Pathways to Patient and Family Engagement in CPC Practices

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The overarching goal of the Comprehensive Primary Care Initiative (CPC) is to encourage and support primary care practices in **delivering higher quality, better coordinated, and more patient- and family-centered care.** A central strategy for achieving these important goals is engaging patients not only in their care, but also in the re-design of care delivery and operational processes in the practice.

From governance, to quality improvement efforts, to the point of care, patients and families have unique insights to share and fresh ideas for innovations that enhance processes, procedures, and care delivery for both practices and patients.

When determining how to reach quality, efficiency and experience goals, practices should consider patients and family caregivers as integral resources and essential partners in all aspects of the process. From governance, to quality improvement efforts, to the point of care, patients and family caregivers have unique insights to share and fresh ideas for innovations that enhance processes, procedures, and care delivery for both practices and patients. Practices that have collaborated with patients and family caregivers have successfully and often more quickly enhanced their quality improvement processes, reduced costs, and improved patient experience survey scores.

While some CPC practices will create Patient and Family Advisory Councils to achieve CPC's "patient and family engagement" goals, practices can benefit from patient and family perspectives and ideas without establishing a formal body or mechanism. The "engagement opportunities" below are examples of ways you can work collaboratively with patients and family caregivers to develop solutions to shared challenges, and enhance care delivery.

Patient and Family Engagement Opportunities

- After collecting **patient experience survey data**, work with patients and family caregivers to analyze, prioritize areas for improvement, and develop and implement solutions.
- Appoint patients and family caregivers to **serve on quality improvement teams** within the practice.
- Partner with patients and family caregivers to **develop shared-decision making tools** and pilot their implementation together.

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- Review and re-design the existing **care plan templates** with patients and family caregivers and work with them on updates or revisions to best meet their needs.
- Identify existing challenges within the practice (e.g., phone call volume, wait times, medication refill process) and ask a small group of patients and family caregivers to meet to **discuss solutions.**
- Ask patients and family caregivers for feedback on the **current methods of communication** used by patients for getting in touch with members of a care team when they have questions or need advice and work together to develop new ideas (i.e., e-mail, shared medical appointments, etc.)
- Review the design, function, and uses of the practice's **electronic patient portals** and get input from patients and family caregivers on how it could be improved so it generates efficiencies for patients and the practice. If a portal is in the planning stages, partner with patients and families to determine how it could be most useful to them.
- Invite patients and family caregivers to **participate in practice "walk abouts"** where they observe the process of receiving care at the practice (from the reception desk to the waiting room to an examination room to check-out) and encourage them to share thoughts for improvement. Work together to identify changes and begin to implement.
- Discuss with patients and family caregivers the practice's **existing care transitions processes** (i.e., how and when the practice is informed when a patient is in the hospital and how the practice provides support as the patient transitions home and back to the practice) and ask for their feedback on ways to improve.
- Invite a patient or family caregiver to share a story about their care experience at a **staff training** to provide insights into their experiences receiving care in the practice and generate ideas for changes.

Keep in mind that these efforts can be initiated on an as-needed basis and **focused on short term projects and/or goals.**

Identifying Patient and Family Caregivers

When CPC practices begin planning to engage patients and family caregivers in the opportunities described above, staff and leadership should seek out patients and family caregivers who would be a good "fit" for these partnership opportunities. Certain experiences, skills, and qualities will help make this work successful. For example, if a practice is working to improve its diabetes care, staff should recruit patients with diabetes or their family caregivers. Along the same lines, if you are interested in improving patient experience scores, select patients who have frequented the practice and have experience with all aspects of how care is provided.

When thinking about the patients and family caregivers to engage in these opportunities, consider the following characteristics:

- Familiarity and experience with practice (as a patient or a family caregiver)
- Representative of the population most impacted by the care changes being sought

- Willingness to speak up
- History of providing constructive feedback to the practice
- Capable and interested in devoting time and energy to working with the practice

Diversity is important. When choosing patients and family caregivers to engage in this work, consider those who are representative of the patient population served by the practice—e.g., age, race, gender, ethnicity, geography, sexual orientation, and family structure. Also of importance, look for patients and family caregivers who have had varying experiences at the practice—both positive and negative—and seek variety in diagnosis, treatments, and programs utilized if applicable.

