Questions Following Antonelli Presentation, 25 March, 2021

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Responses in red below.

1. Thank you for this warm and comprehensive talk. A question recently came up in our care coordination research project at the Alberta Children's Hospital, and I invite your thoughts Dr. Antonelli. In your opinion and experience, other than stress and QoL, what construct(s) best represent parent health, wellbeing and wellness. For example, could it relate more to a metric of degree of family support? There is no "best" measure of which I am aware. Depending upon what impact your model aims to address, parent/ family stress; engagement; experience of care integration (PICS instrument has validated module that assesses impact on family). Could also think about the parent/ caregiver index persona, and as a result, look at their care needs, including wellness, ability to maintain employment.
2. Terms like care coordination, integrated care, navigation, and medical home seem like they're saying the same thing. Are they distinct? If so, how can we use these terms accurately when advocating and designing care coordination programs? Great questions. They should not be used interchangeably. The definitions I used in my talk align with both child and adult care. That is why they were used and are core to our measurement framework.
3. As you can imagine, many of us are thinking - we must do everything BCH is doing! How do you make sure the measurements of outcomes are equitable? We often do not hear from families against whom the system puts the most barriers (language, cultural, educational differences) The candid response is that measurement in this area needs much more work. Agreeing that stratification on Race, Ethnicity. Language, Disability status is essential. Do that in all your work. Here is link to recent report that guides how to use data to achieve health justice. Minnesota Offers Lessons on Advancing Health Justice Using Medicaid Data | AcademyHealth

4. Care map app is this applicable for those in the Canadian system? Yes, but as I indicated in the Conference Chat Box, by itself, it is not a panacea. It is a tool that can improve care coordination and integration for families who use the app, but you need to implement and test it with willing care team members. Can be primary or subspecialty care, behavioral health, social service.
5. How do we get the system and all of us within it to change how we work with families and children? How do we get the message across that we need integrated care? We have the evidence, we have research outcomes, we know what families need. What will make funders, health systems support this new way of working with families or to back current models that you have demonstrated so well that are providing amazing results? Begin by understanding the strategic priorities of all stakeholders—with patients and families at top of that list. Then ask payers, advocates, care providers. Then, measure, improve, measure, improve, etc.
6. Cost to implement? Sorry that I can't give better answer to this very general question. We begin by identifying a problem (eg, families want improved care integration experience; children miss less time from school; reduced emergency department use; etc.). Then propose solutions, then secure sustainable funds.

7. How do you determine the scope of care coordination? Does it include only hospital and medical needs? Or does it go beyond to the community and school realm? The scope of care coordination (the activities that co-create with patients and families a plan of care and track implementation of the necessary activities over time) should coincide with the scope of integration. As long as you are measuring the correct outcomes, school education, social, economic supports, behavioral and medical services are all appropriate elements of high value, equitable care integration.
8. How have you navigated integrating the community pediatrician into the care of the complex child? Virtual connections have helped at our site but scheduling remains a challenge when trying to bring all providers together. All of our models for complex care have a community primary care-facing component. We utilize the Action Grid to articulate roles and responsibilities for all care team members. We are working on making multidisciplinary virtual team conferences more feasible. This is work in progress.
9. thank you Dr. Antonelli, that's an outstanding presentation!
   My question is; in the outpatient setting, how can we maintain effective multi-disciplinary communication and planning beyond referral? Thank you. Thanks for the kind words. The Action Grid is the tool that we implement. We then measure family and provider perception of care integration. We also track whether the High Quality Handoff care transition tool is available at time of subspecialty visit. These tools are available in my slides and at Boston Children's Hospital Integrated Care website.
10. I see the Caremap app is only for use on iPhone or iOS devices. Any plans to increase to other device types? Currently launching feasibility studies with iPhone/ iOS. As gather momentum, we would like to adapt for other devices. My team has discussed this and recognize importance of doing so.
11. Did you encounter issues when establishing connections with the patient portal? We in Alberta are trying to design how the portal will be used and mapped to care providers, laboratory results etc. Lots of challenges here. Wonder how you have navigated this? We invented Caremap since we never felt portals were optimal. Caremap can link to portals, but the app is more functional with respect to care integration and famly-driven engagement.
12. How do you convince the Accountants/ Financial people to create a Dept/ Coordination group for Complex Children in our acute hospitals? The literature is not very strong to do this—especially when payment is primarily fee-for-service. That said, we are building and testing our models by demonstrating to financial folks that care integration improves outcomes. Hence, measure value, equity, utilization, and experience.
13. Do you think we will be able to use caremap ap in Alberta? Looking forward to hearing if we can Yes, but as I indicated in the Conference Chat Box, by itself, it is not a panacea. It is a tool that can improve care coordination and integration for families who use the app, but you need to implement and test it with willing care team members. Can be primary or subspecialty care, behavioral health, social service.