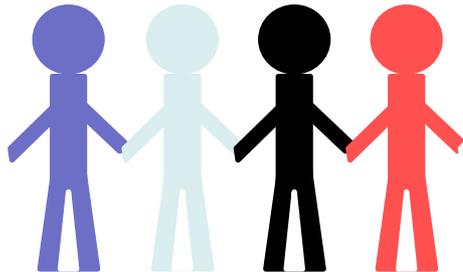


# **Getting Started – How to Identify Strong Patient and Family Partners to Help Drive Practice Transformation**

February 4, 2016



# Disclaimer

*The project described is supported by Grant Number 1L1CMS-331478-01-00 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.*

# PCPCC SAN – Supporting Patient Partnerships

- ▼ Ongoing education and training for both clinicians and patient/family partners
  - Live events – first event April 4-6, 2016 in Chicago (<http://ipfcc.org/events/chicago16-brochure.pdf>)
  - Webinars
  - Deploy expert faculty to PTN Learning Collaboratives and Events
- ▼ Virtual community of patient/family/clinician partners
- ▼ Map to locate practices with active patient/family partners
- ▼ Stories of Success

# Welcome & Acknowledgements



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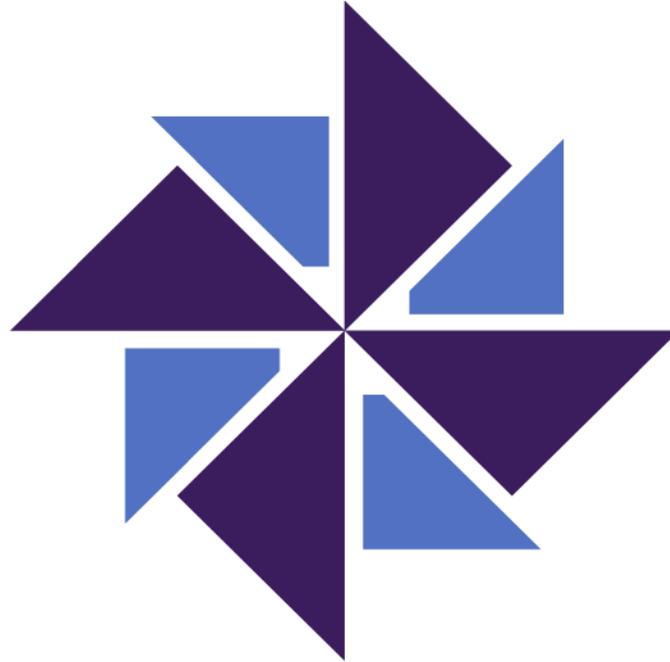
**Katherine Brieger, MA, RD, CDE**

Chief of Patient Experience and Staff Development  
HRHcare



**Norma Johnson**

Patient-Practice Partner, Board Member  
HRHcare



# INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

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# What is Patient- and Family-Centered Care?

Partnerships based on  
Respect & Dignity, Information Sharing,  
Participation, and Collaboration





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Patient- and family-centered care is working "with" patients and families, rather than just doing "to" or "for" them.



# Patient- and Family-Centered Core Concepts

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- People are treated with **respect and dignity**.
- Health care providers communicate and share complete and unbiased **information** with patients and families in ways that are affirming and useful.
- Patients and families are encouraged and supported in **participating in care and decision-making** at the level they choose.
- **Collaboration** among patients, families, and providers occurs in policy and program development and professional education, as well as in the delivery of care.





Patient- and family-centered care provides the framework and strategies to **transform organizational culture**, improve the experience of care, and enhance quality, safety, and efficiency.



# A Key Lever for Leaders . . .

## Putting Patients and Families on the Improvement Team

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*In a growing number of instances where truly stunning levels of improvement have been achieved...*

*Leaders of these organizations often cite—putting patients and families in a position of real power and influence, using their wisdom and experience to redesign and improve care systems—as being the single most powerful transformational change in their history.*



# How Patient-Centered Practices Involve Patients in Quality Improvement

- Surveyed 112 patient-centered medical home clinics in 22 states.
- Nearly all solicited patient feedback.
- Only **32% involved patients as advisors on QI teams or councils.**
- Leadership commitment essential.



