WISCONSIN Medical Home
Children's Health Alliance of Wisconsin

Advancing Family-Centered Care Coordination using a Shared Plan of Care

Coordination of services, supports and care is essential to meet the needs of children and youth while reducing the burden on families to navigate and coordinate services and supports on their own. Communication, information sharing and active engagement of families and communities are critical elements of successful coordination across organizations serving families.

Nearly 18% of Wisconsin children have a health care condition needing supports and services beyond their same-aged peers, and expected to last at least a year[1]. Care plans developed with families can assist in promoting care that is coordinated and family-centered. Early evidence suggests that Shared Plans of Care help facilitate communication across organizations to ensure more needs are met, and reports indicate that families spent less time coordinating their child's care.

"The Shared Plans helped us understand how patient's families use medications, know more about patient goals and know what families have tried at home. When we asked about school some parents were not aware of IEPs and 504s, so we were better able to inform them regarding increased assistance in the school setting."
Care Team Member

Essential elements of Shared Plans of Care include:

- Medical summary
- Family strengths and preferences
- Negotiated actions, where clinical goals and family goals are identified, along with timelines and people responsible for the goals

"I do not have to worry about 'beating the ambulance to the emergency room' because the physician on call will have no idea how to handle my child."
Family Member

Since 2016, over 20 clinics have participated in pilot projects to use Shared Plans of Care. Teams receive funding provided to the Wisconsin Medical Home Initiative through a grant from the Department of Health Services' Children and Youth with Special Health Care Needs Program, and use quality improvement approaches to accelerate their learning. Shared Plans of Care have been piloted with families of children with ADHD, JRA and medical complexity, among others.

Pediatricians who can attest to meaningful participation in the project are eligible for 25 MOC Part 4 credits through the American Board of Pediatrics upon project completion.

Grant opportunities are made available in the fall of each year to fund work in the subsequent year.

To learn more:

- Visit the Wisconsin Medical Home Initiative: (https://www.chawisconsin.org/initiatives/medical-home/learning-communities/) or contact Colleen Lane (clane@chw.org)
- Contact your Regional Center for Children and Youth with Special Health Care Needs: https://www.dhs.wisconsin.gov/cyshcn/regionalcenters.htm

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[1]Child and Adolescent Health Measure Initiative. Data Resource Center for Child and Adolescent Health. 2016-2017 National Survey of Children's Health data query. Retrieved on July 2, 2019 from https://www.childhealthdata.org/browse/survey/results?q=5423&r=51