PFAC & Patient Engagement Learning Group

May 23, 2019
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Welcome!

As you arrive and get settled, please finish the following sentences on your agenda:

My/Our/Practice’s biggest challenge in convening successful PFACs/engaging patients is.... ________________________________.
Today’s Agenda

- Welcome and Logistics
- Review of October PFAC Learning Group
- Building/Sustaining Provider & Staff Engagement in PFACs/ Patient Engagement
- Measuring the Success of a PFAC
- Using Research to Inform Discussion In PFACs
- Community Questions and Feedback
- Next Steps and Conclusion
**Desired Outcomes:**

1. **Engage** with other PFACs in the region to learn about how they function successfully.
2. **Collaborate** with your PFAC peers to ask and answer important questions about PFACs.
3. **Provide feedback** about how a PFAC Learning Group (and HCGC) can best support PFACs in the region for continued success.
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Healthcare Collaborative of Greater Columbus
Our Work Toward Better Value

One of over 30 Regional Health Improvement Collaboratives (RHICs) across the country

HCGC is a non-profit organization with multi-stakeholder governance, fully supported by grants, sponsorships and project work.
Our Vision
Optimal health for all people in Greater Columbus

Our Mission
is to improve the value of health care for all people in Greater Columbus by catalyzing collaboration among public and private partners: Providers, behavioral health, hospital systems, social service agencies, public and private payers, employers, government, public health and patients/consumers.

VALUE = (QUALITY + CONSUMER EXPERIENCE) ÷ COST

Healthcare Collaborative of Greater Columbus
STRATEGIC FOCUS AREAS

Value-based Primary Care
HCGC believes that primary care providers are a critical gateway to optimal health and value in our region and should be supported in their quest to deliver the right care, at the right time, for the best outcomes and lowest cost.

To do this, HCGC:
• Prioritizes appropriate data utilization,
• Provides practice coaching,
• Convenes formalized patient and family engagement groups, and
• Engages in learning from and sharing established research, policies, best practices and innovative, successful primary care models.

Quality Improvement
HCGC believes that health and healthcare are local, and that improvement and innovation happen when partners are given a safe space to collaborate without fear of failure, and when improvement can be measured, analyzed, and shared among multiple audiences.

To do this, HCGC:
• Collects, analyzes, and reports nationally recognized quality measure data from healthcare providers,
• Convenes and supports American Board of Medical Specialties Maintenance of Certification Part IV credit for quality improvement initiatives, and
• Learns from and shares research and best practices that maximize transparent, data-driven quality improvement.

Care Coordination/Population Health
HCGC believes that optimal health and value are not achieved in a medical office building alone. It takes medical, behavioral, social service, public health, and payer entities actively collaborating and coordinating care to meet patients' needs and outcomes.

To do this, HCGC:
• Prioritizes and grows the Central Ohio Pathways Hub model,
• Supports a common population health framework for community partners,
• Trains and promotes web-based patient data and referrals via CliniSync, and
• Learns from and shares research and best practices in screening and addressing social determinants of health.

HCGC is also focused on work to improve health disparities and engage employers as key healthcare stakeholders.

Health Disparities: HCGC’s mission is designed to serve “all people.” However, we are acutely aware that total population measures can hide wide-ranging disparities among different portions of our community. HCGC is committed to seeking opportunities to close health disparity gaps.

Employers as Key Healthcare Stakeholders: HCGC’s focus on healthcare value requires consideration of the cost component of healthcare. Employers play a special role in funding our current healthcare system. HCGC has experienced that the wide variety in the Central Ohio’s self-insured and fully-insured employer market makes singular employer strategies impractical. HCGC seeks opportunities to address cost issues whenever possible.
Multi-stakeholder Board

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Learning Group Participants

Representation from:

- Primary Care Groups
- Hospital Systems
- Pharmaceuticals
- Local Government
- Payers
- Senior Living Organizations

Participants:
Healthcare Collaborative of Greater Columbus:
Carrie Baker, David Brackett, Krista Stock

National Church Residences:
Elio Harmon, Scott Bailey

Anthem: Cindy McCarty

Central Ohio Primary Care:
Linda Cahoon, Chris Pfeil, Becky Patterson

The Ohio State University Wexner Medical Center: Cortney Forward, Sharon Cross

Nationwide Children’s Hospital:
Luke Vohsing

Ohio Department of Medicaid:
Thomas Papacostas

Family Practice Center of Wadsworth:
Pat Walker

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October Learning Group Summary

My/Our Practice’s biggest challenge in convening successful PFACs is...

