Milestone 4 Action Group: Patient and Family Engagement

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Hello everyone. This is Rose Langdon from TMF Health Quality Institute. Welcome to our Milestone 4 Action Group Live Session for patient and family engagement. Today's session is titled Assessing Your Patient Engagement Tools: Are they really activating patients to change? I'd like to start things off today with a few announcements. A new post event survey has been developed with the aim of capturing information that will help us understand our audience as we plan for future events. We are requesting that all attendees, practices, panelists, faculty and other guests complete the attendance and organization demographics portion of the survey, as well as provide feedback on today's discussion. Up to 10 attendees participating in the same room may be listed on one survey. We appreciate the presenters' time and effort in preparing for and sharing their valuable knowledge. Any statements about the quality or utility of any product or vendor made in this presentation is an expression of the opinion of the person making the statement only and it's not an opinion or endorsement of the Center for Medicare and Medicaid Innovation, TMF Health Quality Institute or the host of this presentation. Now, I'd like to introduce you to the speakers for today's session. Leading our discussion is Dee Dee Nuss from Coal Creek Family Medicine in Colorado and Christa Lawrence with Jessica Roldan from UAMS Southwest in Arkansas. Laurie Paul and Jackie Crain will be facilitating this session. And now, as we do with all of our Action Groups, I'd like you to use the annotation toolbar which is found in the top left corner. Click on that and click on the arrow and please point to where you're viewing this webinar from. Wow, we right away filled up all of our regions. That's wonderful. Excellent. And a lot of you signed in very early. So I'm—We want to give you an exciting session today. Excellent. And now, I'm going to transition, so you may wish to turn off your arrow, so you do not accidentally annotate on slides that do not need annotation. Keep in mind that this is your action group. We're going to be very interactive using a variety of means of getting you involved. So please chat in your questions. If you have a telephone or a headset and you'd like to raise your hand and participate, we welcome you to do that. And I'd like you now to go to the Chat by checking the little Chat bubble up to the top right. Click on that and type in what questions you have or comments about PFAC that you would to address today. And now, I'm going to turn the microphone over to Laurie Paul to kick us off.

Good afternoon everybody. I hope your day outside is beautiful as our day is here in Oklahoma. It's about 80 degrees and the sun is shining with just the lightest beautiful, cool breeze coming through. So it's beautiful day here. So, I want to remind everybody about this forum. It's a Collaboration website, the forum for the patient family engagement action group has been so lively. And we really want you to continue to use that in between our sessions, telling us your stories, what you're doing with your PFAC,

your successes, your challenges, anything that you want to write there. Because it's a great place for people to go and share their wisdom, but also gather wisdom from our peers. And if you haven't subscribed to it, make sure you've done that as well. There's a place on there that you can subscribe, so you'll know whenever a new posting has come up or when somebody posted is looking for input from others. You'll be able to see that and share your wisdom with them. Another thing we really appreciate is for you to tell us a specific topic or an area with your PFAC that you would really like us to talk about. Anything that involves patient and family engagement, whether it's your PFAC or survey, anything that you'd like to talk about in further webinars we'll be happy to entertain those ideas. For today, remember, you can experience this in so many ways. You can use your telephone. There's a little hand icon underneath your name. You can raise your hand and give us your input that way, ask a question or maybe just provoke some new thought or ideas, share your own experiences. You can also use your Chat function and ask us question or make an observation. You can network with your peers this way. It's really a very rich way for you to do it or you can just listen and catalyze the information that you're getting. We're hoping that you'll take some action steps way from this session so that you can apply those at your site. On our last PFAC which was way back in January if you remember, we talked about how practices are communicating their transformation effort as a result of both their PFACs and their surveys and got some really novel ideas on that of how to communicate that to the whole practices, to the whole—all the patient population in your practice. We also talked about recruiting new members and got some suggestions for tools on structure, agendas and recruitment ideas. And then, like I said, there has been a lively conversation on the forum since that first meeting in January and I want to congratulate everybody about that and encourage everybody to continue with that great conversation. Some of the things that we—they've talked about is, you know, they wanted to talk about how hands on are the PFAC members? Do PFAC members have an email that's posted somewhere and then the patients can contact them? That was one of the threads. Another one in the threads was that their—the idea at one clinic was to have a suggestion box and patients can communicate with their PFAC through their suggestion box and it was also used for transformational ideas and changes at their center. So ideas like this are just wonderful to talk about. Another thread that has been on the forum has been based on our last PFAC meeting in January about how you communicate your work that you're doing to all of your patients and population. And there were some great ideas about posters and about putting the information on monitors in the patient room and all kinds of things like that, signage and multitude of ideas. And you're welcome to go back and post on any of these previous forums and bring your ideas forth or ask further question. And then, this was a review of our first quarter PFAC that we had in January and we talked about—and what was talked about at that time. And with how one clinic posted about how they are bringing new PFAC members on and how they orient them to the whole process of the PFAC, the mission of the clinic, why it's important to have it, how they use their patient portal as an experimental experience for the patients and how they get their patients more and more involved in all of that. So you can see that there's a richness out there that can only be done on the forum that you can chat back and forth. So I want to encourage you to continue to use the Chat, continue to use that forum on the Collaboration website. At this time, if you'll just click on your little annotation arrow and give us a clue of who you are out there, what your role in the practice is. We had a really interesting idea for this PFAC. It didn't work out, but we had the idea of having a patient present. And so I'd like to open that up as an option and invite your—and—an idea would be to invite your patients to PFAC meetings, these

