

Additional Models

Model 3—Access

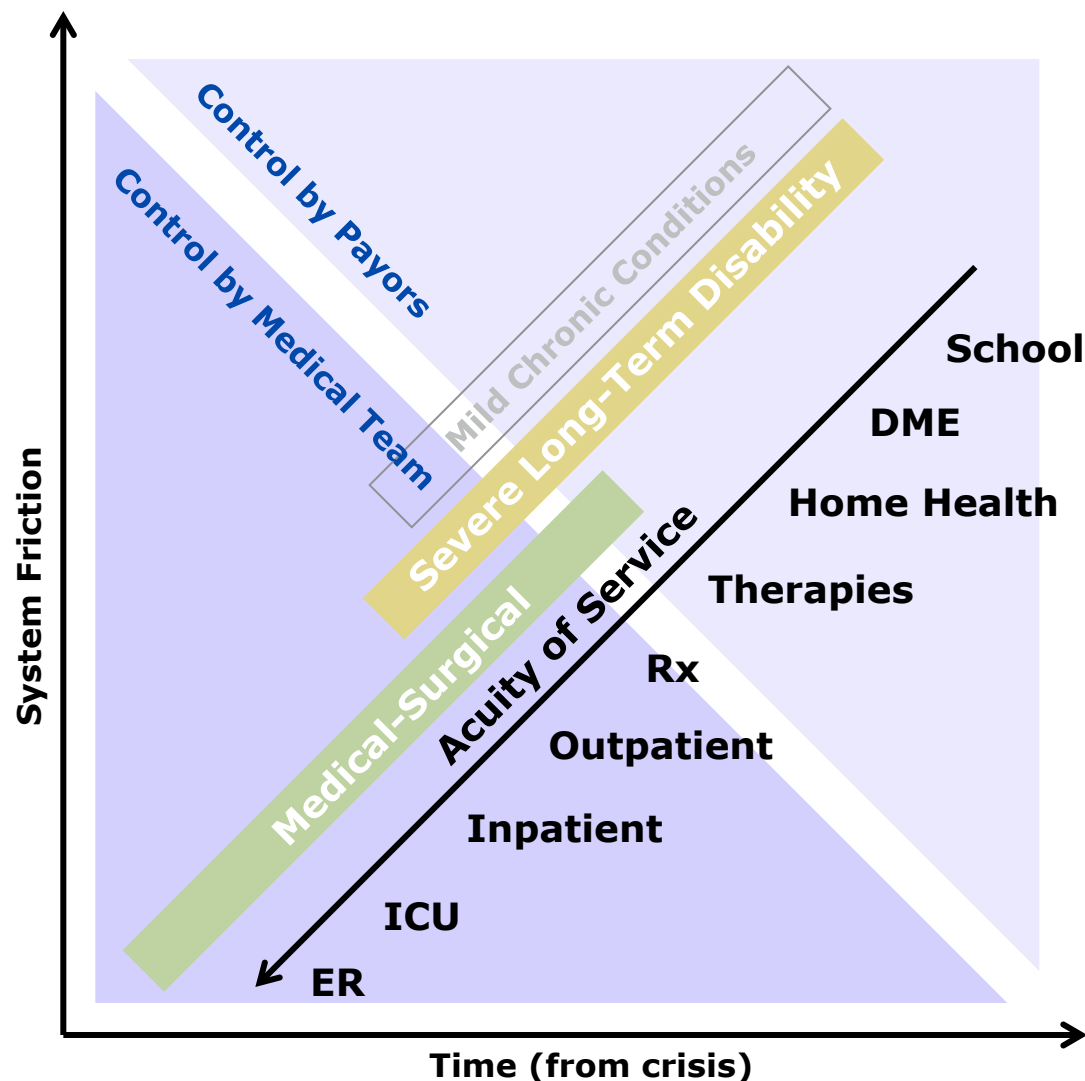
Family Engagement



System Friction

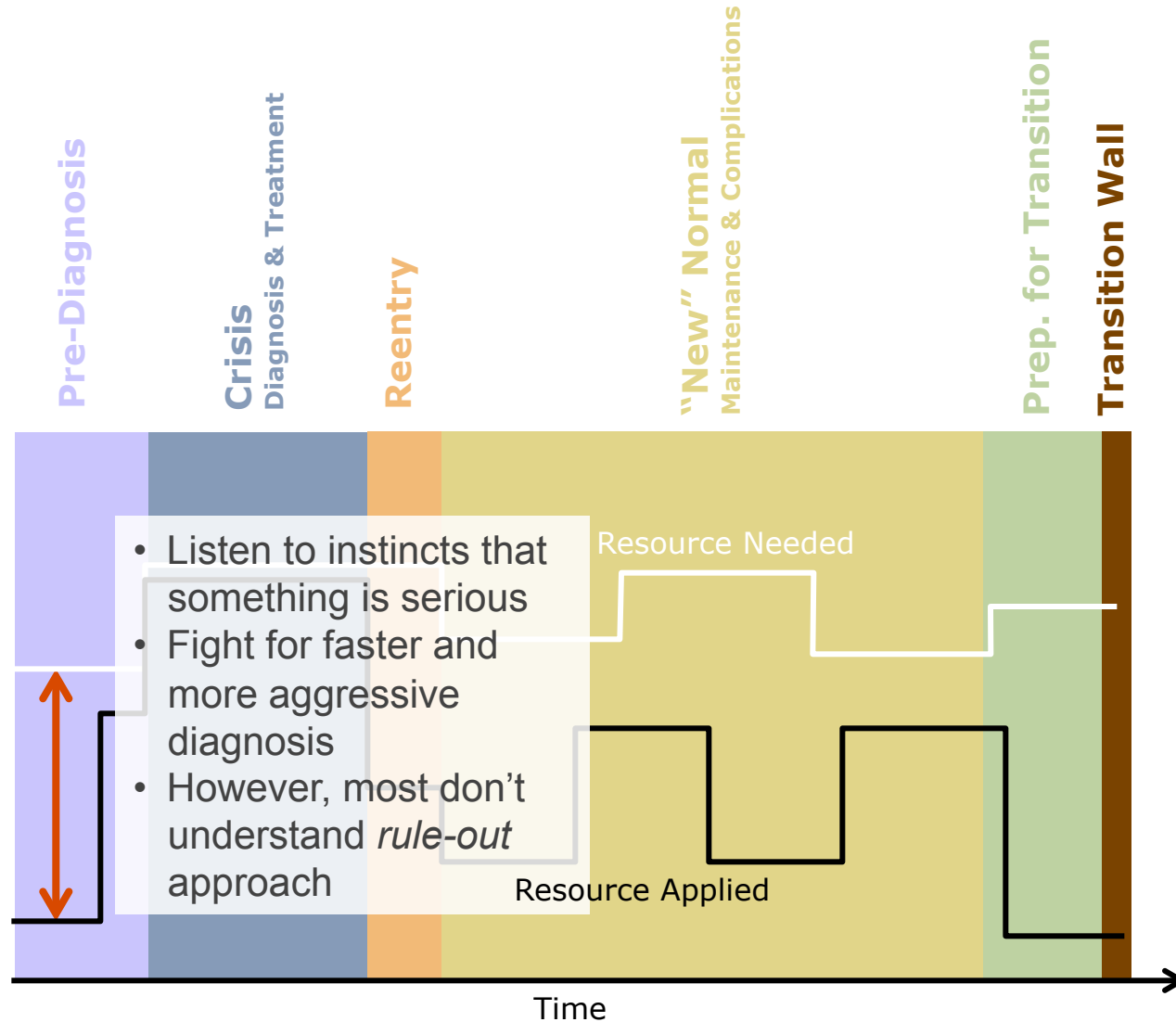


Model 4—System Friction

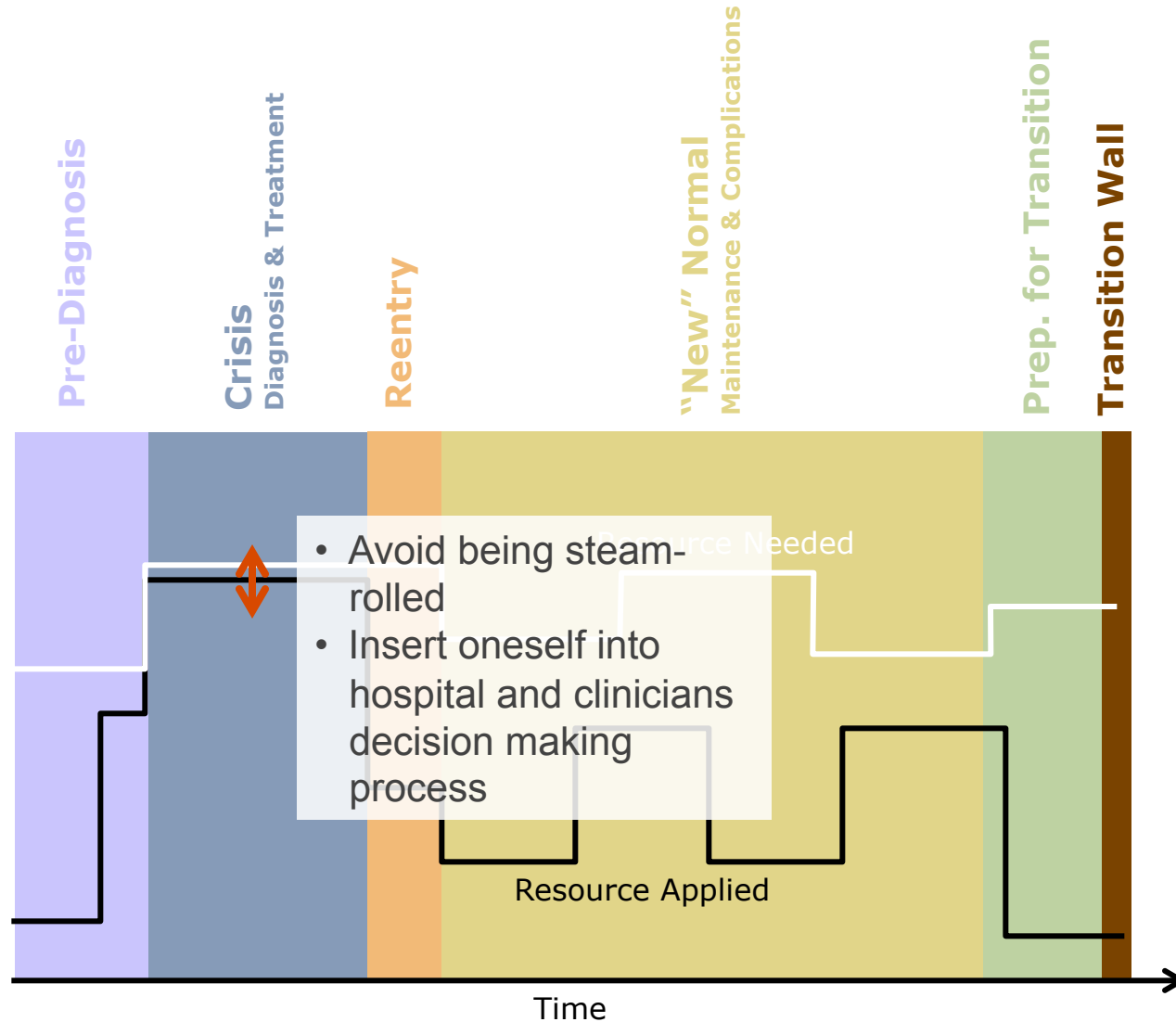


- Patients experience more problems (Friction) with lower acuity services. Problems:
 - Access/Awareness
 - Payment
 - Bureaucracy
 - Customer Service
- Our respondents fall into 3 categories
 - 4 Med-surgical
 - 4 LT disability
 - 1 Mild chronic
- Patients with LT disabilities, older patients and possibly those with mild chronic conditions access more low acuity/high friction services
- One explanation for difference in system friction is who is in control of the services—medical vs. payor

