00% 0	4
Improvement of health of mom/caregiver based on increased collaboration/utilization	100.00% 4	0.00% 0	0.00% 0	0.00% 0	4
Increased referrals to Family Visiting program	50.00% 2	25.00% 1	25.00% 1	0.00% 0	4
Improvement in my ability to engage with the family	50.00% 2	25.00% 1	25.00% 1	0.00% 0	4
Improvement in my ability to contact Family Visiting program between scheduled case conferences	100.00% 4	0.00% 0	0.00% 0	0.00% 0	4

Full Post Program Survey Results

Pediatric Practice

https://www.surveymonkey.com/stories/SM-ExgJ6Udcs0OaTshjMrYufg_3D_3D/

Family Visiting

https://www.surveymonkey.com/stories/SM-hQ_2FEfc_2BEpWxR4oLiUDeHoQ_3D_3D/

Discussion Question

What advise do you have for Cohort 4?

Parent Lead – Tiffaine Cataldo

My experience in participating in Healthy Tomorrows over the past year

My experience working with healthy tomorrow over the past year has been fun for me. I enjoy being part of this team and being able to contribute my opinions. I've have also learned a lot that I've been able to pass on to other parents as well.

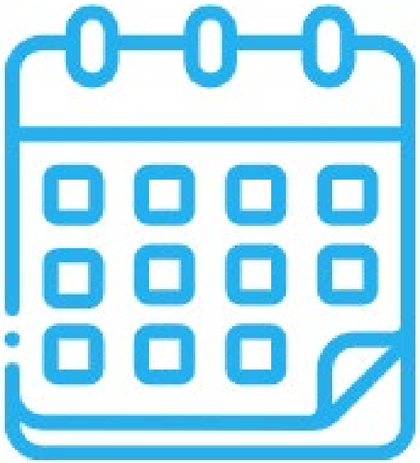
Family visiting participating in pediatric visits

Unfortunately, my family was unavailable to have our family visitor join us at any appointments, but I would have loved that. We loved our family visitor and loved working with her. I think it would have been very helpful to have her join us sometimes at appointments. I would forget to ask certain questions and would remember them later on.

What I want people to remember when working with families

I would like people to remember when working with families to be patient. Sometimes it's difficult for families to be comfortable, especially when it comes to bringing new people into their homes and around their families.

Next Steps



Starting March 2024, Cohort 4 meets with Practice facilitator

Learning Collaborative Meeting Schedule:

Date/Time	Zoom Information
May 20, noon – 1PM	Join Zoom Meeting https://ctc-ri.zoom.us/j/84438139673?pwd=3cT4rFmoZv6ETfmKstWlZPc1qEk68m.1 Meeting ID: 844 3813 9673 Passcode: 646876 One tap mobile: +13052241968,,84438139673#,,,,*646876#
August 26, noon – 1PM	
November 25, noon - 1PM	
Final Meeting, February 24, noon – 1PM	

Rhode Island Healthy Tomorrow Cohort 4 Milestone Summary

Goal	Timeframe	Deliverable	What is needed
Commit to Action	February 2024 Done by each team prior to Kick-off meeting Participative Agreement	Pediatric practice and FV programs • Complete pre-program survey (practice, family visiting agency) • Complete Participative Agreement, • Identify members of the quality improvement team and designate a point person Family consultant: signs letter of agreement	
Joint Learning Meeting – Kick-off **Shared Learning of Goals and Outcomes** **Cohort 4 joins Cohort 3 joint meeting**	February 26 - noon: Joint virtual meeting with Cohort 3 ZOOM Link	Cohort 3 teams highlight successes around: - efforts to assess and increase staff FV knowledge level - referral process - Integrating care coordination activities - Improving well-child visits and rates - increases in referrals - RIDOH will demonstrate how to generate KIDSNET FV reports.	PPT Template Parent Consultant invited
Monthly Practice Facilitation Meetings	March 2024 – Feb 2025 Pediatric and family visiting teams meet with PF	Team Meeting FV discusses existing communication process with primary care practice Practice discusses knowledge about and communication with FV Teams review Milestone document and project goals	PF will reach out to schedule virtual meetings; these may be combined with DULCE mtgs for those teams working on both projects
Prepare for Quality Improvement Activities	Mar 2024 -June 2024 Due May 1, 2024	In consultation with family consultant, develop and submit a Performance Improvement Plan (Plan-Do-Study-Act) including AIM statement, baseline information, measurement of success, plan to capture data and use shared care plan;	Use PDSA template
Joint Learning Meeting – **Mutual Awareness and relationship building** **Through examples, pediatric practices learn more about how FV can improve well-child care and meet families' needs;** **Family visiting programs learn more about how pediatric practices use FV to improve well-child care** **FV and Pediatric Practices learn from parent consultant about experience with home visiting and what they hope to improve**	May 20, 2024 Noon Virtual Meeting ZOOM Link	FV shares a de-identified story to demonstrate their role in improving well-child care and meeting family needs (Parents as teachers, Nurse Family Partnership, Healthy Families America) Pediatric practices shares a de-identified story of referral to FV program and how it has been helpful in improving well-child care Parent Consultant addresses the following areas: • How has participating in home visiting supported you and your family? • What are the most valuable aspects of home visiting? • Do you see any areas for change or improvement in home visiting? Teams develop plan to assess practice knowledge of family visiting programs	PPT template Team members and family consultants describe practice, organization, and team members Parent consultant provides personal example

Thank you
Stay Safe and Healthy