



Robert Wood Johnson Foundation

Engaging Patients in Improving Ambulatory Care

*A Compendium of Tools from Maine, Oregon,
and Humboldt County, California*

March 2013

Engaging Patients in Improving Ambulatory Care

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Introduction

Patients are the heart of any primary care practice. Patients and practices share a mission to improve patient health—a mission in which both parties play indispensable roles. These days, practices are especially focused on improving the way they provide care, to respond to changing expectations for technology, quality, and payment. Patients can play an important role in those efforts, too, though few practices tap that potential.

A small but growing number of medical practices and other health care organizations are harnessing patient involvement as a powerful force for improving care. Patients have a unique perspective of practice function and care delivery. Involving patients in efforts to improve quality can help address challenges from practice inefficiencies to barriers to adherence. Practices that have embraced the approach of integrating patients into quality improvement efforts report undergoing a culture change—one that puts the patient at the center of care, and improves the experiences of patients and providers alike.

In this compendium of resources, you'll find a variety of tools that health care organizations in three communities have used in their efforts to engage patients. These tools can help you recruit, orient, and train patients; clarify roles and responsibilities; and put a structure in place to foster ongoing, productive relationships. Click on any item in the Table of Contents to skip directly to that resource.

We also encourage you to watch the accompanying [video](#), which offers lessons and tips for effectively engaging patients in improving care.

The three communities that provided these sample tools—[Humboldt County, California](#), [Maine](#), and [Oregon](#)—are part of the *Aligning Forces for Quality* (AF4Q) project. AF4Q is the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in 16 communities across the country. These three communities were among the first in AF4Q to implement this kind of patient engagement strategy on a broad scale, but others are following suit, and all are finding success and positive response, leading them to expand their efforts.

It is our hope that you will be able to leverage this pioneering work to chart a course toward patient-centered care in your own practice or community.

To learn more about *Aligning Forces for Quality*, visit www.forces4quality.org.

Aligning Forces for Quality would like to thank the following organizations for graciously sharing the materials in this compendium. The content included in this resource belongs to them, and them alone. For more information on an individual organization, click the organization's name to visit its website.

Maine

[Belgrade Regional Health Center's Patient Advisory Committee](#)

[Eastport Health Care, Inc.'s Community Circles](#)

[Four Seasons Family Practice's Patient & Family Advisory Group](#)

[Husson Internal Medicine's Patient Advisory Group](#)

[Maine Quality Counts' Maine Patient-Centered Medical Home Pilot](#)

[MaineGeneral Medical Center's Patient Family Advisory Council](#)

[Southern Maine Medical Center PrimeCare Internal Medicine's Patient Advisory Council](#)

Oregon

[Care Oregon, Inc.'s Member Advisory Council](#)

[Oregon Health Care Quality Corporation's Patients and Families as Leaders Program](#)

[Oregon Medical Group's Patient and Family Advisory Council](#)

[PeaceHealth Medical Group's Patient Advisory Council](#)

[Providence Medical Group's Patient and Family Advisory Council](#)

[St. Charles Family Care-Redmond's \(formerly Cascade Medical Clinic\) Patient and Family Advisory Board](#)

Humboldt County, California

[Aligning Forces Humboldt's Patient Partners Project](#)

[Humboldt-Del Norte Foundation for Medical Care's Primary Care Renewal Teams](#)



Getting Started



Charter for SMMC PrimeCare Internal Medicine's Patient Advisory Council

Guidelines to work together effectively

I. **Purpose**

Our practice strives to provide excellent, compassionate, primary healthcare service and cooperates with others to promote the well being of people within our communities. Our goal is to care for patients, families, communities and one another. We also recognize the patient/family as the most important factors in keeping the patient healthy. Therefore, the purpose of our Patient Advisory Council (PAC) is to advise the office on patient needs and primary care priorities from a patient-family perspective. The intent is to channel information from the PAC to the office staff to improve patient experience through enhanced office processes, policies, and program implementation. The plan of our practice is to implement the concepts and core expectations of the Patient-Centered Medical Home into the primary care setting.

II. **Policy**

The PAC will promote and guide the development of the Patient-Centered Medical Home model into the delivery of patient care. The PAC strives to promote respectful, effective partnerships among patient/families, professionals, and the community that lead to increased understanding and cooperation between patients/families and professionals and ultimately increase patient/family satisfaction and quality of care.

III. **Procedure**

A. Function

The primary function of the PAC will be to develop and improve mechanisms for patients/families to provide input to office staff, physicians, and administration so that services are reflective of the values inherent in the core expectations of the Patient-Centered Medical Home Model. The PAC will actively promote patient/family-centered care across the continuum by developing and promoting partnerships between primary care providers, patients/families, and the community.

B. Mission Statement of SMMC

Our mission is to provide excellent healthcare with compassion and respect while focusing on the values of patient-centered care, excellence, compassion, integrity, teamwork and stewardship.

C. Mission Statement of the PAC

Our practice PAC will promote the concepts and core expectation of the Patient-Centered Medical Home, which will guide those responsible for providing primary care services. The PAC seeks to accomplish this by educating staff on patient/family issues, and for office staff to educate the patient/family. The resulting partnership will ultimately lead to increased patient/family and clinical/office staff satisfaction.

D. By-Laws

1. PAC membership make up – The PAC will consist of 12-13 members; eight of these members will be patients of this practice, and 4-5 others will be members of our staff including a physician, patient service representative, clinical assistant, practice manager, and staff from our Community Relations office.
2. Committee Leadership – The PAC will be chaired by two Co-Chairs – an employee and a patient representative. The PAC will vote on the patient representative.
3. Recommendations – The PAC will make recommendations based on a consensus vote. That is, if something needs to come to a vote a majority of 51% of members will agree. When unanimous agreement can not be achieved, input from all members must be heard, and relevant data gathered. At least 50% of patients and staff members must be present.

E. PAC Member Term

We ask that all PAC members serve a minimum one year term in order to be most effective.

F. PAC Meetings

Meetings will be held monthly, with the day of the week to be determined by the PAC. Time of the meetings will be after office hours. Light refreshments will be served prior to meeting.

G. Attendance

In order to respectful of everyone's time and commitment, we ask that members attend 75% of the monthly meetings. If a member is unable to attend a meeting, they are asked to call 72 hours in advance or as soon as possible. Members who miss three meetings without notification may be replaced. The practice leadership team will assess if they are able to fulfill the committee responsibilities. Exceptions can be made by the practice leadership team for emergencies, inclement weather, unexpected personal or family illness, etc.

In case of a cancelled meeting, a member from the practice leadership team will contact the committee members with a new date and time of the rescheduled meeting.

H. Resignation and Removal

If a member of the committee wishes to resign at any time, they are asked to submit a written letter to the practice leadership team. A member may be removed from the committee if they are unable to adhere to the by-laws and guidelines set forth.

I. Confidentiality Statement

To maintain appropriate and confidential handling of information, PAC members are reminded that, out of respect to individuals and hospital policy, discussing any information deemed personal or confidential can not be done OUTSIDE the PAC role. All HIPAA (Health Insurance Portability and Accountability Act) standards and guidelines that apply to the PAC will be adhered to at all times. A confidentiality statement and HIPAA release will be signed at the beginning of the first meeting for all new and joining members.

SMMC PRIMECARE INTERNAL MEDICINE HAS BEEN CHOSEN AS A MAINE PATIENT CENTERED MEDICAL HOME PILOT, AND WE WANT YOUR OPINIONS!



A "medical home" is not a building but a primary care physician and a team of health professionals who serve as a focal point for coordinating a patient's care.

The medical home model integrates and centralizes all aspects of care, from technology to test results, to enhance the healthcare experience for patients and families. It also reduces costs by improving access to high quality primary care; making it easier for patients to pursue healthy lifestyles instead of seeing a doctor only when they're sick.

...continued on back

 Southern Maine
Medical Center
MaineHealth

PrimeCare Physicians

WANT TO BE A PIONEER?

We are seeking individuals to be part of a Patient Advisory Council.

WHAT IS A PATIENT ADVISORY COUNCIL?

A group of 8-10 people including patients, care givers and family members who meet monthly to promote improved relationships between patients, families and staff, to provide a way for patients and families to review or create office policies and programs, and to communicate with staff how the practice is working for you.

A Patient Advisory Council candidate would be expected to: commit to a one-year term; attend 75% of meetings; be able to listen to different opinions and share different points of view; respect the ideas of others; speak comfortably in a group; get along with many different kinds of people; and work as part of a team.

MAKE A DIFFERENCE

Join our team and help us improve our healthcare system for patients, family members and caregivers.

If you would like to be on the Patient Advisory Council, please ask the receptionist for an application or call Practice Manager Jane Foley at 282-3349.

The way healthcare should be.




FOUR SEASONS FAMILY PRACTICE

PATIENT and FAMILY ADVISORY GROUP

Patient and Family Engagement





*Four Seasons Family Practice
Patient & Family Advisory Group
Invitation, 1st Agenda (also the basis
for our orientation) and Group
breakdown*

August 30, 2010

YOU ARE INVITED!

Thank you for expressing your interest in participating in the first Patient Advisory Group at Four Seasons Family Practice. Your practice is entering an exciting new phase as we implement the Patient-Centered Medical Home approach to patient health care, and your insight, comments, and suggestions will provide us with invaluable tools as we embark on this process.

We would like to invite you to our first meeting, which will take place on Tuesday, September 14, 2010, at 5:30pm, at Four Seasons Family Practice. We hope to see you then. If you plan on attending, please confirm by calling our office at 453-3100. Light refreshments will be available for your enjoyment.

We look forward to working together with you to create a Patient-Centered Medical Home for all our patients at Four Seasons Family Practice!

Four Seasons Family Practice
4 Sheridan Drive, Suite 2, Fairfield, ME 04937
Phone 453-3100 – Fax 453-3082

Our First Advisory Meeting

Four Seasons Family Practice

Patient Centered Medical Home

Patient Advisory Group

Welcome and Thank-you for coming to the first Patient Advisory Group at Four Seasons Family Practice

(this will also be the basis of our orientation)

Agenda

September 14, 2010

- Welcome – Stephanie Calkins
- Introductions – Jodi Heath
- Patient Centered Medical Home Overview – Stephanie Calkins
- Patient Advisory Group Brochure
- What the Patient Advisory Group is – hopes and goals – Jodi Heath
- Where the survey information comes from - Press Ganey (now NRC Picker) & PCMH

Our Patient and Family Advisory Group breakdown:

The total number of patients you are working with at your site

- 8 (eight)

The number by payer (how many are MaineCare, Medicare, commercial, self-pay etc.)

- MaineCare – 1
- Medicare – 1
- Commercial – 6

How many are under age 30, age 31 to 65, and over 65?

- Under 30 – 1
- 31 to 65 – 6
- Over 65 – 1

How many are Maine state employees?

- 1 (one)

How many are from the University of Maine system—a new partner in our ACO work?

- 0 (none)

Gender

- 7 Females
- 1 Male



*Four Seasons Family Practice
Patient & Family Advisory Group
Introductory Brochure*

What is the Patient Advisory Group?

As part of our Patient Centered Medical Home initiative, Four Seasons Family Practice is forming a Patient Advisory Group. It will be comprised of Four Seasons Family Practice patients and family members, Jodi Heath, Four Season Staff Liaison and Four Season staff members . The mission of the Patient Advisory Group is to help Four Seasons succeed in practice changes that affect the following:

- Meeting the needs of patients
- Enhancing patient experience at the practice
- The Provider Advisory Group will do that in part by providing suggestions and feedback that address the following:
 - Concerns or barriers as identified by the
 - PCMH and Press Ganey (now NRC Picker) surveys
 - Enhancements to existing services
 - Potential new services

What to expect as a member of the Patient Advisory Group

Meetings will be held quarterly on dates determined by the group. Topics such as the following will be discussed:

- Making the Patient/Office Visit more efficient
- Access to Care—Open Access
- Electronic forms
- Integrated Care in Your Medical Home
- Reducing Cost and Waste in Your Medical Home
- And other topics as identified by the group, by staff or by surveys

*Patients
Are
The
Idea behind
Empowering
New
Transition for
Stronger care*



*Four Seasons Family Practice
Patient & Family Advisory Group
Annual Report*

A decorative white floral border with intricate scrollwork and leaf patterns surrounds the central text on a dark background.

Patient Engagement Annual Report Four Seasons Family Practice November, 2011

Coming into 2011, the Four Seasons Patient Advisory Group (now the Patient and Family Advisory Group) agreed to meet every other month, on the second Tuesday from 6:00 – 8:00. Early on our group expressed the desire to have pertinent guest speakers so topics such as open access, Patient Centered Medical Home pilot, electronic medical records, patient portals and medication reconciliation project were presented over the past year. Creating a Patient and Family Advisory Group charter, redesigning the Patient Education area, input for the Blue Folder Project, our telephone tree, planning for a 10 year anniversary Open House and introduction of new providers area all projects that the Advisory Group have worked on this year.

The Patient and Family Advisory Group have been invited to attend the Four Seasons Family Practice retreat on December 8th where all FSFP staff and providers will be in attendance. The agenda will be centered on Patient and Family Centered Care and specifically, the Patient Centered Medical Home Pilot and the ongoing work on the 9 principles.

At our meeting in January we will be setting a strategic plan and putting together workgroups resultant of that as well as for in-house surveys and a newsletter.

Additional workgroups will be formed as needed.

As we enter this next year with our Patient and Family Advisory Group, our goal is to consistently say “Let’s bring that to the Advisory Group?”; add more members; and, with the Advisory Group help, to continue our focus on being a “best practice” Patient Centered Medical Home.



*Four Seasons Family Practice
Patient & Family Advisory Group Charter*

*Compared to others
Reflects their style*

A decorative white floral border with intricate scrollwork and leaf patterns surrounds the central text on a dark background.

Four Seasons Family Practice Patient & Family Advisory Group Charter

11/1/2011

The Patient & Family Advisory Group is an autonomous, self-governed entity with the support and guidance of Four Seasons Family Practice.

Mission:

The Patient & Family Advisory Group will enhance the patient and family experience in interactions with the healthcare team at Four Seasons. It will integrate the patient & family perspective into the planning, delivery and assessment of healthcare at Four Seasons Family Practice.

Guiding Principles:

- Patients and families feel cared for during their entire experience at Four Seasons. Each patient and family is unique with diverse needs; not solely a “medical condition to be treated”.
- Each healthcare staff member is a caregiver; whose role and responsibility is to meet the needs of each patient and family while maximizing patients’ opportunities for choices and to respect those choices.
- Patients and families are engaged as partners and collaborators in every step of their care.
- The work of the Patient & Family Advisory Group will be to apply “best practices” in a way that is measurable in order to ensure that their impact on patient and family experience is “positive”.
- Coordinated and continuous care leads to positive patient experience and outcomes.

Objectives

The Patient & Family Advisory Group:

- Ensures the healthcare team provides optimal care to patients and their families.
- Maximizes patient opportunities and resources.
- Ensures the patient and family are engaged in healthcare decisions.
- Assists in making the practice inviting and welcoming to patients and families.
- Is involved in making the practice a pleasant and comfortable experience for patients and families receiving healthcare.
- Ensures Four Seasons will be viewed in the community as demonstrating “best practice” and as a healthcare resource.

Values:

The Patient & Family Advisory Group supports the following:

- **Dignity and Respect:** Healthcare providers listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into care planning and decision-making.
- **Information Sharing:** Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.
- **Participation:** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration:** Patients, families and providers collaborate in policy and program development, implementation, and assessment; in health care facility design; and in professional education as well as in the delivery of care.

Patient & Family Advisory Group Membership:

The Four Seasons Patient Family Advisory Group will be comprised of up to 15 members:

- 7-10 patients and/or family members from a broad spectrum of the Four Seasons Family Practice.
- 3-5 staff members from the Four Seasons Family Practice.
- Voting will be a simple majority of those present.

Terms:

Members may serve three year terms to assure continuity for a maximum of six years. After one year off the Patient & Family Advisory Group members are eligible for re-membership.

Three year terms will be rotated to ensure overlap of members.

Recruitment:

Patient & Family Advisory Group candidates will be referred by staff, Patient & Family Advisory Group members or by word of mouth.

Candidates are to be referred to the FSFP Patient & Family Advisory Group Staff Liaison to be considered by FSFP. Once selected, members will attend an orientation and education/training regarding Patient & Family Advisory Group member roles and responsibilities and be asked to sign a Confidentiality Agreement.

Reporting:

Minutes will be taken at every meeting and will be emailed or mailed to all Patient & Family Advisory Group members no less than a week before the next meeting.

The Staff Liaison or other designated Four Seasons staff member will be an ad hoc member of any workgroups or sub-committees.

Patient & Family Advisory Group Membership (-cont-):

Removal/Resignation:

- A member may resign at any time by submitting a written letter to the Patient & Family Advisory Group. A member may be asked to resign for failure to abide to the charter.

Role and Responsibilities:

Members are expected to:

- Respect confidentiality at all times.
- Demonstrate a commitment to the Patient Family Centered Care model by upholding the Mission and Values.
- Be accountable to those whom they represent.
- Attend regularly scheduled Patient & Family Advisory Group meetings and annual events
- Serve on at least one committee/workgroup.
- Share personal experiences, stories, observations and opinions as a patient or family member. Additionally, reach out broadly and listen to other patients, families, staff and community members as opportunities arise.
- Be committed to improving care for all Four Seasons patients and families members.
- Respect the collaborative process and the forum to discuss issues, be willing to listen to and consider differing viewpoints, share ideas for improvement and encourage other Patient & Family Advisory Group members to do the same.
- Share both positive and negative experiences in a constructive way.

Staff and Leadership Role Definition and Responsibility:

Additional MGH staff and subject matter experts will be invited to meetings to obtain feedback from the Patient & Family Advisory Group on related issues, provide input to the Patient & Family Advisory Group and educate members on specific topics as needed.

Patient Advisory Staff Liaison:

The Patient & Family Advisory Group Staff Liaison is responsible for overall support, management and accountability for the Patient & Family Advisory Group in partnership with Four Seasons.

In addition to general advisor management duties, the Staff Liaison supports the Patient & Family Advisory Group and its members and helps ensure that their activities are meaningfully integrated into changes and improvements within the practice. The Staff Liaison is the lead contact for others in the practice or in the community seeking to be included on the Patient & Family Advisory Group's agenda.

Practice Staff Group Members:

Members of the Patient & Family Advisory Group who are from the practice staff attend Patient & Family Advisory Group meetings and make the time to implement initiatives between meetings. Staff is expected to complete any orientation and training necessary for Patient & Family Advisory Group members.



Strategic Plan 2012
- all from the Advisory Group -

Strategic Plan 2012

From Picker Surveys, Patient Rounding, Patient & Family Advisory Group

Wait time – streamline or make understandable

- **Time Study**

- If kept informed it takes away from the frustration
- MA to inform what they are doing with computer
- Invite folks in 10-15 minutes prior to the appointment
- Putting time study on a bulletin board for public
- Discussion of late policy – we need to discuss, up-date and set policy
- There is patient and provider accountability with this study
- Ongoing studies will be done with further specifics so that we can identify personnel trends

- **During visit**

- Keep patient informed of what they are doing
- Let's patient know they are receiving services not just cooling heels
- Help patient understand the process
- Use AIDET - it really works (one member received AIDET based services at the hospital and it was great)

- **What happens after the rooming – where does the MA go and is what they are doing pertinent to the patient**

Strategic Plan 2012 –cont- From Picker Surveys, Patient Rounding, Patient & Family Advisory Group

- **Rx refills**
 - Look at work flow
 - Protocols for each schedule of drugs
 - How do we get this information to the patients
 - Pamphlet of the refill workflow at checkout (some medication refills can be done through the MAs/RNs and some need to go through the provider)
 - How to refill your medications
 - Provider plan - calculate a 28 supply of medications that require physician authorization so that refill times fall on the first three days of the week
 - Process 30-60-90 days for medications for chronic conditions
- **Informational pamphlets**
 - Individual pamphlets for each “condition”
 - Hours – per Provider
 - Lab hours
 - Check out instructions – my health needs
 - Something similar to well child check sheet
 - Something similar to the Proactive OE reminder guide
 - Would be good to walk out with something in hands
 - Use in personal wellness program



Strategic Plan 2012 -cont-
From Picker Surveys, Patient Rounding, Patient & Family Advisory Group

Call backs

- **Develop Workflows**
 - General Triage Call
 - Hospital Discharge Calls
 - ED Calls
 - Lab/test results



Our greatest resources are each other.

We also have the following:

Institute for Patient - and Family-Centered Care

www.ipfcc.org

Maine Quality Counts

www.mainequalitycounts.org



Four Seasons Patient and Family Advisory Group
continues to be a work in progress.

With each conversation, meeting, webinar, web site
resource – we learn something new and we make
adaptations.

“The journey of a thousand miles begins with one step.”

We have a lot of miles yet to go.



Winthrop Patient Family Advisory Council Charter (draft)

MaineGeneral Physician Practices

I. **Mission:**

To integrate the patient & family perspective into the planning, delivery and assessment of healthcare at Winthrop physician practices; towards improving outcomes and the overall patient experience. The council is an autonomous, self-governed entity with the support and guidance of MaineGeneral Physician Practices leadership and the MaineGeneral Medical Center PFAC. To guide and direct physician practices within the goals of the Patient Centered Medical Home model of team care.

II. **Guiding Principles:**

1. Patients and families feel cared for during their entire experience within the MaineGeneral Health System.
2. Each patient and family is unique with diverse needs; not solely a “medical condition to be treated”.
3. Each healthcare staff member is a caregiver; whose role and responsibility is to meet the needs of each patient and family while maximizing patients’ opportunities for choices and to respect those choices.
4. Patients and families are engaged as partners and collaborators in every step of their care.
5. The work of the Council will be to apply “best practices” in a way that is measurable in order to promote positive experiences for patients and families.
6. Coordinated and continuous care leads to positive patient experience and outcomes.

III. **Values**

- **Dignity and Respect:** Health care providers listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into care planning and decision-making.

- **Information Sharing:** Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.
- **Participation:** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration:** Patients, families and providers collaborate in policy and program development, implementation, and assessment; in health care facility design; and in professional education as well as in the delivery of care.

IV. Council Membership:

The Winthrop Patient Family Advisory Council (W-PFAC) will be comprised of 15 members:

- 10 patients: 30% or 3 from the Pediatric practice and 70% or 7 from the Family practice.
- 5 staff members: 30% or 2 from the Pediatric practice and 70% or 3 from the Family practice.
- Voting procedures will be conducted by the Leadership (see Leadership section).
- **All 15 active members will have a vote on the council.**
- **Voting will be done by consensus using the thumbs method.**
- **Consensus Option: “thumbs voting: up/down/middle” if there are any “down” thumbs, the motion is denied. The group will work to improve any proposals until all can “live with the proposal” and vote thumbs up/middle.**
- **60% of the patients and family council members must be present to call a vote**
- **60% of the staff council members must be present to call a vote**
- The PFAC Coordinator and Practice Administrator for the council will abstain from all voting procedures due to their unique roles.
- Any council member, patient or staff, may abstain from voting due to a conflict of interest.

V. Terms:

Members may serve two or three year terms to assure continuity for a maximum of six years. After one year off the council members are eligible for re-membership. (The exception may be if Leadership term exceeds maximum.)

Two vs. three year terms will be rotated to ensure overlap of members.

VI. Recruitment:

- Council candidates will be recruited by referral by staff, Council members or by word of mouth.
- Candidates are to be referred to the WPFAC Coordinator and Leadership who will coordinate the screening and selection process. Once selected members will attend an orientation and education/training regarding council member roles and responsibilities and be asked to sign a Confidentiality Agreement.

The Council will reflect our community and have representation from a broad spectrum of services within the Maine General Health System

VII. Council Nomination Process:

The council/Leadership Committee nomination process will consist of an application, interview and selection by year 2011's **Governance workgroup** (2/3 members and Coordinator). The future **Leadership Committee will be responsible for the nomination process after year one.**

VIII. Leadership Committee:

The Governance workgroup is responsible for the nominating and presenting of candidates to the Council for election.

Leadership consists of:

- **Chair and Vice Chair**

Council members will elect all offices annually at the beginning of the calendar year or as needed. **The chair person ideally has a minimum of 1-year experience on the council. Vice becomes chair at the end of the chair's term.**

A council member will take minutes and other duties as discussed. Secretary can be staff or patient member.

IX. Reporting:

The Chair along with WPFAC Coordinator will report to and serve on Practice committees and workgroups as they are developed with the Council.

X. Removal/Resignation:

A member may resign at any time by submitting a written letter to the Council Chair. A member may be removed for failure to abide to the charter and guidelines set forth by the Governance Committee and Maine General's ethical standards.

The process for removal of a council member or officer is to be determined.

XI. Role and Responsibilities:

Members are expected to:

- Respect confidentiality at all times.
- Demonstrate a commitment to the Patient Family Centered Care by upholding the Mission and Values; be accountable to those whom they represent,
- Attend regularly scheduled council meetings, annual events of the Council and serve on at least one committee/workgroup, inability to maintain this commitment is reviewed by the Chair person and WPFAC Coordinator,
- Share personal experiences, stories, observations and opinions as a patient or family member. Additionally, reach out broadly and listen to other patients, families, staff and community members as opportunities arise,
- Be committed to improving care for all MGH patients and families members,
- Respect the collaborative process and the forum to discuss issues, be willing to listen to and consider differing viewpoints, share ideas for improvement and encourage other council members to do the same, • Share both positive and negative experiences in a constructive way.

XII. Staff and Leadership Role Definition and Responsibility:

- MG staff members shall include no more than 1 administrator, 1 physician & 3 direct care staff.
- Additional MG staff and subject matter experts will be invited to meetings to obtain feedback from the council on related issues, provide input to the council and educate council members on specific topics as needed.
- **Chair and Vice Chair:** work closely with the Patient Advisory Coordinator to keep the council running smoothly. This includes ensuring that the council is on track to meet its goals and that all members are actively

participating in meetings and that activities and outcomes of the council are communicated throughout the practice and the community.

- **Patient Advisory Coordinator:** The WPFAC Coordinator (PAC) is responsible for overall support, management and accountability for the Council in partnership with Physician Practice Administration. In addition to general advisor management duties, the PAC supports the council and its members and helps ensure that council activities are meaningfully integrated into changes and improvements within the practice. The PAC is the lead contact for others in the practice or in the community seeking to be included on the council's agenda.
- **Practice Staff Council Members:** Members of the council who are from the practice staff attend all council meetings and make the time to implement council initiatives in between meetings. Staff are expected to complete any orientation and training necessary for council members.

Proposed Timeline 2011:

March	April	May	June:	Fall:	By December:
Draft Charter	Council Presentation Revisions/refinement WPFAC Recruit additional Governance members	Final passage of Charter Recruitment ongoing as needed	Member Leadership is determined	Members reapply for next term	Members are chosen and confirmed
	Develop interview process Recruit for nominations			Start interviews	Newly selected Council starts

Husson Internal Medicine Patient Advisory Group By Laws

Mission Statement of the Patient Advisory Group

The Husson Internal Medicine Patient Advisory Group will abide by and not deviate from the EMMC mission statement. (See Patient Advisory Group Charter and EMMC IDD)

The Husson Internal Medicine Patient Advisory Group will promote the concepts and core expectation of the Patient- Centered Medical Home, which will guide those responsible for providing primary care services. The Patient Advisory Group seeks to accomplish this by educating staff on patient/family issues and educating patient/families on healthcare issues. The resulting partnership will ultimately lead to increased patient/family and office staff satisfaction

Purpose

The PAG will promote and guide the development of Patient-Centered Medical Home model into the Primary Care Practices The PAG strives to promote respectful, effective partnerships among patients/families, professionals, and the community that lead to increased understanding and cooperation between patients/families and professionals and ultimately increased patient/family satisfaction.

Husson Internal Medicine Patient Advisory Group (PAG) By-Laws

Primary Care Patient Advisory Group Membership-The EMMC/Husson Internal Medicine primary care patient advisory group consists of 16 members: 8 adult patient members, 6 diverse members from Husson Internal Medicine primary care staff and the office supervisor and the lead physician who will serve as ex officio.

Members are nominated after a thorough application process by the Patient Advisory Workgroup and appointed by the Husson Internal Medicine Primary Care Leadership Team. For all selections, diversity in culture, race, background, age, gender, family makeup, socioeconomic and Husson Internal Medicine Primary Care experience will be taken into consideration. A Patient Advisory Group whose members represent the patients of our primary care practice will be the ongoing goal.

Badges will be issued with the title Patient Advisory Group Member and will be worn when ever a member of the Patient Advisory Group meets for a committee meeting.

Patient Advisory Group Member Term

There will be a minimum one-year term served by all Patient Advisory Group members, not to exceed 3 consecutive terms with exception of the Primary Care Leadership Team.

Patient Advisory Group Meetings

Meetings will be held every 1-2 months. Additional meetings may be required as deemed appropriate.

The group will not meet in August or December. Each meeting will be 2 hours in length. A light refreshment will be served prior to the meeting.

Attendance

Members who have two consecutive unscheduled absences or a total of three unscheduled absences during a calendar year will be evaluated by the Primary Care Leadership Team for continuation of their membership status and may be asked to be relieved of their duties as a committee member. Members who have had absences and who have had 3 failed contact attempts regarding the absences with no return call from the member will be evaluated by the Primary Care Leadership Team for continuation of their membership status and may be asked to be relieved of their duties as a committee member. Exceptions can be made by the co-chairs for emergencies, inclement weather, unexpected personal or family illness, etc.

A co-chair should be notified of your absence 72 hours in advance of a scheduled meeting or as soon as possible.

In the case of the cancellation of a meeting, the staff co-chair after consulting with the patient co-chair will contact the secretary, the secretary will then be responsible to notify the all the members by e-mail.

Should a business meeting be cancelled, all Patient Advisory Group members will be notified, in a timely manner, by the secretary or the co-chairs.

Resignation and Removal

A member of the committee may resign at any time by submitting a written letter or a by having verbal communication to one of the co-chairs or the leadership team. A member may be removed from the committee if the member fails to abide by and adhere to the By-laws and guideline set forth.

Confidentiality Statement

To maintain appropriate and confidential handling of information, Patient Advisory Group members are reminded that, out of respect to individuals and hospital policy, discussing any information deemed personal or confidential will not be done OUTSIDE the patient advisory role.

All HIPAA (Health Insurance Portability and Accountability Act of 1996) standards and guidelines that apply to the Council will be adhered to at all times.

A confidentiality statement and HIPAA release will be signed at the beginning of the first meeting for all new and joining patient members.

Meeting Minutes

Minutes will be kept by the secretary (or designee) of Patient Advisory Group and will be distributed in a timely matter to all members. These minutes may be distributed via e-mail, if the member gives his/her consent.

Agenda

The agenda will be established by the Patient Advisory Group Co-Chairs in consultation with the Husson Internal Medicine Primary Care Leadership Team prior to each business meeting. Agenda items may be added by any member with prior notification of the co-chairs. Agenda items will be evaluated and prioritized by the co-chairs.

Subcommittees

Subcommittees may be formed to complete tasks or meet a need. In the event that subcommittees are formed or a member participates in a supportive role, this will be done on a volunteer basis.