Han, E., et al., *Survey Shows That Fewer Than A Third Of Patient-Centered Medical Home Practices Engage Patients In Quality Improvement* *Health Affairs*, 32, no.2 (2013):368-375



# High Level Practices Saw Benefit!

“ These practices stated that robust patient involvement in every aspect of the practice, including designing effective patient engagement strategies, positively affected the way in which patients and families interacted with physicians and staff, supporting stronger relationships and enabling patients to feel more empowered to become active partners in their care.”



Han, E., et. al., *Survey Shows That Fewer Than A Third Of Patient-Centered Medical Home Practices Engage Patients In Quality Improvement* Health Affairs, 32, no.2 (2013):368-375



# What is a Practice Partner?

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# Practice Partners (Patient & Family Advisors)

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Any role in which those who receive care work together with health care professionals to improve care for everyone. Advisors share insights and perspectives about the experience of care and offer suggestions for change and improvement.



# Change The Assumptions

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Assume *patients* are the *experts* on their own experience and that they have information *you need to hear and act on.*

Know that **families** are **primary partners** in a patient's experience and health.

# Why Involve Patients and Families as Practice Partners?

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- Bring important perspectives.
- Teach how systems really work.
- Keep staff grounded in reality.
- Provide timely feedback and ideas.
- Inspire and energize staff.
- Lessen the burden on staff to fix the problems... staff do not have to have all the answers.
- Bring connections with the community.
- Offer an opportunity to “give back.”



# Qualities and Skills of Successful Patient and Family Advisors



- The ability to share personal experiences in ways that others can learn from them.
- The ability to see the bigger picture.
- Interested in more than one agenda issue.
- The ability to listen and hear other points of view.
- The ability to connect with people.
- A sense of humor.
- Representative of the patients and families served by the hospital and clinics.

# Useful Framework for Participation

Depth of Engagement	Patients and Family Role	Things to Consider
Ad Hoc Input	Survey or Focus Group Participants	Ensure diversity and representation, validity
Structured Consultation	Council or Advisors-provides QI input	Early consult supports partnership model
Influence	Occasional Review/Consultants to project	Allows flexible ways to participate; requires background/orient.
Negotiation	Member of QI Group	Training in QI approach
Delegation	Co-Chair of QI Group	High level of expertise or skill
Advisor Control	Implementer or peer support role	Strong training component, mentoring and compensation

# The HRHcare Story

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# HRHCare



- ▼ Network of 29 centers in a 10 county area of NYS
- ▼ Established 40 years ago
- ▼ 1000 employees
- ▼ Serve over 130,000 patients
- ▼ Planetree HealthCare Affiliate
- ▼ HIMSS Davis Award Winner
- ▼ NYS Health Home
- ▼ Member of an ACO and Health Center Network
- ▼ NCQA-Level 3 PCMH-one of the first FQHCs to have this recognition
- ▼ NCQA-Diabetes Recognition program in 13 sites
- ▼ Joint Commission Accredited
- ▼ Participated in the Health Disparities Collaboratives with IHI and HRSA (Health Resources Services Administration) in 2001

# Hudson River HealthCare, Inc.

## New York State

To increase access to comprehensive primary and preventive health care and to improve the health status of our community, especially for the underserved and vulnerable.

- 
- The map shows the Hudson River flowing through New York State, with various counties and cities labeled. Health care locations are marked with squares and connected to text labels. The locations are:
- Hudson River HealthCare (Ulster Migrant Clinic – New Paltz)
  - Hudson River HealthCare (Poughkeepsie Atrium)
  - Hudson River HealthCare (Poughkeepsie Partnership)
  - Hudson River HealthCare (Monticello)
  - Hudson River HealthCare (Walden)
  - Hudson River HealthCare (Alamo Migrant Clinic)
  - Hudson River HealthCare (Haverstraw)
  - Hudson River HealthCare (Spring Valley)
  - Hudson River HealthCare (Pine Plains, Amenia, Dover Plains)
  - Hudson River HealthCare (Beacon)
  - Hudson River HealthCare (Peekskill)
  - Hudson River HealthCare (Greenport)
  - Hudson River HealthCare (Coram)
  - Hudson River HealthCare (Yonkers x 2 – Park Care & Valentine Lane)
  - LIFQHC x 4 sites

\*Additionally, HRHCare has a three-county Migrant Voucher Program (Columbia, Sullivan, and Suffolk).

