



The
Roadmap
Project

*Roadmap for Emotional Health
Collaborative
Informational Call*

Agenda

- Welcome
- Roadmap Project Overview
- How will the Roadmap to Emotional Health Collaborative work?
 - Overview
 - Settings and teams
 - Data collection and measures
 - IRB and data sharing considerations
 - Timeline
- Questions
- Next steps



Roadmap Project Team



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Psychologist



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The
Roadmap
Project

Global Aim

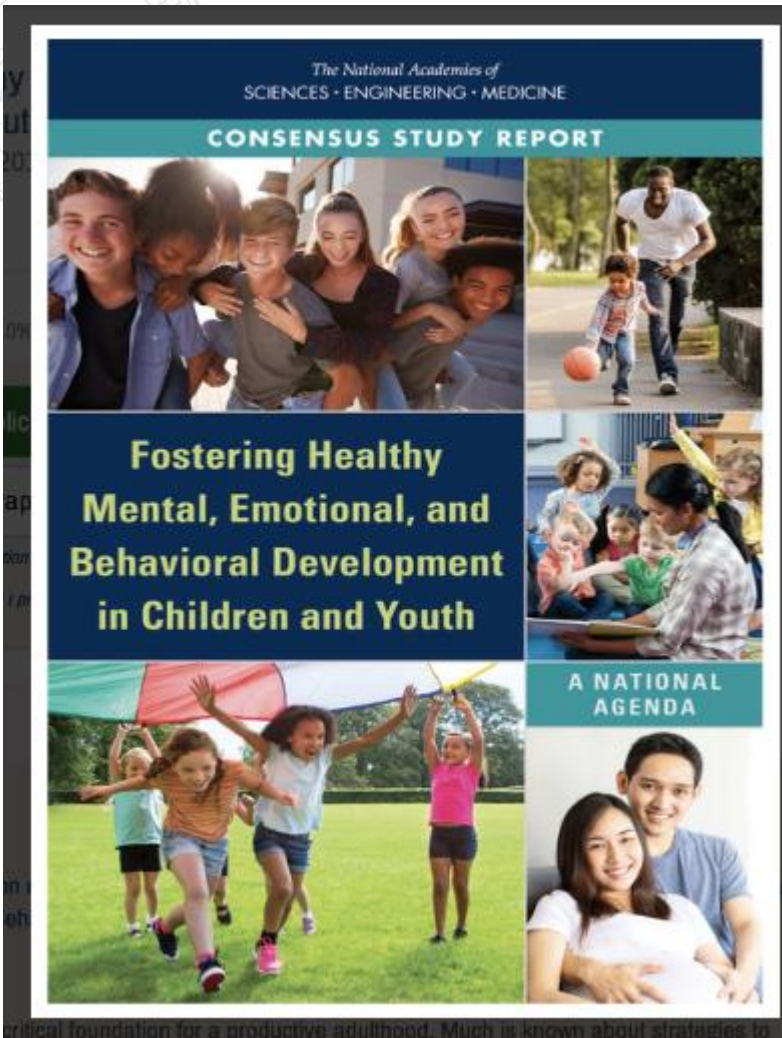
Patients with chronic conditions and their families will receive support to promote emotional health as a routine part of excellent care.



How we began

*Patients and parents
advocated for
addressing emotional
health of children
with chronic
conditions and their
families*





Addressing the emotional health needs of patients and families with chronic conditions is important, evidence-based, and feasible.

