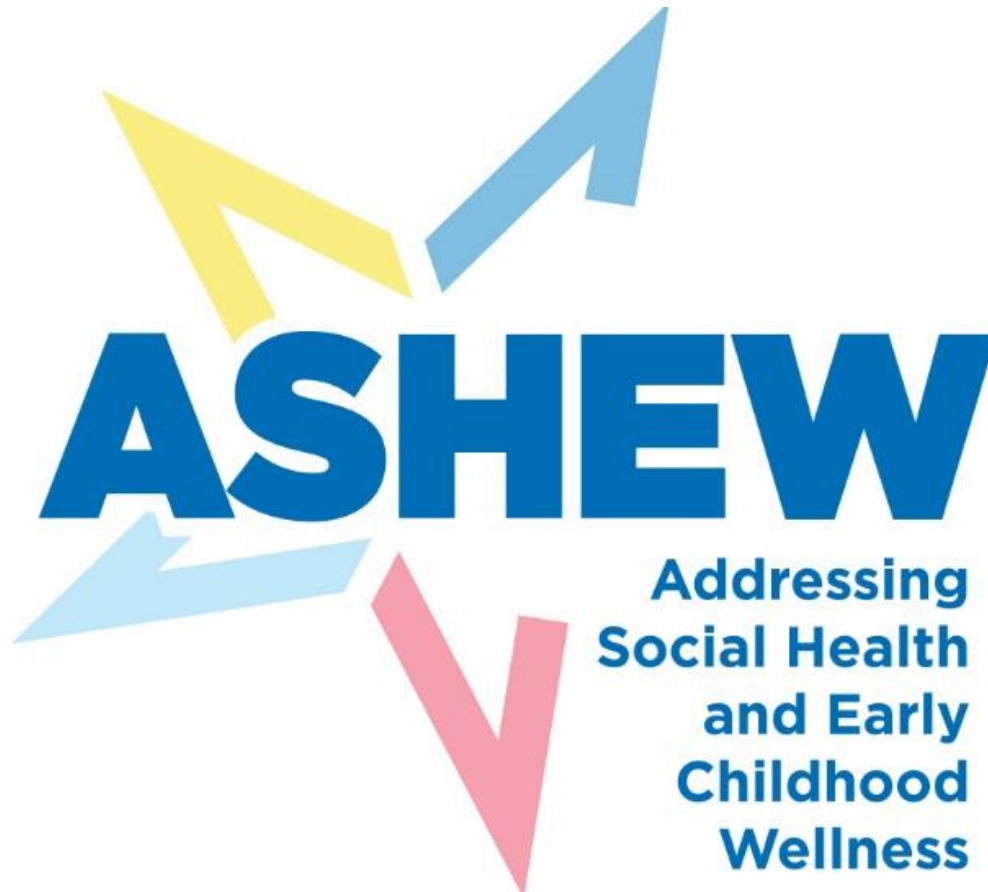


ASHEW October  
Practice Webinar



## FAMILY CENTERED APPROACHES

*Welcome!*  
*Please type your first,  
last, and practice  
names in the chat box  
for MOC tracking*

# OCTOBER PRACTICE WEBINAR: AGENDA

- ✈️ Welcome and Roll Call
- ✈️ Chart Review Data Cycles 1-3
- ✈️ 2 PDSA Report Outs
- ✈️ ASHEW Road Map
- ✈️ Family-Centered Approaches
- ✈️ Family Advisor Engagement

# ROLL CALL

- Consider
- Slide with all practices with location across your state
- Slide for each practice with each QI team member's name, role and picture (if feasible)

# DATA AND REPORTING

## Data Cycles 1-3 Run Chart

- Show all practices and all practices vs. national collaborative

Normalize low numbers and challenges in early phases of quality improvement

# PDSA REPORT OUTS

# ASHEW PDSA Worksheet

Name of Team: ABC Pediatrics

Month test was carried out: September 19-October 15, 2020

Objective of test: Test a new screening tool (SEEK) on a small scale



Which project measure will be impacted by your test? Check all that apply.

SDOH Screening  Maternal Depression Screening  Soc/Emotional Screening  Referral Follow-up  Counseling and documentation of strength-based approaches

Which Key Driver or Road Map Heading will be impacted by your test?