# HRHCare: Patient Engagement

## BOD

- ▼ Selection is made from the communities we serve
- ▼ Based on their involvement as patients and community members
- ▼ Are nominated and voted in by the BOD
- ▼ Serve on a number of committees
- ▼ Are offered training by local and national resources for FQHCs

## Quality Advisors

- ▼ Many patients are asked to be involved in our programs on Quality
- ▼ Patient Cycle Time
- ▼ Walk through
- ▼ Design of programs on health and wellness
- ▼ Outreach techniques
- ▼ Delivery of staff training and patient education programs
- ▼ Development of “Patient Communication Guidelines”

# Board of Directors

- ▼ Must have 51% patients on the BOD
- ▼ Review and Direct all aspects of HRHCare
- ▼ Review and address issues with a Staff Satisfaction Survey
- ▼ Review Staff Training and Outreach plans
- ▼ Grant Privileges for the providers
- ▼ Review Financial Reports
- ▼ Participate in setting hours of operations and site locations/services
- ▼ Review Patient Experience Reports and Initiatives

# Board Member: Norma Johnson

- ▼ Serves as Co-Chair of the BOD
- ▼ Serves on the QI Committee
- ▼ Has been on the BOD since 1977
- ▼ Has been a patient for the same length of time



# Activities on the BOD

- ▼ Reviews incidents and patient complaints
- ▼ Evaluates activities and services for patients including outreach and education
- ▼ Reviews Staff Training plans and activities
- ▼ Evaluates the Staff Satisfaction results and response to the results
- ▼ Reviews Patient Satisfaction and focus groups data and makes suggestions on action steps

# Community Advisory Committees

- ▼ Local groups who provide input on services and recommend programs
- ▼ May provide further input on what needs exist in a given community
- ▼ Serve as Ambassadors for the Health Center
- ▼ May help with programs like this one pictured:  
**Reading with children**



# How else do we gather data?

## CG-CAHPS Surveys

- ▼ Done by phone only
- ▼ 20 surveys per provider for each quarter
- ▼ 100 providers
- ▼ Able to compare ourselves with other FQHCs
- ▼ Great data that is actionable

## Focus Groups

- ▼ Once a year at the sites we gather a group of patients who have used either a dental service or a medical service
- ▼ Up to 10 people
- ▼ Ask them three questions: What do you like about the services here? What don't you like? How can we do better?
- ▼ One hour of time is needed and we offer a \$25 gift certificate

# How do we use this data?

## CG-CAHPS

- ▼ Recognize staff
- ▼ Recognize sites that are performing well
- ▼ Best practices are highlighted
- ▼ Report back to the BOD and Executive Team
- ▼ Integrate into training plans areas of weakness and recognition of great work
- ▼ Used in provider compensation

## Focus Groups

- ▼ Provide feedback to the Site Leaders
- ▼ Provide reports to the Executive Council and BODs
- ▼ Integrate the information into training programs
- ▼ Staff recognition

# Patient Stories

- ▼ Powerful way to connect staff to patients as people
- ▼ Reminder of what is important
- ▼ Recognizing the importance of data but bringing in the unique needs of each patient



# Communication Guidelines

- ▼ Near completion
- ▼ Staff Communication Guidelines were developed first
- ▼ Asking patients-how do you want to have communication about your care and treatment?
- ▼ What works best for you?
- ▼ How might the patient portal work?
- ▼ What works best for you?  
Patient Portal; Texting;  
Phone; Mail

We Walk With You...



# Staff Recognition



- ▼ Constant reminder for staff about what is important
- ▼ Humanizing care
- ▼ Seek to have staff recognized for going outside of their normal responsibilities and care for patients

# Staff Training

- ▼ Focus on patient stories and feedback
- ▼ Have a patient talk about their experience, what is important to them, and how they see quality



# Patient Cycle Time

Time Called By the Nurse	12:40	Front Desk New staff Did not check me in.	This has been my longest wait here.
Time Nurse Leaves Exam Room	12:44		
Time Doctor Enters Exam Room	12:51		Did the provider identify him/herself? <u>Yes</u> No
Time Doctor Leaves Exam Room	1:13		How many times did the doctor leave the exam room? <u>1</u> Did someone tell you how many providers you will see today? <u>Yes</u> No
Start Check Out	1:14		Was there a long waiting line? Yes <u>No</u> How long did you wait on line? <u>1</u> Number of patients ahead of you on line <u>    </u>
End Check Out	1:15		
Total Amount of Time	1 hr 15 min.	Thank you for Participating! ** Total time will be calculated for you.	

