Welcome!

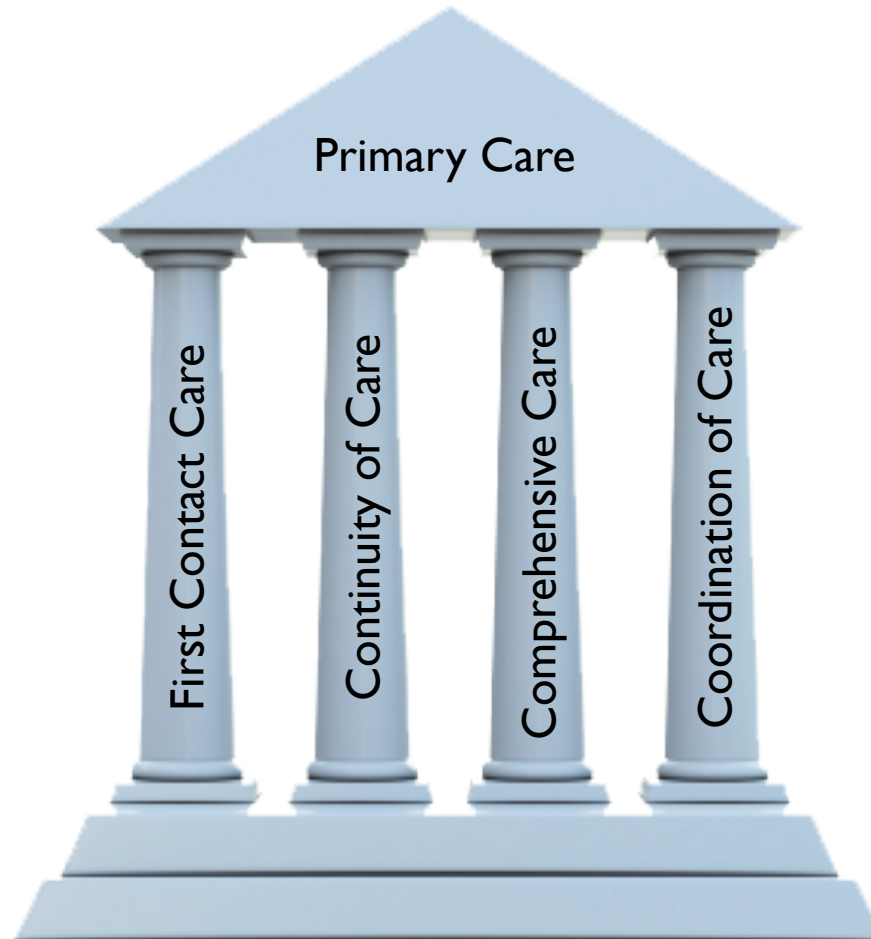We will be beginning at 12pm PT.

What Is Care Integration?

"Patient care that is **coordinated** across professionals, facilities, and support systems;

Continuous over time and between visits;

Tailored to the patients' needs and preferences;

And based on **shared responsibility** between patient and caregivers for optimizing health"

Source: Singer SJ, Burgers J, Friedberg M, Rosenthal MB, Leape L, Schneider E. Defining and measuring integrated patient care: promoting the next frontier in health care delivery. Medical Care Research and Review. 2011;68(1):113-127.

What Is Care Integration?

Primary Care

First Contact Care

Continuity of Care

Comprehensive Care

Coordination of Care

Source: Starfield B. Primary Care: Balancing Health Needs, Services, and Technology. New York: Oxford University Press, 1998.