Patient Member Responsibilities

All patient members are responsible for:

- Attending Patient Advisory Group meetings
- Participating to the fullest extent during each meeting
- Participating, as time and interest allow, in additional committees and task forces
- Embracing the mission, vision and values of the Patient Advisory Group
- Advocating the concepts and core expectations of the Patient-Centered Medical Home model.
- Adherence to the By-laws, guideline and ground rules set forth by the committee

Staff Members Responsibility

All staff members are responsible for:

- Attending Patient Advisory Group meetings
- Participating to the fullest extent during each meeting
- Participating, as time and interest allow, in additional committees and task forces
- Embracing the mission, vision and values of the Patient Advisory Group
Practicing as a role model for the values, concepts and core expectation of Patient-Centered Medical Home model.
- Educating and advocating concepts and core expectation of Patient-Centered Medical Home model to fellow employees and staff.
- Educating and advocating the work of the Patient Advisory Group to fellow employees and staff
- Encouraging the use of the Patient Advisory Group as a conduit of communication between the group and employees/staff
- Adherence to the By-laws, guideline and ground rules set forth by the committee

Ground Rules for the Patient Advisory Group

1. Begin and end on time.
2. Allow others to complete their comments before beginning yours.
3. No side conversations.
4. All ideas are valuable.
5. All cell phones are to be turned off at the beginning of the meeting
6. Keep discussion and comments relevant to the issues being discussed

Husson Internal Medicine Patient Advisory Group Charter

Purpose

EMMC/Husson Internal Medicine strives to provide excellent compassionate primary and specialty healthcare services and cooperates with others to promote the well being of the people of Maine. Our mission is to care for patients, families, communities, and one another. We also recognize the patient/family as the most important factors in keeping the patient healthy. Therefore, the purpose of Husson Internal Medicine Patient Advisory Group (PAG) is to advise primary care administration and medical leadership on patient needs and primary care priorities from a patient/family perspective. The intent is to influence primary care strategic planning and improve office processes.

The plan of this pilot project is to institute the concepts and core expectations of Patient-Centered Medical Home into the primary care setting.

Mission/Vision

Eastern Maine Medical Center strives to provide excellent compassionate primary and specialty healthcare services and cooperates with others to promote the well being of the people of Maine. Our mission is to care for patients, families, communities, and one another.

The Husson Internal Medicine Patient Advisory Group will promote the concepts and core expectation of the Patient- Centered Medical Home, which will guide those responsible for providing primary care services. The Patient Advisory Group seeks to accomplish this by educating staff on patient/family issues and educating patient/families on healthcare issues. The resulting partnership will ultimately lead to increased patient/family and office staff satisfaction.

Structure

The Husson Internal Medicine Patient Advisory Group consists of 16 members: 8 adult patient members, 6 diverse members from Husson Internal Medicine primary care staff and the office supervisor and the lead physician who will serve as ex officio.

Members are nominated after thorough review of the application process by the Patient Advisory Workgroup and then appointed by the Husson Internal Medicine Primary Care Leadership Team.

For all selections, diversity in culture, race, background, age, gender, family makeup, socioeconomic and Husson Internal Medicine Primary Care experience will be taken into consideration. A Patient Advisory Group whose members represent the patients of our primary care office will be the ongoing goal.

Meeting Schedule:

Meetings will be held every 1-2 months. Additional meetings may be required as deemed appropriate.

Expected Outcomes:

The primary function of the Husson Internal Medicine Patient Advisory Group will be to develop and improve mechanisms for patients/families to provide input to administration, department leadership, the primary care clinic, etc., so that services are reflective of the values inherent in the core expectations of the Patient-Centered Medical Home model. The PAG will actively promote patient/family-centered care across the continuum by developing and promoting partnerships between primary care providers, patient/families, and the community.



OMG Patient Advisory Council - 2011-2012
Mission Statement

It is the mission of the Patient Advisory Council to enhance the partnership between OMG and the patient by assisting all parties to develop a trusting and caring bond. The patient is at the heart of all decisions.

CHARTER
Patient Advisory Council, PHMG PHOR

Title:	Patient Advisory Council (PAC)
Date Chartered:	7-16-07
Time Line:	On-going First Team Meeting January 2008
Sponsor(s):	Physician Council (PC) Leadership Team (LT)
Purpose:	<p>1. To assure alignment and integration of patient and family centered care within PHMG, the PAC will serve as a formal mechanism for involving patients and families in policy and program decision making in our clinics. Examples of PAC involvement includes but is not limited to:</p> <ul style="list-style-type: none"> • Acting as champions of the Ideal Patient Experience and ensure its implementation across PHMG • Reviewing communication to patients and families to ensure it builds on patient family strengths and engages them in a partnership in health care services • As needed, recommending to the Leadership Team/Physician Council areas for improvement in service quality • Collaborate with regional quality projects as appropriate including participation in teams and/or recruitment of other patients/families to serve as advisors to time-limited project focused efforts

- Council Co-Chairs: Two Patient/Family Member of the PAC will serve as Co-Chairs, with staff support to ensure responsibility for:
- Convening meetings
 - Setting and Prioritizing agendas
 - Facilitation of meetings
 - Ensuring meetings are conducted efficiently
 - Ensuring support for members in presenting issues and needs
 - Ensuring correct regional and PHMG staff are present for agenda topics as necessary
 - Working effectively with all stakeholders in pursuit of the quality vision that supports patient and family centered care
 - Working closely with quality staff, CHI and QC members between meetings as needed
 - Responsible for accountabilities of the Patient and Family

Advisory Committee

- Participating in an annual evaluation for effectiveness.
- Participating in leadership training/coaching/mentoring as needed

Committee Membership

- Membership (12-16 members) representing the diversity of the population PHMG clinics serve:
 - 8 Members from the Adult and Family Medicine Division (representing the full age spectrum 18-75+)
 - 4 Members from the Pediatric Division
 - 2-3 members from the Specialty Division (2 from Medicine; 1 from Surgery, if possible)
 - 2 members from the Behavioral Health Division
 - At least 2 members from RMP, Hilyard....and 1 from Ivy Street

Every clinic location must be represented on the Council by at least 2 advisors [RMP, Hilyard, Downtown Clinic, South, Coburg, and Barger] and 1 advisor from Ivy St.

- Chief Medical Officer
- Executive Director of Strategic Planning
- PHMG Quality Director
- Administrative Assistant to Executive Director of Planning
- Other:
 - Invited guests per area of expertise as dictated by monthly agenda items

Committee Members' Responsibilities

- Each member is responsible to actively participate both in and out of meetings to achieve the council's purpose as stated above.
- Work effectively with other members as well as PHMG patients and families in identifying, promoting and ensuring a focus on creating the ideal patient experience.
- Act as change agents to support the achievement and maintenance of quality goals until they become the clinical standard across PHMG.
- Review materials provided prior to the meeting, so that each person is prepared to actively ask questions, contribute ideas and provide input during the meeting
- Monitor their area of expertise and bring status reports and concerns/needs to the full committee.
- The goal for decision-making will be consensus. However, if consensus cannot be reached, decisions will be made by a majority vote of all members. All members support meeting decisions once a decision leaves the room.
- Maintain confidentiality of meeting content.

- The Quality Director and Executive Director will provide development opportunities/orientation.

Meeting Frequency:	<ul style="list-style-type: none"> • Full Committee will meet the each month from 5:30 - 7:30PM 7 regular face to face meeting a year (no December and July Meetings) • Between meetings there may be conference call scheduled to complete ongoing work (up to three). • Each member is expected to attend all meetings or notify the <i>Administrative Assistant</i> if barriers/conflicts prevent attendance. • There may be need for Ad hoc meetings and small group work as determined by the membership • Other times as needed to effectively execute its charter, including an orientation for new members each fall • Approx. 3-4 hours per month (standing meeting plus preparation and e-mail time)
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- Term:
- Our hope is that members will serve a 2-year term; other arrangement can be made as circumstances change.

Open positions will be filled each year and new members will commit to a 2-year term, if possible. A minimum of one year is expected.

Membership Selection Process	<ul style="list-style-type: none"> • PHMG shall seek interest of individuals or family members of individuals who receive services from PHMG. • Interested applicants will be asked to fill out an application. Applicants will be invited to an informational session to meet current Patient Advisors and PHMG staff to learn more about the opportunities. The purpose of the informational session is to answer questions of the candidates and determine how well their interests match the needs and vacancies of the Council. • Individual interviews will be held by chair of the PAC and the Quality Director. If both parties approve of the applicant, they will be invited to join PAC. When a consensus cannot be reached, the applicants will be forwarded to the Chief Medical Officer or Executive Director, who will make the determination on those individuals.
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Effectiveness Goals: TBD by the Patient Advisory Council Committee will be evaluated on a regular basis - TBD

Review Charter:	Minimum: Once a year in September with the Physician Council
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MEMBER ADVISORY COUNCIL

CareOregon, Inc.

BYLAWS

Approved March 2011

**315 SW 5th Ave, Suite 900 Portland, OR 97204
Tel. 503-416-5758 | Email: mac@careoregon.org**

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MEMBER ADVISORY COUNCIL BYLAWS

February 18, 2011



PURPOSE

The Member Advisory Council (MAC) takes an active role in improving the CareOregon member experience. The council identifies improvement opportunities, provides general feedback and ideas about CareOregon department plans/activities/programs and works to engage fellow CareOregon members and the community on health care issues.

COMPOSITION

The MAC shall be composed of 10-15 members and must be enrolled with CareOregon, or represent a current CareOregon member. The MAC shall represent the diversity of the CareOregon member population. Members will serve a 2-year term, and may be re-appointed for another term.

OFFICERS

The MAC will be led by Council Officers. The officers shall be chosen among the MAC members, and shall include a Chair, Vice-Chair and Scribe. Other officer positions may be determined by the MAC. Nominees for MAC Officer positions shall be presented annually at the March meeting and elected by a majority vote of the members present. The Chair shall appoint the position of Ambassador.

NOMINATIONS

Nominations for additional or vacant positions will be submitted to the MAC. The nominee must fill out a MAC member application for consideration. The MAC shall approve new members by a majority vote.

REMOVAL

CareOregon and the MAC are committed to creating a work environment that promotes dignity and respect for all, and is free from harassment and discrimination. A MAC member may be removed whenever the best interests of the MAC or CareOregon will be served, specifically if gross misconduct is observed. A MAC member may also request removal of another MAC member. The member whose removal is placed in issue shall be given prior notice of his/her removal, and a reasonable opportunity to appear and be heard at a MAC meeting. A member may be removed by a vote of two-thirds of the members on the MAC.

Continuous and frequent absences from the MAC meetings, without prior notice of reasonable excuse, shall be a reason for removal. In the event that a member is absent for three consecutive meetings, the MAC shall consider removing the individual from the MAC. A member's absence from four consecutive shall be considered an implied resignation of his/her membership on the MAC.

RESPONSIBILITIES

MAC members must possess an interest in health care issues and have the desire to provide feedback and suggestions for improvement or enhancement of CareOregon activities and programs.

Specific Duties

1. Learn about CareOregon's activities and programs and provide feedback
2. Help design and review member materials as needed
3. Write articles and provide information for member newsletter and content for the website
4. Plan annual member/community "open house" event
5. Develop Story Telling Program and prepare members to tell their story and help find venues for them to give testimony or testimonials

6. Orient new CareOregon employees to MAC and member perspective
7. Participate in additional projects and events to engage CareOregon members and the community in promoting wellness and improving the health care system
8. Participate in legislative issues and advocacy when appropriate

MEETINGS

TIMES AND MINUTES – MAC meetings are scheduled to meeting monthly, on the second Tuesday from 1:00pm-3:00pm at the CareOregon office. Meeting times may change as needed. CareOregon staff will support the MAC Chair to prepare the agenda. MAC members and staff participants are notified of the upcoming meeting date and materials are mailed or emailed in advance. The meeting is facilitated by the Chair and the minutes are prepared by the Scribe and approved by the full MAC at the following meeting.

VOTING – Any member may bring an item forward for a vote by the Council. The MAC may act by a majority vote of the members when a quorum is present. Each member is entitled one vote. A quorum shall consist of a majority of total membership.

CODE OF CONDUCT

MAC members are expected to:

- Treat each other with dignity and respect
- Make every effort to come to meetings and events on time
- Come prepared to meetings and participate
- No interrupting or “cross-talk”
- Refrain from cursing, swearing, or using derogatory language
- Listen to each other

APPENDIX

Officer Roles & Responsibilities

Chair – Primary role is to facilitate meetings, work with the Vice-Chair and CareOregon staff to set agenda for each meeting.

Vice-Chair – Primary role is to assist Chair in setting agendas, assist Chair in facilitating meetings by keeping time, calling members to remind them of each meeting, provide back up for Scribe if needed.

Scribe – Primary role is to take notes at each meeting and maintain Council documents.

Ambassador – Primary role is to act as a liaison/advocate on member issues.

Basic Meeting Procedures

Basic rules of order are designed to ensure effective meetings where everyone has a chance to participate and to share ideas. The Chair will facilitate the meeting to be sure the agenda is followed in a timely manner.

Decision making will be done when an idea is presented, discussed and then voted on. Approval will occur with a majority vote, either by show of hands or anonymous ballot. A quorum, or majority, of members must be present for a vote to occur.

Only one member should talk at a time. Every member should have a chance to speak on an issue before a member speaks for the second time on the same issue.

Patient & Family Advisory Council Charter

Providence Medical Group

Portland Metro Service Area

August, 2011



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Patient & Family Advisory Council Charter

Date Chartered – August, 2011

Vision Statement: The Providence Medical Group Patient & Family Advisory Council is a partnership of patient and family member advisors and the medical group, dedicated to advancing comprehensive and compassionate patient and family centered health care.

Purpose: Patient & Family Advisory Council (PFAC) will have an active role in improving the patient and family care experience by identifying opportunities, gathering and providing feedback and perspectives on medical group plans, activities, and programs related to patient and family centered health care.

PFAC Member Responsibilities:

- Actively participate both in and out of meetings to achieve the purpose,
- Work effectively with other council members, as well as PMG staff, patients and families to ensure a patient and family centered care experience,
- Facilitate change to support the achievement and continued improvement of patient and family centered care,
- Review materials provided prior to the meetings so that each member is prepared to ask questions, contribute ideas, and provide input,
- Decision-making will normally be by consensus. If consensus is not reached, decisions will be made by a majority vote of all members. All members are expected to support meeting decisions once meeting is adjourned,
- Be willing to work on projects and/or sub-committees beyond the 2 hour monthly commitment,
- Be willing to serve on PFAC for two years or longer, as determined by Co-Chairs,
- Adhere to the Providence Health & Services Code of Conduct and Acceptable Use Agreement contracts.

PFAC Meetings/Frequency:

- All meetings will be the 4th Monday of the month, starting at 5:30 p.m. and ending at 7:30 p.m., with no December meeting.

- Dinner will be provided prior to each meeting, starting at 5:00 p.m.
- Patient & Family-Centered Care Program Coordinator (PC) and/or Co-Chairs are points of contact concerning attendance.
- Patient & Family Advisors (PFA) are expected to attend a minimum of 8 meetings annually.
- In addition to the monthly meetings, PFA's are expected to participate in sub-committee activities as needed.

Membership Selection:

- A patient and/or family member of PMG may be nominated by his/her provider, or by self nomination.
- Each PFA nominee must have an interest in health care.
- Each PFA nominee must fill out an application.
- Each PFA nominee must complete the PMG orientation process.
- The Co-Chairs and the PC will review the applications and select those who will be interviewed.
- Each PFA nominee will be interviewed by one of the Co-Chairs and the PC.
- Following a positive recommendation by the Co-Chair and the PC, the PC will:
 - Contact references
 - Complete background check ordered
 - Assure all Providence Health & Services volunteer requirements are completed and in PFA's secure file.
- When a PFA nominee is approved, he/she will be introduced to the PFAC.

Removal:

- A PFA may be removed from the PFAC by unanimous agreement of the PC and Co-Chairs if any of the following occur:
 - The PFA no longer has a relationship with PMG.
 - The PFA has continuous and frequent absences from council meetings without prior notices.

- Violation of the Providence Health & Services Code of Conduct and Acceptable Use Agreement contracts.

- A PFA member may resign at any time. The resignation is to be submitted to either of the Co-Chairs, or the PC in writing.

PFAC Officers:

- Two (2) Co-Chairs
- Scribe
- PC – Standing-ex-officio officer

Nominations, Elections and Terms of Office:

- For the first year of the PFAC, one Co-Chair will be the PC, and the other Co-Chair will be a PFA elected in September. The election of the second PFA Co-Chair will take place in April 2012. This will allow for continuity of experience during change of Officers.
- Nominations for PFAC Officers shall be given to the PC. PFA members may nominate themselves or other members. Nominations will be accepted prior to April and September PFAC meetings.
- Ballots will be prepared and elections will occur during the September and April meetings.
- Officers will serve a one-year term and may remain in the position up to two years. Terms will run October to September and May to April.
- If a Co-Chair becomes vacate, the PC will assume the office until a PFA is elected to the position. The replacement Co-Chair term will be the balance of the vacated term.
- The outgoing Co-Chair will meet with the newly elected Co-Chair one month prior to assuming office for an orientation/mentoring session.

ROLES:**Chair/Co-Chair:**

The Co-Chairs will have equal responsibility and are expected to work closely with the PC.

The responsibilities of the Co-Chairs are as follows:

- Convene and facilitate meetings efficiently.
- Set and Prioritize agendas with PC
- Ensure PFAC abides by the PFAC Team Agreements and the responsibilities set in this Charter.
- Work effectively with PMG staff, relative to the goals of Patient and Family Centered Care, in pursuance of the PFAC Purpose.
- Work closely with PMG staff between meetings as needed.
- Be accountable to the PFAC.
- Participate in leadership training, coaching, and mentoring as needed.
- Participate or assign facilitators responsibilities as necessary for sub committees or projects.

Scribe:

The scribe will be responsible for taking notes at each PFAC meeting and will distribute the notes electronically to the PFAC members after each meeting. PFAC members can be elected or volunteer for this position. This position will ensure each meeting had coverage. Focus of this role is to capture action items, – tasks assigned and progress on projects.

PFAC Charter Guidelines Contract

I, _____, have read the Providence Medical Group Patient & Family Advisory Council Charter Guidelines. I understand the expectations and goals of the Patient & Family Advisory Council and agree to uphold the Charter stated.

I agree to maintain the confidentiality of Providence Medical Group and the Patient & Family Advisory Council members, including information learned or discussed during Patient & Family Advisory Council meetings.

In order to represent the Patient & Family Advisory Council and Providence Medical Group, I will not solicit community involvement without the knowledge of the Patient & Family Advisory Council.

PFAC Member

Date

PFAC PC

Date



Involving Patients and Families in Practice Improvement

Eastport Health Care Inc.

Community Circles: A Way to Engage the Community

In late 2010, Eastport Health Care Inc., a federally qualified community health center providing primary care services in the eastern most city in the USA since 1978, commenced a series of events that represented significant change. The CEO of 18 years, credited with saving EHC from financial collapse to profitability, was retiring. And two long term beloved providers resigned. As the newly recruited CEO, I joined this family at a pivotal point in its life cycle. The impact of tremendous loss was palpable. The staff soldiered in dutiful service. The Board supported and watched from an appropriate distance. The community contracted, literally and figuratively. Patients began transferring out, as EHC found itself providing care using locum doctors. The pulse of the organization was present, but weak.

I was drawn to acknowledge the loss, the phase of grief present. EHC was squarely on Maslow's first rung (survival-safety-security). The staff and the community needed to 'Be', to emot, to find its new balance. I was new to the family, and empathized with their feelings. My primary goal those early few weeks, was to offer comfort and to establish trust.

The assessed needs reflected a poor infrastructure to support leadership. By virtue of titles, one by one, I invited each leader to hold their truth of role and responsibility. I convened the Leadership Team using a Circle model (peer driven) as described in Christina Baldwin's *Calling the Circle*. We adopted don Miquel Ruiz Four Agreements [*Be impeccable with your word, Don't take anything personally, Always do your best, Don't make assumptions*] as our operational creed, acknowledging the change upon us mandated an attitude of positive forward thinking.

Concomitantly, I began to engage the community. The EHC staff were fully committed to serve, but practice barriers thwarted a seamless interface. An early exercise established for the Leadership, was to view the NACHC film created to celebrate the 40th Birthday of health centers. Jack Geiger and Count Gibson's pilot project clearly demonstrated the inherent need to discern the needs, come to know and appreciate the local culture, and respond to the healthcare needs identified ensuring the active voice of representative of the population served. Their valued lesson, to become part of the community, was novel and I believe, the only authentic way to appreciate, to know and thus connect with the very community the health center serves.

The Circle model, as Baldwin describes, provides a venue for learning to understand the culture of the community. I established a structure adapting many of the tenets she describes. If EHC expected to be successful in its response to meeting the community needs, it needed to listen in a more heartfelt way. It needed to respond thoughtfully, in partnership, to the voice and the health care needs identified.

Thus, in March 2011 EHC established Community Circles as a way to engage the community. The first Community Circle was aimed at bringing the most disenfranchised community members together to be heard and to be acknowledged in their experiences with EHC. These initial respondents represented the general voice of the community. Their most pressing concern was recruitment and retention of providers. The focused topic of the first Community Circle was Provider Recruitment. A brief description

of the Recruitment Plan was presented. It included information describing the larger reality of a global primary care provider shortage. Eight members attended the Circle. We began the meeting with a meditative moment, and an inspirational reading. The topic discussion was about 10 minutes, and the discussion over 2 hours. The Circle participants (guests) shared compelling stories, and heartfelt wishes. Their messages were honored, authentically heard, and they contributed to a mutual plan to respond to the opportunities identified. The Circle concluded with community members hugging. The following morning, I sent an email offering gratitude for their time and frank sharing. The EHC Leadership Team was convened to hear the outcome, and to begin the discussion of responding, of establishing a plan that included the voiced concerns. This first Community Circle commenced the beginning of a new chapter for EHC. It reflected our renewed culture to be more responsive. And in less than a month, the culture of an open door, receptive listening, and ceasing a blame game retort, resulted in community and staff members stopping into my office to chat, to offer an idea, to share a thank-you. It was common to have at least one guest a day pop in or call, to offer their perspective.

Concurrently, I began to knock on doors, to meet with community members and leader's one on one or in small groups. Always I started the discussion thanking them for entrusting their health care to EHC. And then I listened, and responded. This meant inviting the community into our health center home, *their* home. We rolled up our sleeves and began to collaborate. In less than eight weeks of this overt reaching out every day, we had reached a critical tipping point, and it was tied to being heartfelt. A venue for gathering additional information or in further engaging the community was essential. Thus, subsequent Community Circles were planned, in two of our three practice sites. General discussion topics offered included: Patient Centered Medical Home, Behavioral Health Integration, Health Care Reform, Patient and Family Engagement, Palliative Care and others.

The receptiveness of the community to this model has been remarkable. EHC began using the Circle model to bring multi-stakeholders together to converse and plan better strategies for several public health problems in our community (and county). The Opioid and Prescription Drug Abuse Roundtable brought emergency providers, hospitals, primary care, behavioral health, law enforcement, support services to a common table to discern ways our community care givers could work together to establish a collaborative approach to managing this major public health concern in our county. A second Community Circle of this nature, reflected bringing hospital, primary care provider, behavioral health providers and competing agencies, support organizations, crisis response, consumers, and a chaplain to a common forum for discussing how to better coordinate care for the community members who have persistent severe mental illness. The opening reading, a poem written by one of the participating behavioral health providers, set the stage for forging a new path. Organizations previously openly competitive were planning cooperatively for the benefit of the whole. The Circle participants derived multiple actions to consider including other members of the community to join the Circle when it reconvenes in several weeks.

The Circle always conveys cooperation, and respect. I have found, even those organizations that have been highly competitive come to the discussion with a new attitude. The Circle model allows the participants to find a point of being settled within, to be open to receive information about the topic, to be an honored contributor in the discussion, and to be valued for the sharing offered. The Circle

embodies a culture of cooperation, reflected in a ‘speaking with’ milieu as opposed to the more usual ‘talking at’ venue. Generative discussions facilitate decisions from within the group. In the significantly traditional culture of the communities in this county, the inherent behavior of helping another is fully evident. The Circle model allows that culture to drive the decisions.

Community Circles convene about every eight weeks. In one community the venue has moved from being CEO driven to being Community driven. A provider co-leads the Circle with the CEO and or community member. In a second community, the evolution to an autonomous function has been slower. In this community the Circle is not yet lead by a provider. None-the-less Circles convene regularly, and are led by the CEO with invited guests and community members.

Adapting the Circle model for other venues also reflects its effectiveness. The Circle model has been successfully used to bring health center leaders together to discuss a topic that has proved challenging. Establishing a Team and Embracing Quality Management, central to patient centered medical home model of care, reflect leadership challenges in their roles as a catalyst for change. Convening a Circle at recent Primary Care Association Learning Sessions, promoted open discussion revealing barriers as well as brainstorming other strategies and sharing successes. Each participant was rendered with a new perspective, as well as a shift in awareness and perhaps sensitivity.

The value of the Circle model is inherently reflected in the fundamental ‘terms of engagement’: pausing initially to settle or allow inner tensions to wane or abate, offering a reading or quote of relevance, attentive and heartfelt listening, responding to messages without judgments and biases, brainstorming with an authentic lens of collaborating, honoring every voice present as relevant and important, and thwarting an affect of control or single-mindedness. Participants feel heard, validated, respected, and honored. They trust and thus collaborate. This promotes a culture of cooperation and receptivity among competitors.

Community Circles, if established with partnership – empathy – authentic listening and responding, reflect an excellent process for engaging a community. A collateral benefit is the renewed sense of purpose the health center derives. I am confident both Geiger and Gibson would nod their approval of the Circle process, which typifies their earliest lesson to honor the culture and seek the active voice of the community.

A summary of Community Circle ‘how to:’

1. Circle:
 - A venue for a group to engage directly.
 - Face to face interaction essential for establishing heartfelt relationships
 - Model reflects a Peer Circle, an ‘all leader group’ (shared leadership and responsibility)
 - A facilitator announces the Circle to convene at a defined time/place. The room is set up in a circle format (preferably with no table!) Post the Announcement, Personal Invitations
 - Light refreshments may be offered

2. The terms of the Circle are described:

- A circle presents a sacred space for confidential sharing and attentive listening
- One person speaks, all others listen without interruption [May use a talking stick to facilitate silence among all except the speaker]
- Thoughtful / feeling response is encouraged

3. Circle Cycle

- Calling the Circle: Full Minute of P-a-u-s-e, Opening Reading
- A topic or focus is presented, and the Circle is opened for sharing
- The discussion may continue on the focused topic, or it may progress on another path. It is determined by the participants of the circle.
- The Circle progresses for the length of time it needs (usually, they run for 1.5 – 2 hours).
- There is a natural shift in the Circle's energy which announces the time to begin closing the circle. Each member present is invited to share final thoughts or impressions.
- The facilitator highlights the points gleaned and any action points that have emerged
- A Closing Reading may be read
- The planning of the next Circle is discussed and established
- The Circle's discussion and action may be summarized and distributed
(The group determines this action)
- Gratitude Feedback is provided to each participant within 24 hours
- Notes and actions are recorded and distributed. The notes reflect timeframes and responsibility for the established actions.

Respectfully submitted,
Holly M. Gartmayer-DeYoung
Chief Executive Officer

EMMC

Physician Practice Administration

Husson Internal Medicine – DEPARTMENTAL DIRECTIVE (DD)

Subject: Husson Internal Medicine
Patient Advisory Group

Author/Department: Lori Newcomb, RN/Physician
Practice Administration
Iyad Sabbagh, MD

Related References:

Date: 10/15/2009	No: EMMC HIMS 700-01
Approved By:	_____
	Terry Leahy, Director, Physician Practices
Approved By:	_____
	Mike Donahue, MBA, Vice President
Supersedes DD No:	
Dated:	

I Purpose

A. EMMC/Husson Internal Medicine strives to provide excellent compassionate primary and specialty healthcare services and cooperates with others to promote the well being of the people of Maine. Our mission is to care for patients, families, communities, and one another. We also recognize the patient/family as the most important factors in keeping the patient healthy. Therefore, the purpose of Husson Internal Medicine Patient Advisory Group (PAG) is to advise primary care administration and medical leadership on patient needs and primary care priorities from a patient/family perspective. The intent is to influence primary care strategic planning and improve office processes. The plan of this pilot project is to institute the concepts and core expectations of Patient-Centered Medical Home into the primary care setting.

II Policy

A. The PAG will promote and guide the development of Patient-Centered Medical Home model into the Primary Care Practices. The PAG strives to promote respectful, effective partnerships among patients/families, professionals, and the community that lead to increased understanding and cooperation between patients/families and professionals and ultimately increased patient/family satisfaction.

III Performed By

A. The PAG is a committee whose membership is appointed by the Husson Internal Medicine Primary Care Leadership Team in consultation with the Patient Advisory Workgroup. The PAG shall be an advisory group to Primary Care Administration and will submit reports summarizing issues and ongoing process improvement

activities.

IV Procedure

A. Function

The primary function of the PAG will be to develop and improve mechanisms for patients/families to provide input to administration, department leadership, primary care clinics, etc., so that services are reflective of the values inherent in the core expectations of the Patient-Centered Medical Home model. The PAG will actively promote patient/family-centered care across the continuum by developing and promoting partnerships between primary care providers, patient/families, and the community.

B. Mission Statement of the Patient Advisory Group

The Husson Internal Medicine Patient Advisory Group will abide by and not deviate from the EMMC mission statement. Eastern Maine Medical Center strives to provide excellent compassionate primary and specialty healthcare services and cooperates with others to promote the well being of the people of Maine. Our mission is to care for patients, families, communities, and one another.

The Husson Internal Medicine Patient Advisory Group will promote the concepts and core expectation of the Patient-Centered Medical Home, which will guide those responsible for providing primary care services. The Patient Advisory Group seeks to accomplish this by educating staff on patient/family issues and educating patient/families on healthcare issues. The resulting partnership will ultimately lead to increased patient/family and office staff satisfaction

C. Husson Internal Medicine Patient Advisory Group (PAG) By-Laws

Primary Care Patient Advisory Group Membership-The EMMC/Husson Internal Medicine primary care patient advisory group consists of 16 members: 8 adult patient members, 6 diverse members from Husson Internal Medicine primary care staff and the office supervisor and the lead physician who will serve as ex officio. The Committee leadership will consist of two Co-Chairs – a Primary Care employee along with a patient representative. The Patient Advisory Workgroup will appoint both positions. Members are nominated after a thorough application process by the Patient Advisory Workgroup and appointed by the Husson Internal Medicine Primary Care Leadership Team. For all selections, diversity in culture, race, background, age, gender, family makeup, socioeconomic and Husson Internal Medicine Primary Care experience will be taken into consideration. A Patient Advisory Group whose members represent the patients of our primary care practice will be the ongoing goal.

Badges will be issued with the title Patient Advisory Group Member and will be worn whenever a member of the Patient Advisory Group meets for a committee meeting.

Patient Advisory Group Member Term

There will be a minimum one-year term served by all Patient Advisory Group members, not to exceed 3 consecutive terms with exception of the Primary Care Leadership Team.

IV Procedure

Patient Advisory Group Meetings

Meetings will be held monthly. Additional meetings may be required as deemed appropriate.

The group will not meet in August or December. Each meeting will be 2 hours in length. A light refreshment will be served prior to the meeting.

Attendance

Members who have three consecutive unscheduled absences or a total of five unscheduled absences during a calendar year will be evaluated by the Primary Care Leadership Team for continuation of their membership status and asked to be relieved of their duties as a committee member. Exceptions can be made by the co-chairs for emergencies, inclement weather, unexpected personal or family illness, etc.

A co-chair should be notified of the member's absence 72 hours in advance of a scheduled meeting or as soon as possible.

In the case of the cancellation of a meeting, the staff co-chair after consulting with the patient co-chair will contact the secretary; the secretary will then be responsible to notify the all members.

Should a business meeting be cancelled, all Patient Advisory Group members will be notified, in a timely manner, by the secretary or the co-chairs.

Resignation and Removal

A member of the committee may resign at any time by submitting a written letter to one of the co-chairs. A member may be removed from the committee if the member fails to abide by and adhere to the By-laws and guidelines set forth.

Confidentiality Statement

To maintain appropriate and confidential handling of information, Patient Advisory Group members are reminded that, out of respect to individuals and hospital policy, discussing any information deemed personal or confidential will not be done OUTSIDE the patient advisory role.

All HIPAA (Health Insurance Portability and Accountability Act of 1996) standards and guidelines that apply to the Council will be adhered to at all times.

A confidentiality statement and HIPAA release will be signed at the beginning of the first meeting for all new and joining patient members.