patient family engagement meetings and get their [inaudible] and their information. They could sit with your over your lunchtime or at 1:00 or 2:00, whatever time it is at your area and actually hear and maybe even interact with us. I mean, that would be wonderful. We would want them to sign a release if they were going to talk or anything. But yeah, that's great.

10:00

So we've got a lot of care managers, care coordinators, a lot of project managers on the phone, the quality specialist, a PA or nurse practitioner, lots of nurses. Perfect. Perfect, perfect. And then quite a few others and a lot of those others, I'm like not sure what the others are, but if you don't mind, go ahead and chat in what your role is under Chat, so we can see what your role is. That'd be great. OK. We're going to move on so if you'd like to go ahead and click on your annotation arrow again. Turn that off, so we can not have you accidentally annotate on another slide. We're going to talk about today, patient engagement tools, OK? And patient—How do you use all the different tools that you use in your clinic? And do you use them with your PFAC and how you're getting your input? But we want to meet your needs today. So, please go ahead and chat into the Chat function. If there's another topic that you would like addressed and we'll take that and put that on our white board, so we make sure we don't forget to address that. Are there any other topics that you'd like to talk about today? We did get a Chat in from Dee Dee, who is our presenter, and she's actually the billing manager at her office and she's on our call today. So we'd like you to again click on your annotation arrow and answer this question. Do you regularly ask your PFAC to review patient activation and engagement tools such as your patient portal, your care plans, your educational tools, your shared decision aids, your chronic disease action plans? Wow. Wow. Would anybody like to raise their hand and tell us how they feel about that and how it's working at their clinic? We got some great presenters that are going to talk about how they're doing it at their clinic. That really excites me just so you know, because it really shows here that you are utilizing your PFAC and your patient population to give you feedback and to tell you what's user friendly, what's appropriate, what will help with your patient activation, you know. All right. If you want to just click on your annotation tool again, so that we don't accidentally annotate going forward. It's my great pleasure to introduce Dee Dee Nuss. Dee Dee and I have put together these slides and she is the Patient and Family Advisory Council Lead at the Coal Creek Family Medicine Clinic in Louisville, Colorado, but she is also the QI/CPC member from their Billing Department. And I am so excited that this clinic has taken every single role and really put it together on their CPC teams and got an input across the board, not just from the clinical team, but from the back office team that we sometimes call them as well. So at this time, I'm going to let Dee Dee take over, Dee Dee?

Hi there. Thank you. So yeah, so my name is Dee Dee and I am the billing manager at my office. Our quality team meets twice a month and we had decided at one of our meetings that having a PFAC was a good idea. And so I offered to take that over. I had some flexibility with my time and able to be able to put that together, so that's why as odd as it might seem that the billing manager might take that over, we have somebody from each of our department on our team. So that's why I took that over. So our office, we have four MDs and two PAs. We are strictly family practice. We have an RN Care Manager named Valerie. We have an MA that works with our Care Manager, named Shelley. We have six MAs that work with each of our clinicians. And we do utilize NextGen as our software vendor at this point. So