How does care integration fit into the big picture?
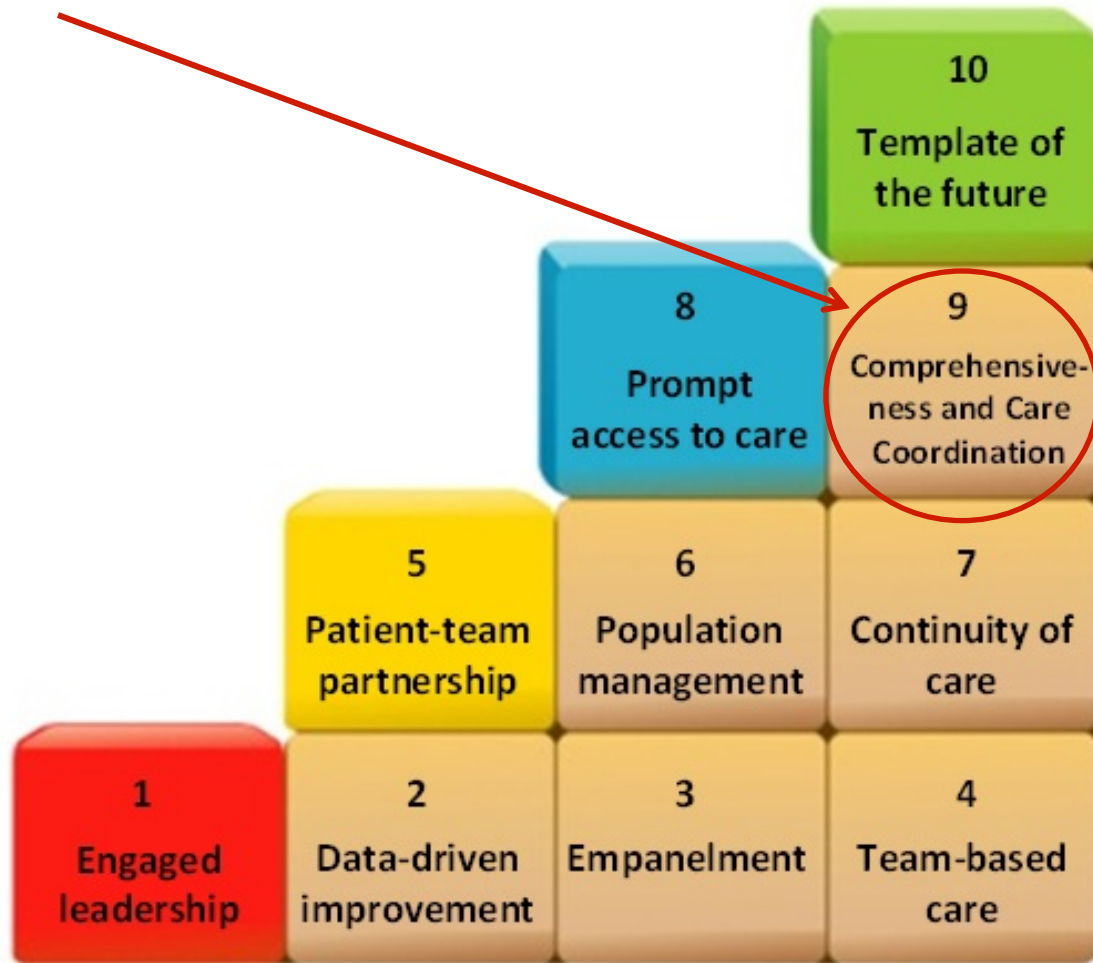
Accomplishments

Developed and pilot tested a self-assessment tool for CHCs to gauge their level of integration in the medical neighborhood in multiple domains

Created an online resource center for CHCs desiring models of integration best practices, and featured integration innovators

Resource Center

Medical Neighborhood Care Integration Assessment (MNCI-A)

Primary Care- Specialty Integration:

Overall success of integration: How much do you agree or disagree with each of the following statements?

	Strongly disagree									Strongly agree
a. **Access:** Most of the patients at my clinic have adequate access (i.e. timely access and affordable) to specialty services when they need them.	1	2	3	4	5	6	7	8	9	10
b. **Information access and transfer to the partner:** When I refer patients to a specialist, the specialist has electronic access to the important information about the patient's medical history and reason for referral.	1	2	3	4	5	6	7	8	9	10
c. **Information access and transfer by the primary care practice:** After a patient sees a specialist, I receive timely information from the specialist about the assessment and care plan.	1	2	3	4	5	6	7	8	9	10
d. **Relationships:** PCPs at my practice have a good working relationship with most of the specialty care providers involved in our patients' care.	1	2	3	4	5	6	7	8	9	10

Care Integration Webinar #4: Integrating Pharmacy Care and Primary Care
Featuring a presentation of USC's Steven Chen and Michael... READ MORE ›

Care Integration Webinar #3: Easing Hospital Transitions
Marin General Hospital presents on its interventions to... READ MORE ›

Care Integration Webinar #2: Facilitating Access for the Underserved
The second in a series on care integration in community... READ MORE ›

Care Integration Webinar #1: Integrating Digital Retinopathy Screenings into Primary Care
The first in a series on care integration in community health... READ MORE ›

