

Train the Trainer Series

Access to Care Activities

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Access to Care: The Journey Begins

(Slides for these activities are located in the Access to Care presentation)

Instructions: The Journey Begins Team Exercise – IN-PERSON VERSION

1. The activity will be demonstrated using the case studies of 3 different patients.
2. Within the slide deck presentation of Access to Care, you will find three patient profiles:
 - Rob
 - Earl
 - Lijuan
3. The object of this activity is for the attendees to follow the journeys of these patients from hospital discharge to home, and how the patients are able to access care.
4. The attendees will be split into 3 groups. Each group will be assigned one patient.
5. The group will review their patient's profile before assessing the patient's journey.
6. The group will also be given a script or dialog of that patient and the interactions that they have had since being discharged from the hospital. (Scripts have been attached for distribution).
7. The groups will then identify and write down the key findings regarding barriers/social determinants of health(SDOH) that have affected the patient during their journey through the healthcare system. (The lists needed to identify the Key Findings regarding the barriers/SDOH have been attached).
8. It will depend on the length of the presentation but the groups should be able to do this activity within 10 to 15 minutes.
9. The groups will then report back and the trainer will let each individual group explain the patient's journey and what Key Findings were identified for their patient and how it affected the patient's access to care.
10. The class can follow along via the slides titled: Overall Journey, which can be found within the presentation.
11. The instructor has a complete patient journey script and key findings found within the note section of the slides.

Patient: Rob

Please read the following script regarding your patient, Rob's, journey from being discharged from the hospital to the pharmacy to the provider to the specialist to home.

1. **Rob's Discharge Instructions**
 - **Rob's comments:** *"My instructions are clear and concise. I understand what I need to do. I'm going to go pick up my medicine from the pharmacy"*
 - Rob is **able to drive himself** home and to the pharmacy
2. **Rob's Pharmacy Visit**
 - **Rob's comments:** *"Why do they make medication instructions so confusing? I could read this a couple of different ways. I'm going to **talk to the pharmacist** to get clarification."*
 - Prescription Instructions: Take 2 pills twice a day
 - Instructions can be read different ways. Rob is comfortable talking to the pharmacist about his concerns. After speaking with the pharmacist, Rob is clear on how he should take his medicine:
 - 2 pills in the morning and 2 pills in the evening.
 - After getting his prescription, he goes to his follow up appointment with his PCP.

3. Rob's PCP Visit

- **Rob's comments:** *"The doctor talked to me about increasing my exercise and changing my diet. The changes sound reasonable, so **I plan to follow her instructions.** Luckily she wrote everything down to remind me what I'm supposed to do."*
- **PCP Follow Up Visit**
 - Appointment: He arrives on time, completes all of his paperwork.
 - Treatment Plan: He talks with his doctor about his treatment plan, and what actions he needs to take. Doctor provides written instructions for exercise and dietary changes.
 - Patient Activation / Adherence: Rob agrees to follow the plan.
 - Referral to Specialist: Rob receives a referral to see a specialist in 3 weeks.

4. Rob's Specialist Visit

- **Rob's comments:** *"I'm a little frustrated that I got to the specialist and they told me **I didn't need the appointment.** They did take my bloodwork and said that everything looked good. I'll follow-up with my doctor next month."*
- Visit with Specialist is today
- Rob arrives at the Specialist office on time and waits only 10 minutes before he is seen.
- The specialist informs Rob that it was not necessary for him to be seen by her today, but they do his lab work while he is there.
- Lab results look good.

5. Rob heads home

- Rob has an appointment to see the PCP in 3 months.
- His prescriptions are filled.
- He will begin his walking plan next week.
- He is heading home to rest.
- His journey, for now, has come to an end.

Patient: Rob

After reviewing the patient's journey from hospital to home, identify the Key Findings that have caused your patient difficulties in receiving access to care as he navigated through the healthcare system.

