VCHIP Care Coordination Collaborative
June 4, 2024

Speakers & Facilitators

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Today's Objectives

- Describe past VCHIP Care Coordination Collaborative work
- Summarize our current focus and engagement opportunity
- Participate in discussions to advance the development of an IT infrastructure that supports timely access to Shared Plans of Care (SPoC)

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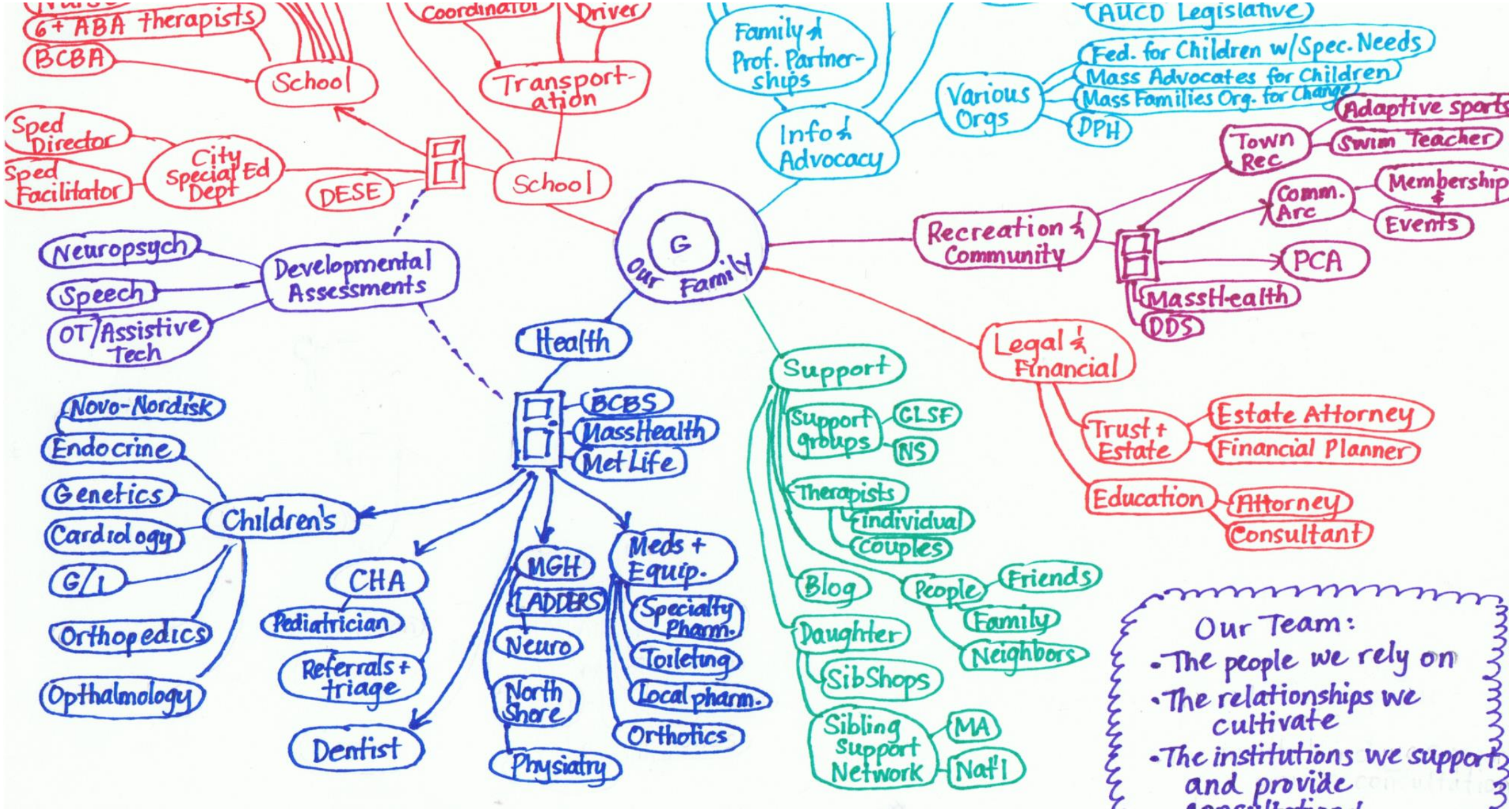
Our Why

The number (%) of Vermont patients by the number of Children's Specialty Clinics visited and their PMCA categorization[a], 2020