Were you notified of any delays? YES NO If yes, what was the reason for the delay? \_\_\_\_\_

Were you notified that you may get a patient experience survey via mail or email? YES NO

Additional Comments: I had to go back to the front desk personnel to enquire (find out) what happen why I'm not seeing.





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## **Patients and Families are Essential Partners for Innovation, Quality Improvement, and Health Care Redesign**



# Best Practices

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- ✓ Seek advisors that represent populations served and who have had recent (within 1-2 years) actual experiences.
- ✓ Develop clear roles for advisors, select for “fit”, orient to organization and provide ongoing coaching and support.
- ✓ Use advisors where input is valued and will be utilized.
- ✓ Close the loop and let advisors know what changes were made as result of input.
- ✓ **Goal: Meaningful opportunities for advisors to make a positive difference.**



# Recruiting Advisors



- Ask staff and physicians for suggestions.
- Contact support groups and community organizations such as Rotary, Kiwanis, fire stations, and religious organizations.
- Ask current patient and family advisors.
- Ask patients/families during a clinic visit when appropriate.
- Post signs/brochures on bulletin boards in waiting areas, corridors, and lobbies.
- Place notices in the clinic's publications and websites or as patients sign-up for the patient portal.
- Post information on Twitter and Facebook.
- Place announcements in local newspapers.



# Patient & Family Advisors Needed!

I value your perspective and our partnership. I'd like you to consider becoming a Patient/Family Advisor. Advisors volunteer to help us with program/policy review, review education materials and forms, provide input on quality and safety efforts as well as facilities planning. We are also using patient advisors to help design better processes of care.

Would you be interested in volunteering to be on a Patient Family Advisory Council? Please contact Sheila Miller at 687-6203 to get more information about this unique opportunity.

Sincerely,



## Peace Health Medical Group Eugene, OR

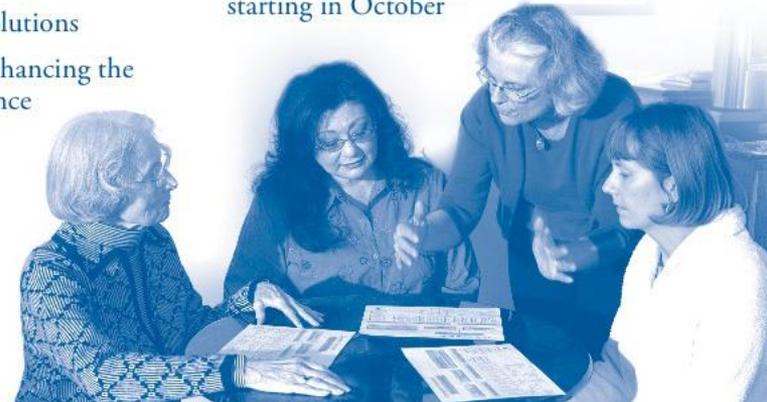
## A Recruiting Tool

### *Qualities of an Advisor:*

- Shares insight and experience in productive ways
- Sees beyond his/her own personal experience
- Respects diversity and differing opinions
- Listens well
- Collaborates on solutions
- Has passion for enhancing the healthcare experience of all

### *Important Considerations:*

- Current PeaceHealth Medical Group patient and/or family member
- Make commitment for 1 year at minimum
- Willingness to attend information session to learn more in mid-September
- Ability to attend monthly meetings on the fourth Thursday from 5:30 – 7:30 pm, starting in October



# Possibilities for an Initial Structure?

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- **An Informal Workgroup**

- *Allows time to build trust among advisors and staff, supports the development of processes, begin to address issues, and explore ways to work together effectively.*

- **A Patient and Family Advisory Council**

- *A formal mechanism for involving patients and families in clinic policy and program development and quality and safety initiatives.*

- **Members of the Safety or Quality Team**

- *Improvement partners.*

- **Practice-based team focused on a Specific Issue**

- *Improvement partners.*



# What is a Patient and Family Advisory Council?

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- Formal mechanism within an organization to create authentic collaboration and partnerships.
- Establishes ongoing relationships with regular meeting times and terms of service.
- Seeks diverse perspectives representing the populations served.
- Organizational leadership sponsors the effort.
- Council provides input mechanism for a variety of issues.
- Role of Advisors:
  - ✧ Partners in key areas within the organization (quality, safety, program development, policy).
  - ✧ Initiates and identifies opportunities for improvement in patient and family experience of care.