List the following:

BARRIERS/SOCIAL DETERMINANTS OF HEALTH Examples: Costs, Transportation, etc.	JOURNEY SUCCESSES Examples: Understanding Medical Plan, Obtaining new meds, etc.

Patient: Earl

Please read the following script regarding your patient, Earl's, journey from being discharged from the hospital to the pharmacy to the provider to the specialist to home.

1. **Earl's Discharge Instructions**

- **Earl's comments:** *"I get nervous and confused at the hospital. I don't like to read; the words get jumbled up."*
- **Discharge Instructions**
 - Instructions are confusing – He has to figure out what the words say.
- **Things to do after discharge:**
 - Transportation home from the hospital
 - Fill Prescriptions
 - PCP follow up
 - Appointment with Specialist
- Earl has to find transportation to the pharmacy.
 - Uses the bus system and he finds the appropriate bus route to the pharmacy.
 - The trip has 1 bus transfer and takes 30 minutes one way.

2. **Earl's Pharmacy Visit**

- **Earl's comments:** *"I don't like taking pills. I'm not sure about the instructions, but I don't want to ask because they will think I'm stupid."*
- **At the Pharmacy:**
 - Prescription Instructions are as follows: Take 2 pills twice a day
 - Earl does not understand. He will not ask because he does not want the pharmacist to think that he is illiterate.
 - So Earl takes 2 tablets a day for about 2 weeks, missing a few doses here and there.
 - He takes both pills in the morning, because it is easier to remember
- Problems with medication adherence:
 - After 2 weeks, he forgets to take any more

3. **Earl's PCP Visit**

- He needs to find transportation to the PCP...uses the bus system.
- He finds the appropriate bus route to his PCP, the trip only takes 25 minutes.
- **Earl's comments:** *"I hate doctors. They made me make this appointment and now they say I have to come back another day. I will have to call tomorrow from Jimmy's house."*
- At the Appointment:
 - Earl arrives at his doctor's office.
 - Front office staff informs him that they tried to reach him, but were unsuccessful since they didn't have a phone number for him.
 - The doctor had an emergency and all of the appointments were canceled for the afternoon.
 - Front office staff tells Earl to call tomorrow to make an appointment.

4. **How does the journey continue for Earl?**

- Treatment Plan: there will be none
- Patient Activation / Adherence: Earl plans to call the office tomorrow from a friend's house, but he forgets.
- **Follow up appointment with PCP: No**
- Referral to Specialist: No
- Follow up lab results: None

5. **Earl's Journey Destination:**

- What is going to happen to Earl??
- Does Earl's journey end or start again???
- Where does Earl go???

Patient: Earl

After reviewing the patient's journey from hospital to home, identify the Key Findings that have caused your patient difficulties in receiving access to care as he navigated through the healthcare system.

List the following:

BARRIERS/SOCIAL DETERMINANTS OF HEALTH Examples: Costs, Transportation, etc.	JOURNEY SUCCESSES Examples: Understanding Medical Plan, Obtaining new meds, etc.

Patient: Lijuan

Please read the following script regarding your patient, Lijuan's, journey from being discharged from the hospital to the pharmacy to the provider to the specialist to home.

1. **Lijuan's Discharge Instructions #1**

- **Lijuan's comments:** *"I don't understand"*
- She is unable to understand instructions so the head nurse locates a Translator

2. **Lijuan's Discharge Instructions #2**

- **Lijuan's comments:** *"The nice man explained what the paper says. I need to go get my pills. My daughter will know what to do next."*
- Things to do after discharge:
 - Transportation home from the hospital
 - Fill prescriptions
 - PCP follow up
 - Appointment with specialist
 - Lijuan gets new instructions and family drives her to pharmacy.

3. **Lijuan's Pharmacy Visit**

- **Lijuan's comments:** *"I don't know what the bottle says. My daughter takes care of me. She picked up my pills and told me to take 1 in the morning and 1 pill at night."*
- **At the Pharmacy**
 - Prescription Instructions is as follows: Take 2 pills twice a day
- Daughter is in a rush, so she doesn't talk to the pharmacist. She assumes she understands the instructions
 - Daughter gives Lijuan 2 pills a day:
 - 1 in the morning
 - 1 in evening
 - Is this the right dosage for her mom?