Facilitating Care Integration in Community Health Centers - Slides
The slides from the Facilitating Care Integration in Community... READ MORE ›

Facilitating Care Integration in Community Health Centers
This webinar highlights findings from the UCSF Center for... READ MORE ›

55:31

Who: Children's Health in Dallas,

Care Integration Webinar
Medical Care Integration

Care Integration
Improving Social

Medical
Care
Services

Social servi

50:31

Who: Laura Gottlieb, MD, MPH, a
UCSF and the director of the Socia

Care Integration Webinar
HealthLandscape

KNOWLEDGE CENTER

Facilitating Care Integration

Texting for Better Care Toolkit

Data Driven Culture

RELATED RESOURCES

Care Integration Webinar #8: Integrating Hepatitis C Treatment into Primary Care
This webinar features innovative approaches to integrating... READ MORE ›

Care Integration Webinar #7: Evidence-Based Approach to Care Transitions Webinar
A webinar to discuss how to build an evidence-based approach... READ MORE ›

Care Integration Webinar #6: Pediatric Behavioral Health
Ayelet Talmi, PHD, of Children's Hospital Colorado discusses... READ MORE ›

Care Integration Webinar #5: Specialty eReferrals
Featuring a presentation by Dr. Delphine Tuot of SF General... READ MORE ›

13 webinars since March 2015!

Webinars

To help health centers better digest and adopt these integration strategies, CCI and the UCSF Center for Excellence in Primary Care hosted a series of webinars highlighting the ideas in the Facilitating Care Integration report, as well as innovative practices at work around the country.

Webinar Recordings

Care Integration Webinar #13: A Hospital System-Based Approach to Community Integration

Care Integration Webinar #13: A Hospital System-Based Approach to Community Integration

PediatricPartners
childrenshealth.

Asthma Management Program

Enrollment

- Offered to families that resided within the seven surrounding counties of DFW
- One home visit by a Registered Respiratory Therapist providing one-on-one age-specific asthma education
- Tool Kit which includes a peak flow meter, spacer, spacer bag, hypoallergenic pillowcase, asthma diary, and action plan
- Home evaluation to identify specific asthma triggers

Transitioning to the patient
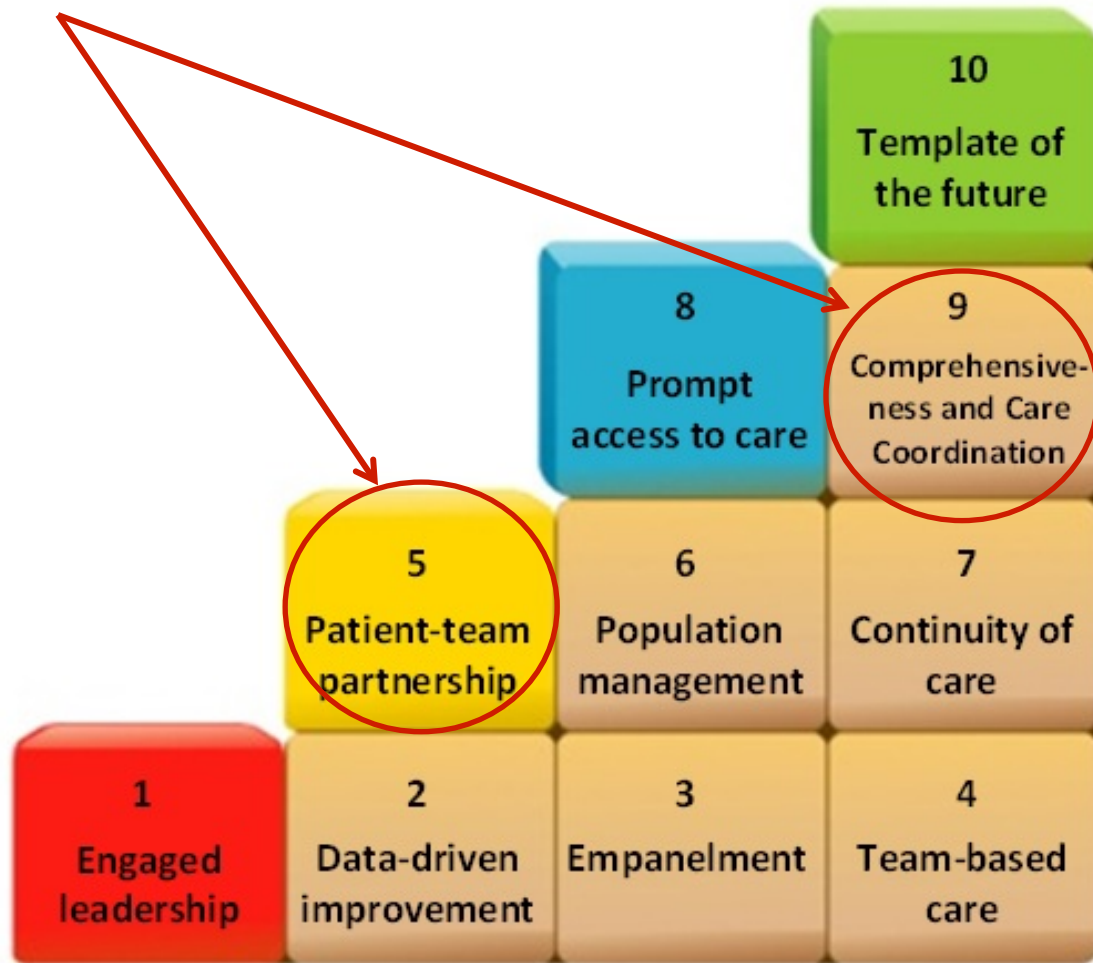
Patient Engagement: Using Patient Voices to Improve Your Organization

