CPCPracticeSpotlight25

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

One-Two Combination of Surveys and PFAC Guide This Practice's Implementation of Patient-Centered Changes

Springfield Center for Family Medicine, Springfield, Ohio
Independent; 7 physicians, 1 PA, 1 APRN; 7,600 patients

Oct. 10, 2014

This strategy addresses CPC Milestone 4.

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

Situation: The time commitment to administer and tally surveys made the staff at **Springfield Center for Family Medicine** reluctant to pursue this option for Milestone 4 and thus opted to convene a Patient and Family Advisory Council (PFAC) in June 2013. However, the practice's physician champion urged them to attempt **both** options to gain the most insight into the practice's ability to engage patients and meet their needs while informing practice improvements.

Strategy: By using survey findings to guide the PFAC meeting agendas, Springfield's two-pronged approach brings to light the "what" as well as the "why" of changes patients would like to see in the practice.

Springfield Center for Family Medicine invites all patients to join in its PFAC with posters like this posted in the practice. Click through here to see a sample meeting agenda.

Two months before a quarterly PFAC meeting, the practice surveys patients over a one-week period, gathering about 300 responses. Front desk staff distributes the surveys as patients check in, and patients turn them in at check out. The lead-time allows staff the necessary time to administer the surveys, tally results in a spreadsheet and graph them to present to the physicians and staff. The staff's comments and feedback, along with the survey results, build the list of topics for the PFAC to address in the upcoming meeting.

The PFAC meets over lunch at one end of the practice's waiting room, near a large sign announcing the PFAC meeting. The sign often prompts interest from other patients. PFAC information and invitation to join is also posted to the practice bulletin boards.

Six to eight patients participate in the PFAC, which comprises a diverse mix of new and long-standing patients with a range of medical needs. Patients are encouraged to participate for one year, and then the practice builds a new list of candidates based on physician and staff nominations, patients selected from the empanelment lists and those who express interest in joining the PFAC.

Practice staff rotates attendance at the meetings; along with the office manager and PFAC coordinator there is staff representation from providers, reception area, billing department and clinical support at all meetings. An unexpected benefit of staff attending these meetings has been the interpersonal rapport they have built with participants. It enhances their understanding of the importance of customer service, especially for patients who call the practice when they are unwell. Gaining this new perspective has improved staff ability to manage their stress level when caring for patients who are not always courteous due to their acute health issues.

To date, survey results have largely driven Springfield's PFAC agendas. For example, patient wait times emerged as a concern in the surveys, and the PFAC's guidance helped create a new policy that staff will communicate with and update patients who have been waiting for 15 minutes beyond their appointment time. If the appointment is running late around lunch, patients are offered a light snack or drink to help keep them comfortable. Complaints about the practice's phone tree were discussed at length, with the practice modifying the system based on the PFAC's recommendations.

The PFAC also independently raises improvement ideas the practice has taken under consideration, such as installing a diaper changing station in the restroom, a suggestion box in the lobby and a beverage table in the waiting room as well as starting a patient mentoring program to further support care management.

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