

Measured Impact Webinar
“An Outline of a Best Practice Model for the Complex Care of Torture Survivors”
 Richard Mollica, MD, MAR
 S. Megan Berthold, PhD, LCSW
 September 13, 2017
 National Capacity Building Project

Presenters



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Objectives

- Understand the definition of complex care as it applies to working with torture survivors
- Articulate how a complex care model and its 5 domains applies to diagnosis and treatment of torture survivors
- Articulate the benefits of ongoing communication and coordination of care among treatment providers

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Overview of Webinar

- Complex Care Model (CCM) – context & definition
- Evidence that complex care results in positive outcomes
- Adapting model to the care of torture survivors: 5 domains
- Virtual patient case of Mrs. K.

Next week: case example, consultation re: application of complex care model and Q & A.

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Context for development of CCM

- Chronic diseases had become the major cause of death and disability worldwide, responsible for 59% of deaths and 46% of the global burden of disease

(World Health Organization. Global Strategy on Diet, Physical Activity, and Health. 2003. <http://www.who.int/dietphysicalactivity/publications/facts/chronic/en/index.html>)

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Context (cont.)

- Despite advances in the effectiveness of treatment, patients frequently did not get the care they wanted or needed

(McGlynn EA, et al. The Quality of Health Care Delivered to Adults in the United States. *New England Journal of Medicine*. 2003; 348(26):2635–2645.)

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Definition of Complex Care Model (CCM)

“The aim of the CCM is to **transform the daily care** for patients with chronic illnesses from acute and reactive to proactive, planned, and population-based. It is designed to accomplish these goals through a combination of **effective team care and planned interactions**;

(continued)



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Definition of CCM (cont.)

self-management support bolstered by more effective use of community resources; **integrated decision support**; and patient registries and other supportive information technology (IT). These elements are designed to work together to **strengthen the provider-patient relationship and improve health outcomes.**”

Coleman et al. (2009). Evidence On The Chronic Care Model In The New Millennium. *Health Aff (Millwood)*, 28(1), 75–85.



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Complex Care

- Designed for patients with problems in each of 3 overlapping areas:
 1. medical;
 2. behavioral health;
 3. And social.
- Major goals are to:
 1. reduce pain and suffering;
 2. maximize physical functioning; and
 3. maximize family and community integration and participation.



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Characteristics of CCM

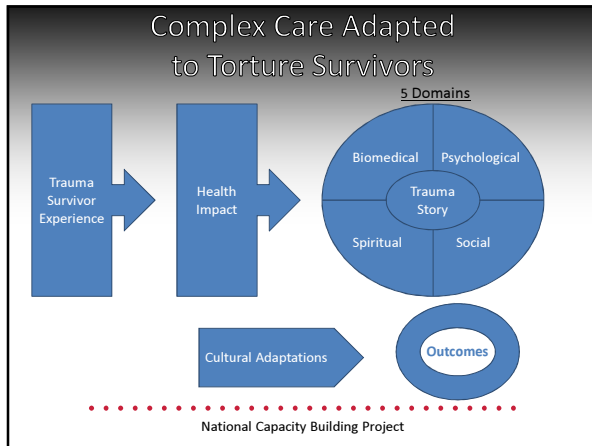
- Aims to prevent chronic illness and improve quality of care for the chronically ill, such as those with Type 2 diabetes
 - Multidisciplinary collaborative teams
 - Patient-centered
 - Focus on self-management support which includes:
 - ✓ collaborative goal setting,
 - ✓ problem solving,
 - ✓ follow-up, and
 - ✓ planned proactive care.
 - Focus on improving quality and cost-effectiveness of care
(Koponen, Simonsen, & Sakari Suominen, 2017)
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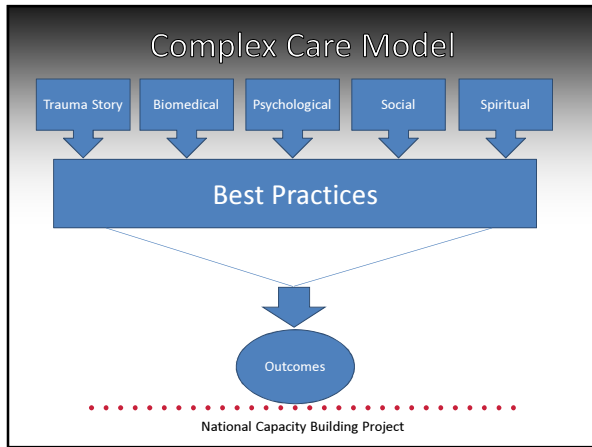
Evidence for Positive Outcomes

- **Improved care:** Compared to patients in control practices, congestive heart failure CCM patients were more knowledgeable, used recommended therapies more often, visited the emergency department (ED) less often, and experienced 35 percent fewer days in the hospital.
 - **Improved QOL:** CCM patients with asthma were more likely than non-CCM patients to self-monitor and have a written action plan, and their quality of life improved.
 - **Reduced risk of CVD:** diabetic patients experienced reduced risk of cardiovascular disease; for every forty-eight patients who received complex care, risk declined by one cardiovascular disease event.
Coleman et al. (2009).
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Effective CCM programs . . . (a study of 18 successful programs)

- customize program to local contexts and caseloads;
 - identify patients through qualitative and quantitative methods;
 - care coordination has a central role;
 - emphasize building trusting relationships with patients and their primary care providers;
 - team composition and interventions are selected based on patient needs;
 - team members receive specialized training; and
 - use technology to support their efforts
- (Hong, Siegel, & Ferris, 2014; A Commonwealth Fund Report)
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Virtual Clinical Encounters (VCEs) – an educational computer simulation model

- 'An interactive computer simulation of real-life clinical scenarios for the purpose of healthcare and medical training, education or assessment' (Ellaway et al, 2008)
- A controlled setting where the learner can train and be assessed on performance of specific skills




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THINK!