National Academy of Medicine Report 2019



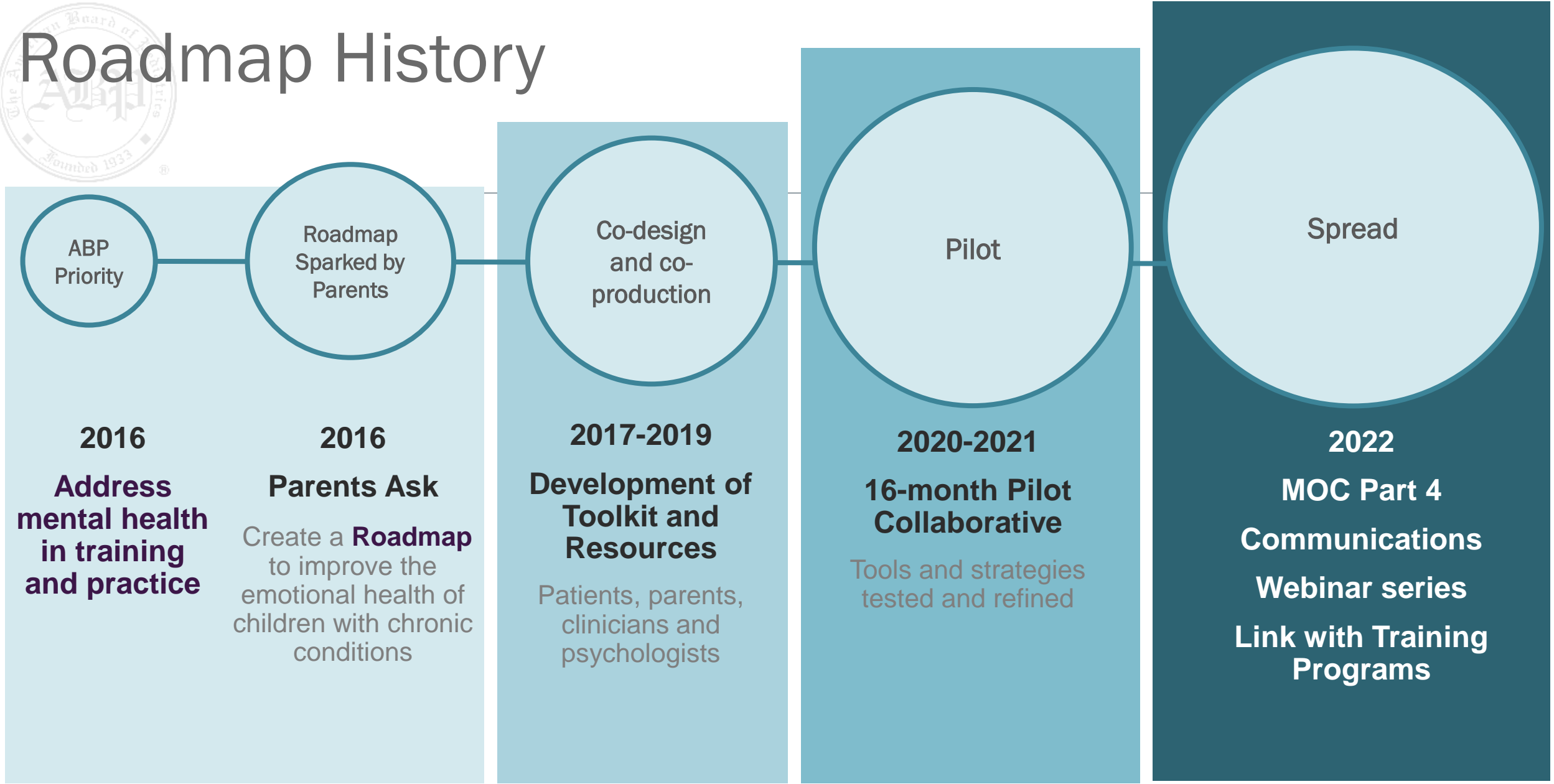
Preparedness of Pediatric Subspecialty Fellows to Address Emotional and Mental Health Needs of Children With Chronic Medical Conditions

Table 2. Respondents Across Subspecialties Who Reported High Levels of Interest, Responsibility, and Competence in Mental Health Care