our PFAC began in May of 2014, excuse me, so we've been going for a year now. When we first got started, our group was so excited. They wanted to meet every single month, so we did meet in May, June and July of 2014 and then we did go down to quarterly ever since then. They are an eager little group. We have a fairly small group with nine patients plus our—we do have some staff members that also attend the meeting and they just have become quite the little group. They've all become friends. They share things personally about themselves after the meetings and it has been a great group to work with so far. So the processes that we use at Coal Creek, the quality improvement committee had made the decision to change some of our shared decision making tools this year. We were using colonoscopy as one of them and it was determined after a short time that colonoscopy is sort of one of those things that the patients just kind of know that as a gift on their 50th birthday, that's what they get. So, it was lass of the shared decision-making tool because most people just knew that that's what they wanted to have done. It was the right thing to do. So there wasn't a whole lot of decision making in that. So we decided to change that and so, we actually chose two, which we'll go over in a minute. But the next part of it, NextGen, our software vendor has a lot of decision making tools to choose from within a research library that we have in there. So it was nice to be able to utilize that to get our tools to share with the patient. We did—At a quality meeting, we did decide on these new tools and then, it was recommended that we take those tools to our PFAC to see what their thoughts were, to have them work them over and to see if they felt as strongly as we did that these topics were potentially more beneficial than the one that we were using. And the next slide. So, in April last month, we took the two tools because the one that we already had was for PSAs and we did determine that we wanted to keep that one because that was a strong talking point. There is a lot of pros and cons against getting a PSA done. And so, that one, we did choose to keep. The two new ones that we chose were mammograms for women age 40 to 50 and then osteoporosis treatment options because there are several when it comes to whether you take medications or natural supplements and such, so we wanted to be able to present those to the PFAC. So, at our last meeting in April, I brought copies of both of those to the group and allowed the group to look them over and they were thrilled. They thought that they were wonderful topics to have because it definitely would engage the patient more in making that decision. There's a lot of things that people hear in the media and on the internet and so, it was nice to have something that we could present to our patients to let them talk with the doctor, discuss what the risks and benefits are of doing both of those and then they could make an informed decisions on that. After the meeting, well—and then, they did review and highly accepted them. And they felt that they were strong tools to use and that they did have good information on both sides of the topic. They did not feel that they were, you know, leaning towards a yes or no on those. So they were accepted and we did take those back to the physicians and let them know that those were great ideas. And then after the meeting, I did have a member come up to me and I've actually have this happen a couple of times. But this one was just really nice because she actually came up to me after the meeting and she just thanked me because she said, one of the nice things about this group is she just feels so honored to be asked by the physician in a group setting like this to go over information that will be then presented to patients and she was just really honored to be able to do that. She was so thrilled to be part of the group. She has seen some of the changes that we have talked about in previous meetings. And so, she just really thanked me for allowing her to be part of the group. And I think that really hits home that it does matter to them. They really do want to be a part of their care and to help others receive better care in the end. So that really meant a lot to me. I thought

that was really nice of her to say. So the next one. Some other educational materials that we also have received. We're very lucky to have one of our PFAC members is also—works for the American Cancer Society. And so, she has been able to bring us patient educational materials that they have so that we can utilize those within our office. And to see if, you know, our clinic wants to use them, if the physicians approve which has been really nice because they're well written. They're, you know, provided for us which is great, obviously on its cost-effective fact. And then, End of Life care materials was also brought up. And that's another thing that we discussed because we do, you know, have aging patients in our practice. And so that was one of the things that we wanted to bring in was what types of End of Life care materials they wanted to see.

20:01

Not so much actually making the decision but how you lead up to that decision. And so, we talked about several resources and have some that we are going to be, hopefully implementing in the practice soon.

That's great Dee Dee. I really appreciate all that input. Sounds like you do have a really active Patient Family Advisory Council and those—the members really do value giving you their input.

They do.

So this time. I'd like to know if there's any questions for Dee Dee?

Well we do have one question as to the composition of the PFAC if there's—how many men versus how many women and if you notice any information around the shared decision aid tools that maybe the men—maybe women may have expounded on more than the men or vice versa. Or the composition make up of your PFAC of men and women was a good group to expound on your shared decision aid tool.

Oh sure. We have four men and five women right now. So it's almost half and half and it's actually interesting you say that because none of them were specific and like the men all right over the mammogram once, I'm sure they sort of skimmed because that's that not one they'll be using. But none of them have any specific, you know, comments being, you know, gender related.

And how often do you meet now quarterly you said, is that right Dee Dee?

We do. We meet quarterly now.

Right.

I love how you guys — I was just going to make a statement of I love how you guys had the ideas to meet monthly initially and then quarterly. Some feedback I've received from other practices in my own experience is that's a really good jump start to get your PFAC oriented with each other and on the processes within the clinic and how you would like to utilize them and I love that they were eager to jump in.

Yeah. They were almost a little too eager sometimes but it's been great. They have made—wanted to make—we—a couple of meetings have actually gone completely off topic and have had some time to discuss this other topics in the office and as far as paint color, carpet cleaning, things like that. So they've become quite engaged as a group.

You're welcome. It does look like we have a question from Joan Hanson [assumed spelling], if we can unmute Joan so she can ask her question please. Please go ahead Joan.

Can you hear me? This is Joan.

Yes.

Yes.