Participants' experiences of evaluation


- Any experience with a virtual patient?
- Can a VP show empathy?
- Is it as realistic as a real patient for teaching?



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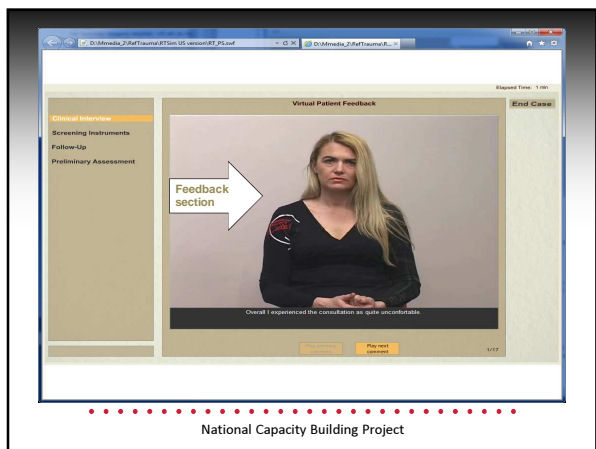
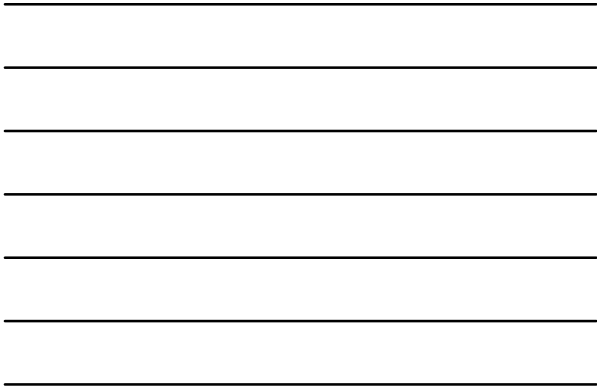
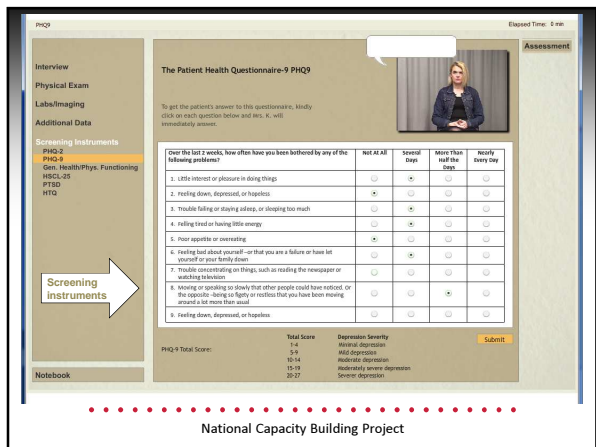
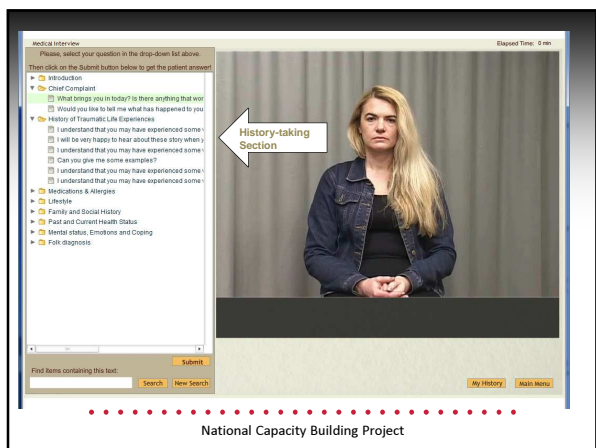
Virtual Clinical Encounter



- Introduction
- Chief Complaint
- Medications & Allergies
- Lifestyle
- Family and Social History
- Past and Current Health Status
- Past Psychiatric History
- Orientation

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5 Domains of Diagnosis and Treatment

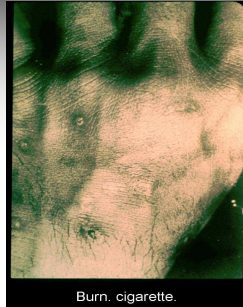
1. Trauma Story



Photo - Pathways to Healing: Harvard Program in Refugee Trauma

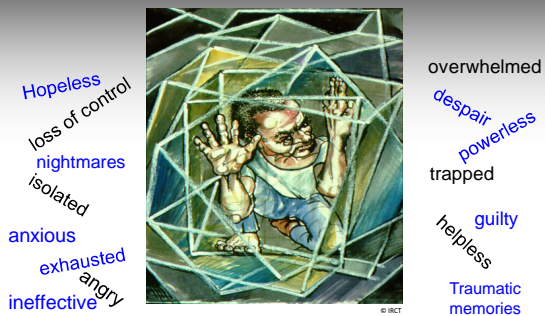
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2. Biomedical



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3. Psychological



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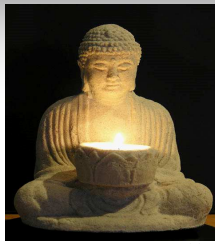
4. Social



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5. Spiritual



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Thank you for attending this webinar by
Dr. Richard Mollica & Dr. S. Megan Berthold

on

September 13, 2017

The National Capacity Building Project is a project of the Center for Victims of Torture:
www.cvt.org

More resources are available at: www.HealTorture.org

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