

Care Coordination QI in Primary Care Increases Shared Plans of Care and Decreases Family Stress.

AUTHORS: Valerie Harder, Jill Rinehart

BACKGROUND: Patient- and family-centered care coordination for children and youth with special health care needs (CYSHCN) is a central tenant of the pediatric medical home. Quality improvement (QI) efforts focused on achieving shared plans of care following the Lucille Packard Foundation guidelines may improve family well-being by relieving stress of coordinating care among multiple providers.

OBJECTIVE: To assess family experience with care coordination in pediatric primary care, including achieving a shared plan of care and reducing family stress, after a primary care QI project.

DESIGN/METHODS: Eleven pediatric and family medicine primary care medical homes participated in a 15-month care coordination QI project supporting 210 families with CYSHCN. Physicians and practice-based care coordinators followed the Lucille Packard Foundation guidelines for 'Achieving a Shared Plan of Care with CYSHCN.' Subjects were excluded if the same family member did not complete the baseline and follow-up surveys. Ninety-nine families completed family experience of care coordination surveys at baseline and again after six months, answering "Has someone in your main provider's office created a shared care plan for your child" and "How stressful is it for you to manage your child's care?" The four response categories were 'not at all stressful', 'a little stressful', 'somewhat stressful', or 'very stressful.' For analysis, McNemar's chi-squared statistic was used to test the change over six months in proportions of CYSHCN with shared plans of care and families experiencing higher stress ('somewhat' or 'very') managing their child's care.

RESULTS: The proportion of families of CYSHCN reporting they have a shared plan of care significantly increases from 26% at baseline to 75% after six months of receiving care coordination services ($p < .0005$). The proportion of families of CYSHCN reporting 'somewhat' or 'very' stressed managing their child's care significantly decreases from 60% at baseline to 41% after six months ($p = .002$).

CONCLUSIONS: Effective care coordination QI in pediatric primary care begins with achieving a shared plan of care, and early results suggest that improving care coordination services results in decreasing family stress. As family experience with managing health care improves, CYSHCN health outcomes will likely improve.