

Inceptary 10 **Post Discharge**

We discussed how to proceed to create necessary change in the disconnected processes for acute discharge and post-acute care planning (post discharge).

Challenges and missteps in nonprofit support of vulnerable populations

We started with a great review by one associate of some of the difficulties in developing and providing solutions. These issues were also echoed in a webinar several of us attended on grantsmanship and the challenges in working with foundations’ priorities, and the target populations’ priorities.

Vulnerable populations that need the most support are difficult to engage. In many instances good products and services are developed, but a top-heavy nature of solution development does not usually include a deep understanding what the community needs – from the community’s perspective. Resources are spent in favor of solution development over community outreach/marketing and learning the dynamics and barriers as the community sees them. Good solutions don’t trickle down on their own. Without community engagement the result can be that resources get wasted and distrust increased.

Old fashioned relationship building and other on-the-ground efforts are required to successfully serve the community needs. Have to take the time to complete community meetings, focus groups, surveys, etc., with final community confirmation of the needs identified.

A low-tech, light approach to initiate an Inceptary approach in post-discharge transformation

What simple things can we do to support the post-discharge challenge. Last session we described many of the issues: lack of knowledge, lack of communication and information sharing in post-discharge settings, etc.

We can start by looking at the educational materials for the lay person, which are not encumbered by regulation simply explain what patients should be aware of and the questions they need to ask of clinicians before and after an acute procedure.

These could be a series of “What to do when you ...” topics such as:

- are leaving an outpatient clinic
- live alone or live with someone who cannot support you
- live with someone who can support you
- don’t have a primary care physician
- have a primary care physician
- don’t have access to transportation
- take medications for chronic conditions
- ...

These could also be a series of “Before your procedure ask about ...” topics and “After your procedure ask about ...” topics such as:

- length of procedure
- your level of alertness during the procedure
- the medications you will be given while in the hospital
- options for recovery settings after discharge
- ...

We will focus on questions that improve patient-clinician communication and make patients aware of their choices. We will stay away specific procedure related questions that the clinicians generally cover well.

This approach would create content and allow us to engage communities without getting into a complex systematic solution committing a lot of resources. This will also help us 1) assess the viability of an educational, content-driven lightweight approach and 2) engage through social media and other channels.

We need to resolve several open questions related to this content:

- What media should be chosen for the content? (Paper, video, graphic novel, etc.)
- How do we market or distribute this content to make it accessible to our target population? (Social media, doctor's offices, community centers and services, place on the internet where searches are made, etc.)
- Should the content be general or specific? (Procedure specific, e.g., hip/knee replacement, cataract surgery, etc.). We could start simple with an alpha product focused on creating the right content, and see if it makes a difference.
- Should we present our bias, e.g., "you really do want to go to your home, not a rehab center" and provide supporting information and clinician questions?
- ...

In the future we can expand our work and use more technology intensive approaches, such as:

- Establish data interfaces (e.g., ADT feed) with hospitals, ambulatory surgery centers, physician practices, etc. to directly reach those who are scheduled for acute procedures.
- Create an easy-to-understand app that updates a personal care plan's daily requirements and recommendations.

Recommended discussions to explore above and obtain the base information:

- Hospital to home services like CarePartners, CPMC/PACE/SF Villages Collaboration
- How does Hospital to home work in rural areas?
- General practitioner and specialist practices
- SNF and Rehab Centers about meds coordination
- MonAmi for supportive personal healthcare services