

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/beyond-skin-deep/how-you-can-overcome-the-biggest-challenge-in-psa-care-coordination/10150/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

How You Can Overcome the Biggest Challenge in PsA Care Coordination

Announcer:

This is ReachMD, and you're listening to Beyond Skin Deep: Impacts of Psoriatic Arthritis, sponsored by Lilly.

On this episode titled, Biggest Challenge in PsA Care Coordination, we will hear from Dr. Joseph Huffstutter, Assistant Clinical Professor at the University of Tennessee College of Medicine at Chattanooga.

Dr. Huffstutter:

The challenge that is faced in care coordination simply is something that I've mentioned before, and that is time. Everybody is too busy. Our patients are too busy, we are too busy, our consultants are too busy, so it just takes time and dedication to make sure that everyone is on the same page. The first step in care coordination is understanding who you need to coordinate that care with, and this is not only the healthcare team—and that is dermatologists, primary care doctors, orthopedic physicians—but also the family members. Somebody may be responsible for administering medicines, and they need to understand when there's a medicine change, so depending on who's involved will determine what care techniques it will take. Obviously, the simplest thing to do is to make sure all of your notes are sent to the appropriate physicians. The problem with that is not always will they be read or the emphasis placed on what you're trying to communicate to that particular physician. The electronic health record has a lot of information there, and sometimes it is information overload, because you get a 7-page note and you're not going to sit down and read 7 pages on every patient that you're seeing, so what can be important is a very brief note to the doctor saying, "Here is what I'm concerned of," or—and I know this may sound a little foreign to a lot of the folks that may be hearing this—but an old-fashioned phone call really can go a long way in understanding what I'm thinking, understanding what that consultant is feeling, and then trying to be on the same page to coordinate that care.

If there's a medicine change, then if the patient administers their medicine, then you want to make sure that they know and understand the change. For instance, I try to get patients to repeat their change of medicine to me to make sure that they understand it. If there's a family member that's involved with that, then we want to make sure if they are not present during the visit that they get a phone call and they understand why we're making the change.

Every patient that sees us in the office gets a care plan, and in that care plan there will be what we want to do with them in terms of the lab that's done and the changes in medicine, and I encourage them to take that care plan whenever they go to their other physician so they can say, "Well, here is what Dr. Huffstutter says is going on with my arthritis, and here's what they want to do with that."

Announcer:

The preceding program was sponsored by Lilly. Content for this series is produced and controlled by ReachMD. This series is intended for healthcare professionals only. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/beyondskindeep. Thank you for listening. This is ReachMD. Be Part of the Knowledge.