Navigating a Patient Centered Team Approach to Chronic Disease Management

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The National Council of Urban Indian Health (NCUIH) is the national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH is the only national representative of the 41 Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCIA). NCUIH strives to improve the health of the over 70% of the AI/AN population that lives in urban areas, supported by quality health care centers.
Welcome!

Please join us for additional on-demand sessions in this Community of Learning Series focused on Person-Centered Care

SESSION 1: Health Literacy: An Essential Component of Communication Strategy for Person-Centered Care

SESSION 2: Engaging Your Workforce to Improve Health Outcomes Through Person-Centered Care

SESSION 3: Navigating a Person-Centered Team Approach to Chronic Disease Management

LEARNING ON DEMAND: Series Launch - November 16, 2022
Objectives

1. Understand how digital health technologies such as EHR can help improve medical practice management and increase patient health outcomes by increasing practice efficiencies and cost savings.

2. Discuss opportunities for frontline workers to navigate culturally relevant aspects of chronic disease management.

3. Create quality coordination of care interventions that help the patient and referral staff schedule and close out of clinic services.
Electronic Health Record (EHR)

- Electronic record of health-related information on an individual across more than one health care organization

- Support efficient, high-quality integrated healthcare, independent of the place and time of healthcare delivery
Benefits of Electronic Health Records in Patient-Centered Care

- Better quality of care, communication, and safety between patients and health care providers leads to improved outcomes
- Surveillance and monitoring disease conditions are enhanced
- Connection of systems and registries
- Integrated health services
- Patient access to their own health records helps them to make informed decisions about their health
- Improved data integrity
Benefits of EHR continued…

- Implements a checking system that alerts a clinician if an order they are entering could cause a problem.

- Has a notification system that immediately alerts clinicians to clinically significant events.

- Incorporates a visual posting system that alerts health care providers to issues including crisis notes, adverse reactions and advance directives.

- Features a clinical reminder system that alerts providers of needed examinations, immunizations, patient education and laboratory tests.

- Allows for remote data viewing of patient’s medical history at all facilities.
Cost savings of EHR

The implementation of EHRs can cut costs for your healthcare practice in both the short and long term.

Short-Term Cost Benefits
- Reduce employee time spent on filing, retrieving, and organizing physical charts and documents
- Reduce the amount of physical space used to store filing cabinets and other storage areas for papers (you can store necessary documents offsite as a compromising option)
- Time saved with information exchange between medical professionals and insurance companies (information is sent instantly instead of mailed)

Long-Term Cost Benefits
- Significantly reduce risks of a data breach and HIPAA violations
- Transferring large amounts of data is simpler and faster when changing locations
- Less physical paper is needed, along with the reduced necessity for paper products (printers, copiers, office supplies, etc.)
- Easier to adopt new regulations in the future with a technologically-appropriate system
- Handwritten charts can be difficult to comprehend by future healthcare providers, making EHRs that much more efficient for future users
Challenges of EHR

• Provider/clinician burnout due to the burdensome user interface
• Lack of interoperability
• Cost
• Training & Technical support
• Lack of integrated interprofessional templates
Culturally Relevant Aspects of Chronic Disease Management

- Behavioral Health: Patient Centered Care
- Community needs assessment = voices of the community
  - Cultural events: Every Child Matters Pow Wow, Round Dance
  - Cedar, Sweetgrass, Tobacco & White Sage are available
  - Cedar tea & Sage tea are also available at events
- Program eligibility
  - Seven Sacred Branches
  - Wellbriety
  - Mending Broken Hearts
The Four Sacred Medicines

Tobacco is the 1st plant the Creator gave to the Anishinaabe People. Aroma (tobacco) was given to the people so that we can communicate with the spirit world. Tobacco is always offered before working other medicines. Tobacco is used as an offering, a gift. When we ask the help or advice of an elder, healer, medicine person or creator, we need to give a gift.

Sweet Grass is the sacred hair of Mother Earth and also known as a women’s medicine. Its sweet aroma reminds our people of the goodness, love and kindness she has for the people. Sweet grass used in a healing circle has a calming effect. It can also be used for smudging and purification.

Cedar is used to purify homes and also has many restorative medicinal uses. When made into a tea to drink, it can clear the body of infections. A cedar bath/shower can help clean the mind/body and take away all feelings. Cedar is also used in sweat lodges, as both a tea and to put on the rocks to make the steam. You can smudge your house with Cedar first and then Sage.

These teachings are from the Anishinaabe people of the Great Lakes Area. Many tribes use these medicines but the teachings may differ from region to region or tribe to tribe.
Assessment of Wellness

Medicine Wheel

Assessing Your Life Balance
Culturally Relevant Aspects continued...

- Traditional Medicine
  - Accessible during individual/group sessions
- Community Presentation
  - Four Sacred Medicines
  - Commercial vs Traditional Use Tobacco Cessation
  - Medicinal Plant Teachings
Coordination of Care Services

- Referral coordinator
- Monthly Integrated Care Meetings with Behavioral Health and Medical
- Monthly Diabetes Committee Meeting
- Utilization of Microsoft Teams messaging system
- Warm hand-offs among the interdisciplinary team members
References:


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