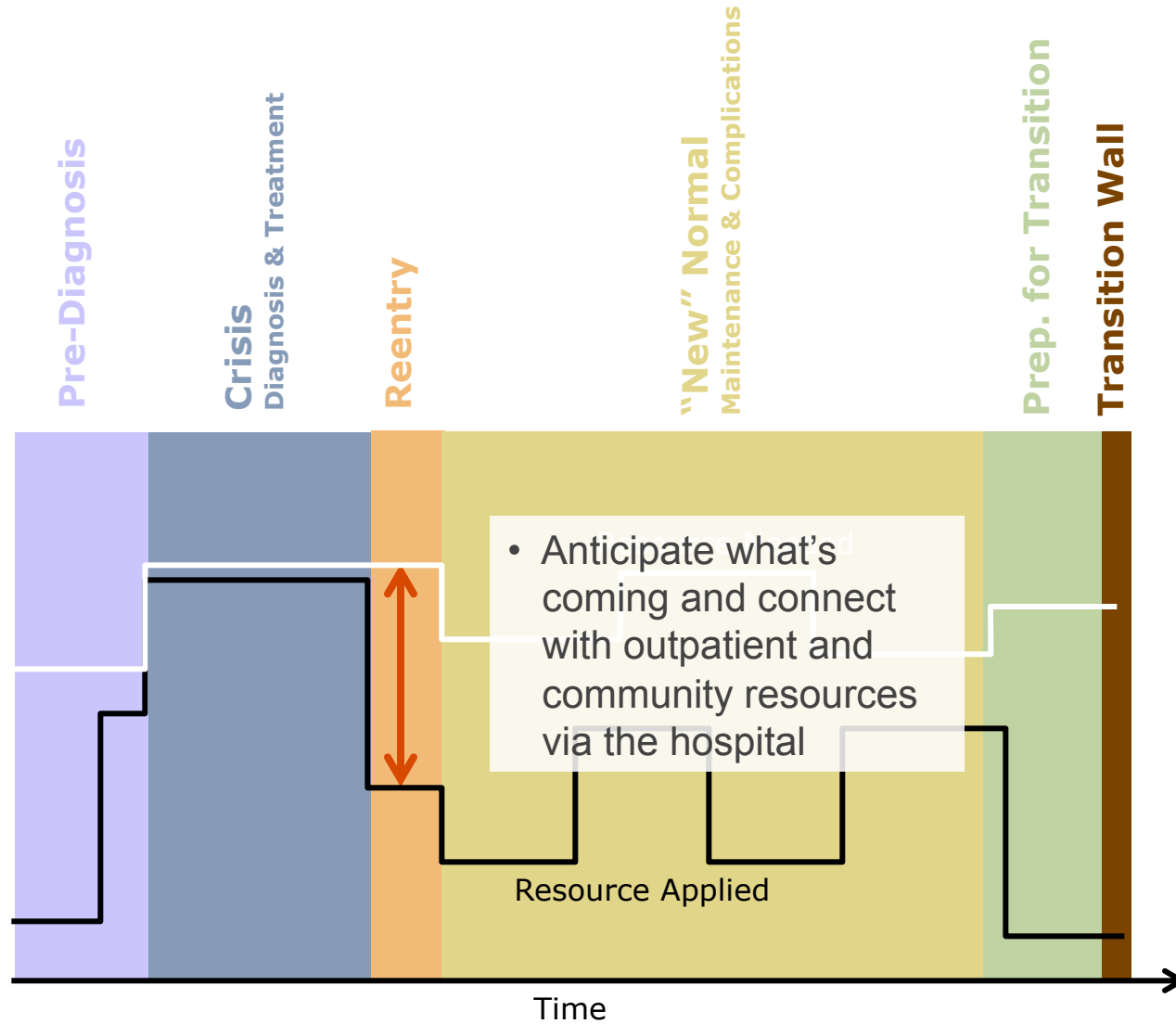
Model 2—Stages of the Experience



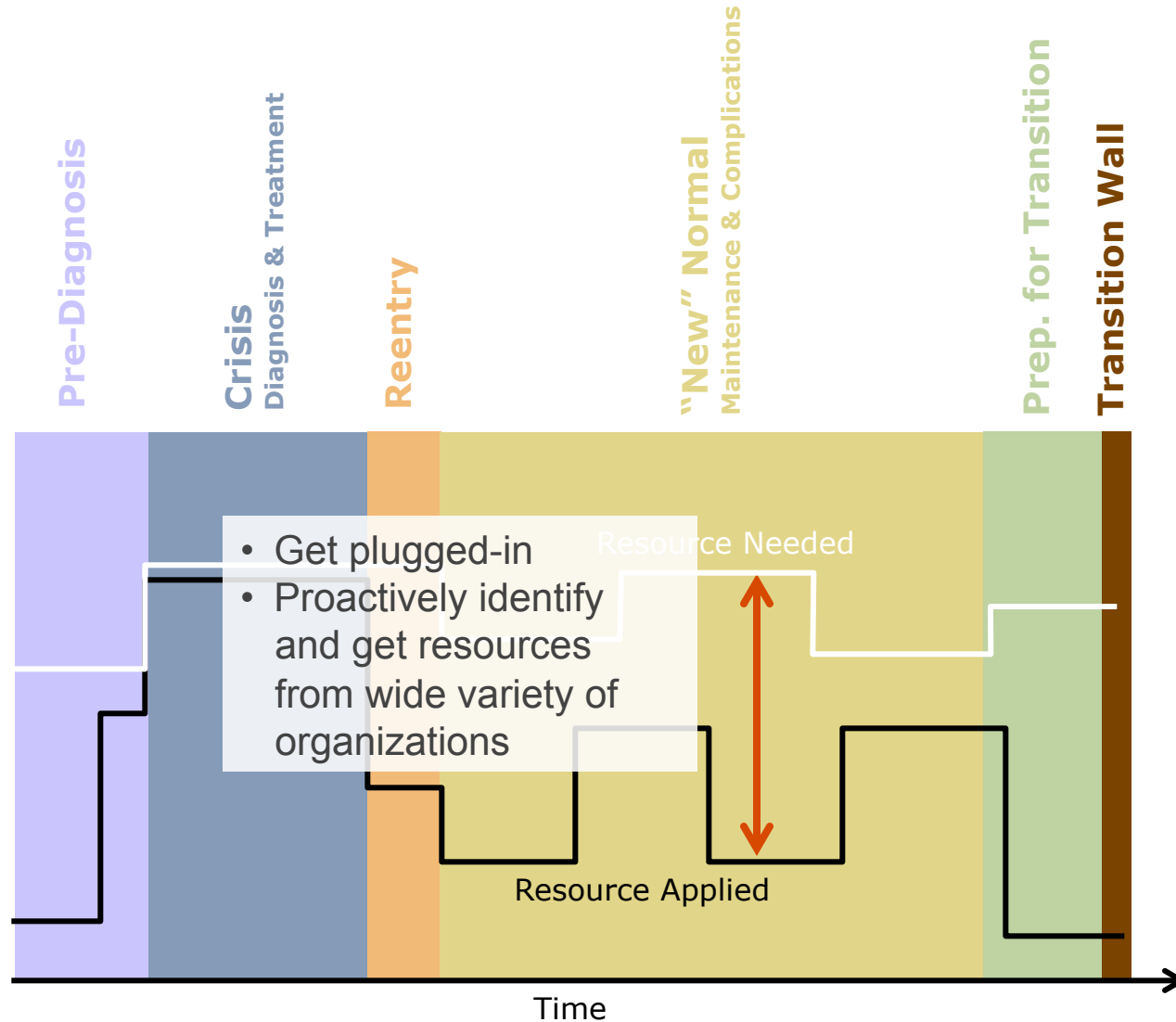