OK. My question was he have a counsel, we've had it as long as Dee Dee's has been going, May 2014, we have a new group of people this year. We have two people that tend to be very dominating, domineering. I wonder if you have that experience and how to rein them in. I understand that they're volunteering and they have some more things to say but other people, we would like everyone to be engaged.

We do have a couple that are essentially more outspoken than the others but I think, you know, thinking about the group, I think we're fairly lucky that we don't have any that are super domineering like that. We do have a couple that like to share a lot of their personal experiences which has been great because we've had one with a cancer experience and things. So they have shared those experiences. But we've been pretty lucky that our group sort of self-reins some of them I guess a little bit, they—the others tend to share and, you know, start to talk and everybody luckily has been very respectful about that. We haven't had a whole lot of problem with that.

Perfect. Perfect. Anybody else have any input into that. Go ahead and raise your hand and join in the conversation.

So there’s actually a hand up with Sylvia Wittleson [assumed spelling] can we unmute her so she can ask her question?

Sure. Yeah this is Sylvia Wittleson in Denver. And I have a question, how did you make the decision as far as who the members were going to be?

Oh good question. Well for what we did is each of our physicians and our PAs gave me a list of people that they felt would be good to be on the committee as in good meant like some of them were sort of they're complainers so they felt that that would be a good place for them to be and some were just long-term patients. We had a wide age range from very young to very old. We sent out letters to all of those people letting them know that their provider had indicated that they might be a good candidate for this committee. And if they were interested, they needed to fill out a questionnaire and then they submitted that to me and then we looked them over. And we didn't have a huge response. I was a little surprised about that. We did not have a huge response, we only have the nine respond and all of them

were great candidates for the committee because they didn't have—several of them were long-term patients and some were fairly new and so it was nice to have a combination of that. So, we did have them fill out a full questionnaire even indicating like some—well there's some of the problems you see with the practice because we wanted to see what we were kind of getting into with each patient. And we just had a very small set response but we've, you know, taken those in. We're always looking for new input from patient. If the providers think of someone then they let me know and I will contact them to see if they want to join at this point. But at this point, we did ask them to sign on to a 2-year commitment. So, they're heading into their second year now.

Dee Dee would it be possible for you to share your questionnaire—

Sure.

—on the Collaboration site? That would be a great tool to share because I think people probably do have a question about how do you really set those patients to be on it and then the other part of it is the commitment for the two years. It's huge. I know that there are some Patient Family Advisory Councils that actually rotate people on and off at different times so that not everybody on the PFAC is new every two years. So that's another idea I've heard when I've been out visiting different sites is, you know, like half of your Patient Family Advisory Council patients rotate off one year and then replace those and then the next year the other half that had been on. So a 2-year commitment is great so you can have that continuity as well. I don't know if anybody thought about that.

Jackie do we have any more questions?

I don't see any at this time.

OK. I'm going to turn the meeting then over to Jackie who is—

Hi this is Rose and Ivory Lerashel [assumed spelling] has her hand up. If we could unmute her to ask her question.

Hi, sorry, I put them in the Chat. I don't know if anybody can see the Chat or not. I was wondering on the mammo SDM if it was piled just from information that the doctors had found individually or if they found a specific SDM that they like online for all of the mammo information.

Oh, for the mammo that was one that we did, we get off of our NextGen software. We have an entire library in there and the one that was in there was quite clear on two sides versus being very one-sided. So we're lucky to have that library accessible to us through our NextGen system.

And then we also have another question about the purpose of the questionnaire.

Oh so the purpose of the questionnaire was just to get a feel for what the patient was going to—hope to get out of the PFAC because what we didn't want is we didn't want the patient who just had a whole bunch of problems that were just sort of—just wanted to kind of come in and complain. We wanted to sort of get them on the right track that this is an area to come and share ideas and not just, like, not just

having a meeting to have them come complain about things like city council meeting. So, we just kind of wanted to get a clear feel of what the patients were hoping to get out of the patient advisory. And so, the questions were sort of angled that way to find out would they be interested and what kinds of things they thought they would get out of it.

Perfect.

I think that's also beneficial in finding out for the patient informing them a little bit more about what the council is about and how they might contribute and as well as what they can get out of it. So, I think that's a wonderful tool. Anyone else had any other questions before we move on? I don't see any others. So we're going to move forward. And I'd like to introduce Christa Lawrence and Jessica Roldan, they're with UAMS Southwest in Texarkana and they have a wonderful presentation for you today with their PFAC. Christa and Jessica?