# What it is not...

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**A support group!**



# Examples of Other Advisory Roles

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- Joining a “lean event” focused on a particular issue.
- Creating and/or reviewing educational materials, patient portals and outreach materials.
- Members of teams involved in any of the following:
  - Facility design or remodeling or wayfinding improvements.
  - Quality Improvement projects.
  - Hiring or orienting staff.
  - Patient-Centered Medical Home redesign.
  - Patient safety, quality, experience of care and ethics committees.
  - Serving on condition specific improvement efforts.
- Peer mentors, educators or coaches supporting self-management.



# Meaningful Involvement of Patients and Families Best Practice

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- Provide some background on topics and questions for advisors to think about prior to meeting.
- Be sincere. Ask for input only if you are committed to change based on feedback provided.
- Encourage and appreciate any and all questions, especially ones that ask for clarification.
- Choose activities that value patient and family perspective and are important to both the advisor and the organization.
- Prepare staff and clinicians for working with patients and families in this new way. Address concerns and remove barriers.
- Demonstrate how the input made a difference in the outcome or product developed. A thank-you goes a long way!



# Learning About the Organization

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- Mission, Values, Priorities for Team, Unit/Department, Clinic, or Hospital
- Who's Who in the Organization or on the Team
- Clinic Tour
- “Day in the Life” or “Why I Choose to Work Here”
- Speaking the Language—Medical Jargon 101
- Meeting Attendance Expectations
- Roles and Responsibilities



# How To Be an Effective Advisor

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- How to ask questions, state opinions, and provide feedback.
- What to do when there is a disagreement.
- Listening and learning from other's viewpoints.
- Thinking beyond your own experience.
- Sharing your story.
- Telling “negative” stories in a positive way.



## WORDS OF ADVICE... from Bryant Campbell

As I was considering becoming an advisor, I wanted to challenge myself to look beyond my own situation and see things from a big picture perspective. I thought about how I could take these experiences about my condition, and my life as a husband, father, and son and apply them in an unselfish way. In this way I could help promote better care, treatment, and accessibility for others. In a way, it means I have to take an optimistic look at a non-optimistic situation.

# Preparing Advisors for Quality and Safety Committees

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- Provide **orientation** on the quality improvement (QI) methodology & definitions
- Share project background, especially **data**
- Discuss **current topics & issues** relevant to advisor's first meeting
- Identify a **mentor** for the advisor who also serves on committee
- Provide opportunity to **debrief** first 3 meetings



# Organizational Mental Barriers — Anticipate and Respond Proactively

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- *HIPAA will not permit this.*
- *Patients and families will hear negatives about our organization.*
- *We don't want to air our dirty laundry.*
- *This is nice to talk about, but we don't have time.*
- *Patients and families just don't understand our system.*
- *They will want things that cost too much and we'll have to tell them "no."*
- *We need to be better organized, before involving them.*



# Preparing Clinicians and Staff

- Discuss issues and concerns before advisors join group
- Reassure with confidentiality and selection procedures
- Share stories of benefits of patient and family participation in QI
- Provide a bio sketch of advisor and a picture
- Foster a “listen first” approach
- Encourage an acronym-free zone



# Fostering a Successful Beginning: Tips for Staff

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- Explain how staff should be involved.
  - The importance of listening.
  - Effective approaches to meeting facilitation.
  - Act on advisors observations and recommendations when appropriate and provide information when not implemented.
- Be open to questions and challenges.
- Try not to be defensive.
  - Respond/explain when questions are asked.





Give patient and family advisors  
time to help **you** understand  
what “it” means to them

# Outcomes and Benefits



- Patients/Families as motivators – provides hope and dampens cynicism
- Creates better tools to meet patient needs and “activate” patients as full partners
- Avoids costly errors in facilities design
- Provides information/knowledge to make better business decisions
- Broadens perspectives – acting into new ways of thinking



# Resources and Tools

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- Today's slides
- IPFCC Resource: Advancing the Practice of Patient- and Family-Centered Care in Primary Care and Other Ambulatory Settings: How to Get Started
  - Common interview questions
  - Patient partner application
  - Orientation topics
- Sample patient/family advisor job descriptions
- Sample confidentiality agreements



INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

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A SPECIAL THANK YOU TO OUR NETWORK SUPPORTERS



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Open to patient and family partners and the practices they work with. To join:

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# Q & A