Model 2—Stages of the Experience



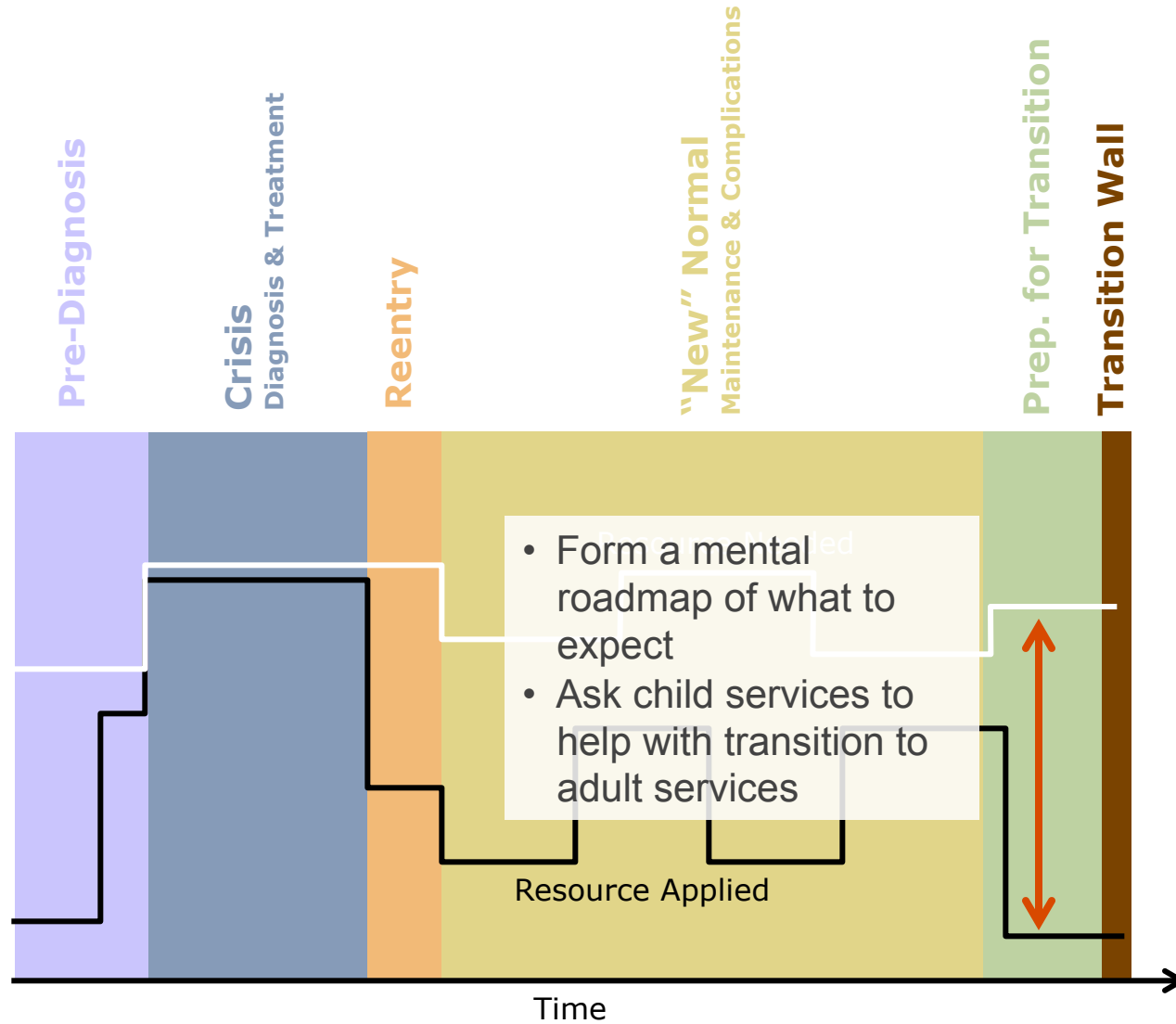