- Physician Engagement and buy in
  - Recruiting a diverse council
  - Staffing meetings and staff engagement
  - Recruitment, engagement throughout the year
- Broader demographics in terms of age on the council for fresh ideas
  - Integrating QI into PFACs
- Physician engagement & diversity of participants
- Finding balance of participation (ebbs and flows)
- Engagement of patients attracted to certain practices
- Communicating PFAC learning/ideas to rest of patients
October Learning Group Summary

- Family Practice Center of Wadsworth
- COPC-Westerville
- OSUWMC-Family Medicine

Family Practice Center of Wadsworth – Pat Walker shared that FPCW’s PFAC has been meeting since 2014 and a major key to their success is that the people leading the PFAC have to be “champions” for it. The PFAC has 15+ regular attendees, meets monthly and providers routinely seek information from the PFAC when making decisions that impact patients. The PFAC has been very helpful in spreading the good work the practice does and has been integral in a campaign to reduce ED visits among patients with the “Call before you Go” initiative. The PFAC has also helped the practice work to improve the accuracy of medical records by giving feedback on when and how to ask patients to update this information.

Central Ohio Primary Care - Westerville – Linda Cahoon is a co-lead of this PFAC in Westerville where they have 10 members that meet quarterly. She shared a huge challenge for them has been recruiting patients. Currently, the PFAC is made up mostly of women over 55+. They have had success bringing in service providers from around COPC to provide education to the PFAC. They have found that patients have been very interested in learning about the behind the scenes processes of the medical office as well. Currently the PFAC is working to build momentum for the upcoming year and are about to hold their 6th meeting.

The Ohio State University Wexner Medical Center – Family Medicine – Sharon Cross explained that Ohio State has been conducting PFACs in their hospital system for many years but with their involvement in CPC+ recently began convening PFACs in their Family Medicine Practices. Cortney Forward leads those PFACs in conjunction with practice managers at those sites. OSU has a standardized orientation for PFACs leads that has been helpful in the onboarding process. Across the entire system they have been able to create new Patient Information Packets and implement process improvements with
Healthcare Collaborative of Greater Columbus
May 23, 2019

Patient and Family Engagement

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Today’s Faculty

• Cancer Survivor
• Patient Advocate for over 20 years
• Founding Chair of Dana-Farber/Brigham and Women’s Cancer Center Patient and Family Advisory Council (1997)
• Current Co-Chair of Brigham and Women’s Patient and Family Advisory Council

• Chief Operating Officer at Nationwide Children’s Hospital
• Associate Dean at University of North Carolina School of Public Health
• Chief Operating Officer at Dana-Farber Cancer Institute
• Board of Trustees, Ohio State University
• Board of Directors, AARP
At the end of this program I will be able to implement plans to better engage staff in hearing the patient/family voice by July 1, 2019
What are the barriers to patients and family members being involved in the design and delivery of care?
Chat

What are the **barriers** to patients and family members being involved in the design and delivery of care?