29:57

>> Hi, My name is Jessica Roldan, I am with UAMS Southwest our family medical center. We're located at Texarkana Arkansas and we are associated with the University of Arkansas for medical sciences. We have regional programs where there are six centers like us in the state of Arkansas. We serve rural areas. Within our facility, we have 7 providers, we have 23 residents, we have a pharmacist on staff, care coordinators, we have LPNs, we have a social worker/behavioral health person, we have to have RN Care Manager and we're working on health coaching and have a diabetes educator and a respiratory therapist. Our EMR system that we're working off currently is GE Centricity. And change the slide if you will.

And this is Christa and I'm going to talk about the composition of our PFAC. I'm the quality improvement coordinator. Jessica is also on it. She's the practice manager. This is a new title for her. We have an IT systems analyst, a respiratory therapist, a librarian. We have seven patients on there and two family caregivers. We also—We actually have one more that just called me the other day and wanting to join. We—Part of our team that I think makes it successful is that we do not have anybody who is front line who sees the patients when they come for a visit. And I think that that has led to our patients being able to open up and really talk on—talk to us and be honest and really tell us how they feel about things. Where they may be a little intimidated to share if it was somebody who, you know, they see when they come in for a visit. The areas that we're having them focus on are self-management support, shared decision making and the patient portal. The first thing, decision making tools for after-hours care. I came up with this—created this template for a card that has on one side of it has reasons to see—go to the ER and one side says reasons to wait and see your family practice physician. It's printed on card stock and it's a large, it's kind of like a large bookmark. I took it to the PFAC and asked their opinion on it and that sort of thing before we put into use. And the patients really liked it. They thought it had a lot of good information. They suggested we put it in the new patient information packets and also have them available in the waiting room to current patients. Some of our council members said that they hung it on the refrigerator for quick reference or they used it as a bookmark. And one of the things is our ER utilization has decreased. And I think, you know, on our after hours—after hours calls have the

increased, so maybe this is helping some to, you know, educate our patients about what are actual reasons to go to the emergency room.

And one of the things that we took to our PFAC was the idea of our clinical health coaching pilot program we implemented last year. With this program, we were looking for a way to help patients gain a partner in self-management support. And we were really trying to find the best way to communicate with our patients. And ideas that we had were between whether we would do a phone talk—phone-based model versus an in-office session visit. One of our barriers for our patients is travel, many of them do not have transportation and so they rely on public transportation or a family member or something like that. So we we're trying to find a way to conveniently reach the patients and make it really—I mean easy experience for them. So, in taking it to the PFAC, we asked them kind of what their feedback was. What they thought about a phone coaching model versus an in office session. And we had some really great feedback from the PFAC. The members, you know, they kind of say it would be more comfortable in their own home with a phone coaching model which was something we had not even thought about. But it's like—So they felt like they would be more comfortable talking in their own setting on the phone with someone as opposed to get an office visit. We also visited the idea of with in-office visit if it would be—when they go in to see their provider then go to see a health coach directly afterward. And most of them are really against that idea too because they felt like they had already been at a doctor's office visit for a lengthy time and they really their mind was overwhelmed with a lot of information. At the time they really didn't want to go see someone else, at that point, they were just ready to get out and go home for the day. So, we like the idea of the warm off. We found that the patients like the idea of us getting in touch with them on the phone better. So we really utilized that information from the PFAC and implemented it in our pilot program and had really good success with the phone coaching model. Next slide please.

OK, and the last part is on the shared decision making tools. We took the tools that we were considering using to the PFAC to have them review them and kind of ask them, you know, to give us some input on the design of them, the literacy content, well, the literacy and the content. And just how user friendly they were. And the—oops—back up please—The tools that we took were the colonoscopy, lung cancer screening and statin utilization. They gave us really good information and feedback on those, a lot of them, they did not like to design, they thought they were too wordy, they wanted something, you know, with nice graphics and bulleted points and they gave us good ideas with that. And they also asked us, you know, how are these going to be used in the office? And we told them, you know, well, the way that it works is the care coordinator, when they're doing their pre-visit planning, they notice that the person needs one and they, you know, note it for the doctor. Well, the patient, I mean, the—our patient advisory council who said, well they—thought it would be a good idea to be able to review them while they're in the waiting room, waiting on the doctor, and just to read it over and look it and everything. So, that's kind of led to a new thing where we have the color tools and they're laminated and I hole punched them and put them on like a little key ring and have them hanging in each of them ring and hooks. So, that the nurse who rooms the patient can give patient that for, you know, if they're due for that service and start looking at it.