Prepare/Enhance Practice Environment  Referral Networks  Family-centered approaches  Office systems to support assessment, primary care intervention, referral and f/up  Practice in an Evolving Landscape  Sustainability

## PLAN:

**1. Briefly describe the test:** Embed SEEK tool into flow for Dr. Smith's care team over a one month period.

2. List the tasks necessary to complete this test (What)	Person responsible (Who)	When	Where
a. Download parent Q in Spanish/English and make accessible for receptionists	Jane (Front Desk Supervisor)	Sept 20	Front Desk
b. Brief training with rationale (why we are doing this) and process to give to Dr. S's parents	QI team with Jane and receptionists	Sept 19-20	Front Desk
c. Create flow diagram for how screening will be incorporated into workflow	QI team	Sept 19-20	Dr. Smith exam room
d. Test for 3 weeks and document # of completed Q's and insights and challenges on documentation 'log'	QI Team	Sept 21-Oct 15	
e. Meet at our longer meeting to study and determine next steps	QI Team with Jane	Oct 18	

**3. What do you predict will happen?** Half of parents will complete the form. Challenge to fit the conversation into a 15 min visit, less challenging in a well child visit.

**4. How will you know that the change is an improvement?**

We will note # of families seen by Dr. Smith and # who completed the form. Our documentation log will capture challenges and whether visit took longer.

**DO: Carry out the planned test of change. Collect data; describe observations and problems encountered.**

20 out of 24 families completed the form. The 4 that did not complete the form were families where English was not primary language. Dr. Smith found ways to ask questions w/out taking more time.

**STUDY: What did you learn? Analyze data, observations, problems encountered and determine next steps. How do results compare with your prediction?**

It was not too challenging (in fact less challenging than we thought) to implement SEEK. However, we need to consider how to bolster resources and referral networks as a next step.

**ACT: Select next step:**

**Adapt:** Improve the change and continue testing plan. Plans/changes for next test.

**Adopt:** Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

**Abandon:** Discard this change idea and try a different one

# FAMILY CENTERED APPROACHES

## Addressing

### Action Period 1



#### Rationale and Infrastructure

- Obtain physician and administrative buy-in
- Establish a champion to address child and family adversity and protective/resilience factors
- Address barriers to early childhood wellness
- Establish family advisors as partners
- Focus on trauma and resilience-informed care (TRIC)
- Establish regular ASHEW QI team meetings
- Establish ongoing communication to foster staff engagement

#### Rationale and Infrastructure

- Integrate trauma-informed sensitive practices in processes
- Share information on trauma/stress and health
- Ensure office environment emotional wellness



#### Family-Centered Approaches

- Assess practice environment from the family perspective
- Assess practice's communication approaches
- Utilize communication approaches, including Common Factors approach



#### Prepare Practice Environment

- Identify an expert to foster race and ethnic equity
- Initiate practice dialogue to achieve race and ethnic equity
- Seek to deeply understand our patients and families
- Understand the impact of childhood trauma
- Define a healthy office environment



#### Practice in an Evolving Landscape

- Reach-out to families with complex needs
- Assess our practice's mental health competencies and readiness
- Utilize effective billing processes
- Improve practice capability to utilize telehealth services

#### Referral Networks/Systems

- Tailor support and resources to families' needs
- Prioritize referral networks
- Build relationships with key community partners to access community resources



# ASHEW ROAD MAP



# LEARNING OBJECTIVES

- Understand Common Factors and Common Elements and their relationship
- Understand importance and effectiveness of brief primary care interventions
- Learn about ASHEW specific resources to support family-centered approaches in pediatric primary care

# WHY IS THIS IMPORTANT?

- Essential role of the PCP as a trusted partner to address/support the social and emotional needs of children and families
- Brief interventions at primary care practice facilitate referrals
- Important lead into the November webinar focus - effective referrals ( building networks, tracking and follow-up)

