

## Worksheet: Optimizing Inreach for In-Person Visits Workshop Session

System name

Please complete this worksheet with peers who share responsibility for effective team care, instead of completing individually. The purpose of this activity is to prepare workshop attendees to discuss the current best practices across CAPH-member primary care clinics for patient inreach in planned care, and to plan how they might act on these good ideas to improve care for patients.

### Instructions

1. **Review the definitions below and reflect on current standard work in your system** in regular primary care services (as opposed to services for special populations).
  - a. **Fill in the most successful standard work in your clinics within the categories on the next page** (second column, #1). Specifics will be more helpful than general efforts so “Data-sharing with pharmacies on asthma meds” is better than “pharmacy coordination.”
  - b. **Give your system a letter grade, A – F** (third column, #2) for the current state of each aspect of planned care in regular primary care. Include one reason you gave yourself this rating. This is a flexible rating without a specific rubric, to allow you to focus where you like within your care model.
2. **Meet** with new group and **share** 1-2 of your organization’s best ideas, and take notes on other systems’ (fourth column, #3)
3. **Agree as group** on top 1 or 2 Promising Practices from share-out, **write** on post its and **place** on butcher paper. Include system name and brief summary.
4. Circulate room with post its, **adding comments or questions** on Promising Practices.

### Definitions of planned care terms

- ◆ **Planned care:** “Planned care is simply care deliberately designed to ensure that patient needs are met. Planned care creates an agenda for an encounter, including needed services.” – [Safety Net Medical Home Initiative](#), 2013
- ◆ **Inreach:** The in-visit work that takes advantage of the patient’s presence to complete as many tasks of planned care as the patient is willing to do in that visit, including chronic care and preventive care screenings, lab tests, immunizations, medication management. To do in-reach well requires knowing ahead of time what is needed for complete planned care for each patient, and having the information, staff, supplies and room ready to do these activities.
- ◆ **Outreach:** The work to contact patients (by phone, mail, email or other electronic messaging) to come in for needed care. Outreach is performed for both new and established patients.
- ◆ **Patient engagement:** The work to “empower patients and loved ones to be active in their own care” (Adrienne Boissey, Cleveland Clinic) which includes but is not limited to patient education, and is related to, but not the same as, patient experience.

Aspect of Planned Care	1. What is one thing your system does that works well, at regular in-person primary care visits?	2. Grade A-F	3. What is one idea you would like to try, or revisit? <i>Complete in session with peers</i>
<p><b>Prep charts</b> Gather the most current care information, including from offsite services.</p>			
<p><b>Coordinate care</b> Support patients in services offsite: specialty, hospital, offsite labs, pharmacy, and services for behavioral health and social needs. Track status &amp; results.</p>			
<p><b>Plan today's visit</b> Prioritize among care gaps, screenings, and education topics. <i>(Including huddles.)</i></p>			
<p><b>Team preps the room and the provider</b> to do as much as possible in the visit.</p>			
<p><b>Use visit templates</b> based on health conditions, supports needed, screenings due.</p>			
<p><b>Use standing orders</b> to allow non-providers to support planned care.</p>			