Role of community-based organizations

In addition to patients and family caregivers, community-based organizations (e.g., local AARP or American Diabetes Association chapters, YMCAs, Area Agencies on Aging, senior centers, faith-based groups, etc.) should be engaged in partnerships. As "windows" into the community, community-based organizations can specifically help practices better understand the communities they serve, the challenges certain populations of patients face, and how to support patients in overcoming those challenges to achieve the best health outcomes. For example, a local Area Agency on Aging can help practices ensure patients have access to reliable transportation and a local AARP chapter can advise practices on the kinds of care management tools patients are seeking.

Recruitment

Once a practice is familiar with the types of characteristics to look for in patients and family caregivers to engage in these activities, begin reaching out to individuals to participate. The recruitment process can take place through a variety of ways:

- Ask providers, clinicians, and office staff for suggestions from their patient populations.
- Post and advertise notices in the practice's waiting room and examination rooms.
- Send notices through e-mail, patient portals, and/or regular mail. Use the practice's electronic health record to consider identifying patients in targeted populations to ensure a diverse representation (e.g., patients with diabetes, patients over age 65, African American patients, etc).
- Place notices in local publications, including newspapers.
- Contact local community-based organizations that serve individuals who also receive care at the practice for recommendations (e.g., local AARP chapter, houses of worship, Area Agency on Aging, YMCA, etc.)

Best practice: *To ensure the most efficient and effective recruitment process, consider engaging in more than one of the outreach methods above simultaneously.*

- After going through the suggested recruitment process above, practices will likely have two separate lists of potential patient and family caregivers: 1. Individuals who contacted the practice after receiving the email, seeing the ads, etc. and indicated their interest in partnering with the practice and 2. Individuals who were recommended by providers, clinicians, office staff, or community-based organizations. The next step—the interview process—will need to be approached slightly differently for each group. (See **Attachment B** for example discussion questions to consider asking during initial conversations with potential patient and family caregivers.)

    - **For interested individuals who contacted the practice after receiving the email, seeing the ads, etc.:** Practice should be prepared to ask the sample discussion questions at the time the patients or family caregivers call. Use the conversation as an opportunity to get a sense of their past health care experiences at the practice, availability, and interest in the work.

    - **For recommended individuals**: When calling these individuals, practice staff should first be looking to gauge the patient's or family caregiver's interest in partnering with the practice. If the individual responds positively, continue through the discussion questions and, as with the group above, get a sense of their past health care experiences at the practice and availability.

Best practice: *In both scenarios, end the conversations reiterating the value of partnering with patients and family caregivers and the importance of embedding patients and family caregivers in the practice as a strategy for enhancing care delivery and quality.*

First meetings

As practices begin thinking about and planning for their first meetings, refer to "Key Steps for Creating Patient and Family Advisory Councils in CPC Practices" for tips and best practices.

Next steps

After partnering with patients and family caregivers in these ways and seeing the value that it can bring to a practice, staff may decide that the best next step is to implement a more formalized, ongoing Patient and Family Advisory Council (PFAC). For the practices that have already begun to engage patients—they have a head start and will be able to make the transition smoothly.

In addition, there are resources available to help practices create a PFAC. The National Partnership for Women & Families has produced a step-by-step guide to creating a council, which includes logistics; determining PFAC staff and roles; drafting mission, vision, and goals statements; identifying and recruiting patient and family advisory members; preparing for the first meeting, and best practices for sustainability. To access this resource and other complimentary tools from the Institute for Patient- and Family-Centered Care (IPFCC) and TransforMED, visit the CPC Learning Collaborative website.

For more information or to discuss hands-on technical assistance opportunities, please contact Jennifer Sweeney, Director of Consumer Engagement and Community Outreach, at jsweeney@nationalpartnership.org or (202) 986-2600.

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at www.NationalPartnership.org.

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