4. **Lijuan's PCP Visit:** Daughter takes Lijuan to PCP after she drops her granddaughter off at school

- **Lijuan's comments:** *"My daughter does so much for me. She seemed irritated with the doctor, but she said everything is fine."*
 - **At the PCP Visit:**
 - Appointment is rushed
 - Daughter had to drop her granddaughter off at school and had trouble with the wheelchair so they arrived late at the doctor's office.
 - Daughter is still upset that the hospital got a translator for her mother. She feels that they are unnecessary, that's why she is there!
- The physician is discussing the **Treatment Plan** with Lijuan and her daughter.
 - The daughter disagreed with the treatment plan:
 - Thinks mother is too old to exercise
 - She feels that the doctor is "judging" her mom's diet

- Daughter takes offense and states, *“How dare he thinks that I will cut back on my mom’s food. She has been eating rice her whole life.”*
 - The **Patient Activation/Adherence** to treatment plan:
 - Daughter does not plan to do anything differently
 - And tells Lijuan that everything is fine.
 - An appointment with the specialist (an endocrinologist) is set for next week.
 - Lijuan must also see a doctor for her Vision and Hearing problems
 - Lijuan has DME: Diabetic Macular Edema
 - And also needs to go to the lab for a blood draw before seeing the specialist.
5. **Lijuan’s Specialist Visit**
- Daughter takes mom to Specialist.
 - Lijuan was not able to get to the lab prior to this visit, so at the specialist’s office, her labs are drawn:
 - Her A1C level is dangerously high (score is 12) with a blood glucose of 300.
 - Her other issues and specialist requirements are postponed.
 - Complications from lack of medication adherence.
6. **Home? No, Lijuan’s Journey Begins Again**
- Lijuan is transferred to the hospital.

Patient: Lijuan

After reviewing the patient's journey from hospital to home, identify the Key Findings that have caused your patient difficulties in receiving access to care as she navigated through the healthcare system.

List the following:

BARRIERS/SOCIAL DETERMINANTS OF HEALTH Examples: Costs, Transportation, etc.	JOURNEY SUCCESSES Examples: Understanding Medical Plan, Obtaining new meds, etc.

Access to Care: The Journey Begins

Instructions: The Journey Begins Team Exercise – VIRTUAL VERSION

1. The activity will be demonstrated using the case studies of 3 different patients. All slides for this activity are embedded within the presentation.
2. Within the slide deck, you will find three patient profiles:
 - Rob
 - Earl
 - Lijuan
3. The object of this activity is for the attendees to follow the journeys of these patients from hospital discharge to home. They should also be able to identify how the patients are able or not able to access care.
4. Since you are online, the attendees will follow the trainer as they review each patient's profile.
5. Have the attendees write down what they feel may be some of the barriers or social determinants of health (SODH) that will affect the patient's ability to access care.
6. Prior to the activity, see that each attendee has access or has been emailed a copy of the lists that are needed to identify the Key Findings regarding the barriers/SDOH. (Those lists follow these instructions.)
7. Do one patient profile at a time. The review should not take more than 5 minutes.
8. After each profile review, proceed to the patient's journey and have the attendees follow along as the trainer shares the journey.
9. **Note to trainer:** the script or dialog of that patient and the interactions that they have had since being discharged from the hospital are located within the note section of each slide.
10. Following the trainer, the group should write down what Key Findings were identified for the patient and how it affected the patient's access to care.
11. The instructor has a complete patient journey script and key findings found within the instruction notes.

Patient: Rob

After reviewing the patient's journey from hospital to home, identify the Key Findings that have caused your patient difficulties in receiving access to care as he navigated through the healthcare system.