	Non-Chronic		Non-Complex Chronic		Complex Chronic		TOTAL
	N	%	N	%	N	%	N
1 clinic	2,284	38%	2,182	37%	1,481	25%	5,947
2 clinics	214	23%	290	32%	407	45%	911
3 clinics	38	16%	56	24%	143	60%	237
4+ clinics	11	10%	15	13%	87	77%	113

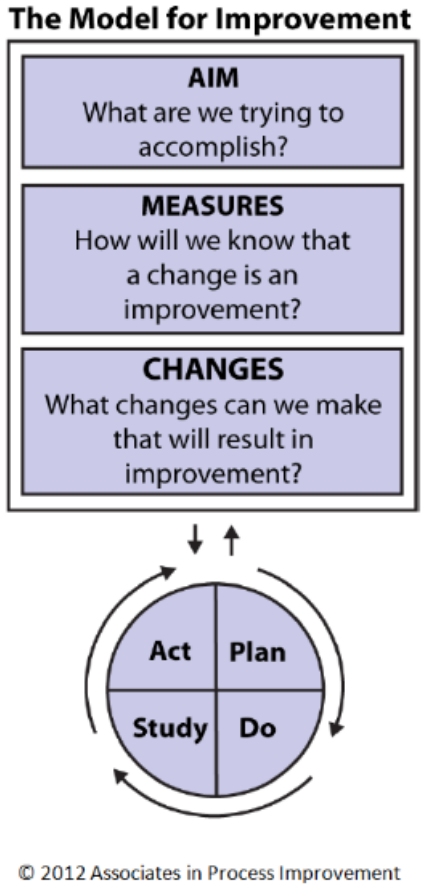
a. PMCA Categories are (1) Complex Chronic: Affecting more than 1 body system and either progressive or malignant; (2) Non-Complex Chronic: Only 1 body system is affected; (3) Non-Chronic: No progressive nor malignant conditions, mostly or all acute visits and preventative care

Simon, T. D., Haaland, W., Hawley, K., Lambka, K., & Mangione-Smith, R. (2018). Development and Validation of the Pediatric Medical Complexity Algorithm (PMCA) Version 3.0. *Academic pediatrics*, *18*(5), 577–580. https://doi.org/10.1016/j.acap.2018.02.010



- **© Cristin Lind http://www.huffingtonpost.com/2013/01/18/gabes-care-map-special-needs-children-caregivers_n_2469564.html?utm_hp_ref=parents&ir=Parents**

Our Quality Framework



Nundy S, Cooper LA, Mate KS. The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. *JAMA*. 2022;327(6):521–522. doi:10.1001/jama.2021.25181

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VCHIP Care Coordination Collaborative

Several Care Coordination Collaborative Meetings were facilitated by the VCHIP team between March 2022 though November 2022. These collaborative meetings brought together interdisciplinary partners to advance our shared vision of optimizing care coordination services for children and youth with special health needs.

Priority Areas

- Improved communication
- Efficient and effective use of technology
- Leveraging data to monitor progress

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Shared Plans of Care

- Continues to be of interest to many collaborators
- Supports improved communication and coordination
- Many care coordinators are doing this work
- Information continues to be fragmented or siloed.

Barriers to Shared Plans of Care (SPoC)

Identified by the VCHIP Care Coordination Collaborative participants:

- Time
- Provider engagement
- Ownership & maintaining
- Documentation
- Financial support
- **Sharing the SPoC or other health information across systems**
- **Technology to support timely access to information**

