Coordinated Care Management

Invite and Engage: Use a Comprehensive, Single Method for Consent

Released June 2016

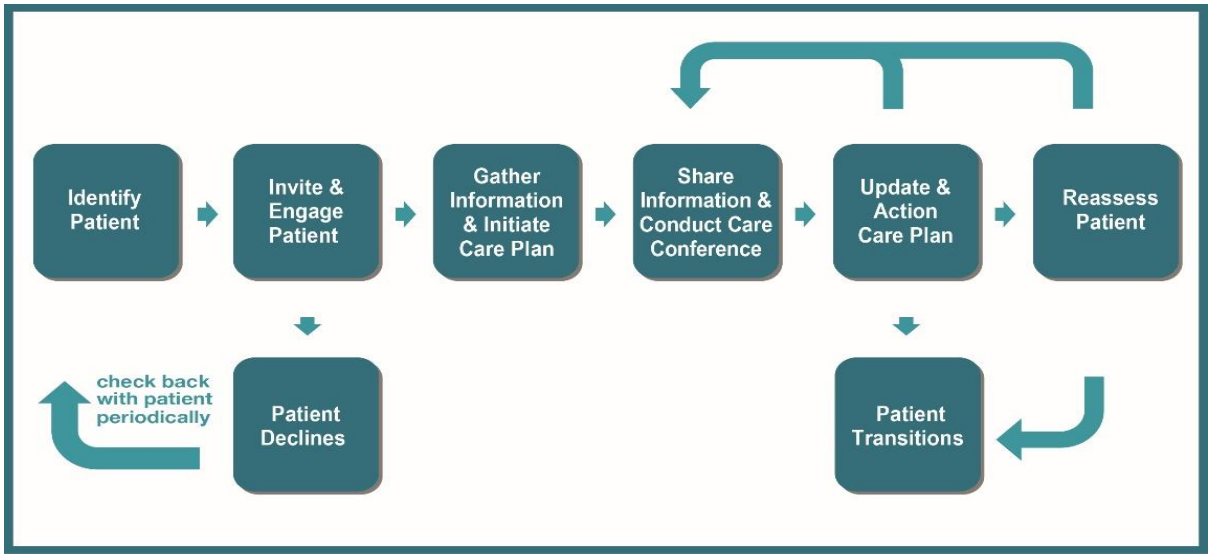

Figure 1: Approach to Coordinated Care Management

While this approach to Coordinated Care Management is generally accepted across the province, there is **significant variation in the *practices* within each process step**. Although each practice, organization, region, and/or Health Link may have varying areas of foci, the following collection of Innovative Practices and implementation supports are designed to **support teams to improve care for patients within the Health Link, and to support the ongoing alignment and advancement of consistent practices at a provincial level**. *For additional information on Quality Improvement, please visit: **qualitycompass.hqontario.ca/portal/getting-started***.

Innovative Practice	Innovative Practice Assessment[1]	Clinical Reference Group Endorsement for Spread
Use a comprehensive process and/or form that enables patients or substitute decision makers to provide consent for all elements of their coordinated care at one time (may be explicit or implied)	EMERGING	Provincial spread with reassessment using the Innovative Practices Evaluation Framework in 1 year (June 2017).

[1] *For more information about the Innovative Practices Evaluation Framework assessments, please go to the following link: http://www.hqontario.ca/Portals/0/documents/qi/health-links/innovative-practices-evaluation-framework-overview-en.pdf*

The material for Coordinated Care Management was developed in collaboration with Health Links and the Clinical Reference Group.