Meeting Minutes

Minutes will be kept by the secretary (or designee) of Patient Advisory Group and will be distributed in a timely matter to all members. These minutes may be distributed via e-mail/mail, if the member gives his/her consent.

Agenda

The agenda will be established by the Patient Advisory Group Co-Chairs in consultation

IV Procedure

with the Husson Internal Medicine Primary Care Leadership Team prior to each business meeting. Agenda items may be added by any member with prior notification of the co-chairs. Agenda items will be evaluated and prioritized by the co-chairs.

Subcommittees

Subcommittees may be formed to complete tasks or meet a need. In the event that subcommittees are formed or a member participates in a supportive role, this will be done on a volunteer basis.

Patient Member Responsibilities

All patient members are responsible for:

- Attending Patient Advisory Group meetings
- Participating to the fullest extent during each meeting
- Participating, as time and interest allow, in additional committees and task forces
- Embracing the mission, vision and values of the Patient Advisory Group
- Advocating the concepts and core expectations of the Patient-Centered Medical Home model.
- Adherence to the By-laws, guideline and ground rules set forth by the committee

Staff Members Responsibility

All staff members are responsible for:

- Attending Patient Advisory Group meetings
- Participating to the fullest extent during each meeting
- Participating, as time and interest allow, in additional committees and task forces
- Embracing the mission, vision and values of the Patient Advisory Group Practicing as a role model for the values, concepts and core expectation of Patient-Centered Medical Home model.
- Educating and advocating concepts and core expectation of Patient-Centered Medical Home model to fellow employees and staff.
- Educating and advocating the work of the Patient Advisory Group to fellow employees and staff
- Encouraging the use of the Patient Advisory Group as a conduit of communication between the group and employees/staff
- Adherence to the By-laws, guideline and ground rules set forth by the committee

Humboldt County, CA: Patient Engagement Roles and Recommendations | 2012

Core Function Levels	Recommended Patient Role	Key Patient Characteristics	Necessary Support
1. Help individual patients better manage their own health	Partner in care	<ul style="list-style-type: none"> • Self-awareness about personal role in managing health • Receptivity to initiate better health care behaviors • The ability to communicate with care team 	Offer peer-support resources such as referrals to community-based chronic disease self-management programs (often available both in-person or online), group visits, develop shared care plans with patients, etc.
2. Support individuals to make more informed and better choices about their care	Partner in care	<ul style="list-style-type: none"> • Desire to seek information about specific health issues • Ability to distinguish between valid and erroneous information sources • The ability to discuss information with provider (ask questions, seek clarification, etc.) 	Provide access to personal health information, offer resources about specific disease states, make decision support available, etc.
3. Assist individuals to weigh in on patient experience (resulting in participation in quality improvement efforts)	Advisor	<ul style="list-style-type: none"> • Excellent communication skills • The ability to collaborate with diverse individuals in a group setting • Desire to increase knowledge around quality issues • Ability to contribute and provide patient perspective on team activities • Commitment to improving care related to the team goals • The ability to maintain confidentiality 	Offer information and training on key focus areas, ask specific questions, create a culture that values patient insight, define role parameters and desired inputs from consumers clearly.
4. Foster and support champion patients as equal core members of committees that drive redesign and policy efforts at the highest levels	Advisor and Champion	<ul style="list-style-type: none"> • Excellent communication skills • Good foundational understanding of key topic areas • Ability to seek out and absorb information on complex topics on their own • Ability to collaborate in meaningful ways • Receptive to the views of other stakeholders • Comfortable articulating patient insight and bringing patient feedback to the forefront • Can function in a fast-paced and technical setting • Problem-solves in inclusive ways that addresses issues from a myriad of perspectives 	Create roles for a patient/patient advocate on committees, solicit patient feedback, offer educational and training opportunities.

Patient & Family Centered Care

Angela Mitchell - Program Coordinator
Patient & Family Centered Care

PMG Patient & Family Advisory Council



What does the council do?

- Council meets once a month
- Time commitment: 2 year minimum
- Work on projects and programs that directly impact patient and family care
 - Medical Home Patient Orientation
- Collaborate with PMG leadership at every PFAC meeting

PFA Progress

- Intranet Site for PFAC – PFA bios and program information
- Patient Education Review – Diabetes poster, more to come!
- Story Sharing – New Manager and Supervisor Orientation , more to come!
- PFA Presentations – PCMH Transformation Meeting, SIG, more to come!
- Internet Site for PFA's – Communicate outside of council meetings
- Recruitment – growing the program



Patient & Family Advisory Council

All Sites

- Patient-Centered Medical Home
- Access
- Behavioral Health
- Care Transition
- Chronic Care
- eHealth
- SPCCT
- Patient & Family Advisory Council**
- Transformation Project
- Site Act

[View All Site Content](#)

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- Patient & Family Advisor Program Information

Sites

People and Groups

Patient-Centered Medical Home > Patient & Family Advisory Council

Patient & Family Advisory Council



Members of Providence Medical Group's Patient & Family Advisory Council represent the patient and family voice, and together with PMG leadership, providers, and staff, will help to improve health care experience of our patients. The council meets once a month to discuss important PMG programs and policies. Through sharing their experiences, insights and opinions about what works well and what needs improvement in the healthcare experience, they give us fresh insights on what it is like to receive services from our healthcare system.

Patient & Family Advisory Information

- | Subject |
|---|
| What questions do you have for the Patient & Family Advisors? |
| What are Patient & Family Advisors? |
| What does a Patient & Family Advisor do? |
-

Calendar

- | | |
|--------------------|-----------------------------------|
| 6/27/2011 5:00 PM | Patient & Family Advisory Council |
| 7/25/2011 5:00 PM | Patient & Family Advisory Council |
| 8/22/2011 5:00 PM | Patient & Family Advisory Council |
| 9/26/2011 5:00 PM | Patient & Family Advisory Council |
| 10/24/2011 5:00 PM | Patient & Family Advisory Council |
| 11/28/2011 5:00 PM | Patient & Family Advisory Council |
| 1/23/2012 5:00 PM | Patient & Family Advisory Council |
| 2/27/2012 5:00 PM | Patient & Family Advisory Council |
| 3/26/2012 5:00 PM | Patient & Family Advisory Council |
| 4/23/2012 5:00 PM | Patient & Family Advisory Council |
- (More Events...)

Program Updates

Type	Name
There are no items to show in this view of the "Shared Documents" document library. To create a new item, click "Add new document" below.	

Links

There are currently no favorite links to display. To add a new link, click "Add new link" below.

What can a PFA do?

- Participate in the Patient and Family Advisory Council
- Participate on Sub-Committees
- On-line Advisors
- Story Sharing
- Short Term Projects
- Patient Education Review
- More to come!

More PFA Recommendations

- PMG patient (or family member of)
- Collaborative nature
- Able to share their story in front of a **group** – insights and information about their experience in ways that help others learn
- Able to listen to and hear the perspectives of others
- Can see ‘big picture’ – interested in/can see beyond their personal concerns/experiences

Questions?

Patient & Family Advisor Role Description

Definition of a Patient & Family Advisor

Any role that enables patients and families to have direct input and influence on the policies, programs, and practices that affect the care and services individuals and families receive.

Purpose

The patient and their family are at the center of the health care delivery system at Providence Medical Group. Therefore, involvement of Patient & Family Advisors will enhance communication and improve patient satisfaction in a collaborative effort.

Role

The Patient & Family Advisor offers input into patient care and organization processes and advocates Patient & Family needs from a broad perspective.

The Patient & Family Advisor may participate in activities such as:

- On-line Advisor: Be available by email to respond to questions that ask about what might be important to you on a particular topic.
- Participate on Committees: Bring the Patient & Family perspective to committee meetings.
- Story Sharing: Share your health care experiences with care providers and other patients.
- Short Term Projects: Be a partner in projects working to make improvements in specific provider and clinic services.
- Patient Education Review: Review patient education handouts, class materials, and other patient communication materials.
- Other designated committees or projects related to patient care.

What you can expect

- The Patient & Family Advisor can expect to have processes/terminology explained as needed, and de-briefing after each meeting, if requested.
- The Patient & Family Advisor will be given the name and contact information for the organization contact.
- The Patient & Family Advisor will be listened to and respected for their insight and suggestions.
- The Patient & Family Advisor can expect a safe environment to discuss concerns.
- The Patient & Family Advisor may be invited to attend educational sessions.

Standards

- The Patient & Family Advisor will maintain confidentiality of patient and organizational sensitive information.

- The Patient & Family Advisor will attend PFAC meetings or provide input in other ways. Participation is voluntary and may be withdrawn at anytime with notice. A minimum of a two-year commitment is desired.
- The Patient & Family Advisor will complete the PFA orientation, complete HIPPA training, and sign a confidentiality statement.

Responsibilities of Patient & Family Advisors:

- To promote a better understanding of the principles of Patient & Family-centered health care among patients and the community.
- To assist in promoting positive relationships between Providence Medical Group and members of the community.
- To channel information, needs and concerns to the Providence Medical Group administration and staff.
- To be active consultants with regard to decisions and plans that affect Providence Medical Group patients and families.
- Committee members can recommend potential Patient & Family Advisors who can be Providence Medical Group patients or a family member of one or more patients.



Your resource for life.

MaineGeneral Health

MaineGeneral Health MaineGeneral Medical Center- Physician Practice Based Position Description

Title: Patient Advisory Coordinator
Position: 72049
Date: 8/2010
Revised:
Department: Winthrop Family Medicine
FLSA Status: Non - Exempt
Reports to: Practice Administrator
Template/Wt: DPC/Professional
Exp Code: 700200
Class Code: 07 – Just Cause
Direct Report: none

Position Summary

Under supervision of the Practice Administrator, the Patient Advisory Coordinator (PAC) coordinates the Patient Advisory Council to provide a direct channel of communication between the physician practices, the Medical Center, visitors and community partners, and patients and their families.

The PAC is responsible for promoting a safe and comfortable environment for our patients, employees and visitors by assuring compliance with safety policies, training, and accountability.

Behaving in a professional, customer-focused, service-oriented manner; displaying and promoting respect, care and dignity for all internal and external customers; facilitating a team-oriented, positive attitude, striving continuously for service excellence.

Essential Functions and Primary Responsibilities

1. Initial and on-going development and coordination of the practice/s patient advisory council/s and its day to day activities including the recruitment and orientation of Council members and the Council bylaws
2. Promoting and strengthening both “culture” and operations around patient and family centered care in the primary care setting. Ensures positive operational change within the operations of the physician practice as recommended by the patients and families within the Patient Advisory Council, and thru the general feedback of patient experience.
3. Collaborating with community partners and leaders to adhere to and promote the vision and goals of both the Patient Centered Medical Home and Accountable Care Organization models of care delivery and coordination.
4. Securing and training of volunteers for the Winthrop Commerce Center to promote customer service for all MGH services on-site.
5. Serves as a resource for Supervisors and Managers to facilitate communication and resolution of potential patient dissatisfaction at an early stage.
6. Completes timely and accurate documentation of all interactions with patients and members of the Patient Advisory Council, including but not limited to, patient complaints, such as meeting minutes, agenda’s, and within the EMR and other programs as required.
7. Partners with leadership to help design and implement on-going patient satisfaction measurement tools.

8. Assists Practice Administrator and other managers in providing analysis and data from patient satisfaction results, and general patient and family feedback.
9. Screens patient satisfaction survey responses and initiates follow-up with patient when indicated and uses patient experiences to facilitate improvement within the system.
10. Attends meetings and presentations as appropriate and provides assistance to departments and administration in accessing and understanding patient satisfaction survey data.
11. Assists in accomplishing practice vision and goals in relation to patient/family centered care by fostering and maintaining a good working relationship with internal and external partners.
12. Promotes understanding and adherence by both staff and patients to Patient Rights and Responsibility.
13. Maintains professional growth and development through participation in educational programs, current literature, inservice meetings and workshops.
14. Assists Practice Administrator in seeking financial resources for sustaining the council and it's activities.
15. Performs other related duties as assigned or requested.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this job. They do not necessarily include all responsibilities and duties usually associated with the job title.

Position Description

Position Title: Patient Advisory Coordinator

Department: Winthrop Family Medicine

Qualifications/Competencies

Licenses- Please list required licenses below.

Valid Driver's license.

None Required

Certifications- Please list required or preferred certifications below and indicate whether required or preferred.

X None Required

Education

The position **strongly prefers** the following education level, or a level of knowledge usually acquired through completion of:

- High school diploma or general education diploma (GED)
- Technical training beyond high school
- X Associate's degree
- Bachelor's degree, specify _____
- Master's degree, specify _____
- Doctorate, specify _____

Position Description

Position Title: Patient Advisory Coordinator

Department: Winthrop Family Medicine

Experience

- Up to 1 year
- 1 year but less than 3 years
- X 3 years but less than 5 years, in customer service, healthcare experience strongly preferred.
- 5 years but less than 8 years
- 8 years or more

Other Special Skills Required

- X Computer literacy
- Word processing
- X Other (Specify): Possess communication skills that demonstrate the ability to collaborate and negotiate throughout the healthcare delivery system, on behalf of the patient and family perspective and experience. Demonstrate the ability to communicate with tact, diplomacy and empathy. Demonstrate the analytical and problem solving skills to resolve and/or mitigate potential patient/customer services issues. Strong customer service recovery skills to ensure patient/customer satisfaction. Medical terminology and knowledge of healthcare systems strongly recommended.

Age-specific Competencies- Patient Care Providers Only

The incumbent in this position must be able to demonstrate knowledge and skills necessary to provide care appropriate to the ages of the patients served.

Ages of patients served include (check all that apply):

- Newborn
- Infant
- Child
- Adolescent
- Adult
- Geriatric

Physical Requirements and Required Safety Equipment - see attached checklist

Working Conditions (please list)

- X Normal office environment
- Clinical or patient care setting
- Other (please list)



Identifying and Recruiting Patients

Want to be a Pioneer?

We are seeking individuals to be part of a Patient Advisory Council.

What is a Patient Advisory Council?

A group of 8-10 people including patients, care givers and family members who meet monthly to promote improved relationships between patients, families and staff, to provide a way for patients and families to review or create office policies and programs, and to communicate with staff how the practice is working for you.

A Patient Advisory Council candidate would be expected to: commit to a one year term; attend 75% of meetings; be able to listen to different opinions and share different points of view; respect the ideas of others; speak comfortably in a group; get along with many different kinds of people; and work as part of a team.

Make a Difference

Join our team and help us improve our healthcare system for patients, family members and caregivers.

If you would like to be on the Patient Advisory Council, please ask the receptionist for an application or speak to anyone of our staff for more details..

The way healthcare should be.



**SMMC PRIMECARE
INTERNAL MEDICINE
HAS BEEN CHOSEN AS
A MAINE PATIENT
CENTERED MEDICAL
HOME PILOT, AND WE
WANT YOUR OPINIONS!**



A "medical home" is not a building but a primary care physician and a team of health professionals who serve as a focal point for coordinating a patient's care.

The medical home model integrates and centralizes all aspects of care, from technology to test results, to enhance the healthcare experience for patients and families. It also reduces costs by improving access to high quality primary care; making it easier for patients to pursue healthy lifestyles instead of seeing a doctor only when they're sick.

...continued on back

 **Southern Maine
Medical Center**
MaineHealth

PrimeCare Physicians

WANT TO BE A PIONEER?

We are seeking individuals to be part of a Patient Advisory Council.

WHAT IS A PATIENT ADVISORY COUNCIL?

A group of 8-10 people including patients, care givers and family members who meet monthly to promote improved relationships between patients, families and staff, to provide a way for patients and families to review or create office policies and programs, and to communicate with staff how the practice is working for you.

A Patient Advisory Council candidate would be expected to: commit to a one-year term; attend 75% of meetings; be able to listen to different opinions and share different points of view; respect the ideas of others; speak comfortably in a group; get along with many different kinds of people; and work as part of a team.

MAKE A DIFFERENCE

Join our team and help us improve our healthcare system for patients, family members and caregivers.

If you would like to be on the Patient Advisory Council, please ask the receptionist for an application or call Practice Manager Jane Foley at 282-3349.

The way healthcare should be.

You are invited! Partner with us in your care.

Dear _____,

At MaineGeneral, we partner with our patients and families to improve your care. **Listening to our patients and families and problem solving together leads to better care, which is why we're here.**

I believe you have the qualities needed to work with us to make a difference as part of our Patient-Family Leadership Team.

If you are interested, it would be a pleasure to talk with you. Please contact:
Betty Girard, MGMC Patient Family Advisory Council coordinator
377-1408 or **betty.girard@mainegeneral.org**

Sincerely,



Balancing partnerships at work – join us!



You're invited!

We hope you will consider joining Belgrade Health Center's Patient Advisory Committee (PAC). This is a group of patients, family members, and health center staff who work together to improve the patient experience at the health center. Some of the projects we have been working on include patient satisfaction surveys and exploring how to enhance communication with our patients.

Our PAC meets the last Wednesday of each month from 5:30-7 p.m. We are inviting individuals who are excited to work with us to provide the best care possible to our patients.

To learn more about our Patient Advisory Committee, or to join our committee, please call our practice manager Wendi at 495-3323 or at Wendi.Wainer@Healthreach.org.





Patient & Family Advisors

Providence Medical Group values your point of view and wants to work with you.

In order to make sure we are doing our job the best we can, we are inviting patients like you to become Patient & Family Advisors.

What are Patient & Family Advisors?

Patient & Family Advisors work with Providence Medical Group (PMG) to share their insights, thoughts, and opinions about what works well and what needs improvement. Advisors can be PMG patients or family members of PMG patients. They give us fresh insights on what it’s like to receive services from our healthcare system. Patient & Family Advisors can bring not only their own ideas and thoughts, but they also talk with other people they know and bring their ideas and thoughts as well. Advisors represent the patient and family voice, and together with doctors, administrators and staff help to improve the health care experience.

What does a Patient & Family Advisor Do?

Opportunities include one or more of the following:

Patient & Family Advisory Council member: Meet monthly with other patients and leadership to discuss important programs and policies in our clinics.
Patient Education Reviewer: Work with our Patient Education team to help review materials and programs.
Story Sharing: Share your health care experiences with care providers and other patients.
Short Term Projects: Be a partner in projects working to make improvements in specific provider and clinic services.
Participate on Committees: Bring the patient and family perspective to committee meetings with leadership and staff.
On-line Advisor: Be available by email to respond to questions that ask about what is important to you on a particular topic.
New Employee Orientation Trainer: Assist in presenting to new employees on Patient and Family Centered Care.

How can I Participate?

Complete the application and send it back as soon as possible, using the return envelope enclosed. Once your application is received, we will contact you and set up a time to meet in person. We are eager to get to know you and learn from your health care experiences.

Patient and Family Advisor Card – For providers and staff to hand out to potential advisory candidates.

Front Side:

<p>We Want to Work With You!</p>	<p>Patient and Family Advisors Wanted! Our goal at Oregon Medical Group is to bring the patient and family perspective into everything we do.</p> <p>We are currently seeking individuals that are interested in partnering with us to improve the experience of care at Oregon Medical Group by sharing their ideas, feedback and participation.</p> <p>If you would like more information on how to become a Patient and Family Advisor, please visit our website at www.oregonmedicalgroup.com. Under the Patient Information section, there is a link to Patient and Family Advisors, where you can read more about the program and submit an online interest form.</p> <p>You may also complete the back side of this card and leave it at your clinic with one of our staff, and we will contact you within a week.</p>
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Back Side:

<p><u>Patient Advisory Council Interest Card</u></p>	
<p>Name: _____</p>	<p>Date: _____</p>
<p>Phone#: _____</p>	
<p>Email Address (optional): _____</p>	
<p>Best time to contact you: _____</p>	
<p>Topics of interest/additional information about yourself:</p> 	
<p>Please leave completed card with a representative at the front desk.</p>	



Patient and Family Advisory Council Overview

We are currently working to recruit Patient & Family Advisors to bring the patient and family perspective into everything we do at Oregon Medical Group. We are seeking individuals that are willing to partner with us to improve the experience of care at OMG by sharing their ideas, feedback and participation.

Advisors will serve as a “voice” for patients and families of patients who receive care at Oregon Medical Group. Advisors will work side-by-side with clinicians and administrators to:

- Discuss needs and concerns
- Work with staff to make changes that affect patients and families
- Participate in the design of patient care areas
- Assist in the planning of new patient-related programs
- Serve as a resource on various issues, services and policies

As a patient or family advisor, you would be partnering with other patients and family members, health care providers and staff to raise issues, communicate patient and family concerns and help with problem solving, with the goal of improving our services. When patient and family volunteers work together with OMG staff, the health care experience can be improved for everyone. If you are looking for ways to draw on your personal experiences at OMG and contribute to the greater good by helping to improve the quality of care at Oregon Medical Group, this program will provide an excellent opportunity to help meet your needs and use your interests and talents.

There are a variety of opportunities for involvement. Please read through the ‘Frequently Asked Questions’ information, and fill out the attached interest form if you would like to be contacted by one of our staff.

If you have any additional questions, please contact Amy Woodcook at (541) 242-4415, or email at patientadvisorq&a@oregonmed.net.

Patient & Family Advisors Needed!

I value your point of view and your partnership. I'd like you to consider becoming a Patient/Family Advisor. Advisors volunteer to help us review and develop policies, programs, education materials and forms. They also provide input on quality and safety efforts and facility planning. Patient advisors help us design better processes of care.

Would you be interested in volunteering to be on a Patient Family Advisory Council? Please contact Jill Dubisar at 541-526-6660 to get more information about this unique opportunity.

Sincerely,



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 Cascade Medical Clinic patient and/or family member
- Make commitment for 1 year at minimum
- Willingness to attend information session to learn more in mid-November
- Ability to attend regularly scheduled monthly meetings beginning in December 2010



CASCADE MEDICAL CLINIC, P.C. Since 1949.
Here Today. Here Tomorrow.

The
voices of
CareOregon's
members
matter.

*Better Health,
Better Care,
Better Together*



CareOregon

CareOregon's Member Advisory Council (MAC) is here to give CareOregon members a voice.



CareOregon has a Member Advisory Council called the MAC, which is made up of CareOregon members like you, who are concerned about health care issues.

The MAC takes an active role in:

- ~ Improving the CareOregon member experience ~
- ~ Advising CareOregon on issues that are important to members ~
- ~ Building connections between members, providers and CareOregon staff ~



Every CareOregon member's opinion matters – no matter
who you are, where you live, your age or medical condition

We want to hear from you.

Learn more about the MAC by going to our web site
at <http://pdx.be/CareOregonMAC>, by calling **503-416-5758**
or sending an e-mail to **mac@careoregon.org**

The voices of CareOregon's members matter. Is your voice being heard?

You're invited to CareOregon's Member Open House

Tuesday, January 25, 2011

11:30 a.m.—1:30 p.m. at CareOregon, 315 SW 5th Ave

**Lunch is provided. Space is limited. RSVP by January 17th.*

RSVP by sending an email to healthevent@careoregon.org, calling 503-416-5758 or filling in the attached card and returning it to CareOregon



Come learn about CareOregon's Member Advisory Council (MAC), how they are working for you, and how you can get involved.

CareOregon's MAC is made up of CareOregon members who are concerned about health care issues.

They would like to introduce you to their work and learn from you what you consider important in a health plan

Please complete, then fold the top third of the page down and the bottom third up so that the CareOregon address on the back of this page is visible. Please tape shut and mail back to us. (No postage required)

Name _____

Yes, I will attend the Open House on January 25th Yes _____ No _____

Email _____ Phone _____

CareOregon can contact me with information about the MAC and legislative issues that affect my health benefits: Yes _____ No _____

Signature: _____

Patient & Family Advisors Needed!

I value your ideas and partnership. PeaceHealth Medical Group has volunteer opportunities for people like you to be involved in improving the patient experience.

I'd like you to consider becoming a Patient/Family Advisor. Advisors help us in many ways. Some examples are:

- Review programs & policies
- Ensure education materials & forms are easily understood.
- Provide input on quality and safety efforts
- Help design better processes of care

Would you be interested in volunteering to be on a Patient Advisory Council? Please contact Sheila Miller at 541-222-6242 to get more information and to sign up for this opportunity.

Sincerely, _____



PeaceHealth
Medical Group

Qualities of an Advisor:

- Shares insight and experience in helpful ways
- Sees beyond his/her own personal experience
- Respects diversity and differing opinions
- Listens well
- Works together to find solutions
- Has passion for enhancing the health care 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
- For council membership: Ability to attend monthly meetings on the fourth Thursday of the month from 5:30 – 7:30 pm





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
- Ability to attend monthly meetings on the fourth Thursday of the month from 5:30 – 7:30 pm



Patient & Family Advisors Needed!

I'm a Patient Advisor for PeaceHealth Medical Group. As a Patient Advisor I work closely with healthcare professionals who value what I, as a patient, think about my healthcare experiences. I volunteer to help with reviewing programs, policies, education materials, forms and have the opportunity to provide input on quality and safety efforts at PeaceHealth Medical Group as well as facilities planning. I believe the work I do makes a positive difference to the overall patient experience.

We are always seeking other PeaceHealth Medical Group patients to join us as Patient Advisors. Would you like to learn more? You may contact me _____ at _____ or Sheila Miller at 222-6242 to get more information about this unique opportunity.



PeaceHealth
Medical Group

PROVIDENCE MEDICAL GROUP Patient & Family Advisor Application

Date: _____

Name: _____
Last First MI

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

What is the best way to contact you? (circle one) **Home** **Work** **Cell** **Email**

Please check all that apply below:

- I am a patient at a Providence Medical Group (PMG) clinic
 →If yes, from which PMG clinic location(s) do you receive services? _____
- I am the family member of a patient at a PMG clinic: _____
- I am a patient with a chronic health condition (e.g., diabetes, heart failure, asthma, depression, arthritis)
- I am involved in the care of someone who has a chronic health condition
- I am a patient/family member receiving preventative and/or occasional illness care

SKILLS & INTERESTS If you wish to provide more information, please use the space below to describe any special training, interests, hobbies or experiences you feel could be valuable to your work as a Patient & Family Advisor with Providence Medical Group

Please put an 'X' in the Day(s) and Time(s) you are available to meet for an interview:

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					
Evenings					

If you have questions please call, Angela Mitchell, 503-893-6613 or email angela.mitchell@providence.org

**Please return your completed application to: Providence Medical Group – Education
 Attention: Angela Mitchell
 PO BOX 4488
 Portland, OR 97208-9937**



Oregon Medical Group Patient/Family Advisor Interest Form

I am interested in volunteering my time to share my experiences and ideas. Please contact me so my voice/experience can make a positive difference.

Name: _____

Phone number: _____

Best time to call (morning/afternoon/evening): _____

Email address: _____

If referred by a doctor/care team member to be involved in the patient/family advisory program, please provide their name: _____

I am: ('X' all that apply)

___ A patient that receives care at OMG

___ A family member of a patient that receives care at OMG

Clinic locations where you or your family member receive services:

___ Garden Way Medical Clinic

___ Southtowne Family Medicine

___ Westmoreland Family Medicine

___ West Eugene Medical Clinic

___ Adult Medicine – Country Club Road

___ Valley Children's Clinic

___ Crescent Family Medicine & Pediatrics

___ Gateway Clinic (Derm, GI)

___ OMG ENT

___ OMG Orthopedics

___ OMG General and Vascular Surgery

___ Center for Women's Health

___ OMG Neurology

I (or my family) receive services from:

___ Pediatrics

___ Adult/Family Medicine

___ Specialty Department

___ Other

Please indicate the ways in which you would like to participate as a Patient/Family Advisor: (select all that apply)

___ **Focus Groups:** Provide feedback in a group format with other patients/family members. Usually a one-time or intermittent commitment with a changing group of advisors.

___ **Participate on Committees:** Bring the patient/family perspective to committee meetings.

___ **Story Sharing:** Share your health care experiences with care providers and other patients.

___ **Short Term Projects:** Be a partner in making improvements to specific physician and specialist services.

___ **E-Advisors:** Be part of an e-mail group where you will be asked to fill out surveys and review materials online.

(Continued on back)

What is your time availability in getting involved as a Patient and Family Advisor, and when could you begin? (weekly, monthly, only on weekends, evenings, mornings, etc.)

Please provide a few examples of what has gone well during your (or your family's) care experiences at OMG (communications, medical procedures, support services, lab, etc...)

Please provide a few examples of what you feel could have been better during your care experiences at OMG (communications, medical procedures, support services, lab, etc...)

If there is one thing that you could change about your care experience at OMG, what would it be?

Any additional feedback or topics of interest:

Thank you for your time and interest in improving the overall care at Oregon Medical Group!
Please send your completed form to:

**Oregon Medical Group – Southtowne Medical Clinic
Attention: Amy Woodcook
1835 Pearl Street
Eugene, OR 97401**



Application for CareOregon’s Member Advisory Council (MAC)

Name: _____

Address: _____ **Email:** _____

City: _____ **Zip code:** _____ **Phone:** _____

CareOregon Primary Care Provider or Clinic: _____

How long have you or your dependent been a Medicaid recipient? _____

How long have you or your dependent been a CareOregon member? _____

Have you ever served on a citizen advisory board or similar group? If so, which one and what was that experience like? (you can use back of form if you need more room) _____

Please explain why you would like to serve on the Member Advisory Council: (you can use back of form if you need more room) _____

Our goal is to have a Member Advisory Council that is as representative of the entire CareOregon membership as possible. The following information is helpful, but is optional -

Birthdate: Month _____ Day _____ Year _____ **Gender:** _____

Racial/Ethnic Background: _____

Thank you for your interest in the MAC and taking the time to fill out the application. If you have questions, please contact one of our MAC support staff: Melissa Sircy at 503-416-1479 or sircym@careoregon.org. After your application is received, we will call you to discuss the MAC.



Patient/Family Advisor Sign-up Form

Would you be a partner with us to deliver excellent medicine and compassionate care every time in every encounter? To reach this goal, we need your ideas, feedback and participation as together we improve the experience of care for our patients and families. We are seeking individuals for a variety of opportunities – both short term and ongoing.

Yes, I would like to volunteer by sharing my experiences, time and ideas. Please contact me so my voice/experience can make a positive difference.

Name: _____ Date: _____

Phone Number: _____ Best time to call: _____

Mailing Address: _____
City Zip

County you live in: _____ May we contact you? Yes

Clinic locations where you receive services? [Check all that apply]

- Main Clinic on Willamette
- Barger Medical Building
- Santa Clara Clinic
- Junction City
- South Eugene Clinic
- RiverBend Pavilion
- Hilyard Street Clinic (across from SHMC)
- Other: _____

I (or my family) receive services from: Pediatrics Adult/Family Medicine
 Specialty Dept. _____ Behavioral Health Other _____

Do you have Internet access from home? Yes No

Email address: _____ May we contact you? Yes

I am a patient with a chronic health condition (e.g. diabetes, congestive heart failure, asthma, depression, arthritis).

I am involved in the care of someone who has a chronic health condition.

I am a patient/family member receiving preventative and/or occasional illness care

I was referred by: _____

Please indicate the ways in which you would like to participate as a Patient/Family Advisor:

- ___ Phone Interview: Share your opinion and respond to survey questions over the telephone.
- ___ Focus Group: Provide feedback in a group format with other patients/family members.
- ___ Participate on Committees: Bring the patient/family perspective to committee meetings.
- ___ Story Sharing: Share your health care experiences with care providers and other patients.
- ___ Be a partner in making improvements to specific physician and specialist services
- X Be a member of a Patient Advisory Council

Please return this form to: **Sheila Miller, Administration**
3377 RiverBend Drive
Springfield, OR 97477
(541) 222-6242



SMMC PrimeCare Internal Medicine
Patient Advisory Council Member Application

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____
.....

Why would you like to serve as a member of the patient advisory council?

If you are or have been on a committee please list the committees:

What special interest do you have in healthcare?

What meeting times would work best for you?