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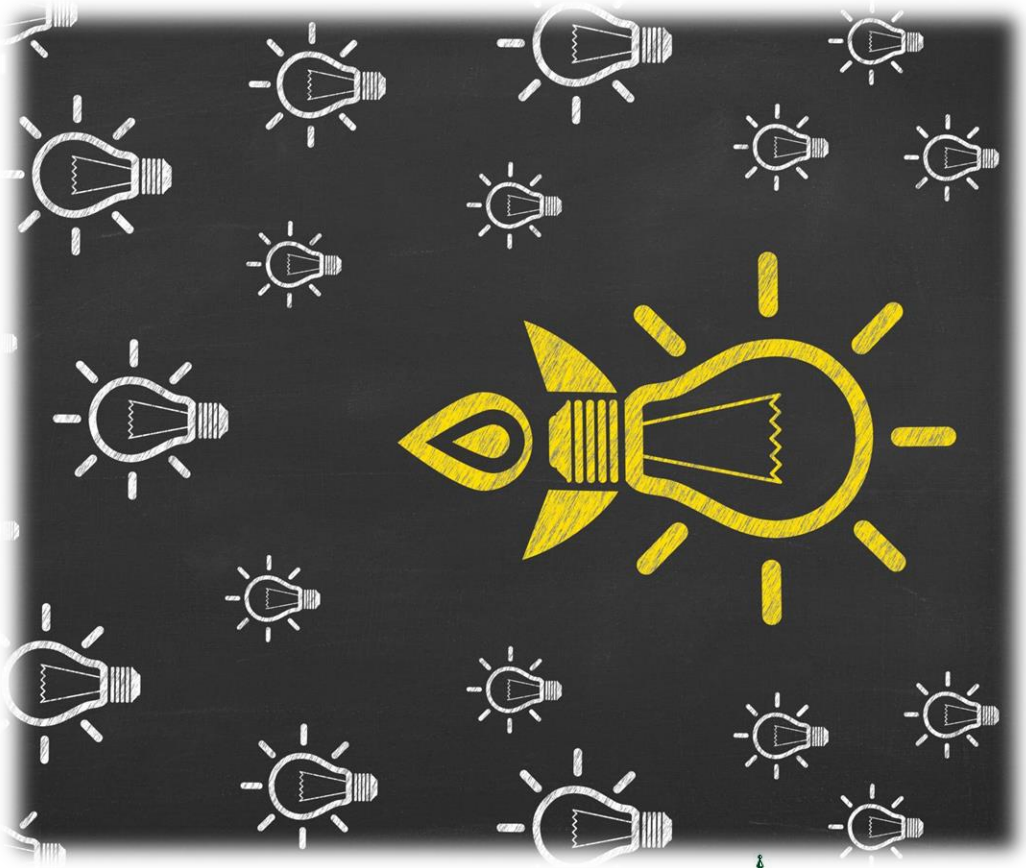
Process for Developing & Sharing Shared Plan of Care (SPoC)

Opportunity for Innovation

Utilize quality improvement framework to develop a pilot project to:

- Achieve efficiency gains
- Improve the patient and family experience
- Improve provider experience
- Obtain and share data
- Leverage technology and VITL usability to support the development, sharing and accessing Shared Plans of Care