Model 2—Stages of the Experience



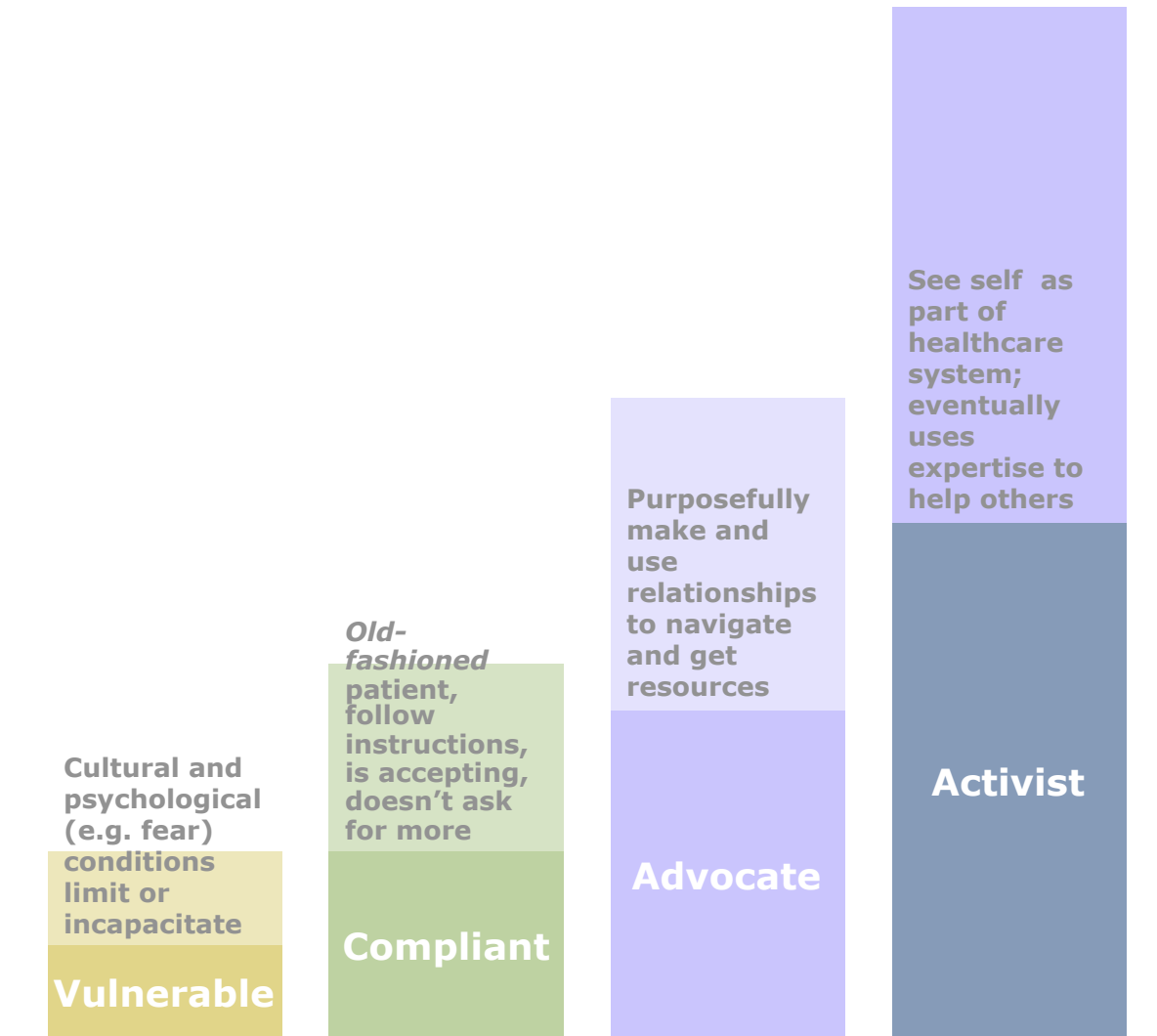
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