Daytime:_____ Specific Times:_____

Evening:_____ Specific Times:_____

Monday_____ Tuesday_____ Wednesday_____ Thursday_____

Patient Advisory Council Candidate would be expected to::

- 1 Year Term.
- Attend 75% of meetings.
- Able to listen to different opinions and share different points of view.
- Respect the ideas of others.
- Speak comfortably in a group.
- Get along well with many different kinds of people.
- Work as part of a team..

Suggested Topics the Patient Advisory Council will help with:

- Patient Safety and Prevention of Medical Errors
- Reviewing Patient Satisfaction Survey Results
- Development of ways to measure Patient and Family Satisfaction.
- Reviewing and updating the use of computers for patient care and education .

Applications will be reviewed and interviews will be set up with potential candidates.

If you have any questions please contact Jane Foley, Practice Manager at 207-282-3349.





MaineGeneral Patient-Family Advisor Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Cell Phone: (____) _____

Fax Number: (____) _____ Email Address: _____

MG Location: _____

**Will you allow your contact information to be shared with other committee/
advisory members?** Yes No

I am: A patient A family member of a patient

Please list times when you are able to attend meetings: (check all that apply)

Daytime Evening Weekend

I can commit to:

1 Year 2 Years Other _____

Program/ Department and Services involved in your care:

Your care was primarily:

- Inpatient
- Outpatient
- Both inpatient and outpatient
- Emergency care
- Other Programs, departments, or services:(explain)

Why would you like to serve as an advisor?

If you have served as an advisor, been an active volunteer committee member, or done public speaking for other programs or organizations, please briefly describe this experience:

What are some specific things that health care professionals have done or said that was most helpful to you and your family?

What are some specific things that you or your family would like health care professionals to do *differently* in order to be more helpful?

What would make it easier for you to attend PFAC meetings?

Stipends are available should you need reimbursement for:

- Travel
- Childcare
- Other

Please check off any skills that you have that may be useful to your advisory work:

Communication:

- Public speaking
- Writing
- Active listening
- Expressing ideas
- Facilitating group discussion
- Negotiating
- Perceiving nonverbal messages
- Reporting/presenting information
- Interviewing
- Editing
- Computer skills

Research and Planning:

- Creating ideas
- Identifying problems
- Brainstorming
- Gathering information
- Setting/meeting goals
- Data collection/analysis

Human Relations:

- Providing support for others
- Motivating
- Mentoring
- Partnering
- Delegating
- Representing others
- Perceiving feelings, situations

Organization, Management and Leadership:

- Teaching
- Coaching
- Counseling
- Promoting change
- Selling ideas or products
- Decision making with others
- Managing conflict

I/We would be interested in helping with: (identify all of your interest areas)

- Developing/ Reviewing Patient/ Family Education Materials
- Develop and Updating the Practice Website
- Planning for Ambulatory Care
- Ensuring Patient Safety and the Prevention of Medical Errors
- Developing the Uses for Information Technology, including Electronic Medical Records, Patient Portals, and Electronic Personal Health Records (ePHR's)
- Reviewing patient and family satisfaction tools
- Developing/ reviewing educational materials
- Educating new employees and other staff about the experience of care and effective communication and support
- Participating in facility design planning
- Improving the coordination of care
- Long-term advisory council membership to have impact and influence on policies and practices that affect the care and the services patients receive
- Issues of special interest: (please describe)

Please return this form to: *Betty Girard*
Patient Advisory Coordinator
149 Main St Suite 2A
Winthrop, Maine 04364
207-377-1408
betty.girard@mainegeneral.org

Patient/Family Advisor Interview Questions

1. Please briefly introduce yourself and your family
2. What types of Providence Medical Group services have you used (clinic, urgent care, specialist, and/or support for a chronic condition or a family member's chronic condition)?
3. Have you ever had a positive experience with Providence Medical Group? An experience where you and your family felt respected or supported, where you had the information you needed and wanted, or where you and your family could participate in your health care decisions in ways that you wanted?
 - What did the doctors and staff do that gave you confidence, comfort, and was helpful to you?
4. Have you had an experience that was not so helpful?
 - Could this experience have been better?
 - How it could have been changed or improved?
 - How could doctors and/or staff handled the situation differently?
5. If you had a magic wand, and could change and improve health care for you and your family, what changes would you want to make?
6. Have you ever been in a group situation when someone had a different opinion than you?
 - What was the result?
 - Was there anything you did that was helpful?
7. Please share with us strengths you have that would be useful in working with a group?
8. Would you be interested in presenting your Providence Medical Group experiences to staff and other Patient Advisor members?



Oregon Medical Group Patient/Family Advisory Council Interview Questions

Name _____ Date of Interview _____

Give us a snap shot of your medical experiences at OMG (usually seen by PCP/specialist, frequency of visits, etc.).

What are some specific things that health care professionals did or said that was most helpful to you and your family?

What are some specific things that you or your family would like health care professionals to do *differently* in order to be more helpful?

If you had a magic wand and could change and improve health care for you and your family, what changes would you want to make?

If you have served as an advisor, been an active volunteer committee member, or done public speaking for other programs or organizations, please briefly describe this experience:

What interests you about becoming a Family Advisor?

Would you be interested in presenting your medical experiences to staff?
Yes/No

Tell us about your interests, skills and talents.

Would you be able to commit to at least a year-long term on the council, meeting at least once a month for about 1.5-2 hours per meeting?

Oregon Medical Group Patient/Family Advisory Council Interview Questions

Would you be interested in working on a variety of different projects and/or discussing issues that others may bring to the council?

Tell us about a time when you've been in a group situation and someone had a different opinion than you.

-Was there anything you did that was helpful?

Please share with us strengths you have that would be useful in working with a group.

Prospective Patient and Family Advisor Qualities

- Share insights and experiences in productive ways
- Listens well
- Collaborates on solutions
- Sees beyond his/her own care experience
- Has passion for improving the health care experience for all
- Respects diversity and differing opinions

PATIENT/FAMILY ADVISOR INTERVIEW

Tell me a little about yourself-

Can you tell me about a care experience at PHMG that worked very well? What about it was especially important or meaningful?

Can you share an experience that didn't work so well? What could we have done to improve the experience?

Given the opportunities for involvement; you indicated an interest in _____

Can you help me understand why this activity?

What experience have you had working in groups working toward solving a problem?

Are there barriers such as transportation, timing of meetings, language or illness that need to be accommodated to allow your participation?

Staff Recommendation/Action:

Patient Partner Candidate Interview Questions

These questions may be useful in a conversation with a candidate for one of the Patient Partners for your PCR team. . If it would decrease any potential interference with the practice/patient relationship, staff from Aligning Forces Humboldt would be glad to act as your agent in the selection process.

Questions for Patient Partner candidate:

1. Why do you want to volunteer to be a Patient Partner?

2. Patient Partners generally either have chronic conditions or have been a caregiver for someone with chronic conditions. Does this apply to you?

3. Patient Partners play a crucial role in the PCR process in that they are able to address patient insights and viewpoints for the medical office teams in supportive and respectful ways. Sometimes this will include gentle constructive criticism or suggestions for previously established processes.
 - a) Are you comfortable respectfully sharing insights in a team of your medical providers?
 - b) Can you describe some ways in which you have used constructive criticism skills in the past?

4. Do you have experience participating in groups?
Please describe: (including size of a group i.e. 12-15? Experience in team leading?)

5. Do you have any previous volunteer experience and if so what?

6. Have you worked with a variety of people i.e. different educational levels, cultures? Do you feel comfortable working with in a group where a variety of opinions (some of which are conflicting) are shared?

7. While your personal opinion is of great value, your role on the team is to represent the needs of all patients. Do you feel you can do this?

8. Do you see any barriers or challenges in being a Patient Partner? (i.e. energy, time, transportation, availability, chronic condition limitations)? (Note briefly)

9. Do you have any transportation challenges? Will you be able to arrange transportation to in-office team, Patient Partner, and PCR meetings?

10. Confirm commitment to attending full experience (See “Patient Partner Role and Responsibilities Agreement”).



Script for staff calling people referred by others (ie. doctor, manager, etc.) for any Patient Advisor openings

I am calling from PHMG on behalf of _____ [name of person referring patient].
My name is Sheila Miller. Is this a good time to talk with you?

If no, ask if there is a better time to call back. Record time and call patient back...at said time.

If yes: Your [doctor, manager of x, etc] wanted me to invite you to consider becoming a Patient Advisor with PHMG. Advisors are patients or family members who help us improve our services by sharing your input on designing better experiences of care. This can be at your own doctor's office or by reviewing education materials and forms. We have many ways people can be involved...from one hour for occasional events to provide ideas/input ...to becoming a regular monthly attendee at a Patient Advisory Council.

Would you like to learn more about getting involved?

- Yes....could I gather some information from you now, so that Shari Wright can contact you to tell you more about this unique chance to improve the quality and safety efforts at PHMG? **Go to Step 3**
- No, may I send you some information to review? If you wish you can contact me if after review of the information, you wish to participate? **Go to Step 4**
- No, No **Name of patient**, I really appreciate the time you have spent with me today.[Referring person] asked me to thank you for your time and to let you know we value your partnership with PHMG and the clinic as you seek to improve and maintain your health. Take care and have a great day! **End of contact Advise referring person, patient declined participation. Record their name and contact date, person contacting them, and disposition on master list...new tab - Not interested in participating**

Step 2: General FAQ's

What's involved:

- Varies depending on your interests and upcoming opportunities.
- Examples of short term work:
 - Patients have been coming to meetings to provide input about services being located at the new Medical Pavilion at RiverBend campus by the new hospital. This usually is a 1-3 hour one time commitment
 - Participating on a Diabetes Improvement team to improve care for diabetes patients across all our sites
 - Reviewing new forms or communications/education for patients
 - Coburg Road clinic is recruiting patients to serve as Patient Advisors to attend meetings on planning the move to the new clinic location (adult and family medicine).
- Examples of long term commitment:
 - Patient Advisory Council - Monthly meetings – 10 meetings per year...on the fourth Thursday of the month 5:30-7:30pm. We are now recruiting patients between the ages of 25-45.

- Working with a group of others patients, family members and PHMG staff to redesign communication

Pay:

There is no pay for participation. However, if there is a need to have costs of transportation, childcare, etc. covered we can make accommodations as needed.

Interested in Patient Advisory Council, What if I can't attend Thursday nights?

The advisory council meets on Thursday so at this time, you wouldn't be able to join that group. However, other opportunities exist for patients, families on specific department or clinical condition improvement groups.

Step 3:

- Fill out the patient sign-up form.
- Track all the information available into Master List...
- Hand sign-up form to Shari Wright for follow-up

Step 4 For patients who want to review information:

- Send the application [if unable to fill out over the phone] , letter, charter and pages from the Community Report and list of RiverBend Design Teams to interested applicants
- Add their basic information to Master list
- Follow-up with them if they have not responded in 3 weeks..



Script for people calling in for the Patient Advisory Council

Thank you for calling. I am Sheila Miller and can schedule you for a 90 minute informational session. Would you like to do that now?

Session Choices-
Session Location-

What's involved:

- Monthly meetings – 10 meetings per year...on the fourth Thursday of the month 5:30-7:30pm.
- Working with a group of others patients, family members and PHMG staff to improve services we provide

We holding informational sessions to answer specific questions and help you determine if this something you want to do

Pay:

There is no pay for participation. However, if there is a need to have costs of transportation, childcare, etc. covered we can make accommodations as needed.

What if I can't attend Thursday nights?

The advisory council meets on Thursday so at this time, you wouldn't be able to join that group. However, other opportunities exist for patients, families on specific department or clinical condition improvement groups.

Would you like to sign up now - Fill out the Sign-up form over the phone, if possible.

Fill out the form

At least name, address and phone number

Bring the sign-up form to the orientation session....

Track all the information available...

Send the application [if unable to fill out over the phone] , schedule, letter, charter and pages from the Community Report.

Patients fill out a card in the waiting room indicating that they are interested in being members of the group. As slots open up on the PAG we would refer to those patients and use this call script to find out if they are still interested.

Pt's Name _____ Phone number _____

You have indicated in the past that you would be interested in becoming a part of our Patient Advisory group. I'd like to take a moment to let you know a little more information about this group if you are still interested.

The purpose of the Patient Advisory Group is to advise primary care administration and medical leadership on patient needs and primary care priorities from a patient/family perspective. The intent is to influence primary care strategic planning and improve office processes.

The group will consist of 16 members, 8 patient and 8 diverse members from Husson Internal Medicine primary care staff both office staff and clinical staff.

Our next meeting is scheduled for _____ from 5:30-7:30pm for. Consecutive meetings will be held every month on the 3rd Thursday of each month. Additional meetings may be required as deemed appropriate. The group will not meet in August or December. Each meeting will be 2 hours in length and a light refreshment will be served during to the meeting.

We would like for you to become a part of this group. Is this something you would be willing to commit to? Yes No

Is there an email address we could send confirmation to in regards to meetings, and any information that may be needed prior to the meetings?

e-mail _____

If no email address, can we mail information to you at home? Yes No

Thank you for your time.



Orientation and Training

Patient Partner Orientation

February 11, 2012- Humboldt County Office of Education

8:30-9:00 am	Welcome, Registration, Materials, Badge Pictures
9:00-9:30 am	Introductions
9:30-9:45 am	Introduction to Aligning Forces for Quality <ul style="list-style-type: none">• Organizational Stakeholders• A patient perspective
9:45-10:00 am	Introduction to Health Care Transformation <ul style="list-style-type: none">• Acute Care vs. Chronic Care• Triple Aim
10:00-10:30 am	Introduction to Quality Improvement <ul style="list-style-type: none">• Definition of Quality• Variation• Cost
10:30-10:45	Break
10:45-11:15 am	Quality Improvement Methodology <ul style="list-style-type: none">• PDSA, Aims, Tracking and Measuring• Measures
11:15-11:30 am	Introduction to PCR <ul style="list-style-type: none">• PCR 1.0• PCR 2.0• Meeting structures
11:30 am- 12:00 pm	Introduction to the Patient Partner Role <ul style="list-style-type: none">• Brainstorm: What does being a patient partner mean?• Identify and Problem-Solve common challenges• A patient perspective
12:00-12:15 pm	Introduction to the Curriculum <ul style="list-style-type: none">• Access• Empanelment
12:15- 12:30 pm	HIPPA and Confidentiality <ul style="list-style-type: none">• Sign the confidentiality form
12:30-1:00 pm	Lunch
1:00-1:30 pm	Introduction to the Rapid Cycle Survey Process
1:30 pm	Adjourn

Patient & Family Advisors

Richard M Brand, MA, MPH

SIG

17 December 2010

Definition of Patient & Family Advisor

- Any role that enables patients and families to have direct input and influence on the policies, programs, and practices that affect the care and services that individuals and families receive.
 - Institute for Patient- and Family-Centered Care

Why Patient & Family Advisors?

- Patients/Families are experts in the experience of care
- Inspire and energize providers/staff
- Resources used for things that actually make a difference
- Allows us to truly be a Patient- and Family-Centered organization

Potential Patient & Family Advisor Projects/Roles...

- Participate in quality improvement projects
- Membership in Quality Committees
- Membership in workgroups
- Participate in policy and program decision-making
- Help develop and review patient education programs and materials

...Potential Patient & Family Advisor Projects/Roles

- Sharing personal stories in orientation, staff education, presentations, etc.
- Curriculum development/teaching
 - Staff education
 - Intern/resident education

Potential Barriers to Success

- Culture change
- Dedicated staff support / liaison

Getting Started

- Recruit patients/family members
 - Recommendations from providers/staff
 - Interview, orientation
- PAC meeting
 - Include leadership and staff
 - Charter
 - Initial project (PCMH)

What Makes a Good Advisor?

- PMG patient (or family member of)
- Collaborative nature
- Able to share their story in front of a **group** – insights and information about their experience in ways that help others learn
- Able to listen to and hear the perspectives of others
- Can see ‘big picture’ – interested in/can see beyond their personal concerns/experiences

What Makes a Good Advisor?

- Respects and Reflects the diversity of our patient population
- Able to connect with people
- Able to ask questions and be appropriately assertive
- Has passion for improving the health care experience

What Can I Do?

Recommend 3 patients / family members as potential advisors

CAREOREGON MEMBER ADVISORY COUNCIL ORIENTATION

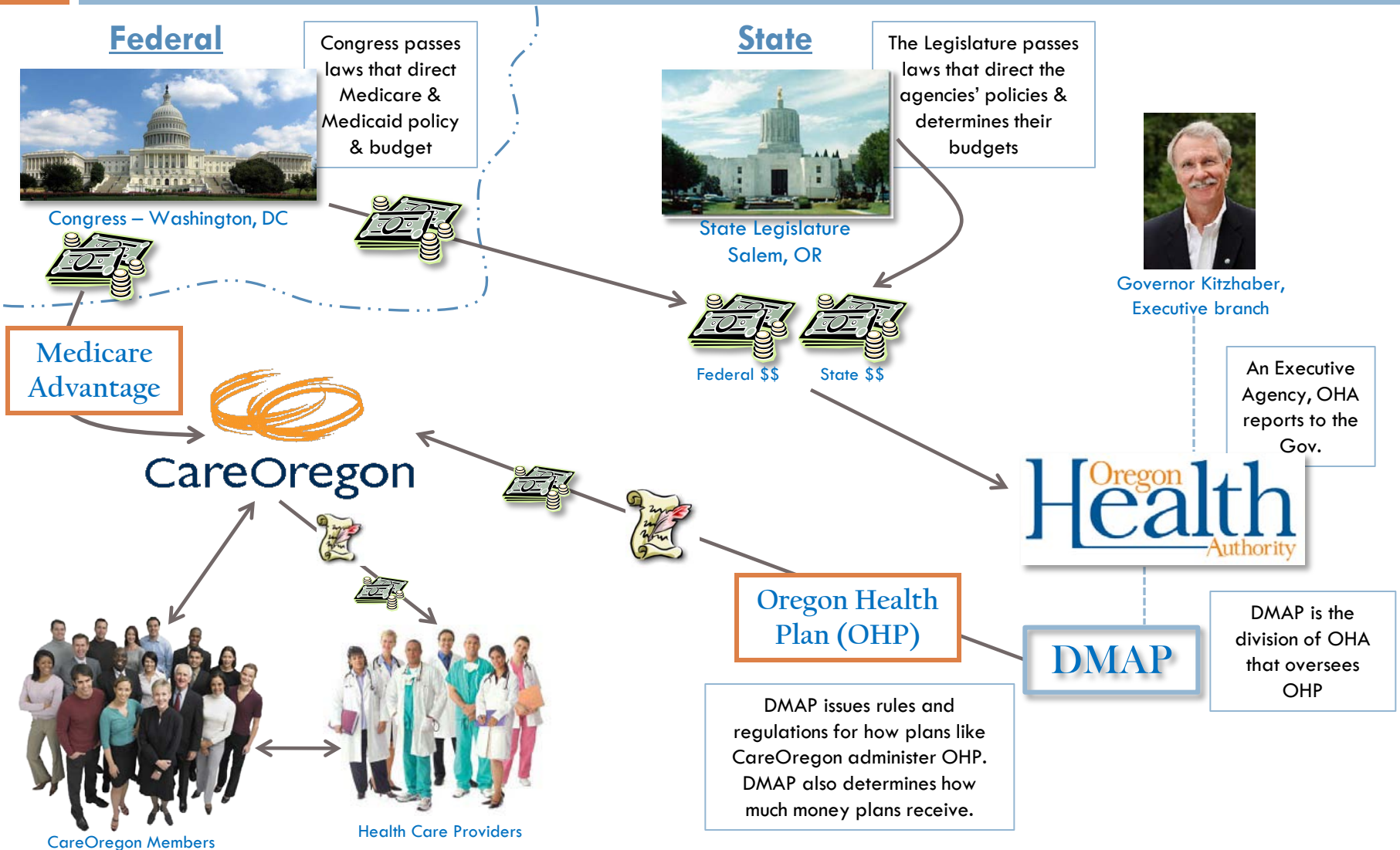
Key Terms

- OHP – the Oregon Health Plan
 - ▣ Same as “Medicaid”
- CareOregon Advantage
 - ▣ Same as “Medicare Advantage”
- DHS – Department of Human Services (Oregon)
 - ▣ DMAP – Division of Medical Assistance Programs
- DHHS – Department of Health & Human Services (US)
 - ▣ CMS – Centers for Medicare & Medicaid Services

What is CareOregon?

- CareOregon is a Medicaid managed care plan that provides health care services to its members through a network of community and private medical providers throughout the state.
- The State of Oregon contracts with CareOregon to manage the health care services of people enrolled in the Oregon Health Plan (Medicaid).
- The U.S. government contracts with CareOregon to manage health care services of people enrolled with CareOregon Advantage (Medicare Advantage).

So how does that work?



A little more about OHP

□ OHP Plus

- Pregnant Women
- Children under age 19
- People on TANF (temporary assistance for needy families)
- People receiving SSI
- Dual Eligibles – age 65 or older, blind, disabled and receiving income at or below SSI or in long term care

□ OHP Standard

- Adults who qualify based on income level
- Capped at a total of 60,000
- There is a lottery to fill available slots on Standard

There are about 500,000 Oregonians currently enrolled in OHP statewide.

CareOregon by the Numbers

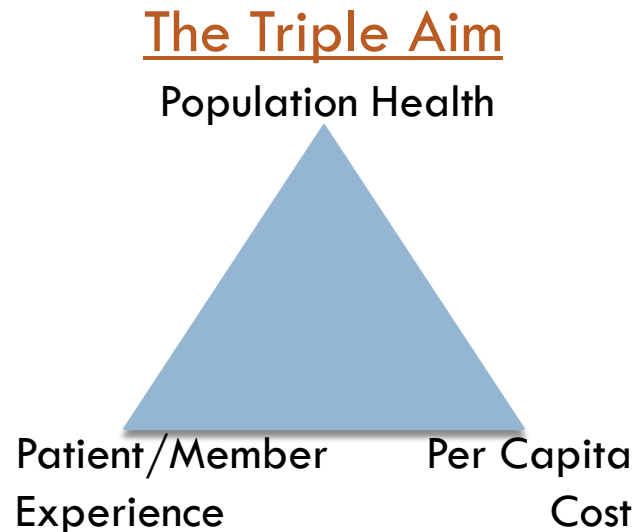
- **135,000**
Total number of CareOregon OHP members
- **6,000**
Total number of CareOregon Advantage members
- **57**
Total number of non-English languages spoken by CareOregon members
- **14**
Number of counties where CareOregon operates
- **66%**
Percent of CareOregon members who are 19 or younger

CareOregon's Vision

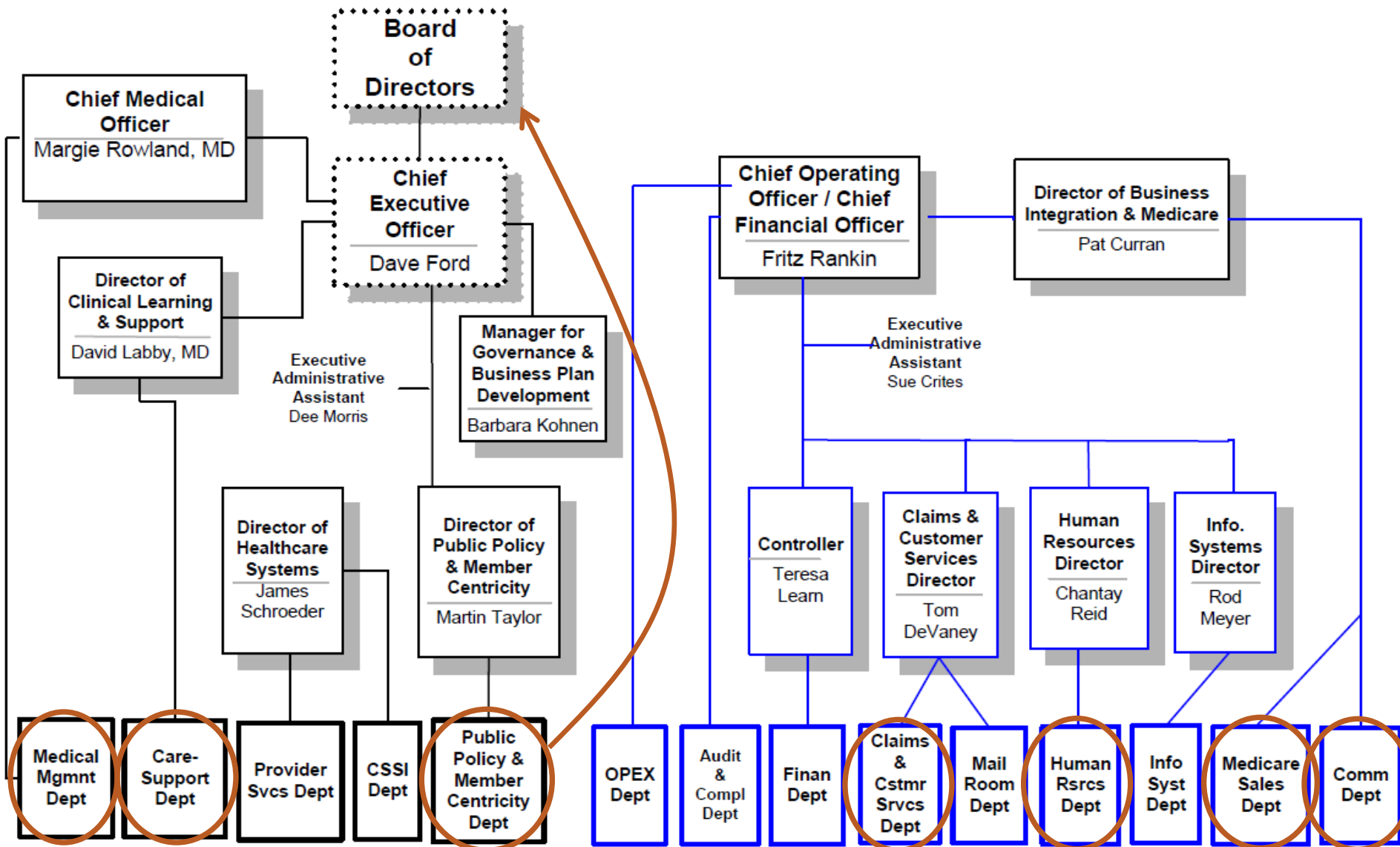
- Healthy Oregonians, regardless of their income or social circumstance

- How do we do that?

- What guides us?
 - SPIRIT values



How is CareOregon Organized?



How does the MAC fit into that?

- Just to name a few...
 - Customer Service
 - Human Resources
 - CareSupport & Medical Management
 - Medicare Sales
 - Communications
 - Public Policy & Member Centricity
- These are just the ones that we thought of. As you learn more about CareOregon, you will find others!

Questions?

THANK YOU!



CareOregon



Patient and Family Advisors Frequently Asked Questions

What is the Purpose of Patient and Family Advisors?

- To offer a safe venue for patients and families to provide input in a setting where they are receiving care.
- To promote improved relationships between patients, families, and staff.
- To open lines of communication between patients, families, and staff.
- To offer an opportunity for patients and families to provide input into policy and program development and actively participate in the development of new facilities and programs.

What is a Patient and Family Advisor?

- Someone who volunteers their time to work with a healthcare organization to share their insights, thoughts, and opinions about what works and doesn't work for people receiving services.
- Someone who can provide fresh insights on what it's like to receive services from the healthcare delivery system.
- Someone who can bring not only their own ideas, but the thoughts and ideas of others within their network.

What do Patient and Family Advisors do?

- Advisors bring diverse ideas and experiences to conversations about ways to improve healthcare programs, policies, services, communication and tools that might be used.
- Talk about and help others talk about ideas so that Oregon Medical Group and other healthcare providers in our community can make healthcare better.
- Work together with Oregon Medical Group staff and physicians in planning programs.
- Think beyond what happened to them or their family members to help others have an improved experience.

What qualifications or qualities does an advisor need?

An advisor is someone who can:

- Share insights and experiences in ways that others can learn from them.
- See beyond his/her own personal experiences.
- Show concern for more than one issue or agenda.
- Respect diversity and differing opinions and perspectives.
- Listen well.
- Speak comfortably in a group with candor.
- Enjoy working together with others on solutions.

(Continued on back)

Type of participation we are seeking at Oregon Medical Group:

- **Focus Groups:** Provide feedback in a group format with other patients/family members. Usually a one time or intermittent commitment with a changing group of advisors
- **Participate on Committees:** Bring the patient/family perspective to committee meetings.
- **Story Sharing:** Share your health care experiences with care providers and other patients
- **Short Term Projects:** Be a partner in making improvements to specific healthcare services
- **Ongoing Patient or Family Council Member:** Attending monthly meetings with providers to review overall program/services.

If you are interested in learning more about how you can get involved, please fill out the attached interest form and we will contact you to set up an informal interview session.



Dear CareOregon's newest Member Advisory Council (MAC) member,

Welcome to the team! We are so glad you have decided to join other CareOregon members in representing your community, to directly inform the service you receive from CareOregon and to influence the type of care and services your entire community will benefit from.

As part of the MAC, your voice will be heard throughout CareOregon. You will meet once a month with the other members of the council to discuss issues related to delivery of and access to care for CareOregon members, as well as targeting specific issues that only you as a member can provide feedback on. This is an opportunity for you to speak from your individual and diverse perspective, but also to represent other members and their needs and wants. Your perspective, along with the others on the council and CareOregon staff, will have direct impact on changes and improvements that have the potential to help all Care Oregon members thrive.

This notebook is a tool for you to learn more about the history and purpose of MAC, the projects they have been working on, educational materials on past trainings, importance of confidentiality, your role on the council, and other important documents that will assist you as you transition onto the council!

We thank you for this important commitment you have made to Care Oregon and your community. We hope you will enjoy being an important leader and member of this team!

Sincerely,

The Care Oregon MAC and Staff



December 19, 2007

Dear

Congratulations, you are now “officially” a member of the PeaceHealth Medical Group’s first Patient Advisory Council. Next year promises to be one of exciting changes for us and a time of tremendous learning. We cannot imagine embarking on this journey without your input, ideas and perspective. We have a wonderful balance of experienced Patient Advisors and new Patient Advisors coming together to form the Council. You are one of 10 people selected to serve so far. In early January, I will be meeting more patients representing pediatrics, specialty and some other clinic locations. I am hopeful they will be join us in time for the first meeting.

Our first official meeting of the Patient Advisory Council is **Thursday, January 24, 2008 from 5:30 – 7:30 pm in the PHMG Downtown Clinic at 1162 Willamette Street**. We will convene on the **4th floor of the clinic in the PHMG Board Room**. About a week before the meeting, you will receive an agenda and some materials to review.

Special Invitation -----Meet and Greet Your Patient Advisory Colleagues

As I interviewed the patients/family members in this past 6 weeks, I suggested it might be fun and worthwhile to have a “Meet and Greet” get-together prior to our first “official” business meeting. Based on your enthusiastic response, we are planning a fun, social time together. While you do not need to attend, I hope you will join us for this informal conversation.

When: Monday January 14th, 5:00 – 6:00 pm
Where: PHMG Downtown Clinic 4th Floor PHMG Board Room
What: Opportunity to meet other Patient Advisors and PHMG Leaders
For: Fun, Snacks, Questions and Discovery
RSVP: Sheila Miller, Administrative Support to PAC 687-6203 by January 10th

Sincerely,

Mary Minniti, Quality Director

PHMG Vision: PeaceHealth Medical Group will be the best integrated multi-specialty clinic for our patients. We collaborate in our commitment to provide our community with accessible healthcare that is patient-centered, safe, timely, efficient, effective and equitable.

WELCOME

Winthrop Patient and Family
Advisory Council

December 16, 2010

AGENDA

- Welcome..... Katie (5 min)
- Introductions..... Katie (10 min)
- Role/Purpose of council
Katie & Betty (30 min)
- Patient centered medical-
home state pilot project Darcy Shargo (10 min)
- Potential council projects Katie & Betty (10 min)
- Meeting Logistics..... Betty (10 min)

MEETING GOALS

- Overview of Patient and Family Centered Care
- What is the work/role of Patient & Family Advisory Councils
- Scope and expectations of the Winthrop Patient & Family Advisory Council
- Best meeting times and places

What are some specific things that you or your family would like health care professionals to do *differently* in order to be more helpful?

