

My name is Victoria Gersuk and I am the Quality Initiatives Manager at Colorado Community Health Network – the Colorado Primary Care Association.

I am here today to discuss the importance of patient engagement and the patient experience and how they can be used to improve a clinic's performance and patient outcomes.

Learning Objectives

By the end of the session, you will be able to:

- Identify the purpose of a Patient Advisory Council
- Understand initial steps for implementation
- Know and understand the tiers of meaningful patient and family engagement
- Identify the components of an effective meeting
- Know how to construct a meaningful agenda
- Understand the critical role of the feedback loop

Map

Colorado Community Health Network is the Primary Care Association for the 20 Federally Qualified Health Centers located throughout the state. There are 195 clinic sites, 68% of whom have some level of Patient Centered Medical Home recognition. Clinic sites are located in urban, rural, mountain, and plains areas.

Data

- In Colorado, we continue to prepare for an evolving health care landscape, particularly as related to pay for performance measures – which means a more specific focus on improving patient health outcomes.
- Colorado health centers and CCHN maintain a robust culture of data, with underlying transparency across health centers throughout the state. We collect and monitor UDS and patient experience data on an annual basis, and have prioritized leveraging these data points to enhance patient engagement within their care.

PACs

- In partnership with The Colorado Health Foundation, Kaiser Permanente, and four Colorado health centers, CCHN developed and facilitated quarterly patient advisory councils – hereafter referred to as PACs. This pilot project focused specifically on adult patients, however since the project's completion, other health centers in Colorado have initiated PACs with varied age groups, including at school based health centers.

- The purpose of the PAC is to assist clinics in advancing their mission to provide patient centered-care through incorporation of the patient's voice into quality improvement projects, to develop and execute projects based upon the recommendations of the patients, and to encourage other Colorado clinics to integrate the PACs into their organizational structure.

Tiers of Engagement

- PACs may be used to provide patient education; to gather feedback and input related to a process change; to facilitate a discussion between PAC members and clinics staff; to engage patients, noting that their contributions will influence the decision made by the clinic; and to instill in patients a level of understanding that this is a joint-decision making endeavor, where the patient's contributions are valued.
- On the right hand side of the slide you will see some quotes from participants of PACs in Colorado, speak strongly the mission and success of the groups.

Colorado CHCs

- CCHN piloted PACs in four health centers, located in mountain, rural, plains, and urban areas in Colorado. Each health center has a unique patient population, and each PAC looked very different from the other.
- Participating patients were of adult age.
- We provided technical assistance to health centers for each step of the implementation process.

Implementation

- Defining the project scope is the first step when implementing a PAC: it is important to determine how many clinic sites should be considered for participation. Where should they be located? What type of clinic are they – adult, or pediatric? These are important considerations.
- Ensuring leadership is engaged is crucial to the project's success. One participating health center reported that feedback from the ensuing PAC was so important, they were going to use the PAC to essentially vet any new clinic-related processes (for example, changes to the patient experience survey, patient portal implementation, waiting room furniture and design, etc.)
- Identifying staff champions and defining their roles. Most successful PACs have three to four staff members participating – at minimum two. Staff work together to identify a primary facilitator, a recorder, gather agenda topics, and coordinate logistics.

- Participating staff can include providers, nurses, nurse managers, case managers, quality improvement staff, patient navigators, frontline staff, and medical assistants – there are no restrictions.
- It is important to have implementation meetings with clinic staff to finalize these logistics. We recommend having these meetings approximately four months prior to the first PAC meeting. The next three months will provide time for marketing and patient recruitment.
- Generally, PACs identified two hours as an appropriate length of time, allowing patients to ensure topics were addressed and room for additional discussion.
- Because of funding, CCHN was able to develop meeting materials for participating clinics to use indefinitely. We prepared name tags, sign-in sheets, agendas, and confidentiality agreements. However, for sites without funding, once the initial set-up has been completed, it is a matter of printing and bringing the materials to the meetings.