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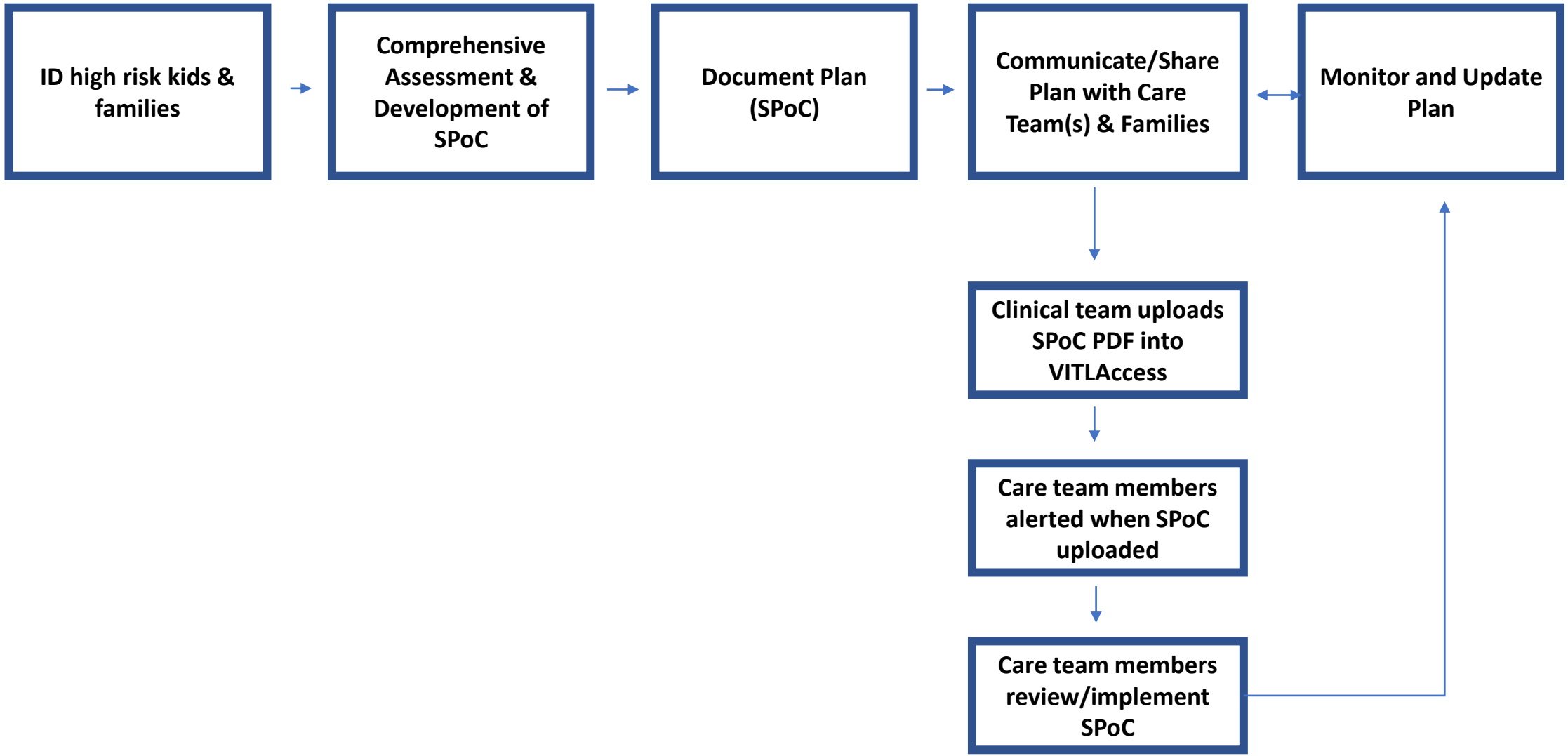
Proposed Pilot Process for Developing & Sharing Shared Plan of Care (SPoC)



VCHIP-VITL Pilot Vison

- Partner with collaborative participants to
  - Design workflows
  - Gain consensus on SPoC elements
  - Integrate patient and family voice in design and implementation
  - Align efforts across organizations

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VCHIP – VITL Pilot

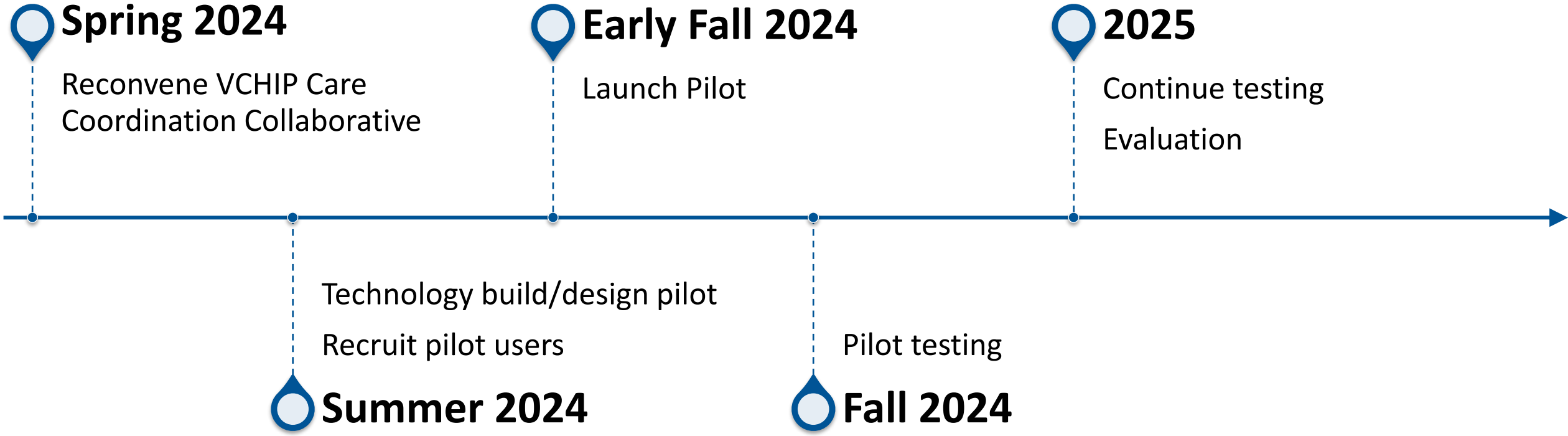
What do we hope to achieve?

