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CPC Action Period Call: Implementing a Patient and Family Advisory Council (PFAC)

3/12/14

Sara Bolton, MPH

Agenda

- Courtney Roman, NPWF - PFAC implementation to Drive Improvement
- Practice Sharing:
  - Springfield Health Care Center, Inc.
  - Family Practice Associates of Southwest Ohio
  - Lawrence Wang, LLC
  - Springfield Center for Family Medicine
- Upcoming Dates and Next Steps

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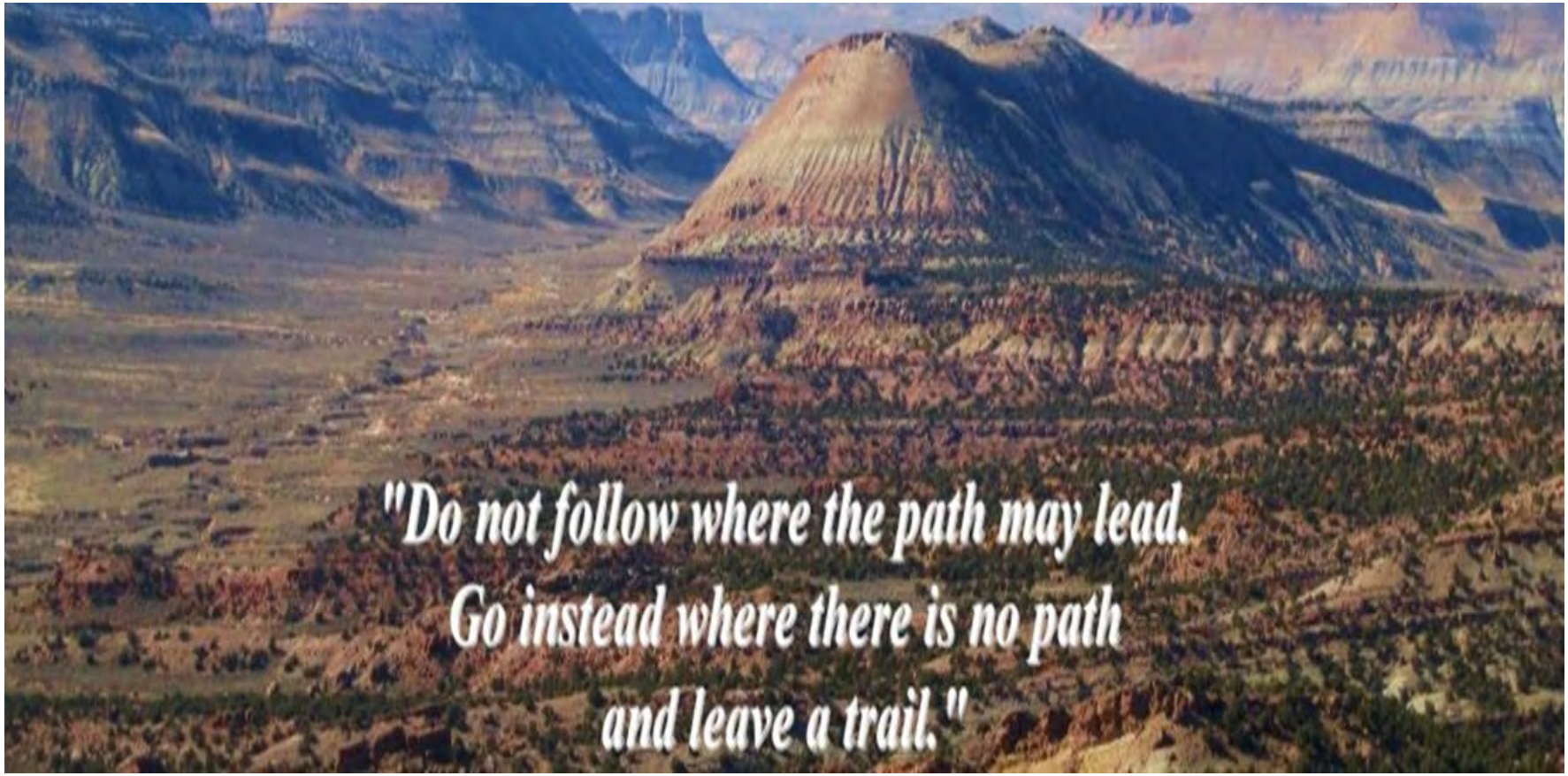
Partnering with Patients and Families in CPC Practices

Courtney Roman
Patient and Family Engagement Manager

Ohio Regional Learning Collaborative
March 12, 2014

national partnership for women & families

Trailblazers!



