CPC
Comprehensive Primary Care

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Practice Spotlight 10

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*Capital*Care *Medical Group of upstate New York has 10 CPC sites that all chose to pursue the* ***Patient and Family Advisory Council*** *option for Milestone 4 (Improve Patient Experience). In this week's Spotlight,* Capital*Care shares how they planned and recruited for the councils as well as how insights gleaned from council input have sparked a range of changes in their practices.*

"We've been working so long at putting the patient at the center," said **Kathleen Mattice,** BSN, RN, PCMH-CCE, director of clinical services for Capital*Care* Medical Group, "but we've been doing it *around* them through processes and outcomes. The councils are our way of saying 'You are our partner. We want to hear the good and the bad.'"

> **"Participating in PFAC fosters harmony between the patient and caregiver visions for compassionate and comprehensive therapeutic relationships, which motivate us to seek out one another in the first place."**
>
> *Cindy Chan, MD*
> *Internal Medicine Nott Street*

The concept of engaging patients and families wasn't new to Capital*Care*. During its previous work in a PCMH project, the medical group had used survey data to shape some aspects of the medical home. While the information was generally useful, all 10 CPC practices agreed the surveys only skimmed the surface of patient engagement needs. The practices collectively decided the PFAC approach would provide up-close and actionable feedback that was specific to their sites, staff and workflow. Additionally, the council approach could foster an ongoing conversation about patient care as the practice continued its path toward comprehensive primary care.

Capital*Care*'s 10 CPC sites all held initial PFAC meetings in the third quarter of 2013 and successfully repeated meetings for all sites in the fourth quarter. During each site's weekly CPC meeting, PFACs are a standing agenda item for ongoing planning for the quarterly meetings. This timing ensures all team members are aware of the process and can contribute as well as make decisions as needed. This lessens the burden on individual members and spreads the work over several weeks.

"The PFAC has given us specific ideas of how to improve our care, "said **Carol Braungart,** FNP-BC, from the Internal Medicine Nott Street site. "Our patients provide us with their perceptions and ideas of what they want from their health care provider, enabling us to move health care to a higher level."

From left: Cindy Chan, MD, and Brittany Bardin, MBAH, clinical quality analyst

"Of all our CPC work, the value from the outcomes with the PFACs is obvious," said **Brittany Bardin,** MBAH, clinical quality analyst. "We can plainly see how we directly and indirectly

CPC practices are encouraged to refer to the* Program Year 2014 Implementation and Milestone Reporting Summary Guide*, pages 21–22 and 49–52, to review the options for Milestone 4, including Patient and Family Advisory Councils.

Collaboration Site Resources

Visit the CMS Partner Collaboration site for resources and materials related to PFACs: https://collaboration.cms.gov/. To access these hyperlinks, you must be a registered user and logged in to view those pages.

Creating a Patient and Family Advisory Council in Your Practice (5-page PDF)
Step-by-step guidelines to creating your PFAC, including logistical considerations for your meetings as well as a sample phone script for inviting participants.

Virtual Site Visit on Milestone 4: Improving the Patient Experience, National Learning Session, Aug. 25, 2013
Practices share their approaches to surveying and creating a Patient and Family Advisory Council.

National Partnership for Women & Families Webinar Series

This series takes a closer look at strategies and methods for engaging patients and families in your efforts to improve care and build a comprehensive primary care.

- Part 1: Patient and Family Centered Care and Engagement Best Practices
- Part 2: Building a Patient & Family Engagement Infrastructure and Selecting and Orienting Patient and Family Advisors
- Part 3: Evaluating Impact: Continuous Assessment of Patient & Family Engagement Efforts
- Part 4: Sustaining Your Patient and Family Advisory Council

affect patients and what specifically we do that meets our patients' needs."