# COMMON FACTORS

**“Common-factors” communication skills are**

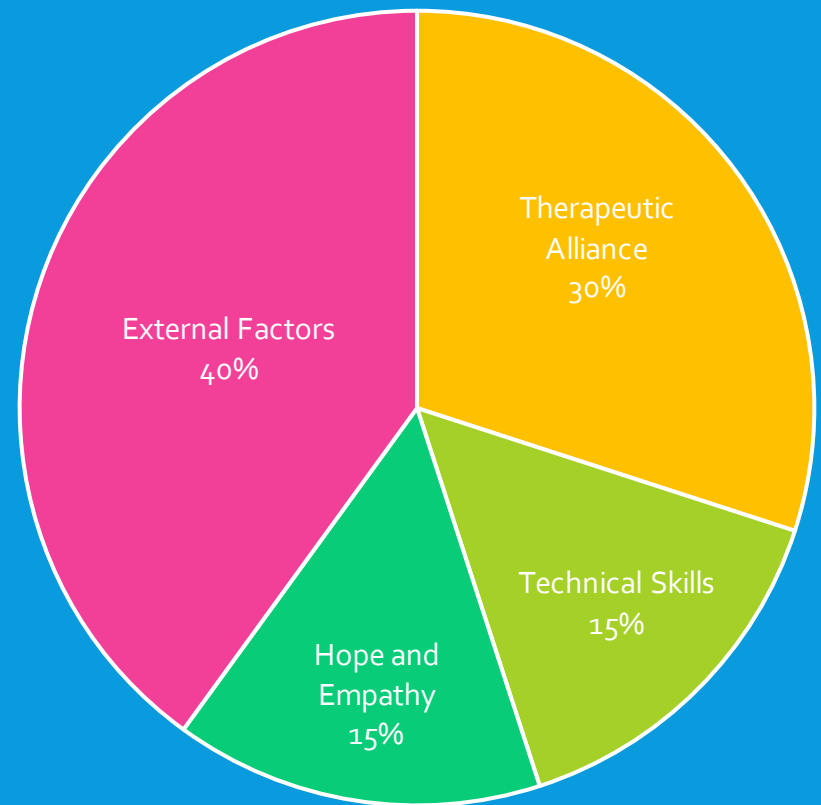
- Components of effective interventions common to diverse therapies across multiple diagnoses
- Clinician interpersonal skills to build a therapeutic alliance
- Proven useful and effective in addressing mental health symptoms in pediatrics across the age spectrum and can be readily acquired by experienced clinicians

# BRIEF INTERVENTIONS

- Common Elements: components of therapies that apply to a group of related conditions; e.g. gradual exposure or modeling for an anxious child
- Other Approaches: relaxation techniques, reading together, sharing outdoor time, parent-child special time, sleep, family meals, limits on media, active play
- Even if a referral is planned, brief primary care interventions are useful while waiting for a specialist or community referral to reduce distress and ameliorate symptoms

# THERAPEUTIC ALLIANCE

- Bond between clinician and patient and/or family
- Powerful factor in facilitating emotional and psychological healing
- Increases willingness to work toward improved health



# HELP

## HELP build a therapeutic alliance:

- H = Hope
- E = Empathy
- L<sup>2</sup> = Language, Loyalty
- P<sup>3</sup> = Permission, Partnership, Plan

Example: Use to bring visit to supportive close while committing loyalty and reinforcing therapeutic alliance

# DISCUSSION

- How could the common factors approach be useful in the discussion of screening and screening results, and engaging families on referrals
- How does this approach facilitate weaving in protective factors and resilience?
- For what other situations would this be useful?

# HOW?

- Practice
- Scripts
- Videos

The screenshot shows the 'Screening Time' website interface. At the top, there are logos for the American Academy of Pediatrics and 'Screening Time: Helping to be the best of families'. Navigation tabs include 'CME/MOC COURSE', 'SCREENING TOOLS', 'SIMULATIONS', and 'RESOURCES'. The 'SIMULATIONS' section is highlighted with a blue bar and contains the following text:

**SIMULATIONS**

These interactive simulations enable you to practice having effective, family-centered conversations that address screening results and plan for referral and follow-up. Users will receive CME or MOC Part 2 credit for completing them within the course structure and entering the code generated. In these simulations, you will play the role of a pediatrician, but the techniques practiced can be used throughout the screening process by health care teams that may discuss screening with families.

Please Note: Simulations will not work in Internet Explorer. Mobile users will need to download an app to view the simulations. Click here for more technical requirements and information about the simulations.