Quote by: Ralph Waldo Emerson
Photo source: http://www.thechadmichaelsproject.com/

Opportunities for Partnering with Patients and Families

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- **Work with patients and families to:**
  - Identify **existing challenges** within the practice (e.g., phone call volume, wait times, medication refill process) and discuss solutions
  - Review and re-design existing **care plan templates** and work together on updates or revisions to best meet their needs (Milestone #6)
  - Assess and re-design or enhance **patient self-management support programs** (Milestone #2)
  - Select and/or develop **shared decision-making tools** and pilot implementation together (Milestone #7)
  - Develop/review the design, function, and uses of **electronic patient portals** (Milestone #9)
  - Identify barriers for **accessing care** (Milestone #3)
- **Partnering with patients and families drives improvement across all of the CPC milestones and is a strategy for helping you to achieve all of those goals**

Examples from CPC Regions

- **Ohio: Launched PFAC in November 2013**
  - Priorities—Care plans, spreading word to the community
- **Colorado: Launching PFAC in March 2014**
  - Priorities—Communication and reviewing and re-drafting educational materials
- **New Jersey: Launched PFAC in November 2013**
  - Priorities—Shared decision-making tools and practice procedures/scheduling changes
- **New York: All 10 practices launched PFACs in 2013**
  - Priorities—Conducting practice “walkabouts”

Best Practices

- **Start before you're ready**
- **Work to move away from doing "to" or "for" but, instead, *with***
- **Spending time on recruitment is a worthwhile investment**
- **Think long-term—patient and family advisors can help with setting agendas, recruitment, orienting**

For more information

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Questions?

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Springfield Health Care Center, Inc.

Debbie Cox, Office Manager

PFAC Staffing

- Staff involvement
  - Physicians rotate meetings
  - Care Coordinator
  - Nursing staff rotates meetings
  - Office Manager

Recruitment Strategies

- Followed guidelines provided in a document titled "Key Steps for Creating Patient & Family Advisory Councils in CPC Practices", by the National Partnership for Women and Families
- Physicians recommended participants
- Selected 3 patients/family members for each of the three physicians
- We used a patient / practice compact template provided by NPWF to describe roles & responsibilities
- We used a confidentiality agreement template provided by NPWF

Focus Area

- We conducted a round-table at our initial meeting to identify potential focus areas important to the council.
- We then included 3 key topics the practice wanted council involvement with – care plans, shared decision making, and communication.
- Our top 5 topics were chosen from this master list.

Council Details

- Currently meeting every 4-6 weeks
- Have had perfect attendance!
- Have not determined if we will offer some type of compensation – hasn't seemed necessary yet!
- Agendas are driven by meeting activity/decisions/timelines

Action Plan

- We are just beginning our action plan(s), so do not have much feedback on that process yet. We will share information as we begin our development.

Lessons Learned

- It was not as scary as we thought it would be!
- The physicians did a very good job selecting candidates.
- Keeping meetings on track is a bit of a challenge. Members are very excited to be participating and have a lot of opinions/ideas they want to share.
- Staff involved is very humbled by the outpouring of enthusiasm & collaboration – just because the participants were given an opportunity to be partners.

Next Steps

- We are working with the council to develop our communications options, to share information with all patients in the practice, and give everyone the opportunity to share ideas and suggestions.

Questions?

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Family Practice Associates of Southwest Ohio

Debra Southard, RMA
Practice Administrator

Why we selected Patient Family Advisory Council (PFAC)

- We felt it would provide better data
- Allow interactive communication
- Provide the ability to measure change and improvement from the same group of individuals over a period of time

PFAC Staffing

- One physician
- Practice Administrator
- Clinical team lead
- Administrative Assistant for CPCI
  - Who also serves as our PFAC leader

Recruitment Strategies

- We recruited participants by first asking each doctor to provide a list of 5 patients each

- We wanted a diverse group of participants which included;
  - Various age groups, ethnicity, gender and economic status
  - Different risk and education levels
  - Include those with active pediatric or elderly parents as patients
  - Balance of tech and non-tech Individuals
  - Newer patients and those with longevity in the practice

Recruitment Strategies

- Introduction of PFAC to patients included:
  - Receiving a letter from the practice explaining the purpose, involvement required and why we were inviting them specifically to participate
  - Follow-up call from PFAC lead was to:
    - Discuss & answer any questions they had
    - Ask them for a commitment to participate

Focus Area

- The office did not:
  - Limit our focus for our group
- We felt all areas of the practice were important
- Detailed practice surveys were mailed to each PFAC member a month prior to the first meeting

Action Plan

- After our surveys were returned the data helped our office create the first agenda

- We shared data with our PFAC which included:
  - Survey results
  - What a PCMH is and our goals for PCMH
  - Vision for the practice future

Council Details

- Meeting agendas are created based on our CPCI/PCMH goals and where needed improvement

- PFAC attendees include;
  - One physician lead, Practice Administrator
  - PFAC lead, Clinical staff lead
  - 6-8 patient PFAC members
    - We added one more member this year
  - Patient participation is voluntary and not compensated