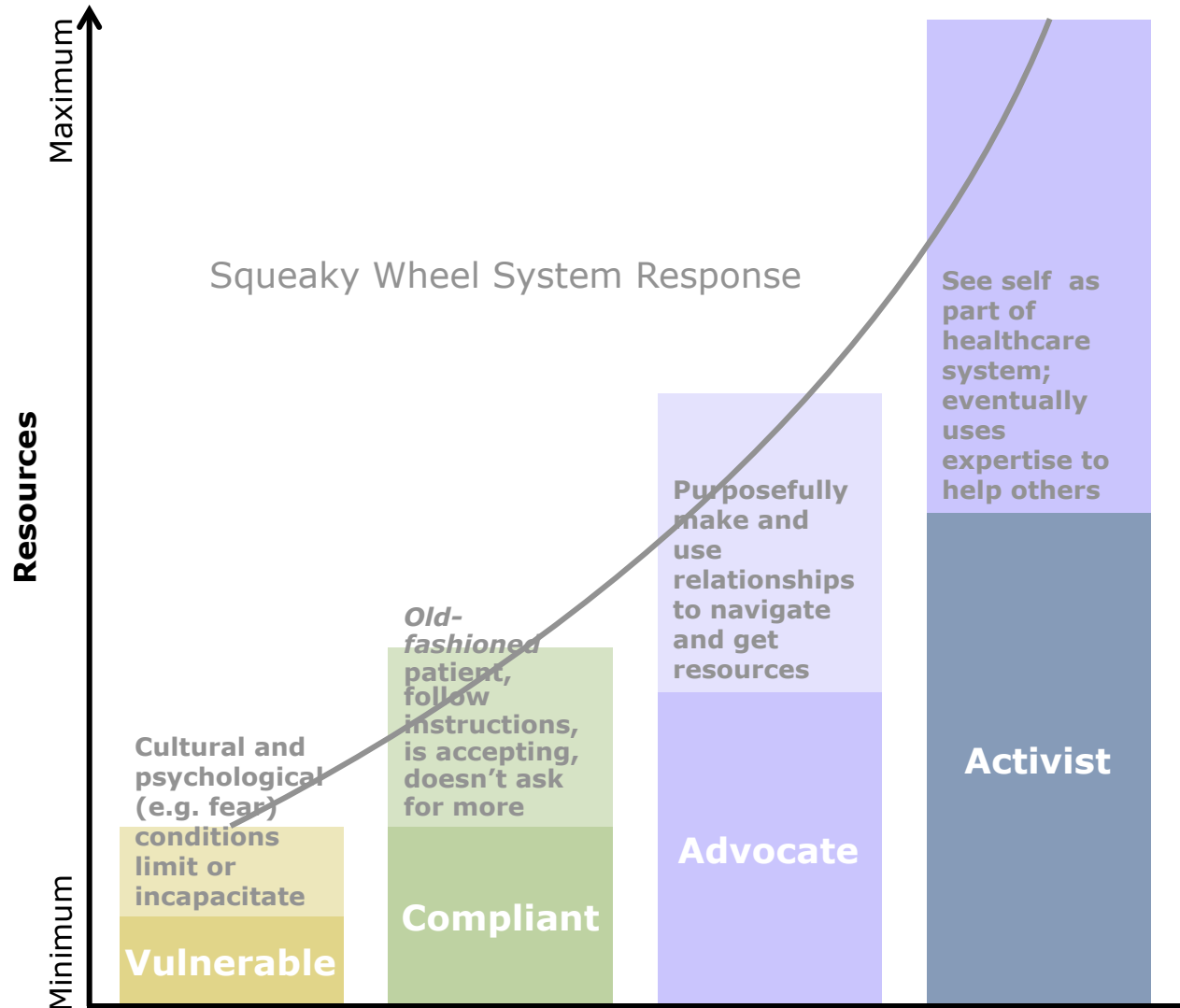
Model 2—Stages of the Experience