>> One of the things that we have really had to troubleshoot and figure out how to make this work has been the patient portal. I'm sure many of you can relate to that. While we have a wonderful portal built, it was—we having trouble getting patients to sign up for it and we couldn't cross our finger on why, so we decided to take it to our PFAC to get the feedback from them. One of the things we did was we had our ITs system analyst come in and she is the one that had been on the portal project from day one and building its design and she came and presented it to the PFAC. Gave them an idea on how the experience works from the moment they come in to the door. They're signed up for a PIN number, how their letters are generated, walking them through the whole process. And then just asked for feedback afterwards and what was, you know, what was or wasn't working, what appealed to them, what didn't appeal to them and it was really great because they gave us ideas about the ease of use with the website, what was troubling, what was difficult, design and process that really help. Because some of them don't like, you know, in our pediatric area that it was too rushed because they got many people back so quickly when they call them in or when they sign in that they don't have to sign up in-between areas on in-between the time it take towards the time they go to the office visit. And even just user-friendliness. If things were too wordy or there were something in the letters uniting. Just anything to get a feedback to improve that process. And since that we've been able to take that information, tweak it a little bit and we're doing some different things with our patient portal and our numbers are going up. We now have a liaison in the waiting area helping people to sign up for the portal, asking them if they can walk them through it. And just showing them how to use it and make it a little more user-friendly experience for them. The PFAC was instrumental in that. I don't think prior to that, we really knew exactly how to get this moving more. So, the PFAC for us has been extremely useful. We have had the—our PFAC, I believe, April 2012 maybe March 2012 and we've met quarterly since then, so, a little over three years. Our PFAC members actually rotate out but we do have a couple on there that are some of our original members. They've been so useful that we've opted to let them stay on our panel but we do have a rotating panel for, you know, people get [inaudible] and stay with us. So, we do pick out new ones. We have fliers posted in the waiting area recruiting if someone is interested in being involved in the PFAC to—how to contact Christa actually and sign up for the membership to it.

Yehay. We also—We also have our providers and nurses passing along the information in word of mouth.

40:06

And letting patients know. I think that there are patients that might be interested or someone who might be good at giving us feedback or, you know, just very expression about their opinions in the clinic, they can recommend them too. And usually, we'll contact the patient ask if they would be interested in participating. So, we have lots of different avenues in getting people involved and it's just been a really great experience for us.

We also have a large banner that is in the waiting room. We rotate these banners, we have one for portal, we have one for PFAC and we have one for after-hours call and we rotate those, we have three waiting rooms and so we rotate those in the waiting rooms.

That's about it.

Thank you guys. I love how shared you've seen outcomes and results that decreased in your ER and increases the use of your after-hours numbers. And I love that you guys sat down and solved the needs around this portal signing up and use of and I think that is something that a lot of our clinics probably could do to help understand a little bit more. I know, I personally have heard, you know, just among all different kinds of portal uses with some difficulties are really are minor that may be preventing patients from using them. So, thank you guys for sharing what you're doing. We do have a question, if you guys might be willing to share your ER versus primary care provider brochure on the collaborative site. Is that something you guys might put on there for everyone to see?

Sure, we can to that.

Thank you. Do we have any other questions coming in? Does anybody have a question for Christa or Jessica? If you do, please raise your hand or chat in your question in the Chat box.

While we're waiting for questions, Jackie? We had a little bit of chat going on here with the interesting part that they said about the not having any clinicians on their PFACs and they felt that it was easier for the patients to communicate and not hesitate to talk about anything and we found out that Dee Dee also doesn't have any clinicians on their PFAC. And so I thought that was a really interesting thing that they brought up that maybe patients would be more free to speak without the clinicians there. And I didn't know if anybody else had any—other input in that. We do have a hand up so, if we can unmute Lisa, that'd be great.

That's fine, I can unmute myself actually [inaudible]. So, I also was really intrigued by the idea of measuring the impact of some of these changes and you had mentioned the ER and I wondered if you were able to really tie those two things together in terms of if your ED utilization went down right soon after you implemented that bookmark. And then, in the same thing, I wonder if you can talk about any other ways that you're measuring either impact or satisfaction of any of the changes that you're making. So, specifically you spoke with this group and they gave their feedback that phone call—phone coaching might be more desirable. I was wondering if you gave any survey or you got some feedback from the general population after implementing that?

OK, on the first one about the ER versus PCP tool, we did notice that the ER utilization went down like that quarter after we started implementing that tool. We also have noticed, you know, I track after-hours call every day and the number of after-hours calls has gone up. So, between—I think it's the combination of the two, one is educating the patient, you know, if you just have sore throat, you don't need to go at the ER, you know, that we can see you in clinic the next day. And we have a lot of availability, open access, walk-in appointments and that sort of thing. And also, you know, the after-hours calls, I have to review all of the phone notes that the physician enter when they're talking to the patient and—Yeah, I think a lot—it's a combination, it's definitely a combination having open access, having the after-hours call and having the patients more educated on this is what you really need to go to the ER for and what you really don't.