Anjana E. Sharma, M.D.
Center for Excellence in Primary Care
Department of Family & Community Medicine
University of California, San Francisco
December 1, 2016

Our research partners

About Us

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Overview

- Introduction

- Background: why patient engagement?

- Research Part 1: Community health center survey

- Research Part 2: Interviews with patient advisory councils

- Open Discussion: Challenges and successes

- Conclusion

Introduction

- Project to help support primary care serving the safety net increase patient engagement

- Recurrent theme: practices want to hear from each other and discuss common issues

- Goals for today: share some of our research and provide a space for discussion

Poll Question #1

- Who is participating in the call today?

- What is your practice type?

- Do you currently have a patient advisory council?

Background:
What is patient engagement?
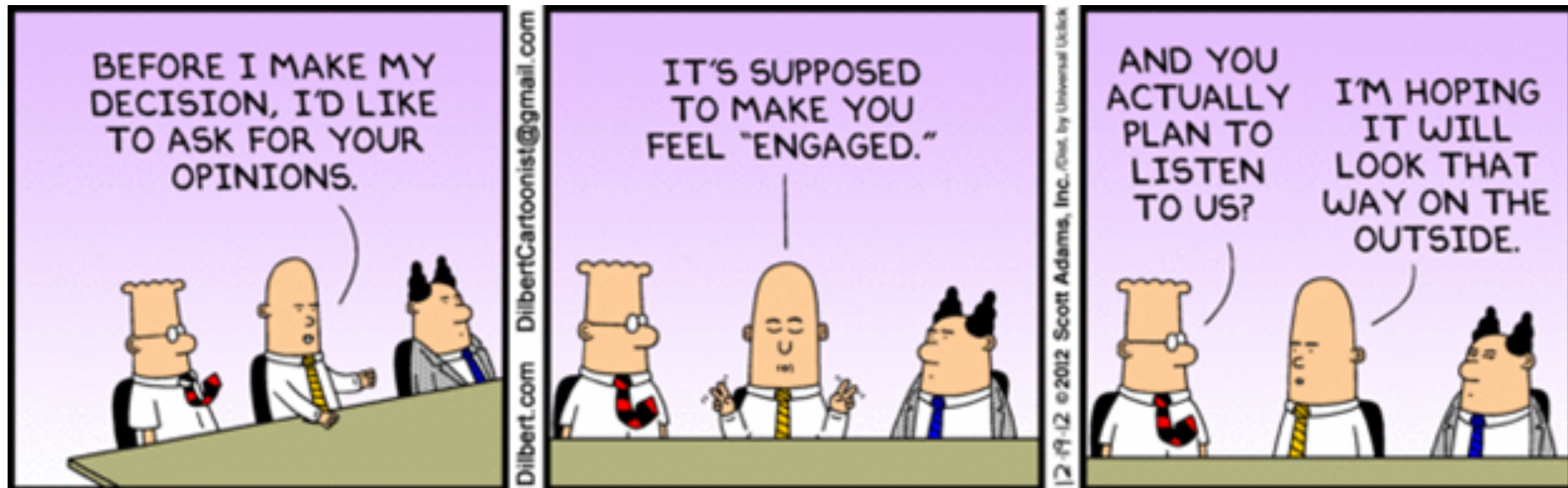
Patient engagement: what is it?