Getting Started: Inviting Patients and Families

Physicians at each CPC site drew up a list of candidates who would be willing and appropriate to invite to the PFAC. Qualifying criteria were that participants would be a mix of new and long-standing patients and family members. Some long-standing patients were also the parents of pediatric patients, which provided a multi-generational perspective to the care experience. Candidates needed to provide their own transportation to meetings. Physicians didn't shy away from inviting the "grumbler" patients either. All perspectives were welcome.

To ensure 10 to 15 participants in each site, invitation letters signed by physicians were sent to about 25 patients per site. Everyone who responded was asked to participate; a few respondents were designated as back up.

The resulting dynamics of Capital*Care*'s councils vary by site. Council participants at the three internal medicine sites are slightly older than those at the seven family practice sites. Council sizes range from six to 12 participants.

"We gave the sites free range to build their own agendas," **Julie Adamec,** manager of clinical quality initiatives said. "Our only guidelines were that staff should have defined roles and responsibilities, and they would make sure the participants in the meetings clearly understood the parameters of the council."

CapitalCare site managers have been directing the meetings, borrowing guidelines the group has used with support groups for patients with diabetes. Their tasks include timekeeping, explaining the privacy of health information and defining the topics that pertain directly to the practice site. This helps the discussion stay on track and generates feedback that is pertinent to the site. Meetings generally last one to two hours.

Where to Meet

Some councils meet at the practice site after hours in the waiting area or meeting rooms if available. One practice with extended evening hours takes the participants out to dinner rather than meet on site while the office is busy.

What to Talk About

Physicians drop in at the start of meetings to thank participants and to encourage them to provide frank input. Knowing that their presence can be distracting or intimidating, physicians then leave to allow the site managers to run the rest of the meeting.

To kick-start conversation at the initial meetings, site managers opened discussion with lines such as "this is what we have heard in the past" and then let council members expand on that. Generally these starters came from previous survey responses.

*Louis Snitkoff, MD, FACP, medical director for Capital*Care *Medical Group, and Alicia Sikora, director of marketing and communications*

"Sure, this can feel like heading off into the unknown," medical director **Lou Snitkoff**, MD, FACP, admitted. "We know we're not perfect, but the feedback to date has been thoughtful, fair, constructive and actionable."

> **"It makes such a difference to have new walk-in hours in the morning where I can come in and get a flu shot or been seen for a sick visit. I really feel like you are accommodating your patients' schedules and varying needs."**
>
> *PFAC participant*

A patient at an internal medicine site PFAC broached a difficult topic: how to complete Advance Directives paperwork. Surprisingly, the entire council was interested, prompting Capital*Care* to bring in a subject matter expert from the community to discuss this at an upcoming meeting.

At a family practice PFAC, a care manager nurse described her role in the practice's approach to comprehensive care. Participants were impressed and appreciative but also unaware that these services were available to help patients. The other CPC practices are now interested in slating a care manager to present at their upcoming PFAC meetings.

Subsequent meetings have included discussion about the launch of Capital*Care*'s patient portal and how to communicate this new feature to the patient population. Members of Capital*Care*'s Information Services (IS) department attended these meetings to demonstrate the portal, explain the technical aspects and answer questions about capabilities.

"I was really impressed with the level of engagement," **Alicia Sikora**, director of marketing and communications said. "We understand that patients have trepidation about using portals, but it was great to hear their suggestions and then see how we could put those suggestions into action."

To date, PFAC feedback has influenced changes ranging from all staff wearing name tags to new walk-in hours for same-day visits. Comments garnered from the patient portal rollout led to provision of one-on-one tutoring on how to use the new features. *(See March 28, 2014, Spotlight article for a complete list of changes.)*

"Don't hesitate to try a PFAC," Kathleen advised. "People tend to expect the worst, but the positive far outweighs the negative. It's been fulfilling to take the constructive comments and do something meaningful for our patients that they have asked for and can appreciate."

Would your practice shine in the Spotlight? Please email Belinda McGhee, belinda.mcghee@tmf.org, with your story suggestions.

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