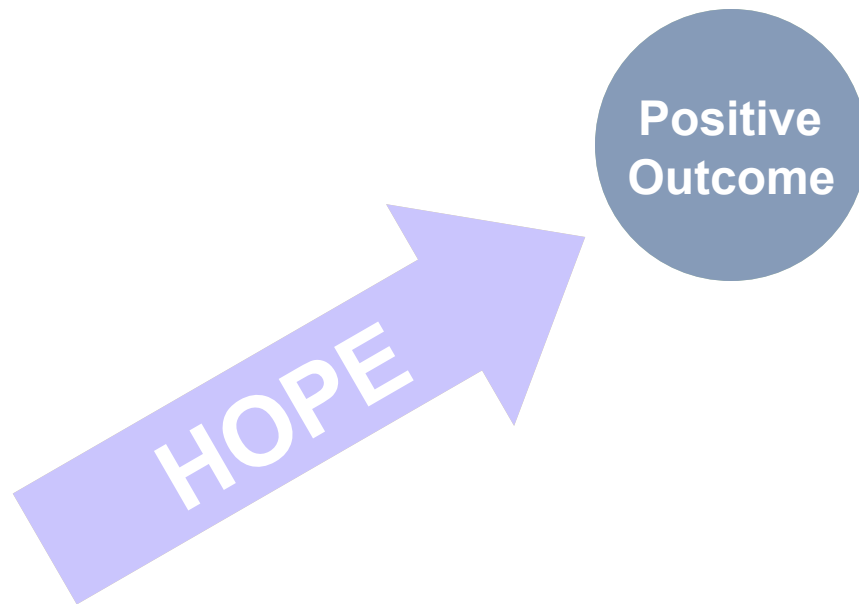
Model 5—Family Interaction Profiles



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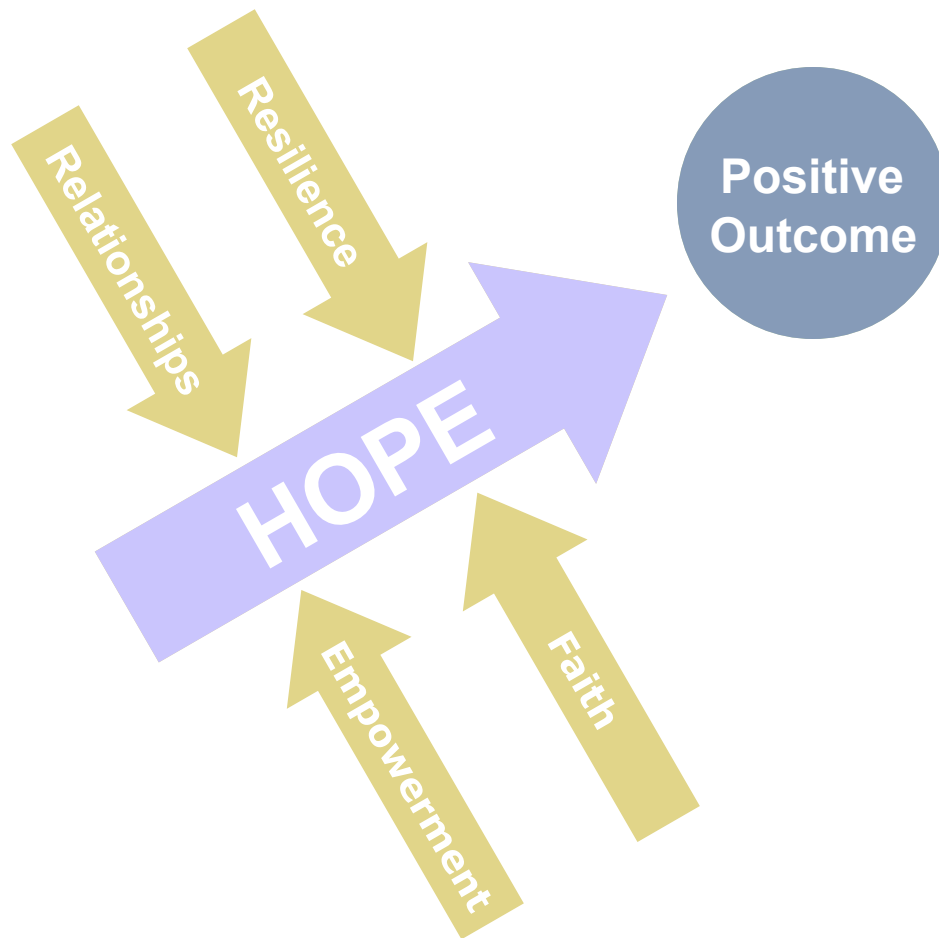


Model 6—Hope



- Hope is an emotional state; belief in a positive outcome
- It may be the most important emotion to families of children with special needs
- Hope fuels momentum-- families with hope were more engaged and felt better
- Throughout treatment, hope ebbs and flows; it needs regular support
- Symbols of hope in our families:
 - Miracles
 - Faith in physicians
 - Family support
 - Overcoming adversity

Model 6—Hope



- Four non-medical sources of Hope
- **Relationships**—belief in and strength from others
- **Resilience**—ability to bounce back from adversity and bad news
- **Empowerment**—knowledge and skills to make decisions and take action
- **Faith**—spirituality, belief in higher power
- Different families rely on different sources of hope
- The healthcare system provides and diminishes Hope in families