"Patients, families, their representatives, and health professionals working in active partnership at various levels across the healthcare system – direct care, organization design and governance, and policy making – to improve health and health care."

Carman KL & colleagues. Health Affairs. 2013;32(2): 223-231.

Patient Engagement happens on different levels
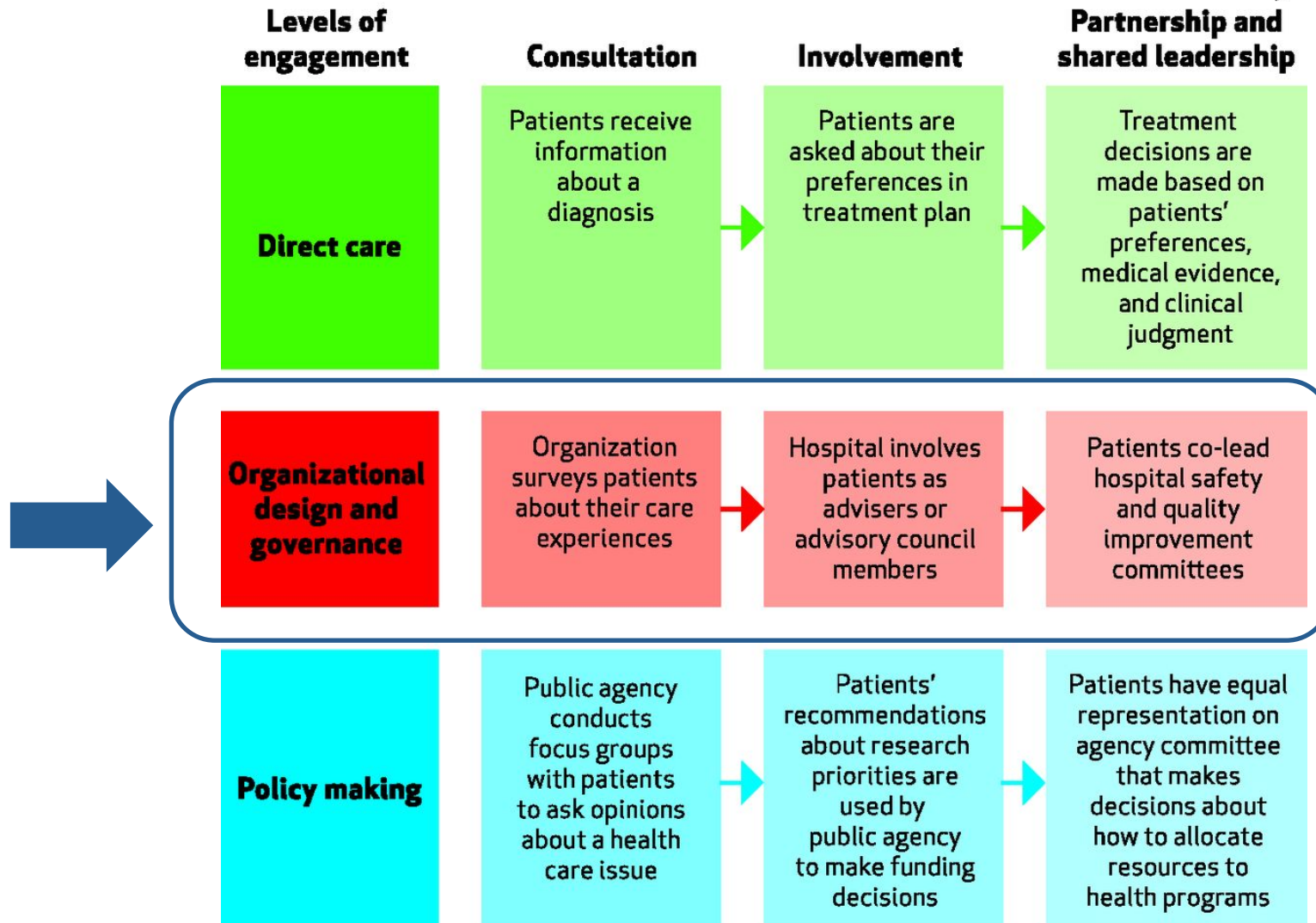