Implementation		
Steps for Implementation	**Tools and Resources**	**Additional Enablers**
1. Develop a standard, comprehensive consent process and/or form, in collaboration with Health Link stakeholders (including patients/substitute decision makers). 2. Allow stakeholders to use due diligence to ensure compliance with regulations, legislation, privacy officers, etc. 3. When process/form is finalized, ensure that all stakeholders are aware of, and understand how to use, the process/form. 4. Ascertain where you need to gather additional information and reach out to individuals and partners to obtain relevant information. 5. Health Links, organizations and providers follow the informed consent process and ensure that the signed consent form accompanies communications and the Coordinated Care Plan. 6. Health Links, organizations, and providers ensure that the storage of the consent form (original or distributed copy) complies with all legislative, legal, and regulatory requirements.	• **Developing a Comprehensive Consent Process and/or Form** *(please refer to Appendix A)* • **"Engaging the Patient in Care Coordination and Obtaining Consent to Share Information with the Health Links Care Team"** (Health Quality Ontario Webinar; September 22, 2015). Available at: ***http://www.hqontario.ca/portals/0/documents/qi/health-links/ccp-webinar-step-2-en.pdf*** • **Central East Health Links Toolkit; Coordinated Care Planning**. Available at: ***http://healthcareathome.ca/centraleast/en/who/Documents/Health_Links/toolkit/CEHealthLinks-Toolkit-V2.pdf*** • **Guide to the Personal Health Information Act** (Information and Privacy Commissioner/ Ontario; December 2004). Available at: ***https://www.ipc.on.ca/images/resources/hguide-e.pdf*** • **Hospital Privacy Toolkit** (Ontario Hospital Association; September 2004). Available at: ***http://www.oha.com/KnowledgeCentre/Library/Toolkits/PublishingImages/Hospital%20Privacy%20Toolkit.pdf***	• Health Links and providers MUST ensure that the informed consent process/form is created with due diligence to ensure compliance with professional regulatory bodies (for Regulated Health Professionals), provincial legislation, legal requirements, etc., and is vetted by all stakeholders.

Measurement

Quality Improvement Measures are used to help with monitoring progress in implementation of a change and determining whether that change is leading to improvement. Just as a health care provider may monitor heart rate or blood pressure to determine a patient's response to treatment, collecting information relating to processes for the improved provision of care allows the team to know whether they are consistently moving towards a high reliability care environment. *For more information on **Quality Improvement and Measurement** please visit **qualitycompass.hqontario.ca/portal/getting-started**.*

The following measures have been developed to help to determine: 1) if the Innovative Practices relating to Coordinated Care Management are being ***implemented***; and 2) the impact of these practices on Health Links ***processes*** and the ***outcomes*** of care at the patient, population, or systems level.

Health Links, organizations, and/or providers that elect to implement one or more of the Coordinated Care Management Innovative Practices are **strongly encouraged to collect data on the associated measures and report them to Health Quality Ontario**. This will enhance analysis at the next review (June 2017), which will benefit all of the Health Links.

Suggested Measures ***(please see Appendix B for additional details)***		
Suggested Outcome Measure	**Suggested Process Measures**	**Additional Information**
% of patients who provide a single consent for all elements included in their Coordinated Care Plan	% of patients who provide a single consent for coordinated care, obtained by the Health Link, that: a. Satisfies 100% of the stakeholders; b. Is shared with all members of the care team; AND c. Includes a mechanism for revising/withdrawing consent.	• Recommend that Health Links collect and report data for a minimum of 3 months. • QI RAP templates will be available if the Health Link chooses to use them. • All patients who are receiving care through the Health Link are included in the sample.

References

- Ministry of Health and Long-Term Care. Guide to the Advanced Health Links Model [Internet]. Ontario: Ministry of Health and Long-Term Care [cited 2016 May]. Available from: *http://www.health.gov.on.ca/en/pro/programs/transformation/docs/Guide-to-the-Advanced-Health-Links-Model.pdf*

Appendix A:
Developing a Comprehensive Informed Consent Process and/or Form

Released June 2016

How is this resource used?

This resource was designed to support Health Links and Providers within the Health Link to implement the practice of **providing patients with a single point of contact for all services included in their Coordinated Care Plan, who will support the patient in the coordinated care planning process, and the development and implementation of the Coordinated Care Plan**. This resource is intended to **support (not replace) operational and clinical decision making** in the Health Link and in the informed consent processes/forms.

What about compliance with regulations, legislation, etc.?

The informed consent process, including documentation and sharing of personal health information is governed by a number of bodies, legislation, regulatory, and policy requirements. **Health Links/organizations/providers must ensure that the practices implemented meet *all* associated requirements prior to implementation.**

Are there any examples of how Health Links have developed a comprehensive Informed Consent Process and/or Form?

Health Quality Ontario supported a webinar presentation entitled "Engaging the Patient in Care Coordination and Obtaining Consent to Share Information with the Health Links Care Team" on September 22, 2015. *To view a recording of this webinar presentation, please visit: **www.hqontario.ca/portals/0/documents/qi/health-links/ccp-webinar-step-2-en.pdf**.* One example of the implementation of this practice was presented by the Peterborough Health Link. *(Please note that this example is to be used for illustrative purposes only. **Each Health Link must ensure that the processes developed meet all associated legislative and regulatory requirements.**)*

The Peterborough Health Link developed a multiagency consent form, using the following process ***prior to implementation**:*

Figure 2: Approach to Develop Multiagency Consent Process (sample from Central East LHIN)

Completing this process led to the development of one, standardized informed consent process and form that is used to obtain consent from the patient/substitute decision maker relating to participation in a Health Links/ Coordinated Care Management approach.