- Improve the communication among care teams
- Improve coordination for patient and families
- Improve care team experience
- Obtain and share data in a timely way

What do we hope to learn?

- Priority areas for future infrastructure design
- How to share appropriate health information with all care team members
- Prevent inappropriate sharing of health information

Anticipated Timeline



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VITL

Long-term interoperability goal

- Long-term, we imagine providers and patients being able to create, view, and update shared plans of care that have content from collaborators across organizations, without leaving their own EHRs or preferred tools
- This would require:
  - Advancements in national data standards
  - Modifications of data contributors' EHRs and workflows
  - Building more data contribution connections into VITL
  - Exploration of how to deliver this kind of data into EHRs
  - Data governance work

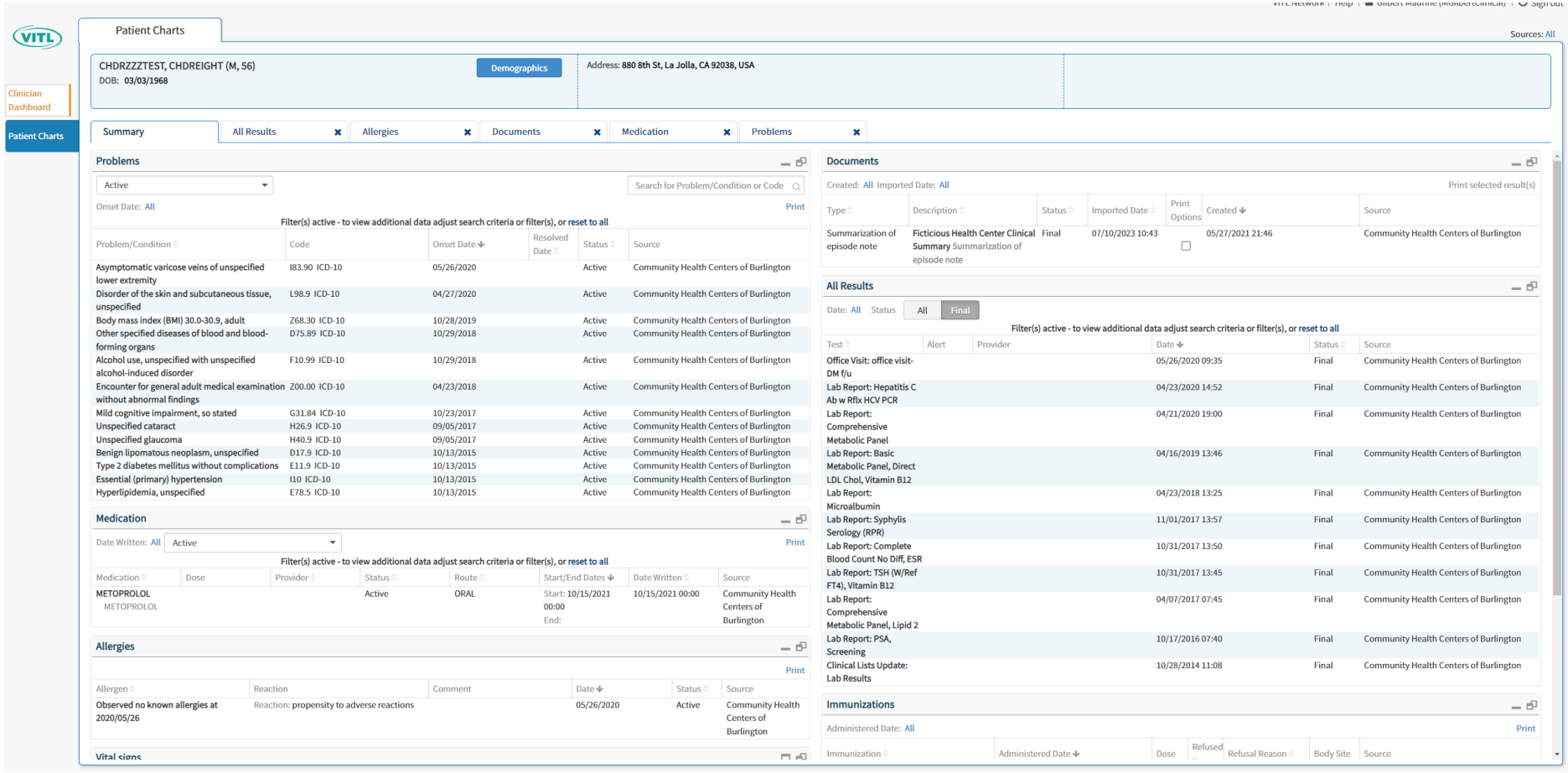
Shorter-term explorations

- Consider using existing tools, and
- Consider extending those tools to offer new functionality that supports the work of care teams, and
- Learn from these explorations: construct “small tests of change” that help advance the long-term vision