List the following:

BARRIERS/SOCIAL DETERMINANTS OF HEALTH Examples: Costs, Transportation, etc.	JOURNEY SUCCESSES Examples: Understanding Medical Plan, Obtaining new meds, etc.

Patient: Earl

After reviewing the patient’s journey from hospital to home, identify the Key Findings that have caused your patient difficulties in receiving access to care as he navigated through the healthcare system.

List the following:

BARRIERS/SOCIAL DETERMINANTS OF HEALTH Examples: Costs, Transportation, etc.	JOURNEY SUCCESSES Examples: Understanding Medical Plan, Obtaining new meds, etc.

Patient: Lijuan

After reviewing the patient's journey from hospital to home, identify the Key Findings that have caused your patient difficulties in receiving access to care as she navigated through the healthcare system.

List the following:

BARRIERS/SOCIAL DETERMINANTS OF HEALTH Examples: Costs, Transportation, etc.	JOURNEY SUCCESSES Examples: Understanding Medical Plan, Obtaining new meds, etc.

Generic Activities: Brainstorming Activity

Instructions: Brainstorming

Purpose: Encourage new ideas, new ways of doing things, and being creative or thinking “outside of the box”.

1. Facilitator Role

- Define your problem, issue or challenge
- Give a time limit or idea limit
- Encourage everyone to participate
- Record ideas
 - Be brief, but try to use participant’s words
 - Put a check mark when ideas are repeated

2. Brainstorming Rules

- Shout out ideas quickly
- Think fast; reflect later.
 - Keep ideas short and simple
 - The more ideas, the more potential solutions
- No discussion during brainstorm ... ideas only
 - No criticizing, arguing, agreeing or evaluating.... No discussion
- Hitchhiking – build on other ideas for inspiration to create new ideas

3. Concluding the Brainstorm

- Facilitator:
 - Reads the list of ideas
 - Ask if there are any additions or corrections
- Group:
 - Chooses the top 3 – 5 ideas
- Facilitator:
 - Make sure everyone participates
 - Circles the top ideas

Generic Activities: Discussion Groups

Instructions: Discussion Groups

1. Be inclusive
 - Allow individual introductions
 - Share objectives, expectations or intentions of the discussion
 - Get clarification, if needed, on participant questions or comments.
 - Treat participants with respect and consideration.
 - Give time for participants to gather their thoughts and contribute to discussions.
 - Provide opportunities for participants to pair-share.
2. Discussions should be constructive and positive
 - Establish ground rules
 - Try to keep the group on task without rushing them
 - If the group starts to veer in the direction of negativity and/or pointless venting, ask them how they would like to address this
 - Step back when a group is functional/functioning – help participants become independent learners; take control of their learning
3. Encourage participation
 - Capture participants' comments on a whiteboard
 - Ask follow-up questions, and paraphrase comments for all to think about
 - Incorporate previous contributions into the conversation
 - Encouraging others to add their reactions or ideas to build on someone's comment.
 - It's okay if you don't know – invite others to provide resources
 - Discomfort and silence are ok; it allows participants time to think

Generic Activities: Case Study

Instructions for drafting a Case Study:

1. Introduction
 - Identify the key problems and issues in the case study.
 - Formulate and include a thesis statement, summarizing the outcome of your analysis in 1–2 sentences.
2. Background
 - Set the scene: background information, relevant facts, and the most important issues.
 - Demonstrate that you have researched the problems in this case study.
3. Alternatives
 - Outline possible alternatives (not necessarily all of them)
 - Explain why alternatives were rejected
 - Constraints/reasons
 - Why are alternatives not possible at this time?
4. Proposed Solution
 - Provide one specific and realistic solution
 - Explain why this solution was chosen
 - Support this solution with solid evidence
 - Concepts from class (text readings, discussions, lectures)
 - Outside research
 - Personal experience (anecdotes)
5. Recommendations
 - Determine and discuss specific strategies for accomplishing the proposed solution.
 - If applicable, recommend further action to resolve some of the issues
 - What should be done and who should do it?