CPCPracticeSpotlight51

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Developing a Highly Effective PFAC over Time: How Structure and Transparency Foster Useful and Actionable Feedback

Batesville Family Practice Clinic, Batesville, Ark.; independent; 6 physicians; 8,800 patients

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CPC Change Driver 1: Comprehensive Primary Care Functions

- 1.4: Patient and Caregiver Engagement

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

Situation: When **Batesville Family Practice Clinic** first implemented a patient and family advisory council (PFAC) in 2013, the early meetings were not promising. Only two patients came to the kick-off meeting, and in later meetings, patients' feedback was not always useful. Some patients focused on narrow topics of interest to them, while others were reluctant to offer any constructive criticism.

Strategy: Batesville regrouped its efforts and broadened recruitment to build the council's size and diversity. They also pursued a more structured meeting style where being open about their need for improvement would facilitate participation and actionable feedback.

How are we doing?

Is this your first visit?
☐ Yes ☐ No

What do you like about Batesville Family Practice Clinic?

What can we improve on?

Please rate your level of satisfaction
☐ Poor ☐ Fair ☐ Good ☐ Excellent

Batesville Family Practice Clinic

Date: _____

Your comments:

Batesville's PFAC suggested using this comment card to solicit regular feedback from patients. Comments from these cards drove improvement on wait times.

Recruitment — Combing through their panels, physicians and nurses nominated patients and caregivers from various backgrounds, family types and professional experience for the council. They also included "chronically displeased" patients to ensure representation of an array of viewpoints. Care managers called the nominated individuals, describing the PFAC's function while inviting them to serve as advisors. Further, they stipulated conditions for participation included regular attendance and adherence to the council's bylaws.

Structured Meetings — In addition to setting bylaws for conduct and participation, Batesville cultivates a structured environment in its PFAC by using the rules of order to run meetings. Council members receive agendas and a call for discussion topics prior to meetings, which not only remind them about the upcoming meeting, but it helps them prepare for discussions and stay on topic. The agendas also eliminate repeating previous topics.

Transparency — To elicit meaningful discussion from the council, Batesville shares its patient survey results as well as findings from in-house occasional surveys. Data from quality improvement projects are also reviewed in council meetings. By giving the council a complete view of the clinic's activities and challenges, it helps them to provide actionable suggestions for improvement. Further, transparency has fostered rapport over time between the council and the Batesville team. As suggestions are carried out and shown to be successful, the "chronically displeased" members of the PFAC have turned into cheerleaders. Other members see the transparency as proof of the practice's genuine commitment to improvement.

Participation and Actionable Feedback — Council members are treated as experts on the patient experience, which demonstrates how the practice values the council's input. Their fresh perspective also helps elevate the need to address patient concerns that might not have been a priority for the staff to resolve. For example, the council pointed to lengthy wait times as a negative experience for patients. Their recommended solution was for the staff to check-in with patients who had been waiting 15 minutes past their appointment time and provide a status update or explanation. The PFAC understood that tweaks to workflows and schedules were solutions but reminded them that patients value a personal touch too.

An example is their suggestion to post an "Ask for a List of Your Medications" sign at checkout, a simple solution that allows patients to track their current medications plus gives them a list they can share with other providers. The council also suggested reducing patients' frustration with "phone tag" by having patients' emergent phone calls roll over to the care managers if that patient's nurse was unable to take the call.

Outcomes: Two years later, Batesville convenes a 10-member PFAC that provides astute guidance on patient concerns and perspectives. Its advice influences improvement across all aspects of the clinic, such as a robust New Patient Welcome packet with an array of practice information along with reminders about calling the practice before using the emergency room. The council advocated for education materials written in plain language and suggested posting education information in designated areas. The council assisted in developing a comment card (shown above) and brochures about the patient portal and community resources. The clinic tracks satisfaction and comments from the comment cards to keep tabs on trends as well as interviews patients during their visits about changes made in the clinic. Batesville's approach had risks, such as openly sharing deficiencies and including their critics on the PFAC. However, taking those risks has afforded them invaluable insight into patients' perspectives.

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