

NLN 2016 Abstract Submission from Oregon

Title: Cross System Collaboration for Shared Care Plans

People involved in project and their organizational affiliation:

Oregon Center for Children and Youth with Special Health Needs, CaCoon Nurses, County Health Departments, Early Learning and Special Education Districts, Continuing Care Organizations, Care Coordinators at Local Primary Care practices, Disabilities Services.

Background/Introduction:

OCCYSHN provides leadership in policy development, population-based assessment and surveillance, and advocacy for effective, family-centered health systems. In addition to policy and advocacy efforts, OCCSHYN administers the CaCoon home visiting program providing care coordination for CYSHN.

Project Goals:

Regional CaCoon nurses and community partners will work across systems to develop shared care plans to more effectively meet the needs of CYSHN.

Methods:

Utilized a **nutrition focused case study** that was threaded through out statewide, regional meetings.

- The multi-modality approach, e.g. role-play, videos, small group work, thought bubbles, was engaging and helped audiences connect theory to practice.
- Our case study, Billy, was well received by the audience and an excellent vehicle for learning.

Results - Summary/Discussion

- Current barriers to development and implementation of a shared care plan include:
 - Differing EHR platforms
 - HIPAA concerns around documentation of child information versus family information.
 - HIPAA concerns regarding multi-provider or multi-agency access to the plan.
 - Logistical barriers to multi-provider or multi-agency access to the plan.
 - Lack of consensus regarding “ownership” of the plan.
 - Lack of consensus regarding essential elements of the plan.
- Our partners need support to implement effective care coordination, both at the individual family level and at the system level.
- In order to push meeting content toward the systems level, we need to engage more people who have the authority to make change, while still including those who understand process and implementation. We might consider broadening our invitation list to include County Commissioners, Intensive Care Managers, private payers, and parents.