If you had a magic wand and could change and improve health care for you and your family, what changes would you want to make?

If you have served as an advisor, been an active volunteer committee member, or done public speaking for other programs or organizations, please briefly describe this experience:

What interests you about becoming a Family Advisor?

**Would you be interested in presenting your medical experiences to staff?
Yes/No**

Tell us about your interests, skills and talents.

Would you be able to commit to at least a year-long term on the council, meeting at least once a month for about 1.5-2 hours per meeting?

THE GOAL OF PATIENT AND FAMILY CENTERED CARE

To integrate the patient's & their families' perspective into the:

- planning
- delivery
- and assessment

.....of healthcare towards improved quality, safety and satisfaction outcomes.....

CORE CONCEPTS

- DIGNITY AND RESPECT
- INFORMATION SHARING
- PARTICIPATION
- PARTNERSHIP & COLLABORATION

WHAT IS AN ADVISORY COUNCIL?

An advisory council serves as a formal mechanism for involving patients and their families in policy and program making in healthcare settings.

BENEFITS OF AN ADVISORY COUNCIL

- Results in more efficient planning to ensure that services really meet consumer needs and priorities
- Leads to increased understanding and cooperation between patients and families and staff
- Promotes respectful, effective partnerships between patients and families and professionals
- Offers a forum for developing creative, cost-effective solutions to problems and challenges faced by the practices
- Supplies a link between the practices, their surrounding communities and community groups

GETTING STARTED – SCOPE AND COMMITMENT

- Minimum of one two-hour monthly meeting, for the 2011 calendar year
- Council Agendas
 - Orientation/Education
 - Identify specific projects and priorities
 - Develop a governance model and permanent council structure

PATIENT & FAMILY ADVISORY COUNCIL COMPOSITION

- Built around an emerging issue

*Patient Centered Medical Home



- Reflect constituencies
- Staff and Senior Management participate and other staff are encouraged to attend as guests.

ADVISOR QUALITIES

- Share insights and knowledge from their experience that others can learn from
- Listen well
- See beyond their own personal experiences
- Show concern for more than one issue or agenda
- Respect other perspectives
- Speak comfortably
- Work in partnership with others
- Represent the patient population

Possibilities for 2011

- How we share information
 - New patient orientation packets and process
 - New brochure materials
 - How we communicate about your care
- Patient satisfaction survey process- on-going
- Volunteer program in Winthrop
- Phone and appointment access
- Your ideas!!!!

MEETING LOGISTICS

NEXT STEPS & WRAP UP

- Contact information
- Meeting preferences
 - Time of day?
 - Day of the month?
- Next meeting/agenda items

August 25, 2009

Patient name
Mailing address
City State zip

Dear name,

On behalf of Eastern Maine Medical Center, and Husson Internal Medicine we would like to welcome you to the Husson Internal Medicine Patient Advisory Group. The primary function of the PAG will be to develop and improve mechanisms for patients/families to provide input to administration, department leadership, primary care clinics, etc., so that services are reflective of the values inherent in the core expectations of the Patient-Centered Medical Home model. The PAG will actively promote patient/family-centered care across the continuum by developing and promoting partnerships between primary care providers, patient/families, and the community.

The Patient Advisory Group (PAG) will be made up of people, like you, from the community who receive care through Husson Internal Medicine as well as different members of the staff here at Husson Internal Medicine. We look forward to hearing about your experiences and are excited to have you participate in this group.

The next meeting of the Patient Advisory Group is scheduled on September 17, 2009 at 5:30 in the evening. We ask that you park out front where you would normally park if you were to be coming for an office visit and check in at the window as you would normally do for an appointment. Light refreshments will be served at the meeting.

Attached to this letter you will find an agenda for the next meeting, as well as more specific information about the group. If you have any questions at all about this group please feel free to contact Michelle Theriault at 942-4401 extension 164.

We look forward to working with you to make a difference.

Thank You

Michelle Theriault
Office Supervisor

Aligning Forces Humboldt Primary Care Renewal 3.0 Patient Partner Roles and Responsibilities Agreement

Overview

Congratulations! You have been identified as a valuable stakeholder in improving the quality of healthcare. Your perspective as a consumer of health care will be a powerful part of the Primary Care Renewal process.

The Primary Care Renewal (PCR) is a collaborative of local primary care medical offices that are committed to improving the quality of healthcare, patient experience, and ensuring that high quality care is delivered at reasonable cost. Many of the practices involved in the Primary Care Renewal collaborative have been working towards achieving these aims since 2009. This collaborative year will focus on working to improve the quality of health care in the arenas of helping patients receive the care they need, when they need it, and a way that works for them. Specifically, the PCR collaborative will focus on “Access and Continuity of Care” and “Care Coordination.” The nuances of these focus areas will be explained in-depth to Patient Partners throughout the PCR collaborative year. Last year, participating PCR teams were joined by Patient Partners (individual patients recruited from each practice to share patient insight and feedback on team quality improvement efforts). Because Patient Partner team members proved to be such vitally important members of the PCR 2.0 collaborative, practices will recruit two Patient Partners for each team in PCR 3.0.

Patients are the consumers of health care and so your perspective is critically important to include in any group working on health care issues. Your perspective can make PCR efforts more reflective of patients’ needs. You may encounter times when you and the other Patient Partner on your team do not share the same perspective. That’s okay! Each of your observations have tremendous value and the diversity of opinions shared will give added riches to the team’s understanding of the patient experience of care. As a Patient Partner, your impact on a medical office practice team will be greater if you are able to understand the viewpoints of team members who are around the table and work collaboratively with them.

You will not be alone. Medical teams will each have two patient partners, which will provide you with built-in peer support. In addition, you will be attending meetings designed and held solely for Patient Partners immediately prior to PCR meetings to prepare you for upcoming meeting topics, provide a supportive environment in which to ask questions, and give you another forum to share your perspectives and insights as a patient. Additionally, Betsy Stapleton and Jessica Osborne-Stafsnes from Aligning Forces Humboldt (a local organization devoted to supporting patients in their health and health care) will be on hand throughout the collaborative year to provide you support, guidance, and training to assist you in becoming an effective spokesperson for patients.

Role of the Patient Partner:

You have been selected by your medical practice to serve as one of the two Patient Partners on their PCR team. Your role will be to share your patient perspective as your PCR team works towards improving the quality of their care through measurement, improvement methods, managing change and developing “best practices.” The following recommendations and responsibilities will clarify the objectives of patient partners and support your role in the PCR team.

- **Advise, consent, and confirm:** You have a responsibility to share your perspectives to shape efforts to be most effective for other consumers.
- **Participate Fully:** Patient Partners will be asked to attend at least 5 of 6 PCR meetings, with the expectation that Patient Partners support meetings will be attended as well.

- **Be informed and empowered:** Healthcare issues can be complex and it's important to be informed. Ask questions and for help when information isn't clear. Aligning Forces Humboldt wants to support you in your understanding of health care quality and related issues.
- **Listen, speak-up, and collaborate:** Listen to the perspectives shared in your PCR team. Speak up when you can provide insights from the patient perspective. Collaborate with your team members to work towards improving the quality of care. Don't be afraid to share your insights!
- **Be respectful and maintain confidentiality:** Be sensitive to the vulnerability of the PCR teams as they honestly and openly discuss areas of strengths and weakness in their medical office practice.

Activities and Meetings

Major activities required of the participating Patient Partners will include:

- Attending and participating in PCR Meetings
6 meetings per year; typically held from 6-8pm in Eureka. Catered dinner included before meeting from 5-6pm.
- Attending Patient Partner Orientation
One-time, half day, mandatory orientation to the PCR process for Patient Partners. Tentatively scheduled for February 11, 2012.
- Attending Patient Partner Support Meetings
6 two hour support meetings held throughout the PCR calendar year, to support Patient Partners, provide a space for questions or clarification, introduce quality concepts, etc. These meetings are held the day before each PCR meeting.
- Attending 50% of in-office Team Meetings
These meetings are scheduled by your practice team to discuss their quality improvement goals and work. Please consult with your team for dates and times.

Additional Activities:

Throughout the course of the collaborative year, there will be additional voluntary opportunities for engagement such as focus groups, consumer trainings, and quality improvement events. We will keep you abreast of these opportunities as they arise.

Benefits of Participation:

- The opportunity to provide crucial perspective as medical office practices improve the quality of their care.
- Free admission to Quality and Consumer Leadership Events
- Development of understanding of Quality Improvement and related consumer health issues through customized support meetings.

At the completion of the collaborative year, Patient Partners who have attended at least five out of the six PCR meetings and 75% of the Patient Partner meetings will receive a \$300 stipend.

Changes in Patient Partner Participation

Staff from Aligning Forces Humboldt and your PCR team want to support you so that your experience as a Patient Partner is a valuable and positive one. If you have concerns about your experience please contact Jessica at Aligning Forces Humboldt and she will work with you (and your PCR team as necessary) to work through any challenges.

Both you, and your practice team, have the right to terminate your participation as Patient Partner, should efforts to resolve challenges be unsuccessful. Any changes in your status as a Patient Partner should be communicated to Aligning Forces Humboldt within 3 business days.

Patient Partner Confidentiality Agreement

In your role as a patient partner on your medical offices PCR 3.0 team you will hear confidential and privileged information about not only your Medical Home, but others. It is vitally important that you not share this information outside of the PCR meetings and Patient Partner Support Meetings.

All the medical groups participating in PCR 3.0 are committed to improving the quality of care that they deliver to the consumer of their services- patients. In order to improve, areas of less than ideal performance must first be identified. Just like you need to feel confident that your health care provider will keep personal information private for you to be willing to share areas of concern, medical groups must have the same assurance from you.

The Patient Partner Support Meetings will offer you a place to discuss any issues of concern with your peers, other patient partners, and Aligning Forces Humboldt Staff.

Therefore, we ask you to sign the following agreement:

I, _____, agree to keep confidential any information I obtain in the course of my participation in the PCR 3.0. I will not discuss any such information outside of the Patient Partner and PCR 3.0 meetings without the express permission of the involved parties. If I have any concerns about information obtained by my participation in the process I will bring them to the attention of the Aligning Forces Humboldt staff who will work with me and the Humboldt Del-Norte Independent Practice Association to resolve them. This confidentiality agreement remains in place after the end of my participation in the collaborative.

Signature: _____ Date: _____
Patient Partner

Signature: _____ Date: _____
Representative of Medical Practice

Practice Name: _____

Aligning Forces Humboldt
Primary Care Renewal Collaborative 3.0
Patient Partner Role and Responsibilities Agreement

Patient Partner Information

Patient Partner Name: _____

Practice Name: _____

Primary Contact Name: _____

PR Address: _____

City _____

Zip _____

Email: _____

Phone: _____

Fax: _____

Commitment

As a Patient Partner, I commit to:

- Attending and participating in PCR Meetings
- Attending and participating in Patient Partner Support Meetings
- Maintaining confidentiality of matters discussed during PCR 3.0
- Working collaboratively with team members, other patient partners, and support staff from Aligning Forces Humboldt

Signatures

Name: _____ __Patient Partner

Signature: _____ Date: _____

Name: _____ __Primary Clinic Contact

Signature: _____ Date: _____

Name: Jessica Osborne-Stafsnes __Aligning Forces Humboldt

Signature: _____ Date: _____

For additional information, contact Jessica Osborne-Stafsnes at Jessica@communityhealthalliance.org or 707.445.2806 ext. 2.

Please return the completed form by February 1st 2011 to Jessica Osborne-Stafsnes by fax to 707.822.0755 or via mail:

Aligning Forces Humboldt
Attn: Jessica Osborne-Stafsnes
1125 16th Street, Suite 204
Arcata, California 95521

Practice Guidelines for Patient Partner Engagement in PCR 3.0

Background:

Patient Partners were an integral component of PCR 2.0. In building upon the patient engagement successes from last year's collaborative, PCR 3.0 will place added emphasis on integrating the patient view point throughout practice quality improvement work. This year, the participation in the collaborative requires the recruitment of 2 Patient Partners per practice team, and Patient Partner participation in 50% of PCR in office "team meetings."

Patient Partner Role:

The role of the Patient Partners on your PCR practice team is to advise, confirm, and collaborate on team designated goals. Patient Partners are encouraged to share their own opinions and expertise, as well experiential knowledge from personal, family member, or friends' encounters with the health care system. Examples of this engagement include: having patient partners to pilot PHR patient portals or other new products, asking patient partners for their experience of care around specific treatments or care delivery systems, engaging your patient partners in patient outreach strategies, and vetting the design and delivery of new documents or materials through your Patient Partners. Patient Partners will receive support and training from staff at Aligning Forces Humboldt to ensure they can participate in team activities in a meaningful way. Additionally, Jessica from Aligning Forces Humboldt (AFH) will function as a "Patient Partner Practice Coach" to help support the relationship between Patient Partners and practices, and support the team in meaningful patient engagement.

Patient Partner Expectations:

- Patient Partners will attend PCR Meetings (to receive a stipend, Patient Partners must attend 5 of 6 PCR meetings) and at least 50% of in office "team meetings."
- Patient Partners will attend an orientation meeting and additional "Patient Partner" meetings (held exclusively for patient partners) throughout the collaborative year.

- Patient Partners will offer insights and share recommendations based on the PCR team goals.
- Patient Partners will maintain open communication with a key contact from their practice team to keep the team abreast of any scheduling conflicts, concerns, etc.
- Patient Partners will complete confidentiality training and maintain confidentiality at all times during the PCR collaborative.

Practice Expectations:

- Practices will recruit and retain two Patient Partners to participate on their PCR team.
- Practices will ensure that at least one Patient Partner should be present at all PCR meetings (though it is highly encouraged that both patient partners attend all PCR meetings).
- Practices will coordinate with Patient Partners to arrange that a Patient Partner is present at 50% of practice “team meetings.”
- Practices will maintain ongoing connection and communication to their Patient Partners to keep them abreast of team meetings, team goals, etc.
- Open and timely communication with Jessica from Aligning Forces Humboldt to address any Patient Partner challenges that may arise.

Support:

Patients and practices will receive ongoing support from staff at Aligning Forces Humboldt throughout the PCR year.

Support for Patients:

- Orientation to the PCR project, quality improvement, and working in a multi-stakeholder team.
- On-going patient partner meetings throughout the collaborative year (6 meeting total).
These patients-only meetings provide an introduction to topics addressed at upcoming PCR meetings and offer a supportive environment for asking questions, gaining clarification, etc.
- Resource binders with information about PCR focus areas, commonly used language and acronyms, and general information about quality improvement.

- Priority invitation to quality improvement or consumer engagement events offered by Aligning Forces Humboldt.

Support for Practices:

- Assistance from AFH staff in recruiting Patient Partners who are ideal fits for your team (please see recruiting document).
- Assistance from AFH staff in mitigating any challenges or problems that arise with your patient partner.
- Patient engagement practice coaching from Jessica from Aligning Forces Humboldt to help facilitate patient participation in practice meetings.
- Additional support from AFH staff as requested by practices.

Contact:

Thank you for your enthusiastic participation in this project! At any time, please feel free to contact Jessica at Aligning Forces Humboldt with any questions, clarifications, or concerns:

Jessica Osborne-Stafsnes

(707) 445-2806 ext. 2.

jessica@communityhealthalliance.org

MAC CODE OF CONDUCT



- Treat others with dignity and respect
- Make every effort to come to meetings and events on time
- Come prepared for meetings and ready to participate
- No interrupting or “cross talking”
- Refrain from cursing, swearing or using derogatory language
- Listen to each other

AGENDA

Leading the Way: Patients and Families as Leaders in Health Care Transformation



Date: January 19, 2012

Time: 8:15am – 4:00pm

Location: Ambridge Event Center, 1333 NE MLK Jr. Blvd, Portland, OR 97232

Time	Topic	Presenter(s)	Objective(s)
8:15-8:30	Registration/ Check In		Gathering the tools for the day
8:30-8:40	Welcome	Mylia Christensen <i>Executive Director, Quality Corp</i> David Shute, MD <i>Medical Director, Quality Corp</i>	Learning from the <i>Patients and Families as Leaders</i> initiative: Where have we been and where do we go from here?
8:40-8:50	Review of Agenda Call to Action	Mary Minniti, CPHQ <i>Project Director, Patients and Families as Leaders</i>	Call to Action: Identify 3 actions you can take to engage patients and families in your organization.
8:50-10:00	Panel Discussion <i>Patients and Families as Leaders: What have we learned and why is this important?</i>	Leaders and Advisors from: <ul style="list-style-type: none"> • CareOregon • NW Primary Care • Oregon Medical Group • Providence Medical Group • St. Charles Family Care-Redmond Moderator: Mary Minniti	Understand key learning about: <ul style="list-style-type: none"> • The importance and benefits of integrating patients and families as leaders into your organization • Why patients and families want to partner with their health care organizations • The benefits of participating as a patient/family advisor within your organization
10:00-10:15	Break		
10:15-11:30	Sustaining and Spreading Patient and Family Centered Practices <ul style="list-style-type: none"> • National Context Driving Forces • The Leadership Imperative 	Bev Johnson <i>President and CEO, Institute for Patient- and Family-Centered Care</i>	<ul style="list-style-type: none"> • Understand how and why patient and family centered care is being implemented nationally. • Understand the important role of organizational leaders for long term success.

11:30-12:00	Patient and Family Centered Care: The Right Thing to Do	Cindy Klug <i>Director of Education, Providence Medical Group</i>	Learn from Providence Medical Group's successful effort to gain leadership support as the crucial first step in implementing a successful advisory council.
12:00-12:30	Lunch		
12:30-1:00	The Role of Payers in Patient and Family Centered Care	Martin Taylor <i>Director of Public Policy and Member Centricity, CareOregon</i>	<ul style="list-style-type: none"> Learn how members and staff are working together to improve the health care experience for all. Learn how staff can be most supportive of advisors.
1:00-2:15	Breakout Sessions: How did they do it? Leaders, coordinators and advisors will share the tools they have created and the strategies they have used to make their advisory councils successful.	Leaders, coordinators and advisors from: <ul style="list-style-type: none"> CareOregon NW Primary Care Oregon Medical Group PeaceHealth Medical Group Providence Medical Group St. Charles Family Care-Redmond 	<ul style="list-style-type: none"> Gain ideas about how to begin or expand partnerships with patients and families in your organization. For consumers: Identify ways that you can be a partner in creating a more patient-centered health care experience for all. Gather great tools to use in your own action plan.
2:15-2:30	Break		
2:30-3:15	Proven Practices for Developing Patient and Family Leaders	Bev Johnson	Identify ways to improve health care by investing in your advisors.
3:15-3:45	Panel Discussion: The keys to successfully partnering with patients, families and members	Patient/Member Advisory Council representatives from: <ul style="list-style-type: none"> CareOregon NW Primary Care Oregon Medical Group PeaceHealth Medical Group Providence Medical Group St. Charles Family Care-Redmond Moderator: Mary Minniti	Understand what organizations can do to retain and motivate patient and family advisors as true partners in change.
3:45-4:00	Call to Action and Evaluation	Mary Minniti	Spread the learning and develop new partnerships with other organizations.

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- Orientation Slides
- Health Care Quality Glossary

3. Health Care Quality:

- Health Care Quality 101
- ABC's of QI
- CAHPS: Assessing Health Care Quality from the Patient's Perspective

4. Empanelment and Access:

- Empanelment Toolkit
- Enhanced Access

5. Care Coordination:

- Care Coordination: Reducing Care Fragmentation in Primary Care

6. Primary Care Renewal Meetings:

- Place notes, agendas, handouts from PCR meetings here

7. Team Meetings:

- PDSA and Idea Tracking Form
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- Survey Introduction
- Sample Survey
- Survey Process
- Scripts and tools

Patients and Families as Leaders in Health Care Improvement

**June 10, 2010
Wilsonville, OR**



Information for a Healthy Oregon

A project of the Oregon Health Care Quality Corporation
and the Robert Wood Johnson Foundation's *Aligning
Forces for Quality* initiative.

Time	Topic	Presenter(s)	Objective(s)
8:45-9:00	Registration/ Check In	Oregon Health Care Quality Corp Staff	Gather the tools for the day
9:00-9:05	Welcome	Nancy Clarke Executive Director Oregon Health Care Quality Corp David Shute, MD Medical Director <i>Partner for Quality Care</i>	Learn about launching a uniquely "Oregon" effort
9:05-9:15	Review of Agenda Introduction of Keynote Speaker	Mary Minniti, CPHQ Project Director Patients and Families as Leaders: Transforming Patient and Family Engagement in Oregon	Outline today's opportunities
9:15-10:15	Patient- and Family-Centered Care: Partnerships for Quality and Safety	Bev Johnson President and CEO Institute for Patient- and Family- Centered Care	<ul style="list-style-type: none"> Discover what others are doing across the nation to promote patient and family leaders and WHY Learn how involving patients and families in your organization can enhance safety, and quality
10:15-10:30	Break		
10:30-10:45	State of the State Report: Patient- and Family- Centered Care in Oregon	Shari Wright Project Coordinator Patients and Families as Leaders: Transforming Patient and Family Engagement in Oregon	<ul style="list-style-type: none"> Find out what great efforts and best practices are underway in Oregon Share information and experiences that will enhance the efforts in your own organization and among attendees
10:45-11:45	Panel Discussion: What Oregon Partnerships Work Well and Why	Moderator: Mary Minniti	

11:45– 12:00	Your Health Care and Safety: <i>The Team Approach at PeaceHealth</i>	Tom Ewing, MD Chief Medical Officer PeaceHealth Medical Group Willa Reich Co-Chair, Patient Advisory Council PeaceHealth Medical Group	A best practice in partnership for patient safety
12:00-12:05	Shifting Gears	Mary Minniti	<ul style="list-style-type: none"> • AM Participants: Thank you for joining us! Please fill out the evaluation before leaving. • Please stay connected! Email us to join the PFCC Oregon Collaborative Learning Network patientengagement@q-corp.org
12:05-12:30	Lunch Buffet	All	Renew and refresh! Meet your network
12:30-1:00	Engaging Patients and Families Project and Technical Assistance: What is it and how to apply	Mary Minniti	<ul style="list-style-type: none"> • Learn how to engage patients and families and what resources and technical assistance are available. • Applications for technical assistance due June 30, 2010
1:00-2:45	Open Networking and Informational Sessions	Table Hosts Mary Minniti Bev Johnson Patty Black Willa Reich Marla Sanger	<ul style="list-style-type: none"> • Build meaningful connections between workshop attendees • Explore common issues and strategies used to improve patient and family involvement for the purpose of improved health care systems <p>Session Topics</p> <ol style="list-style-type: none"> 1. Patient-Centered Medical Homes — Engagement in Care and in Transformation 2. The Role of Health Plans — Change Agents in Care 3. Patient/Family Advisors — What Does It Take? 4. Hospitals and Integrated Systems — Pulling the levers in a bigger, more complex organization 5. Others?
2:45-3:00	Break		
3:00-3:45	Burning Questions & Issues	Bev Johnson Mary Minniti	Share strategies, ideas and connections for addressing your concerns
3:45-4:00	Next Steps Evaluation	Mary Minniti	<ul style="list-style-type: none"> • Join the PFCC Oregon Collaborative Learning Network • Evaluate the value of today's workshop and our opportunities for improvement



**OMG Patient Advisory Council
Ground Rules for Council Members**

Be Efficient and Engaged

- Agendas and announcements will be sent to the council in advance
- Members will make a commitment to attend meetings and be on time
- Leaders will ensure that meetings begin and end on time
- Group members will participate actively by learning and sharing
- Group members will stay focused and avoid getting off topic

Be Respectful

- Show respect for others opinions and differences
- Give feedback in a constructive manner
- Remember that all questions are good questions
- Use plain language and ask if you don't understand something
- Be willing to compromise (“the wisdom of the group is sometimes better than that of an individual”)

Protect the Group’s Process and Confidentiality

- Every group member has a responsibility to help enforce the ground rules
- Sensitive or confidential information will not be repeated outside the meetings or entered into the minutes
- Voting will be by way of coming to a consensus

**Council Member Signatures:
(Print/Sign/Date)**

_____	_____	__/__/__
_____	_____	__/__/__
_____	_____	__/__/__
_____	_____	__/__/__
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Patient Advisory Council Team Agreements

- Information that is shared in the room stays in the room.
- Stay focused on the topic/issue at hand – keep your eyes on the purpose (PAC).
- Stay positive
- Agree to disagree. All opinions are honored and valued.
- Do very best to do your homework.
- Be prepared to represent community and larger patient's needs.
- Share airspace, everyone is heard.
- Review accomplishments- celebrate.
- Identify opportunities for improvement & change.
- Be on time, start & end on time.
- Let Sheila &/or others know when you can't be there.
- If we reach agreements as a group, we support the group decision- democratic.
- Co-chairs take action if group will benefit.
- Coaching & support is provided to group to ensure success. People can ask for support openly.
- Give respectful feedback if a member strays from agreements.
- All opinions are honored and valued.

Primary Care Patient Advisory Group Ground Rules

Ground Rules for the Patient Advisory Group

1. Begin and end on time.
2. Allow others to complete their comments before beginning yours.
3. No side conversations.
4. All ideas are valuable.
5. All cell phones are to be turned off at the beginning of the meeting
6. Keep discussion and comments relevant to the issues being discussed



Fostering Partnership



MEMBER ADVISORY COUNCIL

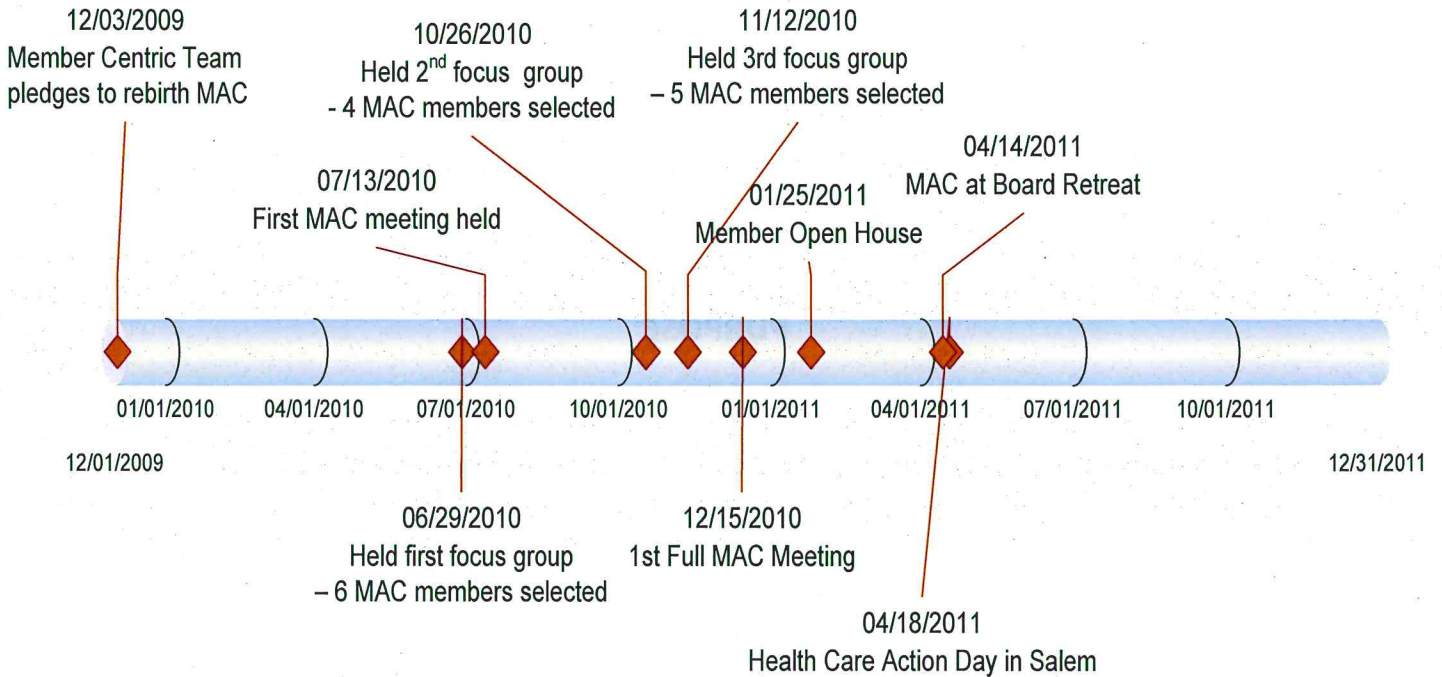
THE HISTORY, THE STORY, THE PURPOSE

PURPOSE

The Member Advisory Council (MAC) takes an active role in improving the CareOregon member experience. The council identifies improvement opportunities, provides general feedback and ideas about CareOregon department plans/activities/programs and works to engage fellow CareOregon members and the community on health care issues.



TIMELINE



MAC MEMBER BIOS

1. Maria Morrow – Chair – Maria was one of the original members to join the MAC in July 2010 to advocate for members with mental illness. She was elected Chair by her fellow council members in March 2011.
2. Diane Myers –Vice Chair – Diane joined the MAC in July 2010. She brings with her experience as a member of the Health Services Advisory Council at Central City Concern.
3. Judy McClenny –Scribe – Judy is a wife and mother. Her two teenage daughters, husband and she are covered by CareOregon.
4. Kevin Rouse – Kevin joined the MAC in Dec. 2010 and has been a CareOregon member for 3 years.

5. Mahin Asagari Sereshki – Mahin is from Iran and joined the MAC in Dec. 2010 so that she could help others receive health care.
6. Charles Robertson – Charles volunteers with Janus Youth to create the Village Market, a non-profit grocery store that will provide health food from local farmers and vendors to residents in North Portland.
7. Sele D’Amato – Sele joined the MAC because she wanted to help other members with their health care issues.
8. Madeline Mettler – Maddie serves on the MAC to educate herself and the public about health care issues.
9. Brenda Berger – Brenda is a CareOregon Advantage STAR member and joined the MAC in Dec. 2010.
10. Annette Parker – Annette is a long-time CareOregon member wanted to join the MAC to improve the CareOregon and OHP member experience.
11. Edilberto Pulanco – Edilberto joined the MAC in Dec. 2010 and is also on the Board at the OHSU Richmond Clinic.
12. Santiago Gomez – Santiago was recruited through his involvement with Central City Concern. He joined the MAC in July 2010.
13. Michael Morgan – Mike was one of the original six members of the MAC and brought with him years of experience in radio communications.
14. Nancy Judkins – Nancy has been with the MAC since its inception in July 2010.

THE MAC'S VISION FOR THE FUTURE

- Member Leader Development through leadership, advocacy & media training
- Work with CareOregon & providers to improve population health and experience of care
- Develop Community Health Liaisons program that enable members to reduce costs of care through improved self-help and social care



Patient & Family Advisory Council

All Sites

- Patient-Centered Medical Home
- Access
- Behavioral Health
- Care Transition
- Chronic Care
- eHealth
- SPCCT
- Patient & Family Advisory Council
- Transformation Project
- Site Ac

- View All Site Content
- Home**
- Meet the Patient Advisors**
- Documents**
- Shared Documents
- Lists**
- Calendar
 - Tasks
 - Results
- Discussions**
- Patient & Family Advisor Program
- Sites**
- People and Groups**
-

Patient-Centered Medical Home > Patient & Family Advisory Council

Patient & Family Advisory Council

Providence Medical Group's Patient & Family Advisory Council represent the patient and family voice, and together with PMG leadership, providers, and staff, help to improve the health care experience for our patients and families.