Subspecialty	Interest ^a Adjusted % (95% CI) ^d	Responsibility ^b	Competence ^c
Adolescent medicine	89.9 (84.1-95.7)	94.7 (90.4-99.1)	57.8 (47.3-68.4)
Developmental-behavioral pediatrics	83.1 (76.4-89.7)	77.1 (69.7-84.5)	32.1 (23.3-40.8)
Child abuse pediatrics	76.3 (63.3-89.4)	87.5 (78.0-97.1)	24.8 (12.2-37.4)
Endocrinology	75.8 (70.2-81.4)	78.0 (72.4-83.5)	18.0 (12.8-23.2)
Rheumatology	75.5 (65.7-85.3)	81.0 (72.4-89.6)	24.5 (14.7-34.3)
Hematology-oncology	76.3 (72.3-80.4)	85.2 (81.9-88.5)	20.9 (17.1-24.6)
Nephrology	72.5 (63.9-81.1)	77.8 (69.6-86.0)	13.0 (6.2-19.8)
Pulmonology	74.1 (66.9-81.3)	73.6 (66.5-80.6)	19.7 (13.1-26.3)
Gastroenterology	63.5 (57.9-69.1)	73.1 (68.1-78.1)	25.0 (19.9-30.0)
Cardiology	56.7 (51.9-61.5)	67.8 (63.4-72.1)	13.1 (10.0-16.3)
Infectious diseases	46.8 (38.6-55.0)	49.7 (42.0-57.4)	21.9 (15.4-28.5)
Critical care medicine	44.6 (40.1-49.1)	63.0 (58.6-67.3)	12.9 (9.9-15.9)
Emergency medicine	40.8 (36.5-45.1)	60.9 (56.7-65.1)	22.6 (19.1-26.2)
Neonatology	38.4 (34.7-42.1)	26.9 (23.6-30.2)	21.0 (18.0-24.0)



Roadmap History





What We Know

- Patients and families have emotional health needs. If we ignore them, they don't go away.
 - *Psychologist*: “You don't have to be a mental health professional to make a difference.”
 - *Patients and parents*: “We don't expect clinicians to be perfect.”
- A collaborative environment creates the platform for effectively changing practice to support patients and families.



What is the *Roadmap for Emotional Health Project Collaborative?*



Overview



Teams working together to systematically make changes using educational theory, improvement science, and data



Collaborative Shared Aim

By March 2024, 90% of patients with chronic conditions and their families seen by clinical teams participating in the Roadmap for Emotional Health Collaborative will have emotional health needs assessed each visit or clinical encounter.



Collaborative Overview




- Each children's hospital:
 - Chooses (at least) two subspecialties for initial tests of changes and strategies
 - Identifies teams to participate
- About 12 months duration
 - Kick-off in Spring 2023 (depending on triple demic)
- 1 one-hour webinar per month
- Monthly measurement, reporting, and feedback to assess progress
- Virtual Learning Session in late spring 2023, fall 2023 and spring 2024 (half-days)
- Coaching support



Tools and Strategies to Guide Your Work

Concrete, useful tools & strategies

THE ROADMAP PROJECT

<p>RAISE AWARENESS about the emotional impact of living with a chronic condition.</p> 	<p>IDENTIFY RESOURCES and make them available (e.g. peer-to-peer, therapeutic support, and patient and family crisis plans).</p> 	<p>DEVELOP SKILLS and confidence to address emotional health.</p> 	<p>BUILD SURVEILLANCE and assessment into routine clinical processes.</p> 
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LEARN MORE AT WWW.ROADMAPFOREMOTIONALHEALTH.ORG



A Change Package

Supporting Resilience, Emotional, and Mental Health of Pediatric Patients with Chronic Conditions and Their Families

Erica Sood, PhD

“Normalize, Ask, Pause, Connect” Technique for Starting Discussions about Emotional Health
Erica Sood, PhD