References

- Ministry of Health and Long-Term Care. Guide to the Advanced Health Links Model [Internet]. Ontario: Ministry of Health and Long-Term Care [cited 2016 May]. Available from: *http://www.health.gov.on.ca/en/pro/programs/transformation/docs/Guide-to-the-Advanced-Health-Links-Model.pdf*

Appendix B:
Measurement Specifications for Informed Consent Processes and Forms *Released June 2016*

Percentage of patients who provided a single consent for all elements included in their Coordinated Care Plan

Step for Coordinated Care Management	**Invite and Engage Patient**
Innovative Practice	Use a comprehensive process and/or form that enables patients or substitute decision makers to provide consent for all elements of their coordinated care at one time (may be explicit or implied).
Measure	% of patients who provide a single consent for all elements included in their Coordinated Care Plan
Type	Outcome Measure
Definition/ Description	Creating a consent process that satisfies multiple stakeholders, most importantly the patient/substitute decision maker, and that meets legislation requirements is an essential element in the coordinated care planning process. This entails using a single consent process and form for all contributors to the Coordinated Care Plan that satisfies legislative and regulatory requirements, and is clearly communicated and understood by the patient/substitute caregiver and all members of the team. Dimensions: Efficient, Effective, Patient-Centred, Safe Direction of Improvement: ↑
Additional Specifications	Numerator: Number of patients who provide single consent for all elements included in their Coordinated Care Management Denominator: Total number of coordinated care plans created Exclusion Criteria: Patients who meet the criteria but who are not offered access to the Health Link because they have moved beyond Health Link catchment area, or have died.
Reporting Period	Recommend that Health Links collect and report data for a minimum of 3 months. QI RAP templates will be available if the Health Link chooses to use them.
Data Source	Manual data collection by participating primary care, hospital and community care providers within the Health Link.
Sampling Plan	All patients who are receiving care through the Health Link are included in the sample.
Comments	Selected outcome measures will help to evaluate the impact of the efforts to introduce innovative practices into coordinated care management.

Percentage of patients who provide a single consent for coordinated care, obtained by the Health Link, that satisfies 100% of the stakeholders, is shared with all members of the care team and includes a mechanism for revising/withdrawing consent

Step for Coordinated Care Management	**Invite and Engage Patient**
Innovative Practice	Use a comprehensive process and/or form that enables patients or substitute decision makers to provide consent for all elements of their coordinated care at one time (may be explicit or implied).
Measure	% of patients who provide a single consent for coordinated care, obtained by the Health Link, that: a. Satisfies 100% of the stakeholders; b. Is shared with all members of the care team; AND c. Includes a mechanism for revising/withdrawing consent.
Type	Process Measure
Definition/Description	Creating a consent process that satisfies multiple stakeholders, but most importantly the patient/substitute decision maker, and that meets legislation requirements is an essential element in the coordinated care planning process. This entails using a single consent process and form for all contributors to the Coordinated Care Plan that satisfies legislative and regulatory requirements, and is clearly communicated and understood by the patient/substitute caregiver and all members of the team. Dimensions: Effective, Efficient, Patient-Centred, Safe Direction of Improvement: ↑
Additional Specifications	Numerator: Number of patients who provide a single consent for coordinated care, obtained by the Health Link, that satisfies 100% of the stakeholders; is shared with all members of the care team; AND Includes a mechanism for revising/withdrawing consent. Denominator: Number of patients who begin development of a Coordinated Care Plan through the Health Link. Exclusion Criteria: Patients who meet the criteria but who are not offered access to the Health Link because they have moved beyond Health Link catchment area, or have died.
Reporting Period	Recommend that Health Links collect and report data for a minimum of 3 months. QI RAP templates will be available if the Health Link chooses to use them.
Data Source	Manual data collection by participating primary care, hospital and community care providers within the Health Link.
Sampling Plan	All patients who are receiving care through the Health Link are included in the sample.
Comments	• Selected Process Measures is to help Health Links draw on the fields of Improvement Science and Implementation Science as they are implementing these practices. • Process Measures are used to assess: 1. Progress in implementation components such as reach (how often the practice is being used); 2. Adherence (fidelity) to the specifications of the steps that must be in place for a program or practice to operate; 3. Sustainability of the process as designed so that it will continue once the initial attention has waned.