Patient & Family Advisory Information

- Subject
- What questions do you have for the Patient & Family Advisors?
 - What are Patient & Family Advisors?
 - What does a Patient & Family Advisor do?
-

Engaging with our patients

- | Edit | Description |
|---|--|
| <input type="button" value="Add"/> | Results : Developing an Effective Council (4) |
| <input type="button" value="Add"/> | Results : Improving the Patient Clinic Experience (1) |
| <input type="button" value="Add"/> | Results : Participating in PMG Meetings (4) |
| <input type="button" value="Add"/> | Results : Patient Education Review (4) |
| <input type="button" value="Add"/> | Results : Program Development (3) |
| <input type="button" value="Add"/> | Results : Providing Input on PMG Websites (2) |
| <input type="button" value="Add new item"/> | |

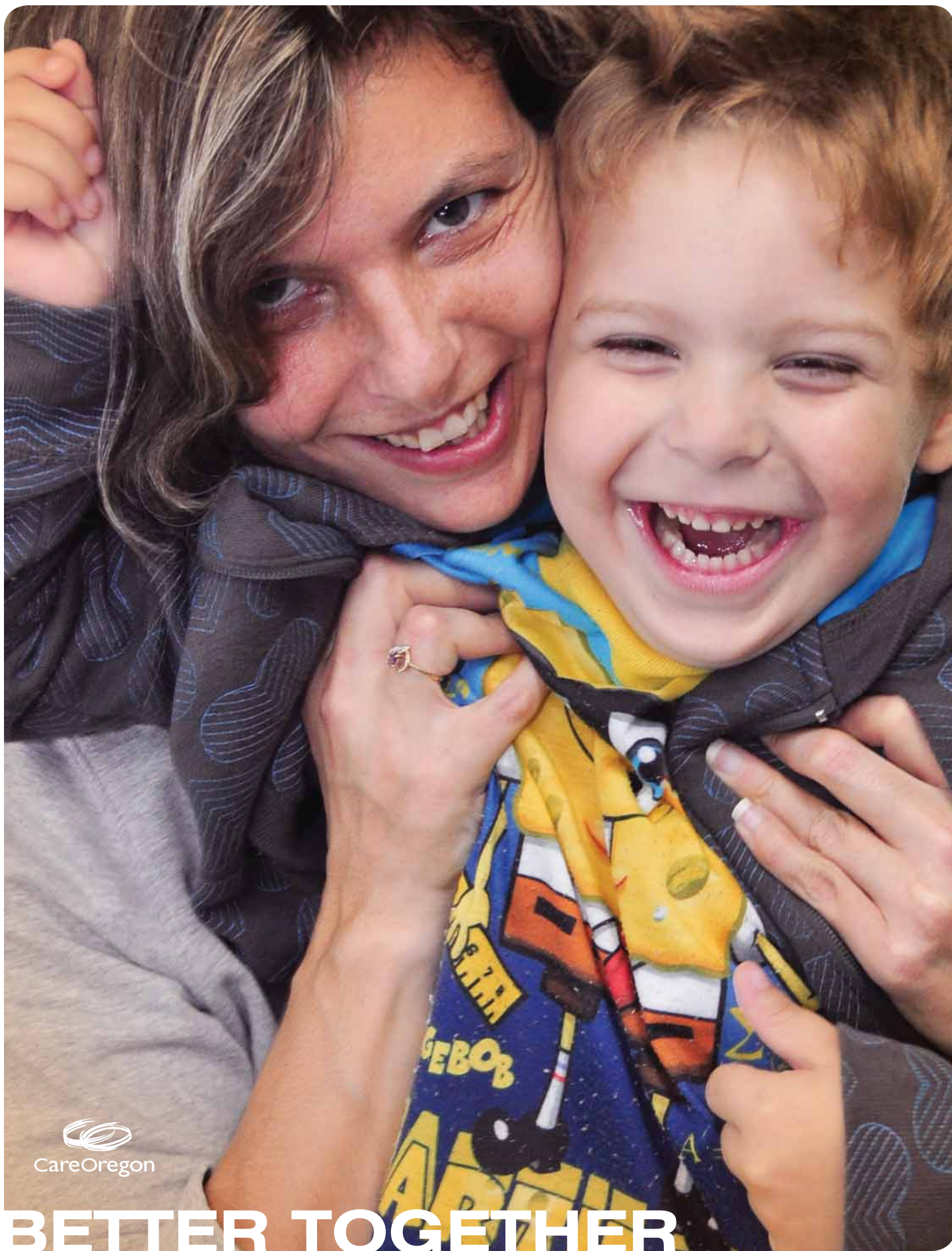
Meet the Patient Advisors

Click here to learn more about each member on the Patient & Family Advisory Council.

Shared Documents

Type	Name	Modified By
	Info Sheet NEW	Mitchell, Angela M
	PMG PFAC Charter_FINAL NEW	Mitchell, Angela M
	accomplishments	Mitchell, Angela M

Council Meeting Calendar



CareOregon

BETTER TOGETHER

CareOregon 2010 Annual Report

“I’m one of those people who has tried to correct the hardships in my childhood by raising my children—giving them everything I didn’t have,” says Member Advisory Council chair Maria Morrow. “So stability has been a big, big thing.” Maria says she has been on CareOregon for more than 10 years, and her children have always had the same pediatrician. “When you are raising children there is nothing scarier than not having medical coverage... knowing they are covered is such a good feeling, because then you don’t worry if someone gets a fever or they seem to be getting sick... If you have to take them to the doctor you can, and that’s really important.”

BETTER CARE
BETTER HEALTH
BETTER TOGETHER

GETTING THE RIGHT CARE AT THE RIGHT TIME

Margaret Wright, like 262,000 other adults in Oregon, has diabetes. She eats healthily, exercises religiously and makes taking care of herself a priority. But this wasn’t always the case. Like an estimated 76,000 Oregon adults, there was a time when she was living with undiagnosed diabetes. Once Margaret was diagnosed, she received great training about controlling her diabetes.

“Doctors now are very good; the medical profession is excellent,” Margaret says. “They can pick up these things if you are there. If you aren’t there, they can’t pick them up... Most things would be better if you catch them in the early stage.”



Margaret Wright,
former member

At CareOregon, we believe everyone deserves access to the right care at the right time. Accomplishing this takes our collaboration with an entire community. That’s why in 2007 we joined the Institute for Health Care Improvement (IHI) with 14 other organizations to implement the Triple Aim. The goals:

- Improve the lifelong health of the whole community
- Enhance every patient’s experience of care (including quality, access and reliability)
- Reduce, or at least control, the cost of care so it is affordable for everyone

In 2010, as with the last three years, every strategic goal and all our operational efforts supported one of these three aims. With the state facing major budget constraints, never before has the need for an innovative, collaborative, community-wide effort been greater.

Come share our journey toward better care and better health—because we’re better together.



BETTER CARE



BETTER TEAMWORK

Roberta McClenathan is a survivor. She was diagnosed with cancer at age 55. Now at 75, she's still going strong with the help of her son William and her home health aide and friend Eileen. Roberta works hard at managing her diabetes and other health issues. Her son William says, "I love my mother and want her quality of life to be as good as it can be, but I can't do it alone." Roberta adds, "I'm very much alive and I'm thankful for the help CareOregon has given me."

BETTER CARE
BETTER HEALTH
BETTER TOGETHER

WORKING TOGETHER FOR A HEALTHIER COMMUNITY

"It's so much about communication with your doctor... But the doctors, the programs, the hospitals, the health plan providers all have to work together," says William McClenathan, who serves as a caregiver for his mother CareOregon member Roberta McClenathan.

According to William, Roberta is now doing so well with her diabetes that she may be able to come off her insulin soon. "The doctors are thrilled, but it didn't come just from her trying...." says William. "It took an entire group of people working together to bring that around. Which in the long run saves money, and she's healthier."

How do you support Community Health?

At CareOregon, we agree with William. As part of the community, our role is to partner with others to support better health for all. First and foremost is making sure patients can get appointments with providers when they need them. To combat this issue, in 2010 we collaborated with several communities to open four new health clinics.

In Beaverton and Milwaukie, CareOregon Community Health clinics now serve anyone in need of care. We also partnered with the Multnomah County

Health Department (MCHD) to create the Rockwood clinic, designed to serve 8–10,000 low-income patients in one of Portland metro's most underserved neighborhoods. CareOregon purchased and renovated the building, which is staffed by the MCHD.

The Gladstone Center for Children and Families takes inter-agency cooperation further, signaling the wave of the future in which multiple agencies group together to meet families' overall needs. The center, which also includes a relief nursery and Healthy Start program, was converted by Gladstone School District from an old grocery store in 2007. And in 2010, Clackamas County Health Department and CareOregon Community Health joined the team by creating the Gladstone community health clinic.



Member Roberta McClenathan
and her son William

Charles Robertson has a talent for bringing people together. A member of CareOregon's Member Advisory Council, for the past year he also has been an integral part of the team organized to establish a non-profit grocery co-op in his neighborhood. He's all about making connections and community, which is why he spends time with the local boys and girls club. "I've always been inspired to work with kids. I like to teach them that you get out of life what you put into it. That's life."

**BETTER CARE
BETTER HEALTH
BETTER TOGETHER**

CARING FOR THE WHOLE PERSON

Charles Robertson, a strong community advocate, knows health care is a collaborative effort. When he became a CareOregon member, Charles was suffering from infections as a result of severely decayed teeth. He says, "CareOregon gave me my smile." But actually it was a joint effort, with CareOregon supporting the attendant health issues, and dental care offered through a partnering Oregon Health Plan dental care organization. Charles' experience provides a great example of why caring for the whole person and the whole community is critical.

Both state and national health reforms are presenting new collaborative opportunities. In 2010 and 2011, CareOregon joined the Oregon Health Authority, other health plans, the legislature and advocacy groups to

brainstorm about how health care entities can combine to meet needs in a more collaborative fashion. As part of this effort, CareOregon agreed to begin offering mental health services directly to our Medicare patients in 2011.

Long-term care is another part of this equation, and CareOregon participated this year in a pilot project with the Department of Human Services' Seniors & People with Disabilities Division. The pilot involved members in Washington County assigned to the Virginia Garcia Beaverton clinic. Preliminary results are very good. By bringing both medical care and social services into the home, participants had fewer hospitalizations and felt their needs were being met. We anticipate expanding this pilot in the future, providing services to patients with complex health conditions who need long-term care services in a community based setting.

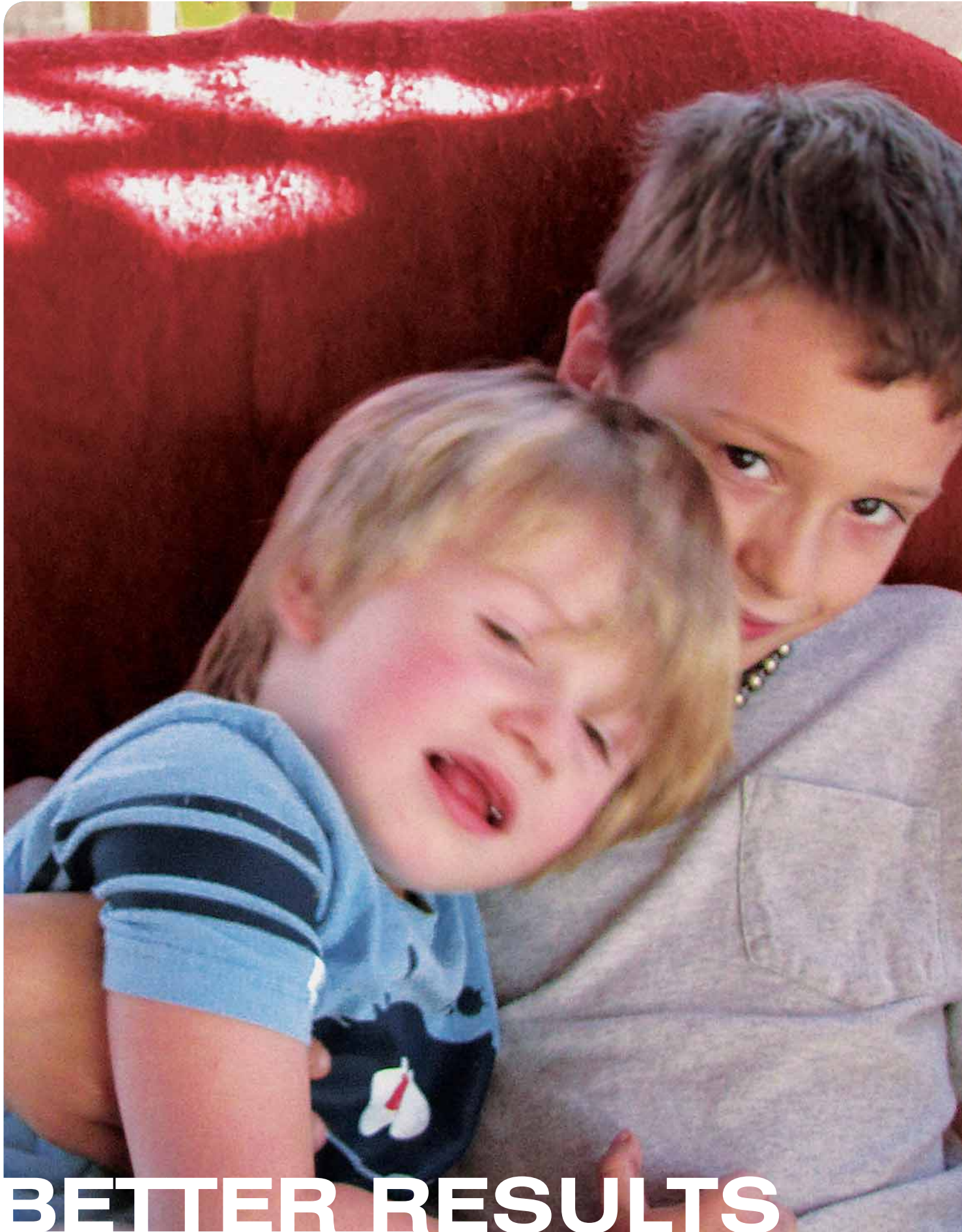
We also expanded our collaborative efforts when Medicare members let us know that long-term relationships with specific providers helped ensure continuity of care. In 2010, CareOregon made the decision to move to a Point of Sale (POS) HMO structure for CareOregon Advantage. Now, CareOregon Advantage members can see any doctor who accepts CareOregon patients, whether or not they are part of our network.





BETTER HEALTH

Bertha Downing's sons Thayne and Eddie are CareOregon members



BETTER RESULTS

“CareOregon, as far as I’m concerned, is awesome,” says Bertha Downing. One of her sons suffers from autism. Bertha credits the autism therapists and occupational therapists that visit them regularly with the great strides her son is making. “If we didn’t have CareOregon, we wouldn’t get those services... Without that...he still wouldn’t be talking.”

BETTER CARE
BETTER HEALTH
BETTER TOGETHER

INVOLVING EVERYONE IN HEALTH CARE TRANSFORMATION

As Bertha’s family knows, therapists, specialists, PCPs, hospitals and health plans must all work together to meet families’ needs. In 2010, CareOregon recognized hospitals’ unique role in the community by organizing an improvement training program called Releasing Time to Care for front-line nurses.

Hospitalization is the largest part of the health payment mix and is at the center of health care cost reform. Many Oregon hospitals already participate in Triple Aim innovations, and in 2010, CareOregon invited Britain’s National Health Service Institute for Innovation and Improvement (NHSI) to meet with Oregon’s hospitals.

Along with other community supporters, such as the Oregon Nurses Association, CareOregon established the Releasing Time to Care learning collaborative. In mid-2010, it began with four hospitals: Providence Portland Medical Center, Oregon Health and Science University (OHSU), Tuality Healthcare, and St. Charles Health System. This program puts change improvement in the hands of front-line nurses. And in its first six months, the participating hospitals had already begun reporting reductions in the number of falls, as well as increased savings and efficiencies in supply inventories.

“Minimizing interruptions to my workflow so that I have more quality opportunity to spend with the patient—

really that’s what it’s all about,” said Kelly Hyde, one of the participating nurses from OHSU. The positive results encouraged the four hospitals to spread Releasing Time to Care to all units in 2011.

CareOregon also helped the community develop capacity in 2010 by providing care management training on depression and diabetes to the Primary Care Clinic teams. Members of the CareOregon network participating in our Primary Care Renewal (Medical Home) project have begun providing the one-on-one support and coaching for these health issues that CareOregon’s own CareSupport teams offer for complex and chronic conditions.

In addition, we continued our Care Support and Systems Innovation (CSSI) program in 2010, funding process improvement projects in hospitals and clinics that improve care not only for our members, but the whole community. One example is Silverton Hospital, one of the more than 75 percent of Oregon hospitals that are adopting the Surgical Safety Checklist developed by the World Health Organization (WHO). At Silverton Hospital, CSSI helped fund their transition to the checklist. This year, seven hospitals are completing improvement projects through CSSI. Three—Silverton, Willamette Falls and Tuality—are working on surgical checklists.

Tommy Dickerson has been a fireman, a police officer, a lineman and an alligator wrestler. He grew up in New Orleans, and lived there until he and his wife Kay lost their home to Hurricane Katrina. They've lived in Portland for five years now. Kay and Tommy both take an active role in their own health care. "I may be handicapped," says Tommy, "but this [his mind] ain't."

**BETTER CARE
BETTER HEALTH
BETTER TOGETHER**

MAKING YOUR VOICE HEARD

In 2010, CareOregon partnered with advocacy groups, such as Community Health Advocates of Oregon (CHAO), to bring community members together with legislators. We recognize that the legislature must make choices as we face a severe recession, and we believe health care recipients should have a say in the decision-making process.

Kay Dickerson, a Hurricane Katrina survivor, attended one of the CHAO/CareOregon meetings to share her views. She and her husband, whose severe health issues made the loss of home and livelihood even more difficult, keep positive attitudes. "We're doing really well, as compared to what we were," says Kay. According to Kay,

CareOregon has played an important role in their transition to the Pacific Northwest. "They've always been good to us. They're good listeners."

Listening to our members is crucial, so in 2010 CareOregon established a Member Advisory Council (MAC) and Member Leadership Program. We started with focus groups to learn how members thought the MAC should be organized. Focus group members not only told us how to organize the Council, 15 became the inaugural Council. They provide advice to CareOregon about how to improve service and communications efforts, and have established an improvement agenda for the year ahead.

The MAC sponsored its first Member Summit in January 2011, inviting members in the metro area to share their views. Going forward, they will have an advocacy role in Salem, listen to other members to identify needs, and participate on staff committees.





BETTER INSIGHTS



BETTER EXPERIENCE

Dagny Haug's name was chosen in the OHP Standard lottery in May 2010, and she became a CareOregon member. A June visit to her primary care physician about redness in her left eye disclosed a brain tumor. "CareOregon has been a big part of the landscape of my health. They were there doing their job of making sure that all the pieces came together for my care. I'm incredibly grateful for that."

BETTER CARE
BETTER HEALTH
BETTER TOGETHER

MAKING SURE EVERY VOICE IS HEARD

To make sure that members throughout the state can share feedback, in 2010 we contracted with a non-partisan group to conduct an annual member survey. In the past, CAHPS surveys were done every two to three years by the state. By increasing frequency, we can be sure of hearing members' perspectives in a timely manner.

Community members can also be heard through a 2010-11 videography project. Oregon Center for Christian Values and CareOregon received a grant from the Northwest Health Foundation. Together, we've scoured the state to talk to insured and uninsured citizens about the importance of access to health care professionals and services when and where they are needed. The project, which can be seen at www.thesestorieshavefaces.org, gives citizens the opportunity to be heard by legislators and other community leaders throughout Oregon.

Finally, we've included many member stories on our new web site—www.careoregon.org—designed to provide a more interactive, user-friendly experience for members, providers and community partners.

Among other innovations, the new web site has a section devoted to Health Care Transformation. It provides readers with greater detail about the innovations and collaborative efforts described in this report, and the opportunity to become more involved in transformation efforts. In April 2011, the site will also include a new provider portal, CareOregon Connect, which will connect providers with critical information about patients and services.

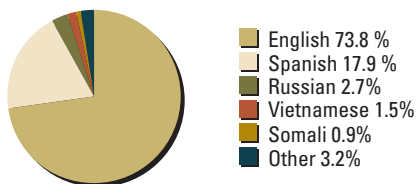
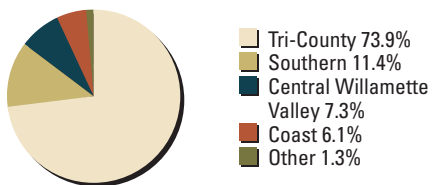
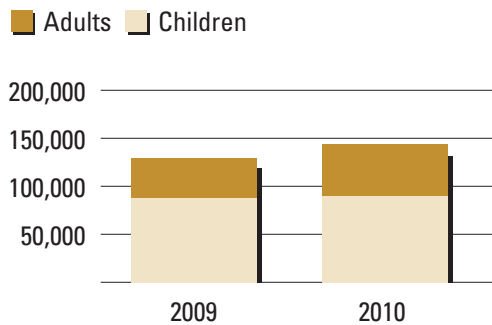
Our goal, as with all CareOregon efforts, is to support members, providers and community members as we collaborate to ensure better care and better health.

Because we really are better together.



“You don’t plan on being a single parent... I actually had \$10,000 saved, which was supposed to carry us through until I went back to work [after the birth of twins],” says member Carisa Bohus. “And I ended up spending it all on health care. I should have applied for the Oregon Health Plan right way. I feel really lucky that my kids qualify for the OHP. We use CareOregon and that’s been fabulous.”

**BETTER CARE
BETTER HEALTH
BETTER TOGETHER**



Carisa Bohus’ children are all members, including Frank, Natalia (pictured right) and Antonio.

For years ended December 31, 2009 and 2010 (\$ in millions)

	2009	2010
Consolidated Revenue	\$ 461.4	\$ 547.7
Total Assets	\$ 208.9	\$ 231.3
Administrative Ratio	8.5%	8.1%
Medical Benefit Ratio*	87.7%	93.3%

Age	2009	2010
Children	85,583	86,932
Adults	42,333	58,083
Total Membership	127,916	145,015
Geography	2009	2010
Tri-County	101,291	107,156
Southern	13,120	16,511
Central Willamette Valley	7,161	10,629
Coast	4,039	8,794
Other	2,305	1,925
Total Membership	127,916	145,015
Primary Language	2009	2010
English	92,001	107,078
Spanish	25,317	25,910
Russian	3,883	4,009
Vietnamese	1,983	2,167
Somali	1,156	1,259
Others (53)	3,576	4,592
Total Membership	127,916	145,015

* Excludes estimated losses on future periods



BETTER SERVICE



CareOregon

315 SW Fifth Avenue
Suite 900
Portland, Oregon 97204

Member Annette Parker
makes cooking nutritious meals
part of her health routine.

Photography by
Eleanor Gorman, CareOregon
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BETTER TOGETHER

www.careoregon.org

CareNews :: News for CareOregon's Clinical and Provider Communities - Windows Internet Explorer

http://www.careoregon.org/carenews/2010/Fall-2010/MAC.html

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Advisory group

CareOregon Member Advisory Council takes shape



Member Advisory Council members (clockwise from top): Diane Myers, Maria Morrow, Michael Morgan and Nancy Judkins. Not shown: Jay Lance and Santiago Gomez.

Photos by Eleanor Gorman

Since last summer, a team of CareOregon members have been working with CareOregon staff to set up a Member Advisory Council. This council of volunteers will give members a way to help CareOregon improve service and communication.

"MAC members are committed to participating," says Martin Taylor, CareOregon's director of Public Policy and Member Centricity (see related story about this department). "They learn about CareOregon functions, decisions and operations and are giving input to us. Their help is invaluable for CareOregon to improve quality, access and service that all CareOregon members receive."

The MAC meets monthly and focuses on a topic that is relevant both to the members of the MAC and to CareOregon. Topic suggestions are generated by the MAC members and come from CareOregon departments, particularly CareSupport, Customer Service, Communications, Government Relations, Community Benefit, Pharmaceutical Management, Quality Improvement & Appeals, Medicare Marketing and Medical Management.

"The MAC members are developing their leadership skills so that they can take an active role in shaping our functions, decisions and operations," Martin says. "In addition, we hope to help with the community leadership skills, such as public speaking, so they can share their stories, and those of other CareOregon members, with the community and policymakers."

Right now the six active MAC members are from the Portland metro area. High on the group's agenda, however, is recruitment of additional members, and exploration of ways to bring in the thoughts, ideas and participation of members from different communities, both geographically and culturally.

Members have been recruited through *CareLink*, CareOregon's member newsletter. We would also welcome suggestions from our network of providers about members they believe would make a solid contribution to this group's important work.

- If you would like to suggest a member, please contact *CareLink* at carelink@careoregon.org. Please be sure to provide your name and phone number so that we may call you and discuss further.

"The possibilities are inspiring"

By Maria Morrow
Member Advisory Council member

CareOregon's Member Advisory Council is shaping up to be an exciting opportunity to participate, as

CareOregon's MAC and five other health care advisory groups given boost from grant

CareOregon is one of six health care groups in Oregon to receive grants to start patient advisory councils.

The Patient Engagement Technical Assistance grants were founded by the Robert Wood Johnson Foundation and administered by the Oregon Health Care Quality Corporation.

The six organizations that have received technical assistance and start-up funding include:

- CareOregon
- Cascade Medical Clinic, Redmond
- Klamath Health Care Partnership
- Northwest Primary Care, Portland
- Oregon Medical Group, Eugene
- Providence Medical Group

Quality Corp has partnered with national patient engagement experts at PeaceHealth Medical Group in Eugene to help these medical groups and health plans engage patients and families in leadership roles in their organizations.

Conference helps give kickstart to advisory group

As part of the Patient Engagement Technical Assistance grant, two members of CareOregon's Member Advisory Council (MAC) traveled in early November to North Carolina for the four-day Institute for Patient and Family-Centered Care. The institute helps health care organizations develop their patient involvement

CareLink newsletter :: Summer 2010 :: CareOregon - Windows Internet Explorer

http://www.careoregon.org/carelink/2010/Fall/MAC.html

CareLink

A newsletter for CareOregon members and friends

Fall 2010


January 19, 2012

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your health plan
protect your health
healthy eating
staying well: flu season
getting the most from health care
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Making a Difference

Members sought for advisory group, video project

CareOregon is asking members for help. Two projects are under way to set the course for CareOregon services and to tell the story of health care in Oregon.



This summer, a group of members have been working with CareOregon staff to set up a Member Advisory Council (MAC). This voluntary council will give members a way to help CareOregon improve service and communication. More members are needed.



CareOregon has also been asking members to talk on video about how health care has affected their lives or their children's lives. The project is to make these videos, telling members' own stories. That way, people who cannot testify in Salem can have their stories told and their voices heard when the state government works on new health care legislation. Members from across the state are needed.

If you would like to help with either of these projects, please contact *CareLink* at carelink@careoregon.org. Please be sure to provide your name and phone number.

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CareOregon - Care News - windows internet explorer

http://www.careoregon.org/Providers/CareNews.aspx?articleId=d3e3e9ec-dbc8-4533-a392-e0c539c25dac&newsLetterId=64d58b49-f5af-4c3a-b7af-90437f320f11&action=prin



Print



CareOregon MAC members speak with legislators

This spring, CareOregon members were among 150 Oregonians who traveled to the State Capitol in Salem April 18 for Health Care Action Day. The overall message of participants: Don't cut Medicaid any further.

The rally offered a chance for Oregon citizens to speak directly with their legislators about health care, in particular legislation designed to strengthen the health care system and make it more accountable to people receiving health care.



Ed Pulanco, a member of CareOregon's Member Advisory Council (MAC), says the experience was an opportunity to make a difference.

"Oregon Health Plan members should partake of events like Health Care Action Day so they can be heard by politicians first hand," Ed says. "Your presence makes a big difference and when more individuals act together, it's so much the better because the impact is stronger. As the saying goes, 'In unity, there is strength.'



"It was a great experience," Ed says. "Not only for me, but also for my fellow OHP members in attaining better health care, hopefully in the near future."

The CareOregon Member Advisory Council is offering help to members or providers who want to contact their legislators in Salem. Call the MAC at 503-416-5758 or e-mail mac@careoregon.org.

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CareOregon Provider Manual

Learn about CareOregon's work in Transforming Health Care.



CareOregon Winter 2011

CareNews

News for CareOregon's Clinical and Provider Communities



Go Back Print Email



New members' questions are the focus of MAC project

This fall, CareOregon's Member Advisory Council (MAC) took on the task of answering new members' questions about CareOregon and the Oregon Health Plan on video.

CareOregon has a text Question and Answer page. But as the internet becomes a more universal medium for providing information, there is greater demand for video. The MAC project is intended to fulfill that demand. And it's the first time that support and input from the MAC has been such a large part of developing the member Q&A.

MAC members worked with staff to select the questions to be answered first. They considered the questions new members most often ask Customer Service, as well as questions that have the most impact on members immediate health needs. They worked with staff to find the answers. And they teamed up with staff for the on-camera work.

"It was a little nerve wracking at first," says MAC member Judy McClenny. "But in the end, we had a really good video to help new members."

The video Q&A series will be located at www.careoregon.org/Members/CommonQuestions. One video, answering the question of how to make an appointment, is online now, and additional video Q&As will be added when filming and editing is complete.

Tags: [Jenny McClenny](#) [CareOregon](#) [Member Advisory Council](#) [MAC](#)

RE: Do we have an u... Better Together2 - Mi... macinnews - Microsof... CareOregon - Care N... CareOregon - Care N...

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 - Issues
 - How to Get Involved
- Health Policy

Learn about CareOregon's involvement in health policy initiatives.

Your wellness is important to us!

Read one MAC member's road to advocacy

Home : Transforming Health Care : Members : Member Advisory Council



The Member Advisory Council (MAC) works to improve the CareOregon member experience.

Thirteen CareOregon members are volunteering to serve as our Member Advisory Council. This group reflects the diversity of our membership, and they meet as a group monthly to talk about issues affecting CareOregon members. They also participate in additional activities such as focus group meetings, legislative visits and project work.

Issues the Member Advisory Council Addresses

- Promoting health and wellness through preventive care, exercise and good nutrition
- Advocating for equitable, high quality health care for all Oregon Health Plan members
- Supporting CareOregon members' needs through peer to peer assistance
- Working with the State on Health System Transformation

Interested in Sharing Your Opinion or Joining the MAC?

The advice from MAC participants comes from the personal experiences of individual members, though the MAC's goal is to reflect the views of the broad membership. To share your thoughts with the Member Advisory Council or get information about how to become more involved, contact the MAC by e-mail at mac@careoregon.org or call us at 503-416-5758.

As a CareOregon member you have something very valuable to contribute to improving our health care system. Your Member Advisory Council is helping to improve the services of CareOregon and our provider network. Your opinions and volunteer time can both be important contributions to our efforts.



Meet Diane, a member of the MAC.

Related Links

- E-mail Ellen Pinney, the State Medicaid Ombudsman at ellen.pinney@state.or.us.



OMG Commons Article – Patient Advisory Walkthrough – July 12, 2011

On July 12th, Sonnet Skaar took our Patient advisory Council members on a tour of the Northside clinic in an effort to gather feedback on clinic design and signage. Our Patient Advisory Council contains a handful of our patients that volunteer their time each month to meet and provide feedback on various topics. During the walkthrough, our Patient Advisors mentioned that one of their biggest challenges while at their clinic was determining where to go after they have completed their visit. As a result, additional exit signs were placed on the wall directly across from each exam room at the Northside Clinic. They also talked about the hallways looking similar and felt they would easily get turned around if they weren't paying attention when initially being 'roomed'. After kicking around a few ideas, they determined that 'themed' hallways would be beneficial to patients when they are trying to find their way around the clinic. Based on this feedback, Sonnet was able to put these ideas into action at the Northside Clinic, with various "earth element" hallways, including mountains, trees, and fishing.

Seeing through the eyes of the patient has helped us implement something that we hope will be helpful to all patients using Oregon Medical Group's services.

A huge 'thanks' goes out to our Patient Advisors for their time and effort in helping us make Oregon Medical Group a comfortable place to receive care! And, thank you to Sonnet Skaar for being open to using patient feedback to implement ideas at OMG's newest clinic!

Jill Rogers, Preventive Services Analyst



Your resource for life.