Patient Recruitment

- First and foremost, it is important that all clinic staff are aware that PACs are taking place. Any staff member should be able to answer a patient's question about the group. CCHN developed introductory emails for clinics to send to staff, which really aided in recruitment.
- CCHN also developed promotional materials for clinics in both English and Spanish, which were posted in waiting and exam rooms.
- In an effort to avoid self-selection bias, we encouraged clinics to identify potential participants through provider recommendations, front desk staff recommendations, mailings, and patient portals. What was most effective were provider and front desk staff recommendations.
- One staff member should keep track of interested patients. This list can be large or small; it is likely that a large number of patients will commit to attend the meetings, however do not actually attend.
- It is important to consider age, gender, varied ethnic group representation, and number of patients. The most productive groups were those with 5-10 patients. Larger groups were difficult to keep on track, and smaller groups lost momentum.
- A helpful approach to meeting reminders that clinics identified is scheduling prompts to conduct reminder calls one month, one week, and one day in advance of the meeting.

Budget

- The greatest expense of the PAC is staff time. Staff time to plan, organize, and execute the meetings, time to recruit patients, conduct follow-ups, and share feedback with

other clinic staff. Once you've committed staff time to this effort, you can begin to design a budget.

- Budget permitting, clinics provided lunch or light snacks for patients.
- Some clinics chose \$20-\$25 gift cards to the local grocery store for participating patients. Some clinics chose alternatives to the gift cards, such as snacks and meals, or a credit towards patient services.
- Clinics did not advertise these incentives during the recruitment period. Patients who attended reported great appreciation for the gift cards, adding that it was extremely helpful. We wanted the focus to be not on the incentive, but on the patient voice.
- Because meetings were held at the health center, there was no fee for meeting space.

Agenda Development

- It is important to begin the meeting with the purpose: to share why the clinic decided to implement these groups. Defining participation, and patient and staff roles, will assist patients in understanding that which is expected of them as engaged members and that which they can reasonably expect from staff.
- Development of a group agreement will serve as the crux upon which the group functions. It should be created by the patients, thereby enhancing their accountability. The utility of the group agreement lies in its ability to bind participants to the goals of the group. The group agreement will formalize the bylaws, expectations, and responsibilities of participants. One might find ideas such as respect, thoughtful listening, silencing cellular devices, timely arrival, and the like within the group agreement.
- Ask the patients what they hope to accomplish: why they came to the meeting, and how long they have been a patient is an easy icebreaker.
- It is important to assure patients that information gathered during the meeting is confidential, and will not be attributed to any one patient. Attending staff should be encouraged to share themes and examples with other clinic staff and leadership, but should take care to ensure this is shared anonymously.
- Staff should discuss logistics with the patients: does this meeting time work? Does this day of the week work? One time will never work for all involved, but it is important to bring patients into the decision making process. This is their group.
- Staff should take some time to introduce various health center-specific updates, such as new providers, changes at the clinic, policy updates. At the end of the clinic updates, staff should query patients to determine if there are any topics they would like to be discussed at the next meeting. Participating clinics have invited internal content experts to participate in these meetings, to share information about specific topics (such as oral health integration, behavioral health integration, or team-based care).

- At the close of the meeting, posing the question “What do you want to share about your last experience in the clinic?” has proven to be a highly successful and really unique opportunity to learn of unexpected dysfunction within the health center, to share positive experiences with particular clinic staff, and to offer feedback that is impossible to capture quantitatively.
- Ensuring that follow-up from meetings is shared with patients is a large component of the PAC structure. For example, beginning a meeting with “as a follow-up to our last conversation...” is a way to remind patients that you’ve listened, and acted, to some degree. You may not have a progress update, but patients will understand that you are advocating for them. Patients will ask, and it is important for clinic staff to be accountable to the group.
- It is important for clinic staff to manage expectations, however, and to reiterate to patients the plausibility of solutions to their requests. It is perfectly acceptable to say, “I will share this feedback with staff and we will have an update for you at the next meeting.” Many times, issues cannot be resolved, but communicating to patients the reasoning behind this is important.
- The first meeting will be largely logistics – but laying the groundwork for patient expectation and understanding of how the group is to function is vital to the PACs success. Each meeting thereafter will be different: staff are encouraged to harvest topics from patients and to bring topics to the group. It is important to remember that while these meetings exist at the discretion of the health center, it is the commitment of the patient that dictates their success.

