Developing an Integrated Plan of Care

CAIPER Interprofessional By Design® eLearning Module Instructional Companion Guide

COURSE OVERVIEW

Developing an Integrated Plan of Care is an interactive, self-paced eLearning module that guides learners through the steps of designing and evaluating an integrated plan of care as a member of a primary care team. It is the third in a series of eLearning modules that emphasize team-based decisions and skills required for current and evolving primary care practice and continuum-based care.

Each of the modules is appropriate for both undergraduate and graduate students in health professions programs. Content and objectives in each module are aligned with the Interprofessional Education Collaborative (IPEC®) Core Competencies for Interprofessional Collaborative Practice. The Companion Guide offers suggestions for ways to enable learners to achieve the core learning objectives and practice goals.

CORE LEARNING OBJECTIVES

1. Describe the value of integrated care and an integrated plan of care for achieving national quality goals.
2. Identify members of interprofessional primary care teams who may be involved in developing an integrated plan of care.
3. List key steps in developing a patient-centered, integrated plan of care.
4. Identify criteria and tools for determining the effectiveness of an integrated plan of care.

Practice Goals for Undergraduate and Graduate Students

UNDERGRADUATE STUDENTS	GRADUATE STUDENTS
Identify the value of having a single, integrated plan of care for patients, families, and team members.	Identify the benefits of having a single, integrated plan of care for patients and families with complex care needs and multiple social determinants of health.
Recognize the importance of engaging patients and family members in creating and integrated plan of care.	Lead the development of a team-based, integrated plan of care for a patient with complex care needs.
Describe the roles and contributions of each team member to developing and evaluating the impact of an integrated plan of care.	Evaluate the effectiveness of a team-based, integrated plan of care using clearly specified criteria and one or more standardized tools.
Participate in evaluation of care coordination interventions including their impact on patient and family experience and quality outcomes.	

Supplemental Learning Activities and Instructor Resources

Supplemental Learning Activities provide examples of ways to augment the module content through classroom and clinical activities and practice scenarios. Selected resources are offered as useful background for instructors to prepare and implement course activities to achieve the core learning objectives and practice goals.

Supplemental Learning Activities

UNDERGRADUATE STUDENTS	GRADUATE STUDENTS
Working in a small group, have students identify several ways to involve patients and families as full team members and elicit their needs and preferences for effective care planning.	Have students create a compelling elevator speech for their practice teams for why patients need a single plan of care rather than multiple ones.

UNDERGRADUATE STUDENTS	GRADUATE STUDENTS
As a small group exercise, have students discuss each of the steps involved in creating an effective team-based integrated plan of care; have them identify steps they believe will be most challenging for them to accomplish and strategies they would use to address the challenges.	Have students lead a team meeting to develop or update an integrated plan of care for a patient with complex care needs.
As part of a clinical experience, have students design and present an integrated care plan for a patient with several health needs and social determinants of health. Encourage them to use the template provided in the module or design their own.	As a group project, have students develop a best practices brief on engaging and activating patients as members of the team.
Have students provide feedback on each other's integrated plans of care using the evaluation criteria and tools discussed in the module.	Have students lead or participate in a quality improvement project to improve the design and evaluation of an integrated plan of care for patients in their practice settings.

Instructor Resources

Effective Care for High-Need Patients: Opportunities for Improving Outcomes, Value, and Health
Effective Care for High-Need Patients: Opportunities for Improving Outcomes, Value, and Health' is part of the National Academy of Medicine The Learning Health Systems Series. This report explores the characteristics of high need (high risk, high cost) patients and describes best practices in integrated care and integrated care plans for working with them.
National Academy of Medicine. 2017. "Effective Care for High-Need Patients: Opportunities for Improving Outcomes, Value, and Health." Retrieved from https://nam.edu/wp-content/uploads/2017/06/Effective-Care-for-High-Need-Patients.pdf (Link)
National Institute of Mental Health - Integrated Care
The National Institute of Mental Health web resource 'Integrated Care' discusses the importance of integrated care, key terms, and main differences between integrated care approaches for children, adults and vulnerable populations. It introduces readers to Substance Abuse and Mental Health Service Administration (SAMHSA) framework's three main categories of Coordinated Care, Co-located Care and Integrated Care and their central characteristics, as well as ways to measure an organization's level of integration. Additional resources are also provided.
National Institute of Mental Health. 2017. "Integrated Care." Retrieved from https://www.nimh.nih.gov/health/topics/integrated-care/index.shtml (Link)

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