What can managers and staff do to reduce these barriers?
One mechanism for involving patients and family members is the creation of a Patient and Family Advisory Council. What are some other means that can be used to include patients and to hear their voice?
Core Concepts or Principles

- Do you believe in dignity and respect for patients and families?
  - Honor and respect patient choices. Patient knowledge, values, beliefs, culture are part of care planning
- Do you believe in information sharing?
  - Patients receive timely, complete and accurate information for shared decision-making
  - Transparency is valued
- Do you believe in participation?
  - Patients and families are encouraged to participate in decision-making and care planning
- Do you believe in collaboration?
  - Patient and family feedback is actively sought to improve care and operational performance
Patient Engagement Framework

Specific to Patient (Individual)

Patient Engagement in Their Own Care
“Shared Decision-Making”
- Portals for Patient Access to Information
- Educational Tools and Provider Training

Patient Engagement in Clinical Quality Improvement and Safety
- Process Improvement (Lean: Kaizens, Workouts)
  - Disease-Specific Protocols

Patient Engagement in Patient Experience Improvement
- Patient Satisfaction Committees
  - HCAHPS

Patient Engagement in Organizational Decision-Making
- Patient and Family Advisory Committees
  - Governing Board Roles

Specific to Disease (Dept./Unit)

Specific to Quality (Organizational)

General (Organizational)
Poll

In what levels would you say that your organization has engaged patients and families?

- Specific to Patient (Individual)
- Specific to Disease (Dept./Unit)
- Specific to Quality (Organizational)
- General (Organizational)

Patient Engagement in Their Own Care
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Patient Engagement in Organizational Decision-Making
- Patient and Family Advisory Committees
  - Governing Board Roles
Engaging Staff in Hearing Patient Voice

- Connect with the Director of Volunteers
- Identify champions of patient engagement
- Discuss at a staff meeting the concept of engaging patients and family members
- Brainstorm ways patients might be involved in providing feedback
- Tell a story of listening to patients with a positive outcome
- Explain this is a pilot, experiment
- Identify departmental patient/family liaison
**Having Patient and Family Conversations**

- Have a discussion at a staff meeting about how you ask patients and family members what recommendations they would have to improve the care process
- Train staff in having that conversation: pair with a mentor
- Create expectation that every patient/family member will be asked: “Do you have any ideas on what we could do better?”
- Tips: listen openly, don’t be defensive, don’t feel the need to explain why care is delivered as it is now, etc. The point is just to listen.
- Collect that data and identify the top priorities. Select some for the department/unit to work on.
Measuring Impact

- Not very sophisticated and varies by organization, no benchmarking
- Measures by success stories (Patient Exam Room at Dana-Farber, Chair Fair at Dana-Farber)
- Measures by participation (Number of Patients/Family Members Involved)
- Measures by goal accomplishment (PFAC setting annual goals and evaluating performance relative to those goals)
- Measures by patient satisfaction scores (ED at Brigham and Women’s)
- Measures by PFAC self-evaluation
Engaging Patients and Families in Research

- Patient Centered Outcomes Research Institute is part of the ACA and has funded over 2 billion dollars in research. They require active participation of the patient and family voice as research partners from the LOI to Dissemination in the grant process.

- Examples of other funding opportunities with patient family partners. Gordon and Betty Moore Foundation, Robert Wood Johnson Foundation, CMS TEP Grants, NIA, NIH. National Academy of Health

- “Embrace the opportunity to do research differently” Joe Selby, MD, MPH Executive Director Patient Centered Outcomes Research Institute

  [https://www.pcori.org](https://www.pcori.org)

“Courage doesn’t always roar. Sometimes courage is the quiet voice at the end of the day saying, ‘I will try again tomorrow’.”

Mary Anne Radmacher

courage
Questions, Comments, Concerns?
A link to our value survey has been sent in the chat and will be sent in follow-up! Please complete the survey to help us improve!

https://www.surveymonkey.com/r/PFACLG
Upcoming HCGC events

- **June 13 (10-11:30am)** - LG BTQ + Population Health in Greater Columbus (Webinar)

- **July 11 (10-11:30am)** - Briefing on State Budget as it relates to Healthcare (Webinar)

- **August 7 (8:30-11am)** - Population Health, Regional Learning Session, Franklin University
Collaborate with us on Social Media!

To connect, search:
“Healthcare Collaborative of Greater Columbus”

Tune in for live Tweeting & Facebook Live of select HCGC meetings, articles of interest, event postings, partner sharing, and much more!