Levels of engagement	Consultation	Involvement	Partnership and shared leadership
Direct care	Patients receive information about a diagnosis	Patients are asked about their preferences in treatment plan	Treatment decisions are made based on patients' preferences, medical evidence, and clinical judgment
Organizational design and governance	Organization surveys patients about their care experiences	Hospital involves patients as advisers or advisory council members	Patients co-lead hospital safety and quality improvement committees
Policy making	Public agency conducts focus groups with patients to ask opinions about a health care issue	Patients' recommendations about research priorities are used by public agency to make funding decisions	Patients have equal representation on agency committee that makes decisions about how to allocate resources to health programs

Source: Carman KL & colleagues. Health Affairs. 2013;32(2): 223-231.

What is the rationale for patient engagement?

- Ethical case
  - "Nothing about me, without me" – Don Berwick
- Utilitarian case
  - Patient experience: pay-for-performance funds
  - Patient safety
  - Care outcomes
- Business case
  - **Consumer retention/loyalty** with increasing patient choice

What is the evidence base for patient engagement?

- Crawford 2002: Improved access, improved staff culture

- Nilsen 2009: Improved readability, understandability of materials

- Boivin 2014: patient-set priorities more aligned with PCMH principles

- Shortell 2015: ACOs calculating return on investment

Our research:
The UCSF Patient Engagement Needs Assessment

Part 1:
Cross-sectional survey

Part 2:
Advisory council interviews

Cross-Sectional Survey

- **Web-based survey** of staff at 470 community health centers on Western Clinicians Network (WCN) mailing list

- Survey questions developed in collaboration with WCN and SF-Bay Area Collaborative Research Network

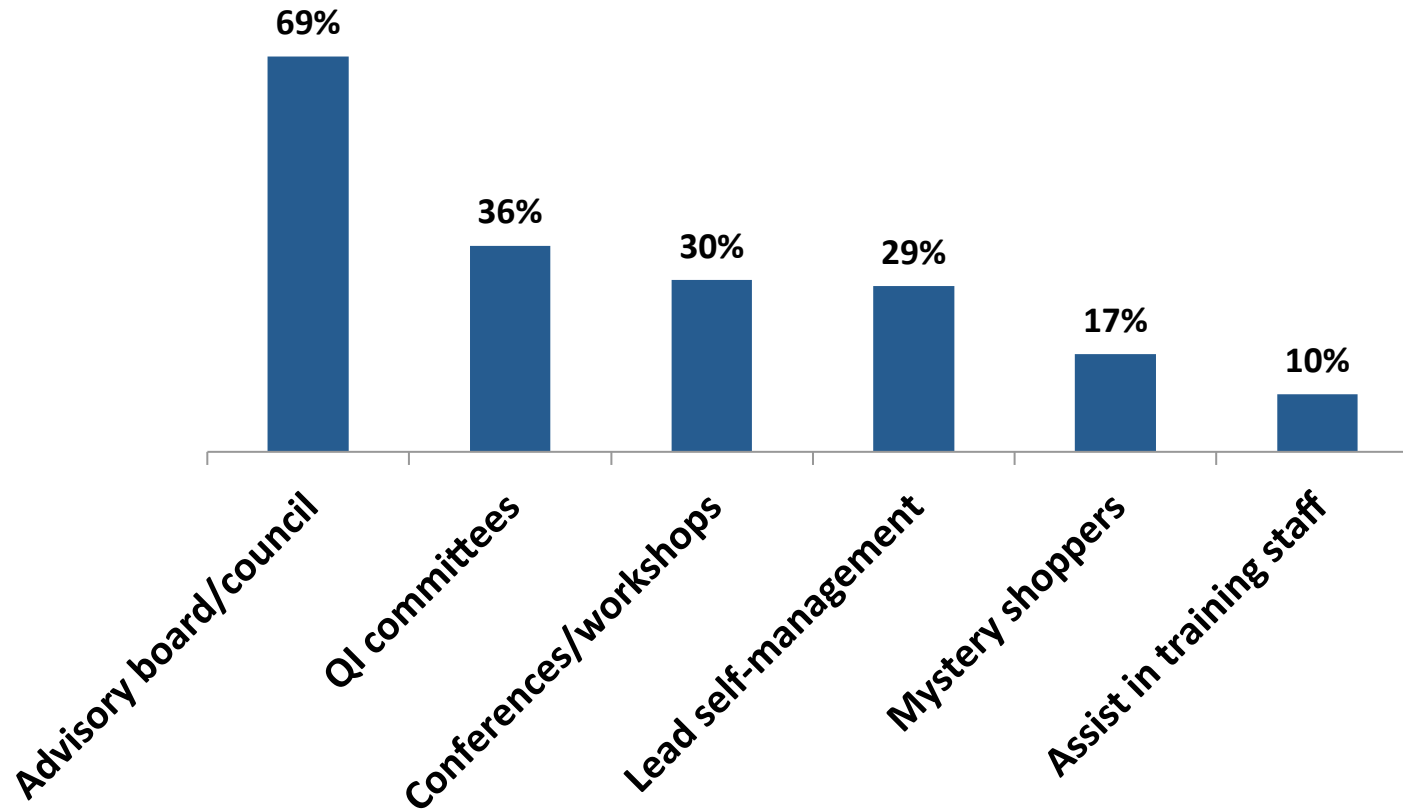- Statistical analysis: stepwise multivariate modeling