Lessons Learned

- Advice to offices who want to implement PFAC
  - Set your objectives in advance
  - Have an internal meeting first before meeting with PFAC
  - Be open to the feedback you will get as patients can be brutally honest at times
  - Use the data you obtain to implement and measure change

Lessons Learned

- The PFAC has allowed the office to:
  - See care from the patient viewpoint and learned a great deal
  - Made changes based on input allowing the practice to influence care goals and outcomes
  - Understand that all patients do not use or want to use technology to interact with their physician
  - Opened our insight to areas we felt we did well but needed to do much more
  - We now feel empowered by improvements made in year 1

Next Steps

- How will the PFAC be integrated into practice communications to patients?
  - This will be Incorporated into office brochures and website
  - Plan to share data and progress on website

Questions?

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Lawrence P. Wang, MD

Karen Werline, L.P.N

Allison Boone, R.N.

PFAC Staffing

- Staff involvement
  - Office manager did the recruiting
  - Patients and caregivers were chosen as a team
  - Karen is the contact for the PFAC

Recruitment Strategies

- One on One
- Letters sent out
- Follow up phone call
- During the recruitment we included a brief introduction to the purpose of the PFAC

Focus Area

- Identified needs to discuss
  - Appt. availability
  - Voice mail and call back time
  - Billing
  - One on one with the Dr.
  - Wait time
  - Check in and check out
  - Introduction to Community Care

Council Details

- Role of the patients and staff discussed
- Discuss why we are doing the meeting
- Agendas created before hand by the Dr. and staff
- Our whole staff attends the meeting
- Questions and Answers
- We chose to have the meetings at Panera over bagels…

Action Plan

- Renewed importance of communication, i.e. inform patients if we are running more than 45 minutes behind schedule
- Initiate patient portal
- Optimize our phone system with after hour access- patients oriented at office visit to phone system

Lessons Learned

- Don’t be afraid
- It was very rewarding
- Patients loved being involved and having the chance to be heard

Next Steps

- We will continue to communicate with the patients that their opinion is important.
- Hospital follow ups
- High Risk Phone Calls
- Meaningful Use
- Ongoing Advisory Councils
- One on one Dr. office visits and phone calls

Questions?

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Springfield Center for Family Medicine, Inc.

Cindy Brewer, Practice Manager
Tina Wildermuth, PFAC Coordinator

PFAC Staffing

- Staff involvement
  - Who did the recruiting? Tina Wildermuth PFAC Coordinator. Tina is also part of our billing staff.
  - Who is the point or champion for this activity? Tina Wildermuth and myself the practice manager.

Recruitment Strategies

- How did you recruit participants? Ran Reports to get a good group of age, race, ethnicity, and diagnostic conditions such as diabetics. Asked Physicians, Registration, Phones, Check-out, Clinical and billing staff for recommendations.
- What kind of orientation or introduction did you provide for their involvement in practice improvement activities? Drafted a phone script to read.

Focus Area

- How did you decide this focus area? Performed patient survey a month before the PFAC meeting
  - Did the focus area guide participant recruitment or did the participants guide identification of the focus area? Shared CPC goals and presented patient survey and results to the PFAC meeting for guidance and identification of the focus area(s).

Council Details

- How are the meeting agendas created?
- We look at CPC goals and prior meetings and determine what needs to be followed up from the last meeting. Present new survey results for new plans of action. Invite an area of staff to share on a specific area of change.
- Who are the attendees? Dr., rep from each Dept.
  - Are they being compensated? Paid lunch hour and lunch

Action Plan

- How did you create and implement an action plan based off PFAC feedback?
- Did a PDSA several times and followed up with staff. Also did a small patient survey to proof staff were performing.

Lessons Learned

- What advice would you give to your CPC peers who are new to PFAC implementation?
- Follow the steps laid out by CMS and Health Collaborative to get started otherwise we had no clue. It pays to do both the survey and PFAC meeting. We do survey month before. It gives you items to present to the table for PFAC guidance.

Next Steps

- How will the PFAC be integrated into practice communications to patients?
- Office Bulletin Board Announcement.
- Having our meetings & lunch in a portion of our waiting room during lunch hour sparks people to inquire about what is going on as well as they see our sign. We don’t close the doors so people are coming in to pick things up or leaving an appt.

Questions?

Upcoming Events and Next Steps

- 3/17/14: CPC Systems Meeting (10a-12p)
- 3/18/14: CPC National Webinar- Behavioral health integration. (1-2pm)
- 3/20/14: CPC Independent Meeting (9-11a)
- 3/20/14: CPC National Webinar- Attributions refresher
- 3/25/14: CPC National Webinar- Self-management support
- **3/28/14: CPC Learning Session (8a-3pm)**

Contact Information

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