

Care Transitions Intervention Coaching Activities and Processes

Pillar	Medication Self-management	Red Flags	Follow-up	Dynamic Patient-centered Record
Goal Content Process	<p>Patient is knowledgeable about medications and has management system</p> <p>Coach empowers patient to take charge of medications and complete medication reconciliation</p>	<p>Patient is knowledgeable about indications that condition is worsening and how to respond</p> <p>Coach helps patient identify an action plan based on red flags of condition and reason for hospitalization</p>	<p>Patient schedules and completes follow-up visit with Primary Care Provider and Specialist</p> <p>Coach helps patient feel comfortable and able to communicate effectively with providers, through role play and practice</p>	<p>Patient understands and manages a Personal Health Record (PHR)</p> <p>Coach facilitates patient use and ownership of PHR</p>
Hospital Visit	<p>Patient understands the importance of knowing medications</p>	<p>Discuss symptoms and possible drug reactions</p>	<p>Recommend Primary Care Provider follow-up visit</p>	<p>Explain PHR</p>
Home Visit	<p>Coach facilitates patient reconciliation of pre- and post-hospitalization meds</p> <p>Coach helps patient identify discrepancies and questions about medications. Patient records in PHR for clarification by doctor. Coach helps patient practice how to ask questions.</p> <p>Coach helps patient refine or develop med mgmt system</p>	<p>Coach assesses condition(s)</p> <p>Coach asks patient about symptoms that indicate worsening condition or side effects of medications.</p> <p>Patient identifies 3-5 main red flags to monitor</p>	<p>Coach emphasizes importance of the follow-up visit</p> <p>Coach helps patient develop questions, practice asking questions, and role-playing for visit with Primary Care Provider</p>	<p>Patient reviews and updates PHR</p> <p>Patient and coach review discharge summary</p> <p>Coach encourages patient to share the PHR with primary care doctor and specialist</p>
Follow-Up Calls	<p>Discuss any remaining medication questions</p>	<p>Ask the patient to identify when/if Primary Care Provider should be called</p>	<p>Coach provides advocacy in getting appointment, if necessary, and revisits communication skills</p>	<p>Discuss outcome of visit with PCP or Specialist: Did patient get questions answered? What did s/he ask?</p> <p>Help develop new questions if necessary and roleplay as needed</p>

Developed by Care Transitions InterventionSM, Eric A. Coleman, MD, MPH

This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization for Pennsylvania, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

Publication Number 9SOW-PA-CART08.14 App. 10/08.