Survey Results

97 responses/470 CHC's invited to participate

	%
FTE clinicians	
Fewer than 5 FTE	18%
5-10 FTE	15%
More than 10 FTE	67%
Respondents	
Clinicians (including CMO)	36%
Operational leadership	40%
Other	24%

	%
PCMH recognition	
Received	52%
Applying	34%
Dedicated funding to support patient engagement	30%
Provide incentives for patients	28%

Survey Results

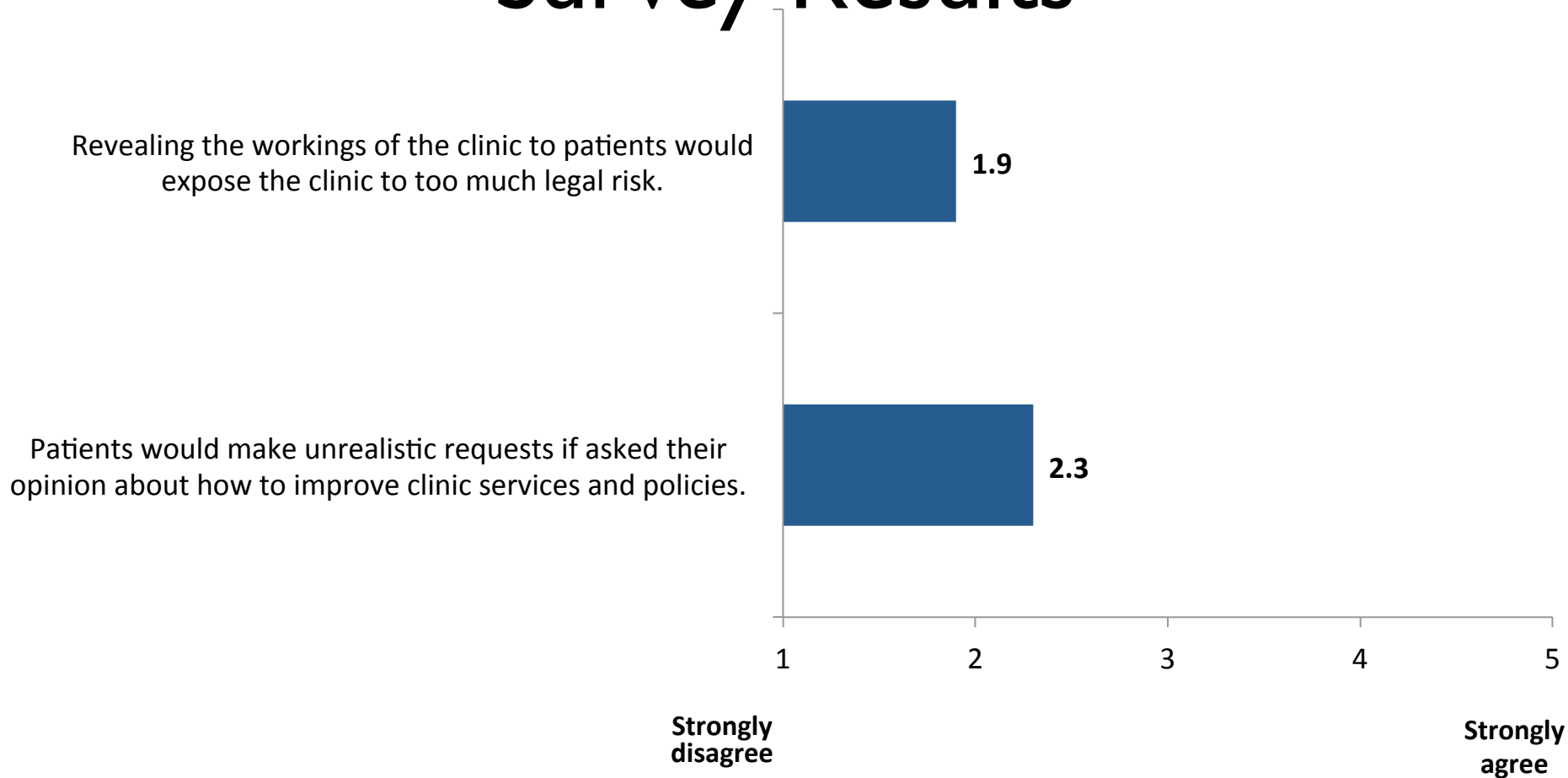|					
69%	36%	30%	29%	17%	10%
Advisory board/council	QI committees	Conferences/workshops	Lead self-management	Mystery shoppers	Assist in training staff