And as far as regarding tracking the purpose of the patients in the health coaching pilot, as we work with the pilot, and our initial pilot we worked with 14 patients. And out of those 14, when we initially called

to talk to the patients, we actually asked them in their preference in what they preferred method of contact whether they would like frequent phone encounters or if they prefer to come in for office visits. Most of the patients what we found was that they wanted the phone encounters and towards the end of the process or anywhere in-between that they felt that they needed in-office session, we would schedule on one end. Out of the 14, three actually wanted to come in for in-office sessions but the other 11 prefer to do strictly phone coaching. And since then, we have found that it is really—it's a mixed blend that I would say that three-fourths of our patients prefer to have the phone coaching model versus in-office session. But a lot of times, they do get to a point to where they want to come in for certain things. So there sometimes we can help find them resources. And so, they come in for us to help them find resources or just to do some direct education. I'd like to say it's a healthy mix of both. But definitely the PFAC's input really helped to figure out our way kind of got us from there.

That's so wonderful when people [inaudible]. Do we have somebody else on the line to share?

We do have something that was chatted in Jackie. While people are raising their hands to share, would you talk about if the PFAC decisions in your practice are always implemented or do they have to be approved by the practice administration before being implemented. And maybe Christa and Jessica if you could—

Sure. We actually—what we do is we take our information from the PFAC meetings usually our minutes and we forward them to the QI committee and review what we discussed other, you know, the pros or cons, barriers, the things that the patients are seeing. And then from there, we decide how can we address the need to see if it's going to be fitting. So our QI committee consist of some of our key players in the building and that's how we funnel that information through so that we're making sure about this [inaudible] kind of the chain of command around the clinic.

That makes a complete sense. How about you Dee Dee? Can you unmute yourself and tell us how you take your PFAC's recommendations?

Yes. So what we've done in the past, we have that several—a lot of our ideas are actually coming from the physicians or from staff meetings and going to the PFAC more for to see what their thoughts are and to sort of get their approval so it's more of that direction but we have had several ideas from the PFAC. And as a general rule, I try to bring those back to the quality meetings and then occasionally, we do have monthly staff meetings and so occasionally, it will go to the full staff meeting. But usually at the quality meetings, we'll discuss it because all of our physicians are at that meeting.

The really of that especially if the clinicians are not in the PFAC to hear it from themselves that you take it back to the QI meeting and the staff meeting so that they can actually get feedback from the PFAC. What a jewel that is because the people at the PFAC of course the staff members get that input but then communicating it back to your whole team and then actually making changes based on what the PFAC recommended through the proper chain of command. That's awesome. Anybody else have any input on that? Looking for hands to be raised so you can tell us about how you're using your PFAC at your clinic to set your tools, to communicate ideas and also to measure your effectiveness of the tools that you've changed. Anybody have a hand they want to raise or anything that you want to chat in?

Does anyone want to share a little bit more about Laurie's question about clinicians not being on PFAC or those who do have clinicians on the PFAC has that affected the way your patients share any or how do you guys feel about that? Anyone that has anything they'd like to share, please raise your hand or chat it in. We'll move forward a little bit. We have some discussion questions. So we'd love for you guys to either raise your hand or chat in and we're going to pull up the white board and ticklers and then take some notes for us on the five P's of assessing your tools. Purpose, why is it important to make sure your tools are engaging your patient population. How can patients benefit from those tools that you've embedded into the workflow of your practice?

50:00

Who should be involved in reviewing your tools? You know, who all reviews your tools and how often are they reviewed, how often are they updated? Do you guys have a policy in place? And how often they need to be reviewed or updated. What does the review process look like? And what pattern should you look for when assessing your tools? Laurie, do we have a white board for some discussion? Does anyone have anything they like to add or raise their hand or chat in?

Jackie I think you have to pull that white board in. At the top.

Right. Would anyone like to share how they have handled information or questions, or thought of changes or adjustments in the clinic that maybe weren't so ideal to make? How have you all handled those situations that have come up in your PFAC meetings? You guys are quiet today.

Jackie and Laurie I'm wondering if this audience could share what other purposes they used their PFAC for to engage their patients. We've heard about shared decision tools. We've heard about the portal, the ER, and other things. What else do you use your PFAC for—to change your practice?

I'd also like to pose the question if you also—like your PFAC has been valuable to you in making these changes in your practice and if it help aid in implementation. Certain things you wanted to embed into practice that might be prevented those ideas from being implemented and then taking back and change is made and then implemented again. How they do that or PFAC maybe have prevented those continues changes when implementing a new process. How have they helped that implementation of that process? Maybe one and only time that you have to do that or that you're able to send a good kick off into that implementation process. It's a new idea without any bumps in the road along the way.

