

Question & Answer (Q&A): Interdisciplinary Care Teams (ICT) for Older Adults Webinar

Webinar participants asked these questions during the Q&A portion of the fifth webinar in the 2017 Geriatric-Competent Care webinar series, Interdisciplinary Care Teams for Older Adults held on December 7, 2017. Please note, the responses in this document have been edited slightly for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:

https://resourcesforintegratedcare.com/GeriatricCompetentCare/2017_GCC_Webinar_Series/ICT

Featured Webinar Speakers:

- Dr. Gwendolyn Graddy-Dansby, M.D., F.A.C.P., Medical Director, PACE Southeast Michigan
- Sandra White, LMSW, ACSW, PACE Southeast Michigan
- Ellen LaSalvia, MSW, LSW, Buckeye Health Plan
- Olivia Richard, Care Recipient

Q1: Does the client attend his or her own ICT meeting?

Sandra White: Yes, we make sure that the participant is involved in all of the meetings. We try to make sure that the participant we are working with is partnering directly with us. For numerous reasons, we meet participants face-to-face in their home. However, it is okay if they are unable to attend a meeting for either medical or social reasons. If we are unable to meet with the participant face-to-face, we move to other options such as conference calls.

Q2: How do you document the interdisciplinary discussion of the ICT in notes?

Sandra White and Dr. Gwendolyn Graddy: Documentation is vital for ICTs. During ICT meetings, all members caring for patient(s) share their medical, psychosocial, and/or spiritual interventions while collaboratively creating a care plan. After any ICT discussion, notes are documented in the electronic medical records. These notes document that the ICT met, discussed a concern, talked about the solution and interventions, and hold the responsible parties accountable.

Q3: If an update is needed to the care plan, can the update be made unilaterally, or does it require a discussion with ICT members? Is there another way to communicate the update?

Sandra White and Dr. Gwendolyn Graddy: Care plan update meetings are scheduled regularly for all ICT members to review changes and discuss new interventions that will take place. Participants and caregivers are welcome to be a part of the planning process and care plan changes, as needed. Updates that are going to be made are discussed during these regular meetings so that all ICT members are involved in and aware of the changes. Each department is also expected to have short meetings for updates on pertinent issues for the organization, staff,

and sometimes the participant. Changes to care plans can be communicated through these meetings as well.

Q4: Please speak more about including psychologists in the ICT. Has anyone tried to do so? If so, what are some barriers in doing so?

Dr. Gwendolyn Graddy: We find that behavioral health professionals are important members of the ICT for many reasons. First, the portion of the population that has mental illness diagnoses is growing. Second, there are limited resources in the community for behavioral health services, whether because of availability or lack of insurance coverage. These factors show that there is a greater need demographically for people who have mental illness diagnoses to include behavioral health professionals in their ICT. In our organization, we made behavioral health professionals a part of the ICT so that when there are challenges, behavioral health professionals are part of the process of reviewing the concerns and identifying solutions.

Geographical location can be a barrier in incorporating behavioral health professionals in the ICT since the location of a program determines availability. We looked into holding virtual visits with psychologists to overcome this barrier, and we may pursue that in the future. Partnering with organizations or entities that provide visits and participate in the ICT is important, even if it is only done virtually.

Q5: In the over-65 age group, many have several visual impairment issues. Does the ICT's format recognize a role for connecting to local organizations for the blind or specialized certified vision rehabilitation professionals?

Dr. Gwendolyn Graddy: First, from the medical perspective, it is important to identify what the actual disability is as it relates to the visual impairment. There needs to be a medical evaluation to understand the cause of the impairment. This will impact the types of ICT interventions.

Sandra White: It is also important to identify other resources that are available to the individual. We incorporated organizations that serve the visually impaired in the ICT in the past. However, the team must also make sure that the beneficiary is involved and that the social worker provides ongoing communication about the needs in the home.

Q6: I am a care coordinator for a family practice. Our biggest challenge is buy-in from the patients' Primary Care Provider (PCP). Do you have any suggestions?

Ellen LaSalvia: The issue of engaging PCPs is challenging and requires creative solutions. Some successful strategies to engage the PCP in the ICT include:

- Create standing ICT meetings via telephone and invite the provider network to attend as their schedules allow.
- Schedule care management visits at the same time as the visiting physician home visit and conduct an ICT meeting during the already established and scheduled visit.

- Host onsite ICT meetings with the entire team across each region on a biweekly basis to discuss urgent issues that may arise or complex issues that are ongoing. The client is also invited to attend these meetings via telephone.
- Have the care manager work with the member to schedule primary care appointments so that the care manager can attend the appointment in-person with the client. They can include the other ICT members via telephone during these PCP visits, or they can communicate questions and answers between the PCP and other ICT members after those appointments.
- Work closely with the nurses that support the physicians and potentially include the nurses on the ICT as needed.

Q7: Some of our ICT members are used to a medical model where the physician is in charge and directs the discussion and makes the decisions. How do we encourage the physician to engage in a person-centered perspective and respect and acknowledge everyone's expertise as well as the patient's wishes?

Dr. Gwendolyn Graddy: It is crucial that we influence the aging individual's life from a holistic approach. We encourage members from each discipline to participate in the ICT. That allows ICT members to feel that their input is being heard and valued. It is important to encourage the other ICT members to have input, and it is important for the team to acknowledge the value of that input.

Sandra White: When we hold care plan meetings, we focus on all disciplines. We go through each discipline and make sure that their input and intervention ideas are heard and evaluated. We make sure not to leave any discipline out. The meeting leader is tasked with making sure that everyone is heard, respected, and is given a voice in the problem solving process.

Q8: How has technology impacted the ICT?

Dr. Gwendolyn Graddy: Technology improves our ability to communicate with people. Our organization is looking into using telehealth to prevent hospitalizations and emergency room visits. I think that we will reach a point where telehealth will be one of the primary ways to provide care and a way that the ICT will maximize care.

Olivia Richard: As a member, I use my cell phone a lot to communicate with my care team via text message. When I enter the hospital, I text my care coordinator to alert her that she may get a phone call from a member of the healthcare team. There is also a 24-hour number for behavioral health crises that I can call via cellphone as well. Also, in Massachusetts, we have the Community Medic, which is basically an emergency department that comes to you. A paramedic-level EMT can come and draw blood, run tests, and get in contact with the doctor over the phone to authorize medication. This is one of the biggest service innovations that has kept me from going to the hospital.