

# Engaging Informal Care Partners Along the Patient Journey for Optimal V1C Care Transitions

A resource from the [V1C Care Transitions Toolkit](#)

**Virtual First  
Care Coalition**



by



# Care Partners: Who are the Helpers?

Care partners, sometimes termed caregivers, are people who provide regular care to closely related people in need of help for a long period of time.

These individuals, who did not choose care partnering as an occupation, do the non-clinical heavy lifting in caring for their loved ones. And despite their essential role, they are often left out of the loop regarding changes in care plan or site of care.



## Importance of Engaging Care Partners

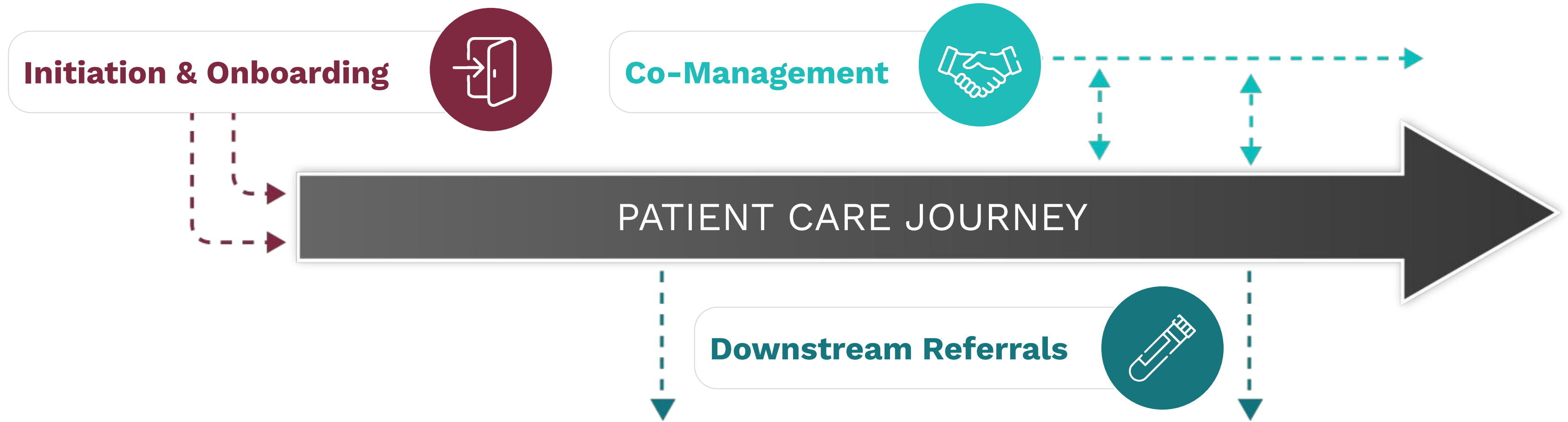
[Research](#) continues to find that patients with engaged and supported care partners can differentiate between excellent and poor outcomes, including hospitalization rates.

However, most providers do not have standard processes for identifying, informing, or educating caregivers. There is also a vague understanding of the care partner's roles and informal/formal authority, which is needed for effective engagement.

## Priorities for V1C Practices

- ✓ In the virtual-first care (V1C) setting, communications challenges can be amplified if providers neglect to establish the right partnerships with care partners and communications channels.
- ✓ We must make sure that care partners are explicitly included in communication where relevant. This enables care partners to take full advantage of new strategies unique to the V1C delivery model - thereby ensuring that patients have optimal support in their care.

# V1C Care Transitions Toolkit



## Initiation & Onboarding

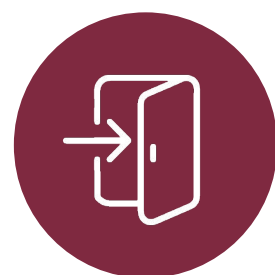
Care transitions that support an initiation and onboarding of new patients into virtual first care

## Co-Management

Care transitions that support patient co-management of care delivered by V1C and brick-and-mortar providers

## Downstream Referrals

Care transitions that support downstream referrals between V1C and brick-and-mortar providers



# V1C Initiation & Onboarding

## Scenario: Intake

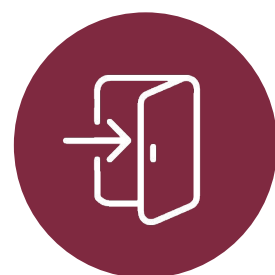


### Considerations for V1C Providers

How will you identify who is helping take care of patients?

### Recommendations

- ✓ Embed care partner identification into intake workflow.
- ✓ Consider alternative language to “caregiver,” such as “who else in your family or household helps you get to appointments, take your medicine, or do your measurements?”
- ✓ Create a care partners roster including contact information, relationship to the patient, role in care partnering, distance from the patient, and contact preferences.
- ✓ Be aware of cultural differences in expectations about shared decision-making.
- ✓ Identify backup care partners if possible.
- ✓ Document a healthcare power of attorney.



# V1C Initiation & Onboarding

## Scenario: Initial Establishment of Care



### Considerations for V1C Providers

What do care partners need from the practice to fulfill their role?

### Recommendations

- ✓ Determine which care partners may need proxy access to EMR, patient communication, and engagement apps. Consider separate accounts; some patients may want to keep certain information private from their care partners, so separate accounts are helpful.
- ✓ Consider how you will manage information security systems, such as two-factor identification, for care partners who need access to systems and who may be living apart from patients.
- ✓ Consider the care partner's familiarity and comfort with online systems, texting, etc. As much as possible, match the method for accessing information with the care partner's preferences.
- ✓ Identify whether care partners need to be involved in patient self-management education and training activities, especially the use of durable medical equipment (DME) and remote patient monitoring (RPM) devices.
- ✓ Provide tip sheets for care partners to help guide them in their efforts to be supportive without being patronizing; consider breaking out by level and type of support needed.



# V1C Co-Management

## Scenario: Caregiver Burden



### Considerations for V1C Providers

Do you need to screen for care partner burden & stress?

### Recommendations

- ✓ Where appropriate, consider screening for the care partner's depression. [Standard screening instruments](#) exist.
- ✓ At a minimum, V1C providers can provide links to [care partner support resources](#) offered by the affiliated disease area (if available).
- ✓ Care partners can act as “human integration points”; they often have visibility into a patient’s other healthcare providers, comorbidities, and care plans. Consider how the V1C practice can alleviate the burden on care partners by streamlining communications with other providers.



# V1C Co-Management

## Scenario: Exacerbations



### Considerations for V1C Providers

How will you incorporate care partners into processes for attenuating care escalation?

### Recommendations

- ✓ Consider developing processes to communicate alerts to care partners in the event of rising risk as measured by remote patient monitoring (RPM).
- ✓ Arm care partners with appropriate information about when and how to escalate care in order to prevent emergency medical service (EMS) calls and unplanned hospitalization.



# V1C Co-Management

## Scenario: Acute Care Discharge



### Considerations for V1C Providers

What role will care partners play in establishing & maintaining new self-management behaviors post-discharge?

### Recommendations

- ✓ Care partners are essential in helping patients establish new self-care behaviors to manage their condition and recover from hospitalization.
- ✓ Consider what processes can you incorporate into the care transitions workflow to verify that care partners are aware of new care plans and have the tools to assist patients.
- ✓ As needed, offer periodic check-ins with care partners to review care plans and ask about coping. The weeks immediately following discharge from acute care or after a new diagnosis are particularly critical to maintain communication.