Christa you can go ahead and unmute. We'd love to have you participate in the conversation.

Yeah. I was just going to say that another thing we always do and we always allow and time for open discussion. And sometimes they'll bring us problems that we didn't know existed. You know, there's our eyes and ears on the clinic and, you know, a very valuable resource to us and they'll tell us about problems that we didn't know existed and they, you know, a lot of times are really helpful with that. I mean, we want to know the bad not just the good so that we can get better. And one example of something that they—we talked about that we made a change, they asked about some like fires and community resource type information and, you know, how can I get information on this and everything and they didn't realize that we had a library, a medical library on a different floor. And so, I, you know,

talked to the librarian and said, hey, you know, can we get some—a big brochure holder moved down where they can have all this information on the second floor between the waiting rooms. And, you know, it really has helped. I mean that brochure holder is empty. I mean it has to be refilled over and over again because they're really, you know, taking that information and stuff. And so that was kind of a suggestion that came about just from their open discussion.

Thank you. I love how everyone is using their PFAC to make changes within their practice and taking the feedback. I know of another practice who shared at another time how they use their ER brochure education tools and they mailed it out to their frequent flier ER patient. To any of you participating today in this webinar, do you have anything to share about maybe tools or resources you created that you would like to share and discuss how you are using those and educating your patients to help with maybe a problem that you guys saw within your practice?

I know our practice would be really interested in hearing how other practices handle that because we—here in Colorado, we have a lot of pop-up ERs that are not urgent cares. They are emergency rooms that are standalone. They're not with hospitals specifically anymore. And so, it's just making it—the urgent cares were making it easy enough for the patients to access care for the slightest little things at night and now the ERs are open all night long and charging so much money. So, if anybody does have any other suggestions out there, we would love to hear them.

Anyone have any suggestions or ideas or thoughts around how you all handle that in your area? If you do, please raise your hand. We'd love to hear you. And if some clinics have added ER versus urgent care versus primary care practice for means and reasons to go to each one on brochures that they've handed out to their patient.

And Jackie, we had heard earlier in the discussion that we should be educating our patients about the pop-up ERs because they do cost a lot more than an urgent care but patients may not recognize that they're not urgent cares that they're actually ERs.

Right. Anyone else experience some similar circumstances that they like to share maybe how they were able to educate their patients in the different areas? Not seeing any hands at the moment or any other questions. We're going to move forward. I'd like to ask a poll question. Are you able to apply any ideas learned from today within your practice? If you wouldn't mind, please click on the annotation tool on the left-hand bar and let us know how you feel about what was shared today and that you think that's useful to you all because we want these webinars to be useful to you. And maybe you have any thoughts on other topics you'd like to discuss and if you—

Looks like we've lost Jackie's audio.

Yeah. I just saw that. So it looks like people are pretty much agreeing that they got some ideas, some people are still neutral on that but that's good. What I really like to do now is I'd like to just do a brief summary of everything that thank our presenters for presenting and taking their time to put together the wonderful information they did, Dee Dee and Jackie and Christa and Jessica. And then I want to remind everybody that the forum is there for you. And so please note that you can put anything out

there. Some of the rich conversations that we started on the chat here would be great to continue on the forum. But please, also share the things you're having successes with, the things that maybe you're having challenges with. These wonderful tools that our two presenters are going to share on here, you have wonderful tools that you've come up with through your Patient Family Advisory Council and through your QI committees.

1:00:06

Please share them on the Collaboration site. That's your place to go to. And keep the conversation going. So, please do that and then our last request is to please give us ideas for things that you do find—would find helpful to you as far as your patient and family engagement. This is where we get our ideas from is from the Collaboration site. So please put your ideas on there on something that maybe you'd like to hear more about, learn more about or maybe present from your site that you're doing something novel and interesting and would really like to share that with your peers. We're looking for best practices, we're looking for that—those secrets out there that you can share and really spread the success of all the clinics. I'm not seeing any other questions or chat. I'm going to turn this back over to Rose Langdon. Thank you Rose.

And thank you Laurie and Jackie and our presenters. And I want to thank all of you for attending. As the WebEx closes, you will automatically be directed to a survey. Your feedback on this survey is used to continually improve our learning opportunities. In addition, please remember that it is important to accurately collect information on each individual in attendance and each organization. If you are not from a region or a practice, please select not applicable in both the region and the practice ID drop downs and you will then be able to select your organization. Should multiple people be viewing this session together, up to 10 people may be added to the same form. Again, thank you and we'll look forward to seeing you in other action group sessions.