MaineGeneral Health



Journey Towards Patient Engagement
Dr. John Barnes, M.D.
Dedicated Physician Leadership

The Winthrop Patient and Family Advisory Council at Work

2



Some of our accomplishments include...

3

- Developed council charter and elected chairperson.
- Input on several medication reconciliation projects.
- Participated in MaineGeneral Fall Retreat
- Council Chair invited to the New Regional Hospital Groundbreaking Ceremony.

Input on system wide “Blue Folder Project”

4



The Scribe Pilot

5



Development and implementation of a patient satisfaction survey.

6

- The Maine General Patient Satisfaction survey developed, reviewed, revised and implemented by the council.
- used system wide in MaineGeneral Physician Practices and Specialty Practices.
- Used to provide patient feedback on a number of issues including wait times for phone call backs, appointments, and time spent with your provider.
- results are shared periodically with the council and are used to determine what projects and issues the council wants to work on.

Katie and Judy went on a site visit to Minnesota, out of that visit came the council asking that provider team pictures be hung in the waiting room and the council recruitment cards that they saw there are being revised to help to recruit new members for all of MaineGeneral Physician practices



Site Visit to Minnesota.

Provider Team Pictures

8



Team Pictures of the Providers were hung in the lobby to allow patients to “put a face with the name” at the suggestion of Patient Advisors

Recruitment of New Patient and Family Advisors

9

You are invited! Partner with us in your care.

Dear _____,

At MaineGeneral, we partner with our patients and families to improve your care. Listening to our patients and families and problem solving together leads to better care, which is why we're here.

I believe you have the qualities needed to work with us to make a difference as part of our Patient-Family Leadership Team.

If you are interested, it would be a pleasure to talk with you. Please contact:
Betty Girard, MGMC Patient Family Advisory Council coordinator
377-1408 or betty.girard@mainegeneral.org

Sincerely,



IHI Summit May of 2012

10



More to come...

11

- The council is working on many new projects these include...
- New Patient Packet and Welcome Letter
- Artwork in the hallways at the Winthrop Commerce Center/a partnership with UMA
- Social worker Project/with UMA Social Services Students
- Community Care Teams/council member on Steering Committee
- Recent meetings with KVCAP to find solutions to patient and family transportation issues
- Sorian Project
 - Giving patients easier access to their Medical Information
 - Patient portals
 - Email between patients and providers



Your resource for life.

MaineGeneral Health

**Maine General Physician Practices
Family Advisory Council Scholarship Application**

Name: _____

Practice Location: _____

Home Phone: _____

Cell Phone: _____

Mailing Address: _____

Email Address: _____

Please describe the educational opportunity that you are applying for and tell us why you think the opportunity would be helpful to you in your work as a Patient Family Advisory Council Member.

Please list the total costs associated with this opportunity:

Tuition: _____

Travel: _____

Lodging: _____

Meals: _____

Other (please describe and list amounts)

What would make it easier for you to attend PFAC meetings? Do you need reimbursement for:

Travel

Childcare

Other _____

Additional Comments:

Patients and Families as Leaders: Transforming Patient Engagement in Oregon



Information for a Healthy Oregon

Medical Group Survey

Thank you for your interest in the patient- and family-centered care effort under the Oregon Health Care Quality Corporation's leadership. Your participation in this survey already reflects your understanding of the importance of patient and family engagement in all aspects of healthcare delivery.

Directions: Please answer all 18 questions below. We will provide technical assistance to organizations who wish to actively improve their own patient- and family-centered initiatives. Thank you.

Patient and Family Centered Care Practices and Leadership Engagement

1. Does your practice/clinic have a patient- and family-centered care vision, mission, and philosophy of care statements that promote partnerships with patients and families?
 - No
 - Don't know
 - Yes

2. Do the practice's/clinic's leaders (check all that apply)
 - Invest time and financial and personnel resources in patient- and family-centered initiatives?
 - Through their words and actions, hold staff and clinicians accountable for collaborating with patients and families?

3. Does your practice/clinic communicate your patient- and family-centered care vision, mission, and philosophy of care clearly throughout the practice/clinic to staff and clinicians, patients and families, and others in the community?
 - No
 - Don't know
 - Yes

4. Does your practice/clinic budget time, financial and/or personnel resources in patient- and family-centered initiatives [reviewing patient education materials, designing new facilities, quality improvement teams, etc?]
 - No
 - Don't know
 - Yes,

5. Does your practice/clinic have a Patient and Family Advisory Council?

Patients and Families As Leaders: Transforming Patient and Family
Engagement In Oregon
Health Care Organization Assessment
(Modified from IFCC Getting Started Toolkit)

- Yes
 - No, but this is a priority for our organization
 - No, we have no plans to create one at this time.
6. Do patients and families serve on committees or work groups? Please check all that apply
- Patient/family education
 - Care of chronic conditions (e.g., self-management support)
 - Peer-led education and support
 - Planning group visits
 - Patient safety
 - Transition planning
 - Information technology
 - Oversight of culturally and linguistically appropriate services
 - Community services and programs
 - Staff orientation and education
 - Policy and procedure development
 - Primary or ambulatory care redesign
 - Quality improvement
 - Facility design
 - Other _____

Patient and Family Access to Information, Education, and Support

7. Are there systems in place to ensure that patients and their families have access to complete, unbiased, and useful information? Check all that apply
- In a range of informational and educational programs and materials
 - That is consistently available to patients and families
 - That is provided in primary languages and at appropriate literacy levels
 - That includes examples and images that reflect the diversity of patients and families served by the practice/clinic
8. Do you provide patients and family meaningful and easy access to their medical records [paper or electronic]?
- No
 - Don't know
 - Yes
9. Are peer-led educational programs available and accessible to patients and families?
- No
 - Don't know
 - Yes

Patients and Families As Leaders: Transforming Patient and Family
Engagement In Oregon
Health Care Organization Assessment
(Modified from IFCC Getting Started Toolkit)

10. Are web-based opportunities for information-sharing and networking offered to patients and families?
- No
 - Don't know
 - Yes

Education of Staff, Clinicians, Students, and Trainees

11. Do orientation and education programs prepare the following people for collaboration with patients and families in care and decision-making? Check all that apply
- Staff
 - Clinicians
 - Students and Trainees
12. Are patients and families involved as presenters in orientation and educational programs?
- No
 - Don't know
 - Yes

Patient-Family Centered Care Technical Assistance?

13. We welcome any additional comments here. We are especially interested in knowing if your organization plans to start a Patient and Family Advisory Council/Board and any other patient- and family-centered "Best Practices" you would like to share.
14. Awareness is a key in any transformational journey. Understanding where we are compared to national/state benchmarks in patient-centered care can be a driver for change. Would you be interested in presenting best practices your organization has developed in the area of patient- and family-centered care? Awareness is a key in any transformational journey. Understanding where we are compared to national/state benchmarks in patient-centered care can be a driver for change
- Yes, I am interested in presenting our organizations "Best Practices"
 - No, I am not interested in presenting
 - Maybe, I need more information
15. Technical assistance/consultation will be available to organizations interested in achieving transformational patient centered goals. Are you interested in receiving technical assistance?
- Yes, our organization would like to apply for ongoing technical assistance/consultation
 - No, I am not interested in receiving ongoing technical assistance
 - Maybe, I need more information

Patients and Families As Leaders: Transforming Patient and Family
Engagement In Oregon
Health Care Organization Assessment
(Modified from IFCC Getting Started Toolkit)

16. Name

17. Organization

18. Email address

Thank you!

You have now completed the survey.

Patient Partner Questions for PCR Teams

1. On a scale of 1 to 5 how valuable (1 = not valuable; 5 = extremely valuable) has the participation of a patient partner been in advancing your progress on your PCR goals? Please explain your answer.
2. Has the participation of your patient partner increased your PCR's team understanding of the patient perspective? If so, how has this been meaningful?
3. Please describe the activities and conversations in which you've included your patient partner. (Example: Team meetings, Pt. Brochure design, etc.).
4. Did you include your patient partner in the process to develop/revise your practice brochure? If so, in what ways did your patient partner's perspectives help in the design of the brochure?
5. Have you made any changes in your clinical workflow, clinic environment, or care delivery as a result of insights shared by Patient Partners? If so, please explain.
6. What have been some unexpected benefits that have arisen as a result of working with your patient partner?
7. What have been some unexpected challenges of working with your patient partner?
8. Additional comments or suggestions?



Infrastructure and Support

Local QI Collaborative Provides Forum for Culture Shift



Humboldt County

The Humboldt-Del Norte Independent Practice Association (IPA), a major partner in the Humboldt County AF4Q alliance, has long acknowledged the essential role of patient engagement in developing and redesigning systems of care. Yet, putting this value into action has been an incremental process.

As the organizational body that represents 98 percent of all medical providers in the county, the IPA has a history of supporting its members in quality improvement initiatives. In 2009, the IPA adopted an ambulatory quality improvement collaborative model pioneered at Care Oregon, called Primary Care Renewal (PCR). Open to ambulatory care practices in the community, the PCR collaborative has provided a forum for medical practices to become familiar with quality improvement methodologies, gain exposure to best practices, and learn about elements of system redesign. Now in its third iteration, the PCR is managed by a leadership team of IPA administrative leaders, community consumer leaders, and a PCR project manager. Practices signed contracts and received stipends based upon completion of core expectations.

In PCR 1.0, practices were introduced to quality improvement methodologies, core curriculum topic areas, and the patient experience of care (via a meeting featuring consumers living with chronic health conditions).

As expected, PCR 2.0 grew in terms of collaborative expectations, practice team support, and patient engagement. To put the patient truly in the center, the steering committee embedded “patient partners” into the design of PCR 2.0, working off a carefully designed model of patient engagement in quality improvement developed by Betsy Stapleton and Jessica Osborne-Stafsnes from Aligning Forces Humboldt.

Contact

Jessica Osborne-Stafsnes
Program Manager
Patient Engagement
Humboldt-Del Norte Independent
Practice Association
jessica@aligningforceshumboldt.org

The patient partners were paired with each of the 18 practices to become members of their respective quality improvement teams and were continuously trained and supported by the Collaborative.

“Having a patient presence during the collaborative changed the cultural environment significantly from PCR 1.0 to PCR 2.0,” said Osborne-Stafsnes, program manager for patient engagement at Aligning Forces Humboldt. “During the first meeting of PCR 2.0, patients were welcomed with thunderous applause as valued participants in the project.”

However, practices fell along a continuum of engagement in both the patient partners and quality improvement components of the collaborative. Stapleton and Osborne-Stafsnes are developing support structures for patient partners to

feel more meaningfully engaged.

“Enriching the working relationship of patients and providers is challenging and is a current focus area in PCR 3.0,” said Osborne-Stafsnes. Some practices also encountered the challenge of diffusing quality improvement efforts to all practice providers, especially in the presence of unsupportive leadership.

Despite the challenges, PCR 2.0 was a success both in terms of demonstrated improvements in quality and integration of patients into highly clinical settings. Of the 17 teams participating in PCR 2.0, all demonstrated improvement in at least one preventive care measure. Out of the 122 measures tracked collaborative-wide, 73 percent of teams showed improvement or maintained 90 percent of HEDIS Commercial PPO. Anecdotally, teams reported they valued having an opportunity to convene, connect, and share best practices with other providers and practices. PCR provided a forum to break down the feeling of isolation sometimes present in small ambulatory care practices. Additionally, teams reflected that participation in PCR 2.0 enhanced practice teamwork and began to establish in-office QI processes.

The presence of patients on QI teams also broadened the team’s perspective. Overall, 17 of the 18 practices that completed PCR 2.0 met the patient partner requirement of having their patient partner represented at 50 percent of the collaborative meetings. Many practices exceeded this requirement by engaging patients in in-office team meetings.

“The PCR collaborative has been a platform for a cultural shift in the way that local medical practices view QI and the value of engaging patients in this realm of work,” Osborne-Stafsnes concluded.

Lessons Learned

- Highly engaged consumers or consumer champions participating at the “steering” level of collaborative planning help generate meaningful opportunities for patient engagement at the practice level.
- Having a highly structured and focused framework for patient engagement in quality improvement work is essential.
- Practice teams were generally eager to work with their patient partners, but there was an evident learning curve regarding engaging the patients in a meaningful way.
- Tracking quality measures is important, but developing in-practice systems to support quality improvement is essential.
- The engagement of the group makes the collaborative meetings go well. Providing opportunities for teams to participate in collaborative meetings is important, as it provides them with a feedback loop (meeting evaluations) to ensure the curriculum and format of the collaborative is meeting their needs.

PATIENTS AND FAMILIES AS LEADERS

Transforming Patient Engagement in Oregon

January 19, 2012



Background

In the spring of 2010 the Oregon Health Care Quality Corporation launched the *Patients and Families as Leaders* program, which focuses on training both patients and physicians on how to work together within the complicated health care system at multiple decision-making levels.

Assessment

A survey conducted in the spring of 2010 of Oregon primary care medical groups and health plans revealed a strong commitment to patient- and family-centered care. Organizations make financial and personnel investments, and clearly communicate their commitment to patient- and family-centered care to patients, staff, and medical staff. When it comes to putting action behind their words, few organizations have partnered with patients and families in leadership. However, many expressed interest in understanding how to engage patients and families in meaningful ways.

Action

The initiative kicked off with a collaborative event on June 10, 2010 to raise awareness, share local learning, and identify what is working nationally. Bev Johnson, CEO and President, Institute for Patient- and Family-Centered Care (IPFCC) presented and a panel of patient advisors shared their motivations and role as advisors. Quality Corp announced the opportunity to apply to participate in a learning community including technical assistance and seed funding to establish a patient advisory council.

Following a rigorous review, six organizations were selected to participate – five medical groups and one health plan (one medical group dropped out early in the process due to a change in leadership). Project staff provided ongoing support, coaching, and technical assistance to the five pilot organizations – including on-site coaching, conference calls, webinars, and dissemination of additional tools and resources. All learning collaborative members also participated in an intense IPFCC seminar.

"It's been very eye opening to hear direct feedback from our patients on experiences in health care. I think often patients can be intimidated by doctors and executives but when we get them in a room, frankly when there's more of them than there are of us they feel empowered to open up and tell us how they really feel."

"I would like to think that we are just getting started. One day I would like to see one or two patients on every committee and council we have throughout the medical group."

Dr. Joe Siemienczuk
CEO, Providence Medical Group

In addition, *Patients and Families as Leaders* is raising awareness and spreading lessons learned to the broader community through a monthly newsletter and quarterly conference calls. All resources, tools, and stories are available for download at the Quality Corp website, www.Q-Corp.org.

Lessons Learned

One of the biggest challenges of establishing a patient and family advisory council is recruiting advisors. Participating organizations used a number of different tactics to accomplish this task and found the following list of strategies successful:

- Engage leadership in the importance of an advisory council and how they can support the development
- Carefully consider the characteristics to look for when interviewing potential patient advisors
- Enlist providers as partners in recruiting patients
- Consider holding a focus group to see how potential advisors interact in a group and recruit from there
- Engage current patient advisors in the recruitment of new advisors

Advisors need to be oriented to the organization and prepared to work as a team and within the organization. Organizations can facilitate this by providing opportunities for advisors to get to know each other and the organization with casual meetings and orientations specifically for them. Participation in organization-wide meetings and activities is another way to integrate advisors within the organization. Connecting new advisors with patient and family advisors from other local organizations is a great resource for orientation and mentoring for new advisors.

Patient and family advisors are donating their time to create a more patient- and family-centered experience. Make it easy for advisors to participate and use their time wisely by planning and facilitating effective meetings. Select a meeting time and frequency that is convenient for advisors – typically monthly or bi-weekly meetings. Providing a light meal, transportation assistance and child care help to ensure advisors can attend the meetings. Elect a chair to facilitate meetings and help set agendas. Invite organizational leadership to attend council meetings to learn more about the council and deepen advisor knowledge of the organization.

Advisory Council Accomplishments

CareOregon

CareOregon, a nonprofit health plan serving more than 150,000 Medicaid and Medicare recipients in Oregon, established a Member Advisory Council (MAC) in July 2010. The MAC is made up of 13 member advisors who meet monthly to discuss and address issues affecting CareOregon members.

MAC members held a member Open House in January 2011 for approximately 100 members who wanted to learn how to become more engaged in their health care; recorded and shared their health care stories; participated in a staff orientation and lunch with employees to share the member's perspective; participated in Health Care Action Day at the Oregon Legislature; and presented at the Institute for Patient- and Family Centered Care seminar in St. Louis, Missouri.

“The Member Advisory Committee is valued highly by the staff and Board of CareOregon ...The continual appreciation and opportunities to contribute to the organization has been sincerely demonstrated and the commitment to the Member Advisory Committee’s work continues to grow in its importance to the organization.”

Diane Meyers

Member Advisor, CareOregon

The MAC is developing a *Shared Care Guide*, a tool to help patients and providers in establishing mutually identified goals and expectations for clinic visits. The hope is to improve the experience of care for the member and promote better communication between a patient and their provider.

Northwest Primary Care

Northwest Primary Care is a primary care medical group in the Portland Metro area with four clinic locations and 23 providers. Their Patient Advisory Council formed in March 2011 with five Advisors. The Council is working on a *Compassionate Healing Relationships* provider and staff development program to shift staff development from “customer service” orientation to “patient-centered.” Advisors will present this curriculum on patient- and family- centered care at the next all provider retreat.

Patient advisors also filmed patient interviews which focus on the patient’s care experience. The videos will be used during patient- and family-centered care provider and staff presentations. The Council is also part of the multi-disciplinary team working on National Committee for Quality Assurance and Oregon Health Authority designation as a patient-centered medical home.

Oregon Medical Group

Oregon Medical Group is a primary care based multi-specialty group in the Eugene and Springfield area with more than 100 physicians and 13 neighborhood clinics. The Patient Advisory Council has been meeting since June 2011 with six advisors. The council’s goal is to work on projects that will help all patients’ coordinate their care. The advisors provided input into interior decor of a new office and a new electronic record portal for patients, and created a "goodie bag" for new patients.

Providence Medical Group

Providence Medical Group, part of the Providence Health & Services health system, is a primary care based multi-specialty group in Oregon with more than 70 clinic locations. The medical group established a Patient and Family Advisory Council in March 2011 with 13 advisors who have consulted with medical group staff and providers on a variety of projects as well as initiating projects of their own.

Advisors are working with three clinics selected to be beta sites for patient-centered medical home clinic transformation to assist in the development process and advise the clinics about what patients and families want in their health care experience. Advisors are collaborating on a communication plan to explain the PCMH and clinical transformation to all medical group patients.

Three patient and family advisors are reviewing parts of myProvidence, a secure patient portal with a variety of functionalities for patients to email their care team, schedule appointments, review and pay medical bills and more. Changes to the portal will be made to reflect the patients’ input. Patient and

“The complexities of the health care system set up patients for failure in the management of their own care. When I was asked to join this patient advisory committee, I felt that my experiences as a patient, but more as a caregiver for my parents, offered me insight and experiences that I could bring to the table as opportunities to improve the system from the patient point of view.”

Rae LaMarche

Patient Advisor, Oregon Medical

family advisors reviewed a *Heart Care Zone* tool given to patients to assist them in knowing when to call their provider or go to the Emergency Department based on their symptoms. Changes made based on advisor input include language, visual design and overall meaning and objective of the tool.

Advisors have filmed three videos interviewing patient and family advisors directly following their clinic appointment. These videos have been incorporated into meetings and used in employee training opportunities. Patient and family advisors have made 11 presentations to Providence Medical Group providers and staff.

St. Charles Family Care-Redmond

St. Charles Family Care-Redmond, part of the St. Charles Health System in Central Oregon, is a primary care clinic in Redmond with 13 providers. The Patient Advisory Board began meeting in January 2011 with seven members.

The Board is developing patient communication materials to explain the medical home and improve communication between health care providers and patients within the medical home. Materials include a brochure, clinic/community posters, flyers and website information.

“Patient and family advisors have allowed me to step outside the medical system and view our service from a fresh perspective. I am humbled by the board members’ insight and tireless volunteer spirit. Those in the medical system cannot identify patient needs as these frequently turn out to be the exact opposite of what we believe patients want.”

Dan Murphy, MD
Medical Director, St. Charles Family Care-Redmond

The Advisory Board conducted a patient survey to learn how the clinic could better meet the needs of patients and designed elements of a patient clinic brochure as part of the follow-up. The board recommended and obtained approval to create a volunteer clinic greeter position and recommended improvements to the design of the clinic website which were implemented.

**Providence Medical Group
Patient & Family Advisory Council
Project Participation Request**



Please provide a description of the project that you would like the Patient & Family Advisory Council to be a part of and the role you envision for the council:

Please provide a brief history on the project (how long has it been a project; what phase it is in; any problems and/or successes you have had so far, etc.):

What are your goals and expectations of the Patient & Family Advisory Council's involvement i.e., the desired goals/outcomes, the audience that will be receiving the council's input, etc?

What is your desired deadline for having the Patient & Family Advisory Council's input?

Please describe aspects of the project that are negotiable and non-negotiable:

**By signing this Project Proposal you agree to complete a FOLLOW-UP on how the
Patient & Family Advisory Council impacted your project.**

Name (signature) _____ Date _____



Engaging the Patient Perspective Produces Real Change



“This was a great learning experience- seeing another side of health care. Feeling like I was contributing was great.”
-- Patient Partner

Patient Partner Project 2.0

Background: Patient Partners were introduced as members of ambulatory quality improvement teams in January 2011 as part of the Primary Care Renewal project. Patients attended collaborative meetings with their practices to offer insights on the patient experience of care. A framework was developed by Jessica Osborne-Stafsnes and Betsy Stapleton to support both practices and patients in developing meaningful working relationships. This included:

- The development of a patient recruitment process
- Assistance for practices to address trouble-shooting challenges
- Patient orientation to the collaborative, key concepts, and strategies for working in multi-stakeholder groups
- On-going specialized patient support (patient-only meetings, resource binders, and special learning opportunities)
- Integration of the patient view point in all collaborative meetings

Successes:

- Retained 15/18 original patient partners throughout the PCR year. All but 1 PCR practice met the “Patient Partner Requirement” (have a patient partner present at 50% of all collaborative meetings).
- Patients worked collaboratively with their team to design their practice brochure. All of the brochures were assessed by the collective group of patient partners for “patient-friendliness”
- Subtle encouragement via PCR Collaborative meeting evaluations increased the number of practices engaging patients in their team meetings (not a requirement of participation).
- Several practices made great strides in engaging their patients in innovative ways
- Patient Partner attendance at collaborative meetings was better than provider attendance.
- The “Patient Presentation” component of each collaborative meeting was consistently evaluated with the highest score for the didactic parts of the collaborative meeting (see handout).
- Success of early work with Patient Partners has led to spin off projects and invitations to speak about our work both regionally and nationally



“Becoming an intelligent partner in the health process can be hard for people.” – Toni M., Patient Partner

Challenges:

- Medical practice teams who were “low engagers” in the PCR collaborative also struggled to engage their patient partners effectively
- Several practices and patients were mismatched in their interest and engagement levels
- After the “patient brochure” project ended, many practices struggled to work with their patient partners in other projects
- Transportation to and from meetings was a barrier for several patients involved
- In a post PCR survey, many practices reported that they had made “very few” changes in clinical workflow, clinic environment, or care delivery as a result of working with their patient partner
- Measuring the impact of patient engagement in quality improvement work has proven to be a challenge

Next Steps:

PCR 3.0 features a heightened focus on patient experience of care. Teams have been asked to recruit two patient partners to participate on their quality improvement team and patient participation in team meetings is now a requirement of the collaborative.

Additional efforts include:

- Rapid-cycle patient experience surveying on PCR 3.0 topics conducted in-office by trained patient partners
- Patient engagement practice coaching to model effective strategies for patient engagement in team meetings
- Work to develop metrics to better evaluate the impact of this work

“This is the best idea!” – PCR team referring to the engagement of a patient in their collaborative team.





Report on Patient Engagement Activities in Maine's Twenty-Six Patient Centered Medical Home Pilot Sites

October 2011

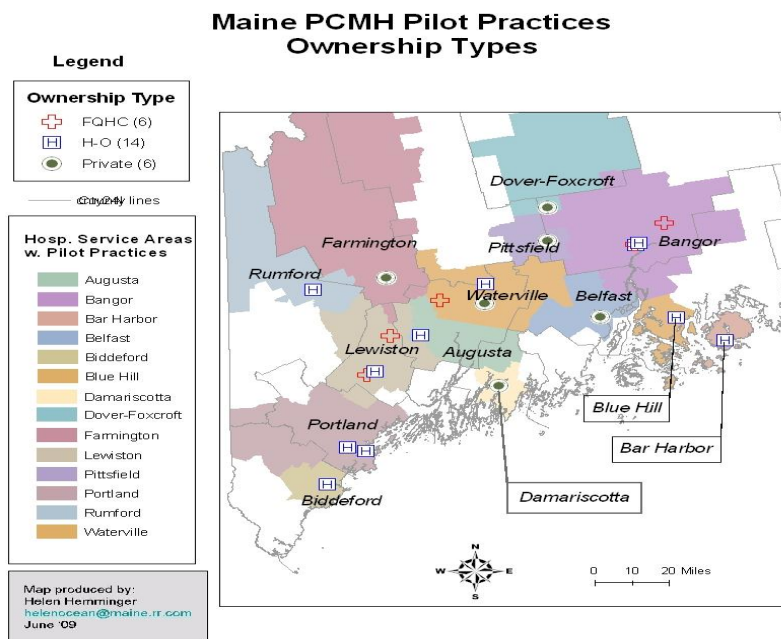
Drafted by the Patient Family Leadership Team:

Poppy Arford
John Branscombe
Sue Butts-Dion
Arthur Hill
Kim Humphrey
Andrea Irwin
Kait Roe
Ted Rooney
Katie Sendze
Darcy Shargo

Report on Patient Engagement Activities in Maine's Twenty-Six Patient Centered Medical Home Pilot Sites

Executive Summary

Maine's twenty-six Patient Centered Medical Home (PCMH) pilot sites have been working for nearly two years on a set of core expectations (see Appendix D) meant to transform their practice. One of those core expectations is to engage patients and families in care transformation by including patients in leadership and developing ways to get consistent feedback from patients.



The Patient Family Leadership Team (PFLT) began to support the practices in their patient engagement work in mid 2010. At the beginning of 2011, this group began to develop a survey to capture the successes and challenges that practices were encountering in getting patients more involved.

The survey was conducted April-August of 2011; as a result of this work we now know that:

- 14 PCMH pilot practices (54% of sites) have on-going advisory groups
- 3 PCMH pilot practices (11.5% of sites) advisory groups that have met at least once
- 6 PCMH pilot practices (23% of sites) plan to meet by the end of this year
- 3 PCMH pilot practices (11.5% of sites) requested planning support to get a group going

In addition, the surveys revealed many promising strategies for getting patient feedback and using that feedback to improve the practice. These are discussed in more detail in this report.

Background

The Patient Family Leadership Team (PFLT) was created by the Maine Patient Centered Medical Home (PCMH) pilot. The group, which consists of individual consumers, consumer advocates and quality improvement professionals, provides input on the development, implementation and evaluation of the PCMH pilot to make sure that it meets the needs of participating patients & families.

The PFLT is currently funded by an Aligning Forces for Quality (AF4Q) grant. Through this grant, the PFLT is able to 1) offer patient and family engagement support and technical assistance to the 26 PCMH pilot practices, and 2) engage, and support patients, along with their families and care givers, in having a voice and leadership role in the design and delivery of patient-centered care for themselves and their community.

During the spring and summer of 2011, the PFLT conducted interviews with staff at all twenty six PCMH pilot sites (see Appendix B for list of practices.) This interview was created to get a sense of the practices' progress in implementing patient engagement. This was the first large-scale interaction between the PFLT and the PMCH practices and its success was made possible by the cooperation and support of practice staff. In fact, the PFLT was able to connect with at least one staff member at every single pilot site to gain perspective about their patient engagement work. Interview questions are included in Appendix A. At the end of the pilot, the practices will be measured on their progress for Core Expectation #7, which is considered a "must pass" element in 2011:

7A With assistance from PCMH Pilot staff and consultants, practice has identified at least two patients or family members to be part of the practice leadership team.

7B Practice is using one or more mechanisms for routinely soliciting input from patients and families on how well the practice is meeting their needs.

The interviews were designed to seek feedback from the practices in the successes and challenges they have had in moving toward "fully implemented" in both 7A and 7B. Fully implemented is described as:

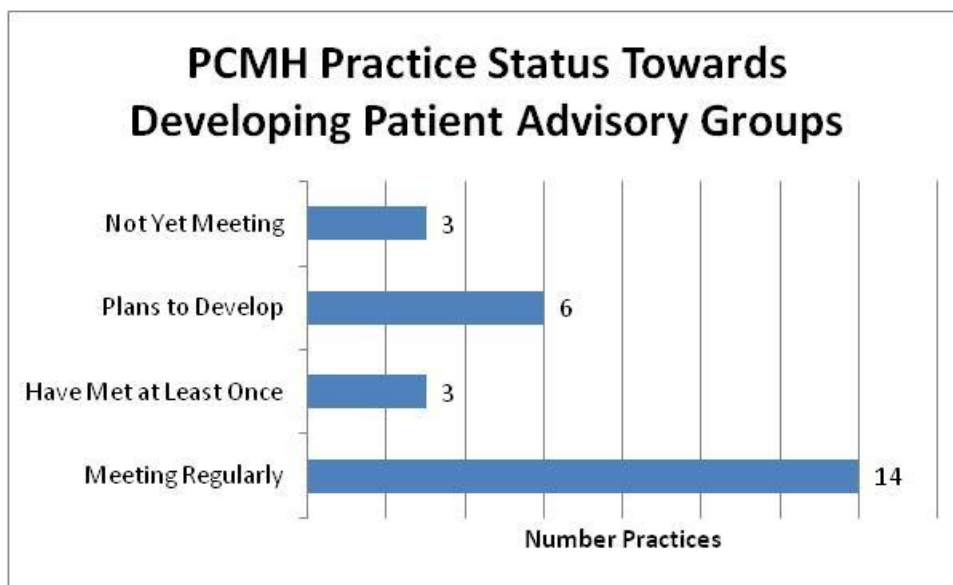
- 7A. Patients and family members are a regular part of leadership meetings or some advisory process to identify needs and implement creative solutions. Tangible supports are in place to enable patients and families to participate in this process (e.g., after hours events, transportation, stipends, etc.)
- 7B. Practice systematically learns about patients and draws upon patient and family input to design and implement office changes that address needs and gaps in care.

The charge of the PFLT is to support practices in setting up patient engagement frameworks in their practices; we designed the survey to get feedback from all practices about what they were doing, how they were doing it, and what kind of support they might need in the future. From on-site consultations and other feedback that practices had been providing, it was clear that there was a wide range of progress and many strategies that sites were using to move toward better patient engagement. This document seeks to highlight those strategies, to celebrate successes, to point out challenges, and to make recommendations for the next phase of patient engagement at the twenty-six pilot sites. It is also intended to be a resource for the practices to encourage shared learning and ongoing peer to peer exchange.

Summary

For the majority of practices, integrating patients into practice leadership (Element 7A) has been done through the creation of Patient Advisory Groups.

Fig. 1: Progress in Establishing a Patient Advisory Group



As this chart shows, over half of the PCMH pilot sites (14 sites total) indicated that they have an ongoing advisory group in their practice. Another three sites have an advisory group that has met at least once; and six sites indicated that they are planning to develop an advisory group within the year. Only 3 of the sites have not yet convened an advisory group, although two of these

practices are exploring the possibility of such a group.

For those who have begun this work, there is no perfect model. The sites have learned that the development of an Advisory group (alternatively called “Patient Advisory Group,” “Patient Family Advisory Group,” “Practice Advisory Team,” or “Patient Advisory Board”), is an evolving process, dependent on leadership and staff support, patient availability, practice readiness, and practice resources. The process also depends on where the practices are in terms of meeting the nine other PMCH core expectations. In other words, flexibility in exploring how patient engagement works in a given practice is vital. As such, the groups vary in how they have dealt with issues of: a) formal structure, b) meeting frequency and c) time of day. Some groups are more patient directed while others are more driven by providers, in terms of overall coordination.