Translation

- CCHN conducted joint English and Spanish PAC meetings, per the request of patients. One patient shared “we have too much to lose by not meeting together”
- This happened in one of two ways :
 - The facilitator would introduce a topic in English, and then in Spanish. Patients would provide feedback and respond to the topic, with the facilitator translating as necessary.
 - The translator would sit near Spanish speaking patients, translating while the facilitator led the meeting, providing translated feedback to the group.

Sustainability

PAC meetings serve as a highly effective venue for the acquisition of qualitative patient engagement data. It is an opportunity that serves to complement patient experience data captured by other methods, such as patient satisfaction or experience surveys. Formal integration of the PACs in the quality improvement plan solicits an expectation of sustainability,

and the opportunity for on-going quality improvement. Feedback gathered from these meetings is then used to inform the clinic's internal quality improvement plan, to assist in patient centered health home transformation efforts, and to allow patients to become an integral component of their CHC.

It is important to consider:

- How will these groups be incorporated into the clinic's QI plan?
- How will the meetings continue be integrated into health center workflow?
- How will you continue to gauge and ensure leadership engagement and commitment?
- Who will create these policies?
- Will you spread these PACs to other clinic sites?

Successful Meeting

- It is important to not only have logistical components in place, but to also be receptive, to listen to the patients and acknowledge their different points of view. To not push professional (or personal) agendas, to maintain a sense of humor, and to be willing to learn and share your opinions and thoughts when asked. These meetings are not opportunities to lecture, but to listen and respond. Some of the challenges that emerge happen when staff are corrective, and defensive. Patients sense this and immediately close themselves off. Staff should explain and clarify misunderstandings and wrong information, but should do so in a way that is not overtly dismissive.
- When you introduce staff members at the first meeting, it is important to clearly define the staff and patient's roles. Staff are there to facilitate, to listen, and to share feedback with clinic staff. Patients are there to provide feedback, advocate for themselves and their clinic and community members, and to inform best practices for patient care. Staff should share why the clinic decided to implement PACs, what the expectations are, and discuss the potential for the group.
- Having an icebreaker is an important element – as I said earlier, asking the patients their names, how long they've been a patient at the clinic, and why they came to the meeting is an easy opportunity to do this. We always end meetings with patients sharing about their most recent experience at the clinic – be it good or bad. It is important to leave enough time for this agenda topic, as this is often why the patient attended the meeting, to share this experience.
- A strong facilitator is key: there may be contentious or high-emotion moments, so having a staff member who is very comfortable addressing these issues, and steering participants back into productive conversation is important.

Tools

- CCHN has developed several tools to assist in developing and implementing PACs, which I am happy to share. Within our Patient Engagement Toolkit, we have sample agendas, implementation and facilitator's notes, and best practices.

Conclusions

- Currently, there are 12 health centers in Colorado with active PACs.
- There is no uniform prescription for successful implementation of a PAC. Each clinic faced a series of unique challenges and opportunities. What I've shared are some guiding principles that can lead to successful implementation.
- PACs assist clinics in advancing their mission to providing patient-centered care through incorporation of the patient's voice into quality improvement efforts, and development and execution of projects based upon patient recommendations and feedback.
- Aggregating the experience of patients encourages an enriched historical context and understanding that supports achievement of the Quadruple Aim by enhancing the patient experience, increasing staff satisfaction, improving health outcomes, and reducing costs.
- Each patient has a unique perspective and their voice should be incorporated into all facets of their care. When the health center better understands the patient perspective, the health center can better determine how to provide care that is specifically tailored to that patient and their patient population. Care that considers the patient voice is care that prescribes realistic and actionable ways for the patient to be healthier.