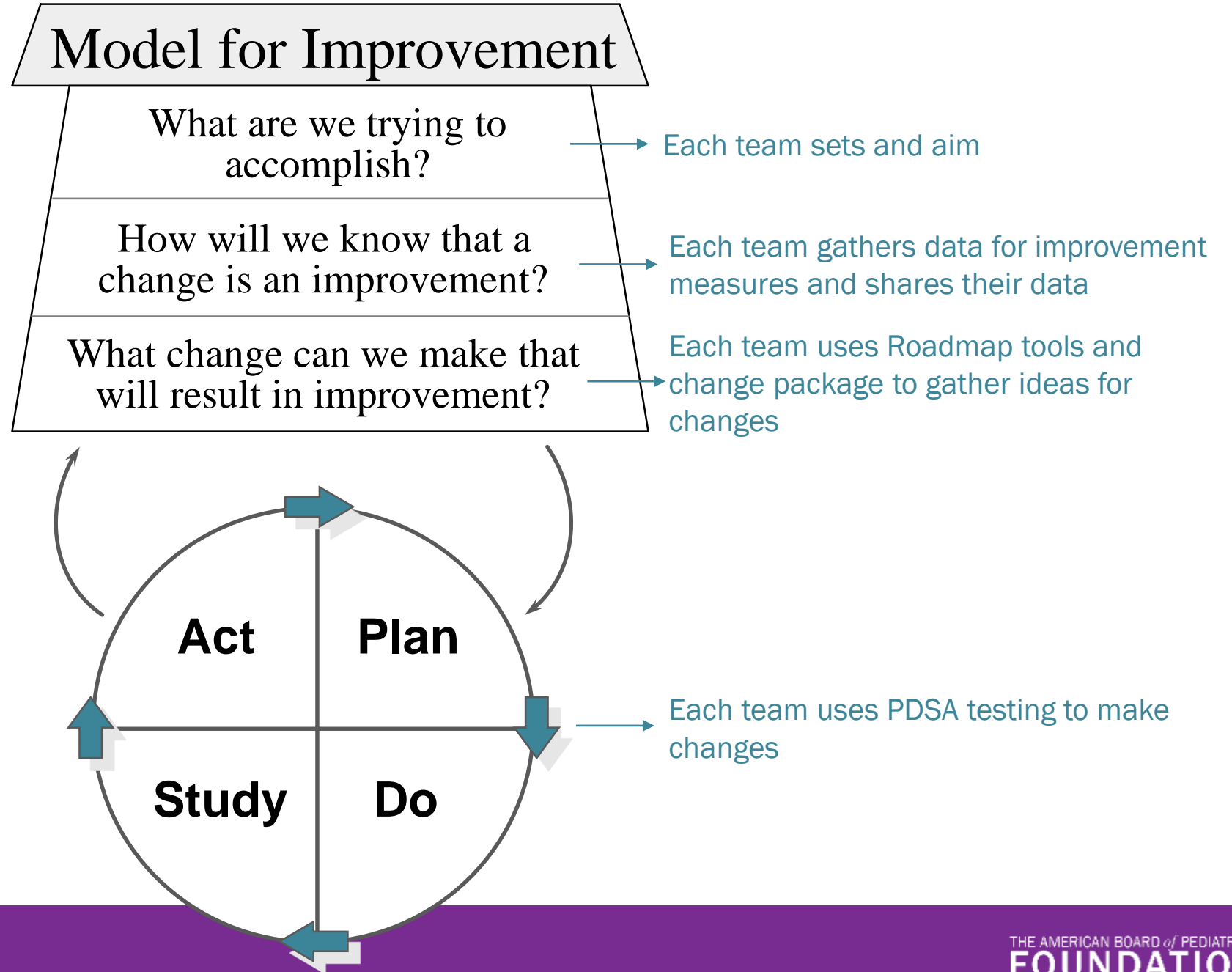
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Starting Discussions about Emotional Health: The Normalize, Ask, Pause, Connect Technique