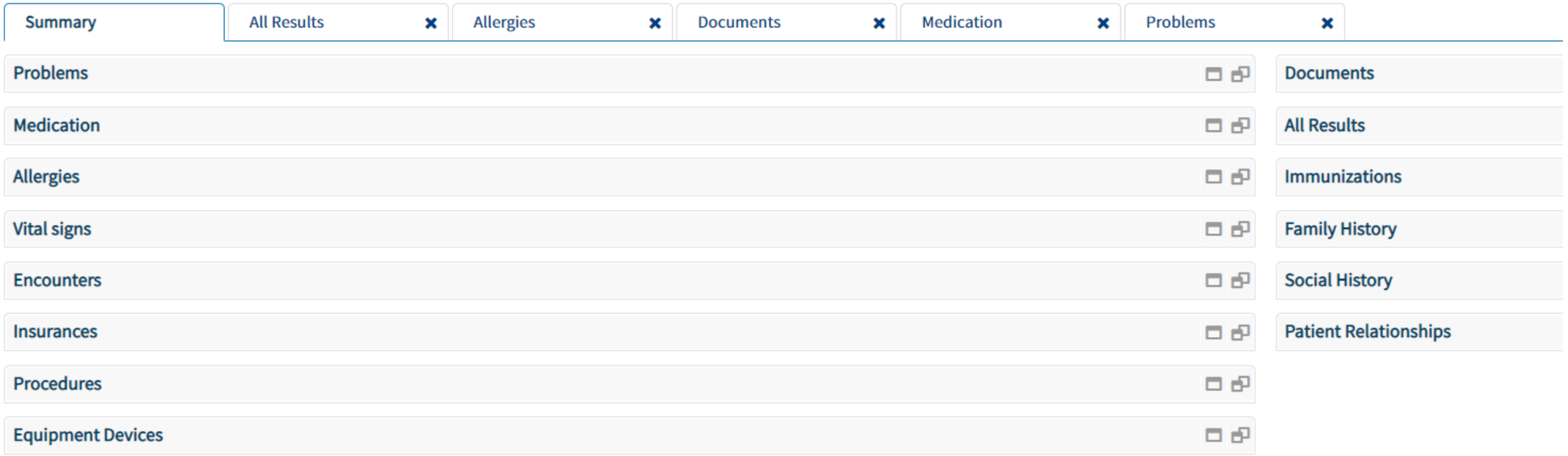
VITLAccess

- VITL's clinical portal, providing access to the data contributed to the Vermont Health Information Exchange by hospitals, FQHCs, independent practices
- Access is possible for all HIPAA-covered entities
- Already contains some of the information that is part of a shared plan of care (e.g. demographics, diagnoses, medications, allergies)
- Consider building additional functionality in VITLAccess to enable care team members to directly contribute shared care plan documents or data elements

VITLAccess – sample chart



VITLAccess – categories of data



What are we proposing?

No more faxing!

Faster and more reliable communication.

Promoting team-based care.

How are we going to do this?

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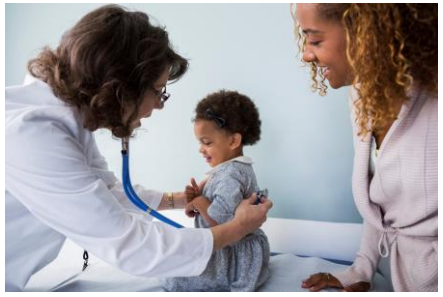

SPOC

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Shared Plans of Care

Health

Information

Exchange

Shared Plans of Care

H*olistic*

I*nclusive*

E*volution*

Discussion Questions

What do ***you need*** for this pilot to be successful?

Who else should be ***included***?

What ***patient populations*** should be prioritized?