Three simulation cards are displayed:

- Maternal Depression:** At Leo's 2-month well-child visit, discuss the maternal depression screening results with his parents, Gina and Mike. (Image shows a woman, Gina, looking thoughtful.)
- Child Development:** At Leo's 24-month well-child visit, discuss the expressive language delay identified in Leo's child development screen. (Image shows a young boy, Leo, playing with blocks.)
- Social Determinants of Health:** At Leo's 36-month well-child visit, discuss food security concerns identified in the social determinants of health screen. (Image shows a doctor sitting at a desk with a laptop.)





# ASHEW ROAD MAP RESOURCES

- [Bright Futures Eliciting Parent Strengths](#)
- Johns Hopkins University [Pediatric Integrated Care Collaborative](#)
- Community Care North Carolina
  - [HELP Approach](#)
  - [HELP video with ADHD Adolescent](#)

# QUESTIONS

Submit your questions by:

- Coming off mute
- Raising your hand
- Submitting your question in the chat box



# FAMILY ADVISORS

# FAMILY ADVISOR ENGAGEMENT

## Why?

- Critical to quality improvement
- Integrates family voice with tests of change so the end-user, families receive improved care
- Important for working with the 0-5 age group as they cannot speak for themselves
- Helps achieve racial and ethnic equity (KD5)

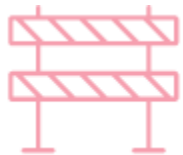
# FAMILY ADVISOR ENGAGEMENT

## **Chapter Family Advisor Reflection:**

- What are some best practices for recruitment and engagement?

## **Discussion:**

- How have you found family advisors for this project or others?



# ASHEW ROAD MAP: FAMILY ADVISOR ENGAGEMENT

- **AAP Patient Centered Medical Home (PCMH)** Center for Medical Home Improvement Parent Partner Guide
- **Georgia Regents Health Patient and Family Advisor Job Description**
- **NICHO** Five Strategies for Engaging Parent Partners
- **NICHO** Powerful Partnerships
- **Patient-Centered Primary Care Collaborative (PCPCC)** How to be effective family advisor

# FAMILY PERSPECTIVE

Where does the family perspective fit in to this work?  
EVERYWHERE!

- Family advisors, even if not trained in quality improvement, can serve as the fresh “eyes” as you move through PDSA cycles
- Just as you use process maps and swim lane diagrams to understand your system, consider having the family advisor provide a process map of a day in their life living in the community you serve

Source: Kara Casavan, Indiana University School of Medicine

# FAMILY PERSPECTIVE

- Family advisors may provide insight into unintended consequences
- Although the literacy level of patient families will always vary, your family advisor can help guide the team to using terminology and wording that is familiar to the demographic your practice serves
- Family advisors can be great assets in compiling resources in the local community – and knowledge about ways to navigate the complex systems that are usually unknown when first accessing support

Source: Kara Casavan, Indiana University School of Medicine



# COMMON WORRIES

## Medical Team

- Patient/Family Advisor will see our “dirty laundry”
- HIPAA
- Advisor will just complain
- How to work around non-negotiables

## Family Advisor

- I’m not smart enough to provide input
- Will providing my opinion affect the care my child receives?
- They do not really want me here, I am just a token that is required

Source: Kara Casavan, Indiana University School of Medicine

# HOW TO ADDRESS THOSE WORRIES

- Ground rules for all involved from the start
  - Cover non-negotiables which includes HIPAA
- Provide some basic QI training and work to explain acronyms as the project starts – empowers everyone with knowledge to participate
- Treat everyone as equally important team members – “no label at the table”
- Every person’s input is valuable
- Remember the “why” – this really moves us away from focusing on the negative and moving forward

Source: Kara Casavan, Indiana University School of Medicine

# QUESTIONS

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# UP NEXT

- November Practice Webinar: Referral and Follow Up (insert local date)
- QIDA – 7th of each month
- PDSA – 20<sup>th</sup> of each month
- Learning Session 2 – Dec. 17-18 90 minutes
  - Thursday, December 17 9am PT, 11am CT, 12pm ET
  - Thursday, December 17 12:30pm PT, 2:30pm CT, 3:30pm ET
  - Friday, December 18 10am PT, 12pm CT, 1pm ET

THANK YOU!

thank  
you