Execution





Settings
Teams



Setting

- A clinical site (e.g., a subspecialty clinic or inpatient setting) where you will begin testing Roadmap strategies and tools
- Identify at least **2 subspecialties** (no max) within your hospital (partner/”stickiness”)
 - Ideal subspecialties: those with an emphasis on **long-term relationships for patients with chronic conditions**
- Identify interested leads/teams
- “Don’t start with your toughest nut to crack”



Team

- A physician “champion” to organize, lead, and advocate for site improvement efforts and ensure data is entered
- Additional members who are representative of the clinical area or training component that you will work in initially
- A parent or patient representative (strongly recommended)
- Individual who can collect/submit data
- Key contact





Time Commitment

Estimated ~3-5 hours/month for your team:

- internal team huddles ~1-4 times/month
- attending webinars
- collecting/entering/reviewing data
- testing

*Timing varies based upon activities for your team





Data Collection and Measures





Regular Data Collection and Reporting

- Measurement to guide your improvement
- Intent is to learn together



Proposed Measures

- Readiness Checklist survey (5 questions)
 - Team response every 3-4 months
- % of visits in which children with chronic conditions and their families' emotional needs are assessed
 - Sampling of 10 charts/month per actively testing provider



IRB and Data Sharing Considerations



IRB Protocol

- Project protocol submitted to Cincinnati Children's Hospital IRB and received exempt determination
- Minimal risk
- No patient, parent, clinician or trainee identifiers
- Each participating children's hospital will:
 - Receive the determination and copy of the protocol
 - Follow their institution's requirements for IRB approval



Sharing Data

- We will share the results of Roadmap Collaborative measures transparently within the Collaborative
- Each participating children's hospital will sign an agreement about data sharing, developed by Cincinnati Children's Hospital



Timeline



High Level Timeline

- **November 2022 - Spring 2023**
 - Submit intent to participate by **January 25th**
 - Identify (at least) 2 subspecialties and team members in which to test Roadmap strategies
 - Submit IRB and legal documents to your local institution (as needed)
- **Spring 2023 - Spring 2024**
 - With support from Roadmap project team
 - Systematically test changes to implement Roadmap
 - Collect small amounts of data to monitor change/improvement over time
 - Participate in monthly calls to share what you are learning
 - “All teach, all learn”



Timeline to Launch

January-March

Submit intent to participate

Work on IRB and legal

Form team and organize work

Participate in calls with Project Team/Orientation webinar

Pre-work

April 18-19, 2023

Learning Session 1 (virtual)



Collaborative Timeline

Month 1

Learning
Session 1

Months 2-
5

Action Period 1

Month 6

Learning
Session 2

Month
7-11

Action Period 2

Month
12

Learning
Session 3



Questions?



Next Steps



Talk with stakeholders at your institution

- What subspecialties and settings might participate?
- Who might be members of your team?
- What other questions do you have for us?





Let us know your initial thoughts

- Email us intent to participate by responding to the form and send to ABP_Fdn_Project@cchmc.org



Thank you!

Reference slides





Readiness Checklist Components

- Provider and Staff Awareness
- Resources Available
 - Peer-to-peer
 - Mental Health Providers
 - Crisis Plan
- Providers feel confident and competent initiating discussions about emotional health
- Addressing emotional health is a routine part of each clinic visit

0 = Not Currently
1 = Developing or testing
2 = Part of my individual practice
3 = Across the clinical setting in which I practice



Proposed Measure Instructions

- Sample a *maximum* 10 charts from actively testing providers per month. For each chart, assess the following:
- Was emotional health of the patient and/or family assessed during this visit?
 1. **Not assessed**
 2. **Documented discussion** with patient and/or family regarding emotional health and/or quality of life
 3. **Use of screening tool**
 - a) *If yes, was there documentation that results were discussed with patient and/or family?*