Fig. 2: Feedback Loops in PCMH Practices

Getting Feedback from Patients-How are Practices Doing It?

Recruitment

Provider asked patients to be on Advisory Board
Other staff asked patients to be on Advisory Board
Advertised in newspaper
Letters of invitation sent to selected patients
Created a brochure for recruitment
Posted a call for members on practice bulletin board
Collaborated with other practice and hospital patient advisory efforts

Advisory Board/Group Structure and Process

Used charter to develop group roles, terms of service, and direction for the group
Average 4-6 patients per group
Offered stipends, gas cards, child care, and other supports to ensure participation

Feedback Tools

Surveys-Avatar, Press-Ganey, homegrown tool, CAHPS,
targeted Picker survey (i.e, 40 patients per month)
Question of the month
Invite patients to be part of monthly practice leadership team meeting
Convene patient focus groups before BOD meetings
Put up Bulletin Board with space for suggestions and tracking
what practice does with feedback
Practice manager makes personal contact with several patients a day

The importance of meeting the practices where they are is reflected in many of the comments from staff interviewed at pilot sites:

“It’s important to start small and build.”

“It’s harder than it sounds to get the right combination of people; be prepared to take a long time.”

“[The staff] knows that the patient advisory group wants to see its work go somewhere [and so] we have to connect it to other avenues in the practice where patients can have influence.”

“[Our practice feels that] standardization of patient engagement may not be realistic in all [PCMH pilot] practices as we vary in geographical service area, patient population served, etc. It takes real innovators to be successful.”

The comments speak to the struggles that many sites shared, in terms of pulling together the right “formula” for an advisory group within their practice. A few sites noted, for example, that their efforts to start and maintain a patient advisory group had come in fits and starts; one practice found success in its efforts only after two attempts with two different groups of patients. Another practice highlighted that while it has a single dedicated member on its advisory group—who is currently providing feedback to the practice—outreach to other patients has not yet resulted in a group that has “gelled.”

At least one practice used a highly structured and patient centered approach to starting their advisory group. This practice reported that starting and sustaining the group is going well because of that approach:

“We have been pretty successful so cannot identify specific challenges.

We have not had to cancel a meeting, as our members honor their commitment period. Turnover is minimal and has been mostly based on health issues. Our patients overall are really engaged and want to see improvement and they are willing to work for it.”

So, despite these and other challenges, it is clear from the interviews that once patients are engaged they can have an impact, almost immediately, on how the practice delivers care:

“Providers now go to patients first when they want to know how to change something that isn’t working.”

“Patients developed a list of things that they wanted to see change and everyone voted on this list. We organized them as “easy” and “challenging” projects and this helped the group get a sense of what we were going to accomplish together.”

“Patients bring such a good perspective that the practice does not see.”

“Patients give you insight into what you cannot see yourself.”

“Patients feel like they have a voice; it’s really important to our patients here that they feel heard and cared for.”

“The patient’s voice must be heard and is very much welcome at [our practice]. This is always in the forefront of discussions within the practice, whether formally or informally. Patients are willing to lend their experience to us.”

For those who have started an advisory group, not a single site reported that this group was impacting the practice in a negative way. The make-up of the groups may have something to do with this, as the formal mingling of patients and staff leads to better communication. In many cases, the groups are an even mix of patients and practice staff. In several instances, the Medical Director acts a “champion” who makes it clear by attending these meetings that patient engagement is a priority for the practice. As

one practice manager summarizes: **“I see patient-provider collaboration as a process that will continue to improve communication, decrease costs and improve the overall health of the population.”** A number of practices who overcame their initial struggles with developing a group comment on the surprising rewards of engaging patients. As another practice manager put it, **“engaging patients is the hardest core expectation but the most fun.”**

As noted previously, the survey respondents also openly shared the challenges to establishing patient engagement in their practices. The chief obstacle for many practices is lack of time, coupled with the many priorities of the PCMH pilot. As one interviewee put it, **“this element [patient engagement] is one of ten we have to focus on.”** Some of the specific challenges that practices shared in establishing a patient engagement framework include:

Finding a focus. Two of the twenty six interviewees shared this as a specific barrier, although echoes of this challenge came up with many of the other responses as well. The challenge seems to be that pilot sites want to engage patients on issues that keep them coming to meetings—and identifying what is going to keep patients coming can be difficult. As one interviewee noted, **“some patients have their own agenda and they drop out [when that agenda is not fulfilled].”** Or, as a couple of pilot sites experienced, it has been difficult to **“have a new agenda every time and find new items to discuss.”** Also, part of the challenge in finding focus has centered on the struggles for both the patients and the practice staff to define their new roles. One respondent explained that the challenge has been **“not knowing what the patient’s exact role is;”** another echoed this remark, saying **“staff feel they have to change what they talk about.”**



A PROMISING APPROACH FOR FINDING FOCUS

Finding a focus *before* inviting patients can be a useful strategy, since patients know what they are signing up for; this strategy may be useful for starting a group but practices should also consider the importance of patient feedback in setting the tone, agenda and focus of advisory groups.

Finding enough staff and time. These challenges blend together at many of the pilot sites. Without exception, the patient engagement work at the pilot sites is borne by one or more staff who have multiple other responsibilities; in the case where a site hired a dedicated staff person to coordinate the advisory group, even that person needs the support of the practice manager and other staff to meet patients’ needs. Many of the comments about barriers to patient engagement focused on

the fact that the practice does not have adequate staff or enough time to devote to doing the patient engagement work at the level they want to. This comment summarizes the challenge best: “Time and resource challenges are significant. Our practice manager oversees multiple sites located in different towns and it can be difficult to get providers to allocate adequate time to [patient engagement work].” Also, the bulk of the advisory groups (11 of 14) that are formed meet in the evening, requiring staff to put in additional hours that are not reimbursable to the practice, at least not in terms of dollars and cents.



A PROMISING APPROACH FOR FINDING STAFF AND TIME

Practices can consider banding together to improve patient engagement activities, which could provide easy access to tools for collaboration and activities, as well as contacts to practices far along in patient engagement work.

Keeping steady patient groups. The lack of a steady group of patients happens in many practices because of the challenges that patients face in their daily lives, as well as they challenges that practices face in managing day to day operations with limited time and resources. Many of the practices are beginning to put supports in place to help encourage patients who might be struggling, such as stipends, gas cards, child care or transportation. However, most practices will have to deal with changes in the patient participation regardless of those supports. Groups that have had less of an issue with keeping patients report that they set up a term of service (1-2 years) and developed a charter document (see Appendix F for a template) spelling out the commitment that a patient makes when becoming part of the group. These may help struggling practices find the right core group of patients who can stick it out for the long term. One interviewee also noted that to keep patients together, the practice needs a facilitator who can support and manage the groups and also “look for solutions” when an issue comes up.



A PROMISING APPROACH FOR KEEPING STEADY PATIENT GROUPS

In order to keep the group going, a strong facilitator is key. Practices should be looking for

staff and patients that can manage a group and look for solutions when issues come up.

More Promising Practices in Patient Engagement

The following summary of interview responses illustrates the many ways that the PCMH sites are moving toward developing “one or more mechanisms for routinely soliciting input from patients and families on how well the practice is meeting their needs” (Element 7B). Along with the advisory groups most of the practices also are seeking more ways to bring the patient voice into their practice, whether by survey, focus group, or one to one discussion with individual patients. Figure 3 illustrates some specific ways that practices are building their capacity to get routine input from patients

Fig.3: Promising Practices in Patient Engagement

What have practices used the feedback for?	How are patients supported to attend meetings or otherwise provide feedback?	What resources are practices using to foster patient engagement?
Future planning for service expansion Wait time study and improvement project Waiting room improvements (i.e., walk through project to make practice space more patient centered) Revamping phone system Bring patient feedback to weekly provider huddles Monthly practice newsletters Changes to referral process Changes to appointment process, incl. developing open access schedule New patient packet Developing patient portal Signage/wayfinding Improvements to care management program (i.e., more community linkages, help with insurance issues)	Patients provided with an orientation Practice created an orientation packet Provide stipends and/or mileage for meetings Provide food at evening meetings Provide care for kids if parents cannot otherwise make the meetings Practice has dedicated staff who is main contact for Advisory group members Patients get reminder calls before meetings Practice provides reimbursement for out of pocket expenses	Regional group (central ME) organized to share patient engagement best practices Patient Family Leadership Team has come to meetings, done phone calls, met with practice staff Various materials from the Institute for Patient and Family Centered Care (IPFCC)

Refining how practice surveys patients		
Improving Rx refills		

Recommendations for Bolstering Patient Engagement Activities in PCMH Pilot Sites

The successes of the practices are many, and yet even those far along in the process are looking for ways to share their experience and to learn from others. The Pilot learning sessions offer some of that networking, but many of the practices asked for more. This desire for more formal and facilitated discussion about patient engagement is one of the most promising areas for expanding support for the practices.

One finding from the interviews is that many of the practices were not aware of the expertise and support available through the Patient Family Leadership Team, who has shared its menu of services (see Appendix B) with practices through email and onsite presentations. Over the next year, the PFLT has some capacity to help expand the formalized learning for patient/consumer engagement. As such, we recommend the following:

October 2011-January 2012

- Send report to all PCMH practices
- Provide interested PCMH pilot sites with a list of customized recommendations based on interviews;
- Provide interested PCMH pilot sites with list of –Shared Learnings” from the interviews;
- Explore options to develop a website or improve the existing *Quality Counts* section devoted to PFLT/PCMH;
- Use the *Quality Counts* website to advertise more regularly services the PFLT provides;
- Create a –Patient Engagement Tip of the Month” for use in communication with PCMH sites;
- Use PFLT members to provide more on site technical assistance to the practices, either at individual sites or with small groups (i.e groups with similar struggles, groups where one practice mentors another practices);
- Revamp the PFLT team to include representation by consumers statewide and supported by a partnership with AAAs and patient engagement specialists;
- Solicit more practices to apply for Innovation grants (see below)*

February 2012-May 2012

- Create frequent opportunities for practices to meet and collaborate with each other regionally—both providers and patients from PCMH sites, esp. within existing Learning Session framework;
- Establish regular –Patient Engagement” check in calls with topics that practices identify;

- Develop and conduct interviews of patients on the advisory groups to understand how they see their involvement within the PCMH practice and patient engagement activities statewide—share best practices from the patients’ perspective.

June 2012-December 2012

- Work more closely with practice patient advisory groups, including recruiting individuals for PFLT;
- Facilitate development of regional collaborations supported by PFLT and AAAs;
- Establish the PFLT as the Statewide clearinghouse for consumer/patient engagement in quality improvement, PMCH, and practice transformation;
- Develop and conduct follow up interviews with practices.

*The PFLT has given an “Innovation Fund” grant to about half of the PCMH pilot sites. The practices are using the grants to develop videos, pay for stipends and/or mileage for participating in an advisory group, or to develop materials. The successes of these projects should be monitored and any outputs—such as patient videos—should be featured at a future learning session and perhaps added to the list of “promising practices.”

APPENDIX A

Consumer Engagement Check-In Questions for PCMH Pilot Practices

Part One: Patient Advisory Groups

1) Where is your practice, at present, in terms of engaging a patient advisory group? (Use the list to prompt them if they don’t provide the answer. Record their answer using the list)

- Started and held at least one meeting
- Forming and planning to hold a meeting in a month or two

- Considering yet not ready to schedule a meeting
- On the list of “FO DOs” yet not there yet

2) What is the make-up of your patient advisory group? (i.e. number of patients and practice staff by professional type)

3) Did you provide an orientation for your patients? If so, please provide a brief description of the orientation.

4) What resources have you used to help advise, model, or organize your Patient Advisory Group effort?

5) If you have not used any, are you aware of and/or planning to use any?

6) What topics have been most and least engaging?

7) What challenges have you encountered to establishing and/or maintaining a patient advisory group?

Part Two: Surveys, Tools, Resources and Benefits of Patient Engagement

8) What patient survey and/or experience of care evaluation tools are you using or considering using?

9) In addition to patient surveys and a patient advisory group what other ways have you sought to engage patients and get the patients perspective of your practice?

10) Have you used information gained from the surveys, Patient Advisory Groups and other patient engagement activities? If so, how has this information benefited your practice and/or the patients you serve?

11) Please comment on any other benefits, you see to your practice, of engaging patients in the PCMH transformation effort?

12) How can we better share best practices and consumer engagement tools across the PCMH pilot practices?

13) Are you aware that the Patient Family Leadership Team is a resource for your practice in assisting you with patient engagement issues and that you can learn more about us on the quality counts website?

14) What do you want to tell us about patient engagement that we haven’t asked?

APPENDIX B

2011 Technical Assistance-Menu of Services Available to PCMH Pilot Practices

One on One Support

Face to face meetings- 1 hr session with members of the Pt Family Leadership Team

TA Phone calls on issues important to your practice-30 min session on topics or issues related to patient engagement in your practice

Presentations to staff, patients, community members on pt engagement issues

Facilitation of kick off pt advisory meetings as requested

Regional Gatherings

Facilitation of regional PCMH pilot site meetings to discuss pt engagement strategies

Team Calls

Tip of the Month related to Pt Engagement-delivered during already scheduled team calls

Communications

Tip of the month available to plug into practice newsletters or other communication with patients and families

Webinars

Institute for Patient and Family Centered Care offerings on various topics related to pt and family engagement (4 webinars available to Maine)

Institute for Patient and Family Centered Care tailored offerings based on feedback from PCMH pilot practices (2 webinars available to Maine)

Contact:

Darcy Shargo
621-0677, x 216
dshargo@mepca.org

APPENDIX C

PCMH Pilot Practice (26) List

FAMILY PRACTICES

Belgrade Regional Health Center – Belgrade
Blue Hill Family Medicine - Blue Hill

Central Maine Family Practice -Topsham
Community Health Center - Southwest Harbor
Court Street Family Practice - Auburn
Dexter Family Practice -Dexter
DFD Russell Medical Center - Leeds
EMMC Center for Family Medicine -Bangor
EMMC Husson Internal Medicine -Bangor
Four Seasons Family Practice -Fairfield
Lifespan Family Healthcare, LLC -Newcastle
Maine Medical Partners - Westbrook Internal Medicine - Westbrook
Mid-Maine Internal Medicine – No. Vassalboro -Vassalboro
Newport Family Practice -Newport
PCHC Helen Hunt Health Center - Old Town
PCHC Penobscot Community Health Center -Bangor
Seaport Family Practices -Belfast
SMMC Prime Care -Biddeford
Wilson Stream Family Practice -Farmington
MMC Family Medicine Portland -Portland
Swift River Health Care - Rumford
Winthrop Family Practice (MGHA) -Winthrop

PEDIATRIC PRACTICES

EMMC Husson Peds - Bangor
Maine Medical Partners - Westbrook Peds -Westbrook
PCHC Penobscot Peds - Bangor
Winthrop Pediatric and Adolescent Med -Winthrop

APPENDIX D

PCMH Pilot Practice Core Expectations

The 26 participating practices have agreed to implement the PCMH model that includes achievement of the following –Core Expectations” that address key practice changes directed by the nationally recognized Seven Key Principles of the PCMH.

The practices are being supported in their efforts to meet the Core Expectations and transform to a the PCMH model of care through participation in a series of Learning Collaboratives and leadership conference calls, practice coaches, the Community Care Teams, the Patient Family Leadership Team along with training and technical assistance provided by the AF4Q and other state or national quality improvement, consumer engagement and payment reform organizations.

1. Demonstrated Physician leadership for improvement
2. Team based approach
3. Population risk-stratification and management
4. Practice-integrated care management
5. Enhanced access
6. Behavioral-physical health integration
7. Inclusion of patients & families
8. Connection to community/ local Healthy Maine Partnerships
9. Commitment to (new: cost transparency) and waste reduction
10. Integration of health IT

APPENDIX E

The Maine Story PATIENT CENTERED MEDICAL HOME & PATIENT FAMILY LEADERSHIP TEAM

Recognizing the essential role of primary care in our healthcare system, the Maine Quality Forum (MQF), *Quality Counts (QC)*, and the Maine Health Management Coalition (MHMC) have been working together since 2008 to lead the **Maine Patient Centered Medical Home (PCMH) Pilot**. The ultimate goal of this effort is to sustain and revitalize primary care, both to improve health outcomes and to reduce overall healthcare costs, for all Maine people. Planning and implementation of the Pilot is being directed by a multi-stakeholder PCMH Work Group, and supporting organizations which include the conveners QC, MQF and MHMC, along with the Maine Health Access Foundation, Harvard Pilgrim Health Care, Martin's Point Health Care, Anthem BCBS, and the Davis Family Foundation. After the initial planning period in 2008 and early 2009, the PCMH Work Group selected 26 primary care practices in May of 2009. This was done as a first step towards achieving state-wide implementation of the PCMH model.

Joint Principles of the Patient Centered Medical Home

The four Primary Care Physician Organizations adopted the following principles in February of 2007. They are foundational elements of the Maine PCMH pilot where relationship based care provided by practice teams that know you, serve you and care about you over time.

1. Ongoing relationship with a primary care provider of choice
2. Primary care provider led team of care givers
3. Whole person orientation that includes a behavioral health component
4. Integrate care realized by providing patient care coordination and affordability navigation care management across the health system.
5. Quality and safety as hallmarks of care that includes patient and family care giver participation in the evaluation and improvement of care.
6. Access to timely and affordable PCMH care delivered by the PCMH practices and their community health teams.
7. Value based payment and transparency reform that acts to strengthen the primary care system and realize the goals of improved quality, cost efficiency, and patient centered care delivery.

The 26 participating practices include a diverse mix of 22 adult and 4 pediatric practices chosen for their demonstrated leadership and commitment to the principles of the PCMH model, diversity of practice size and location, ownership, and ability to link with and leverage existing improvement opportunities and community partnerships available across the state. After their selection in 2009, the 26 practices completed an initial "ramp-up" period during which they obtained NCQA PPC-PCMH medical home recognition and established new payment agreements with the participating Maine Care, Harvard Pilgrim, Anthem and Aetna health plans. The payment agreements provide an alternative reimbursement model, which includes a per member/per month fee (PMPM) designed to recognize the infrastructure and system investments needed to deliver care in accordance with the PCMH model, and reward practices for demonstrating high quality and efficient care. The original 3-year period of the Pilot began January 1, 2010, with PMPM payments to the pilot

practices starting at that time.

Since then Maine has been chosen to participate in the Medicare Advanced Primary Care Practice (MAPCP) demonstration, which will run for a 3-year period starting January 1st, 2012. The MAPCP will provide additional resources including a PM/PM payment for all Medicare patients attributed to the PCMH practices. To accommodate the MAPCP timeline the PCMH pilot, although still evaluated at the end of the original 3 year time period, will continue to run through December 31, 2015.

PFLT Mission Statement (approved by the membership on 4-28-2010)

The Patient Family Leadership Team advocates for inclusion of the patient voice to improve health care systems and advance high quality, patient centered care.

PFLT Vision (approved by the membership on 05-19-2010)

Maine has a culture of strong and sustainable partnerships among patients, families, caregivers, communities and health care providers to achieve safe, timely, effective, efficient, equitable, and patient-centered care.

PFLT Values (approved by the membership on 05-19-2010)

Mission driven: We believe that universal access, high quality, safe, integrated and affordable health care for all people is the cornerstone for a transformed health care system.

Building partnerships: We believe that power comes from collaboration. Patients, families, caregivers, communities and health care providers work as a team to improve care. Collaborative work requires honesty, integrity, transparency and commitment to a shared vision.

Advocating change: We believe that patients, families, caregivers and communities engaged in partnerships with health care providers advocating for change are critical to transforming and improving health care in Maine.

Developing leaders: We believe that to achieve patient empowerment patients, families and caregivers must have information, training and support necessary for developing the confidence and skills needed to be effective partners with their health care team.

Patient Centered: We believe in implementing the seven core principles of the Patient Centered Medical Home (PCMH) which include:

- Ongoing relationship with a primary care provider of choice
- Primary care provider led team of caregivers
- Whole person orientation that includes a behavioral health component
- Integrated care realized through providing care coordination across the health system
- Quality and safety as hallmarks of care, including patient and family caregiver participation in the evaluation and improvement of care
- Enhanced access which includes timeliness and affordability of care
- Payment system reform and transparency which acts to strengthen the primary care system and support efficient, effective health care delivery in Maine.

APPENDIX F

Sample Charter for Patient Advisory Council

I. Purpose

Our practice strives to provide excellent compassionate primary and specialty healthcare service and cooperates with others to promote the well being of the people of Maine. Our mission is to care for patients, families, communities, and one another. We also recognize the patient/family as the most important factors in keeping the patient healthy. Therefore, the purpose of our Patient Advisory Council (PAC) is to advise primary care administration and medical leadership on patient needs and primary care priorities from a patient/family perspective. The intent is to influence primary care strategic planning and improve office processes. The plan of our practice is to institute the concepts and core expectations of the Patient-Centered Medical Home into the primary care setting.

II. Policy

The PAC will promote and guide the development of the Patient-Centered Medical Home model into the delivery of patient care. The PAC strives to promote respectful, effective partnerships among patient/families, professionals, and the community that lead to increased understanding and cooperation between patients/families and professionals and ultimately increase patient/family satisfaction and quality of care.

III. Procedure

A. Function

The primary function of the PAC will be to develop and improve mechanisms for patients/families to provide input to administration, department leadership, primary care clinics, etc., so that services are reflective of the values inherent in the core expectations of the Patient-Centered Medical Home Model. The PAC will actively promote patient/family-centered care across the continuum by developing and promoting partnerships between primary care providers, patient/families, and the community.

B. Mission Statement of the Patient Advisory Council

Our practice strives to provide excellent compassionate primary and specialty healthcare services and cooperates with others to promote the well being for the people of Maine. Our mission is to care for patients, families, communities and one another. Our practice PAC will promote the concepts and core expectation of the Patient-Centered Medical Home, which will guide those responsible for providing primary care services. The PAC seeks to accomplish this by educating staff on patient/family issues and educating patient/families on healthcare issues.

The resulting partnership will ultimately lead to increased patient/family and clinical/office staff satisfaction.

C. By-Laws

1. PAC membership make-up – The PAC will consist of 14 members: seven of these members will be from our practice’s patients and seven will be from diverse members of our staff, along with the Practice Director. The Director of the Residency will serve ex officio.
2. Committee Leadership – The PAC will be chaired by two Co-Chairs – An employee along with a patient representative. The PAC will volunteer and vote as necessary both positions.
3. Ongoing Committee Membership – Initial membership will be selected by the Patient Satisfaction Team. Once formed, the PAC may establish membership based on an application process. It will be the goal of the group to attract and maintain a diverse group membership generally representative of our patient population without discrimination.
4. Decision Making – Decision will be made as a consensus recommendation. That is, if something needs to come to a vote a majority of 51% of members will agree. When unanimous agreement cannot be achieved, tacit approval will be promoted after all sides have been heard, relevant data gathered, and severe consequences of the decision ruled out. At least 50% of Patients and our staff members must be present.
5. Badges will be issued with the title Patient Advisory Council Member and will be worn whenever a member is at a PAC meeting.

D. PAC Member Term

There will be a minimum one-year term served by all PAC members, not to exceed 5 consecutive terms with the exception of the CFM Leadership Team.

E. PAC Meetings

Meetings will be held no less than quarterly. Additional meetings may be required as deemed appropriate. The group will not meet in August or December. Regular meetings of PAC will be at least 2 hours in length. A light refreshment will be served prior to the meeting.

F. Attendance

Members who have three consecutive unscheduled absences or a total of five unscheduled absences during a calendar year will be evaluated by our practice leadership team for continuation of their membership status. If assessed as not able to fulfill their committee responsibilities they will be notified and may be relieved of their duties as a committee member. Exceptions can be made by the co-chairs for emergencies, inclement weather, unexpected personal or family illness, etc. A co-chair should be notified of the member's absence 72 hours in advance of a scheduled meeting or as soon as possible.

In the case of a cancelled meeting, the staff co-chair after consulting with the patient co-chair will contact the Administrative Assistant; the Administrative Assistant will be responsible to notify all the members. The meeting will be held one week from the day that it was cancelled unless otherwise notified.

G. Resignation and Removal

A member of the committee may resign at any time by submitting a written letter to one of the co-chairs. A member may be removed from the committee if the member fails to abide by and adhere to the By-laws and guidelines set forth.

H. Confidentiality Statement

To maintain appropriate and confidential handling of information, PAC members are reminded that, out of respect to individuals and hospital policy, discussing any information deemed personal or confidential will not be done OUTSIDE the PAC role. All HIPAA (Health Insurance Portability and Accountability Act) standards and guidelines that apply to the PAC will be adhered to at all times. A confidentiality statement and HIPAA release will be signed at the beginning of the first meeting for all new and joining members.

I. Meeting Minutes

Minutes will be kept by the Administrative Assistant (or designee) of the PAC and will be distributed in a timely manner to all members. These minutes may be distributed by email/mail if the member gives his/her consent.

J. Agenda

The agenda will be established by the PAC Co-Chairs in consultation with the Leadership Team prior to each meeting. Agenda items may be added by any member with prior notification of the Co-Chairs. Agenda items will be evaluated and prioritized by the Co-Chairs.

K. Subcommittees

Subcommittees may be formed to complete tasks or meet a need. In the event that subcommittees are formed or a member participates in a supportive role, this will be done on a volunteer basis.

L. Patient Member Responsibilities

All patient members are responsible for:

- Attending PAC meetings
- Participating to the fullest extent during each meeting
- Participating, as time and interest allow, in additional committees and task forces
- Embracing the mission and by-laws of the PAC
- Advocating the concepts and core expectations of the Patient-Centered Medical Home model
- Adherence to guidelines and ground rules set forth by the committee

All Our Staff Members are responsible for:

- Attending PAC meetings
- Participating to the fullest extent during each meeting
- Participating, as time and interest allow, in additional committees and task forces
- Embracing the mission and by-laws of the PAC
- Educating and advocating concepts and core expectations of the Patient-Centered Medical Home model to fellow employees and students
- Encourage the use of the PAC as a conduit of communication between patient experiences/needs with planning and activities of CFM in the provision of care.
- Adherence to guidelines and ground rules set forth by the committee

APPENDIX G

Consumer Engagement & Patient Centered Care Resource List

1. Agency for Healthcare Research and Quality (AHRQ)

http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/1483/ahrq_commissioned_research

The AHRQ —Patient Centered Medical Home (PCMH) Resource center website includes information on how to improve the quality, safety, efficiency, and effectiveness of health care through consumer engagement in the PCMH model. Suggested documents to review include:

- White Paper: Engaging Patients and Families in the Medical Home
- Strategies to Put Patients at the Center of Primary Care

2. Aligning Forces For Quality (AF4Q)

<http://www.forces4quality.org/b/45/consumer-engagement-featured-resource>

The AF4Q —Consumer Engagement website provides information and resources on the AF4Q Alliance's 16 communities, including Maine, which are engaging consumers in healthcare quality improvement nationwide. Suggested documents to review include:

- Defining Consumer Engagement Fact Sheet
- Finding your Voice as a Consumer Leader

3. Institute for Healthcare Improvement (IHI)

<http://www.ihl.org/knowledge/Pages/Publications/PartneringwithPatientsandFamilies.aspx>

The IHI —Partnering with Patients website provides information on patient and family involvement in healthcare quality improvement, research and consumer engagement. Suggested documents to review include:

- Partnering with Patients and Families to Design a Patient- and Family-Centered Health Care System: A Roadmap for the Future
- Partnering with Patients and Families to Design a Patient- and Family-Centered Health Care System: Recommendations and Promising Practices
- Patient and Family Centered Care Organizational Self Assessment Tool
- (Video) Partnering with Patients and Families to Design a Patient- and Family-Centered Health Care System: A Roadmap for the Future

4. Institute for Patient- and Family-Centered Care (IPFCC)

<http://www.ipfcc.org/tools/downloads.html>

This IPFCC website provides resources to support and advance the practice of patient- and family-centered care. Please note —All information is reprinted with permission from the Institute for Patient- and Family-Centered Care. Suggested documents to review include:

- Advancing the Practice of Patient- and Family-Centered Care: How to Get Started
- Advancing the Practice of Patient- and Family-Centered Care in Primary Care and Other Ambulatory Care Settings: How to Get Started
- Partnering with Patients and Families To Design a Patient- and Family-Centered Health Care System
- Revised Partnering w/Patients & Families to Enhance Safety & Quality: A mini toolkit

5. **Maine Quality Counts (QC)**

<http://www.mainequalitycounts.org/>

The Quality Counts website offers a calendar of related events, program information and resource documents concerning the PCMH and PFLT along with other quality improvement events and initiatives statewide. To access either program click on —Programs” then —Patient Centered Medical Home” or —Patient Family Leadership Team”.

6. **National Partnership for Women and Children (NPWF)**

http://www.nationalpartnership.org/site/PageServer?pagename=issues_health_home

The NPWF website provides excellent tools and resources including the —Campaign on Better Care” for consumer engagement in PCMH pilots and programs nationwide including Maine.



PAG Projects in Maine

Belgrade Regional Health Center

- Patient Advisory Survey – Created by the PAC to help determine focus areas for further work.
- Medication Reconciliation – PAC reviewed the current patient handout from the MER, and made recommendations that were then shared with IT to create a more user-friendly version.
- Pre-appointment thought sheet – Created by the PAC to give patients the option to write down the most important topics for focus at their visit.
- Local Community Health Bulletin – Created by the PAC that lists and describes activities available in the community.
- Door improvements – PAC recommended installing automatic doors for the handicapped population, which led to installation shortly thereafter by the community board.
- Newsletter – PAC members will act as contributors and review the patient perspective surveys included in these newsletters.

Husson Internal Medicine

- Newsletter – PAG contributes to the periodic newsletters distributed by the office.
- Policy Notifications – PAG creates flyers that describe office policies in detail, such as missed appointments, patient discharge, and prescription refills.
- Patient Folder Labels – PAG creates the design for the labels to be placed on new patient folders.

Engaging Patients in Improving Ambulatory Care

Appendix

Other Resources

- *A Patient and Family Advisory Council Workplan: Getting Started*. Bethesda, Md.: Institute for Patient and Family-Centered Care, n.d., www.nmhanet.org/quality/patient-safety/the-patient-safety-corridor-e-library/patient-involvement/Patient-Family%20Advisory%20Workplan.pdf (accessed March 2013).
- *CE article: Patient advisory boards engage patients in their own care*. Danvers, Mass.: Strategies for Nurse Managers.com, 2012, www.strategiesfornursemanagers.com/ce_detail/240432.cfm (accessed March 2013).
- *Consumer Committee Minutes*. Long Island City, N.Y.: HIV Health & Human Services Planning Council of New York, 2012, www.nyhiv.com/pdfs/committees/CC%20Minutes%204%2018%202012.pdf (accessed March 2013).
- *Engaging Patients and Families in the Medical Home*. Rockville, Md.: Agency for Healthcare Research and Quality, 2010, http://pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/1483/PCMH_HTMLConversion_10-0083-EF_v2 (accessed March 2013).
- *MCGHealth Monitoring Patient Satisfaction*. Bethesda, Md.: Institute for Patient and Family-Centered Care, 2011, www.ipfcc.org/profiles/prof-mcg.html (accessed March 2013).
- *Patient and Family Advisory Council (PFAC) Report for the MA Coalition for the Prevention of Medical Errors*. Boston, Mass.: Brigham and Women's Hospital, 2010, www.brighamandwomens.org/Patients_Visitors/patientresources/PFACsept10.pdf (accessed March 2013).
- *Patient and Family Advisory Councils: A Checklist for Getting Started*. Bethesda, Md.: Institute for Patient and Family-Centered Care, 2010, www.ipfcc.org/advance/IFCC_Advisoryworkplan.pdf (accessed March 2013).



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