Shared Care Plan Pilot

What is One:carepath?

One:carepath, is a provincial initiative that takes a proactive and co-managed approach to care planning with patients who have ***advanced/decompensated/non-curative lung, heart, liver and kidney disease or solid organ cancers***. It aims to provide symptom and crisis management, help patients maintain quality of life and functional status, avoid aggressive treatments where appropriate, and align care with patient preferences and values. Although this project is focusing on some specific disease processes, the long-term goal is to support any patient who can benefit from care planning.

Phase 1: Shared Care Plan Pilot – How To Take Part

Study Title: *One:carepath Implementation: Implementation and Evaluation of an Innovative Integrated Conservative (Non-Dialysis) Kidney Management Pathway by Community Care Providers across Alberta, and the Development, Implementation and Evaluation of an Innovative Integrated Supportive Care Pathway by Primary Care across Alberta (Pro001222633)*

Healthcare providers participating in the pilot period from September 2022-February 2023 will be remunerated at a flat rate of $5000. Remuneration and related activities are detailed in an agreement (MOU) which each participating provider will sign (outlined in Table 1).

We have a shared care plan template and a supportive toolkit to assist with care planning activities and communication. In September of 2022 we will pilot the use of some of these tools, including the care plan template. We are looking to partner with **primary care providers and their clinic improvement teams** who utilize MedAccess, PS Suite, Healthquest or Accuro EMRs, to test the care plan template & toolkit. Participating providers will be asked to **care plan with at least 3 complex patients** in their panel **over a 4-6 month period**. This pilot will support the final co-development activities in a real world setting prior to advancing with the larger scale implementation of **one:care**path, anticipated early in 2023.

The expectation of participating providers is to use their full staff complement to engage and support patients in care planning.

Table 1: Clinic Improvement Team Activities (one:carepath PILOT)

1.	Identify a facilitator/liaison within the clinic improvement team to act as the main contact for the study team
2.	Test the use of the one:carepath Shared-Care Plan and tools in primary care clinical settings
3.	Complete care planning with **at least 3 or more complex patients** over a **4–6-month period**
4.	Work with your clinic improvement team to develop change management processes to facilitate care planning and quality improvement activities related to the pilot e.g., identifying material, tools & processes already used
5.	To further support the use of the shared care plan **education and support** will be offered to the providers by the study team at the 1 & 3 month study time points (or as requested by providers) to determine if additional support is needed. All education will be completed remotely if feasible.
6.	Participate in **evaluation activities** following care plan completion (~4-6 month time points), e.g., i) care plan integration into clinic workflow (process); ii) healthcare provider experience; iii) interactive Digital Decision Support Tool **(qualitative interviews – 45 mins)**
7.	Ensure EMR study data is collected and entered in an excel spreadsheet for evaluation purposes
8.	Work with the study team to validate the patient selection process using standardized algorithms
9.	Permit study team to include evaluation data as part of the overall aggregated anonymized data which will be used for project reporting

For more information or to get involved in the **Phase I: Pilot <u>OR</u>** if you are interested in learning more about participating in **Phase 2: Full Implementation**, scheduled for Jan/Feb 2023 over a~2 -2.5 year period, contact Kirby Scott at Kirby.scott@ahs.ca or Lynn Toon at toon@ualberta.ca for details.

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