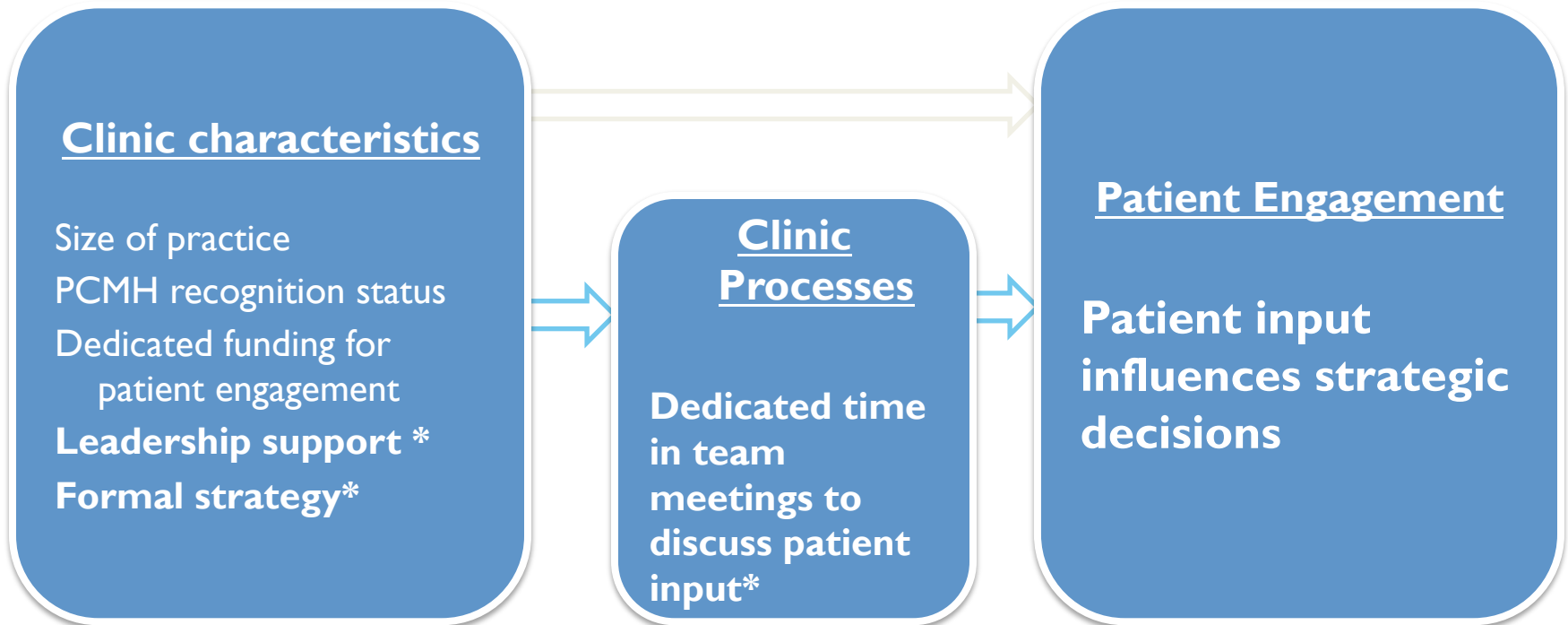**Patient participation in committees and activities**

Survey Results
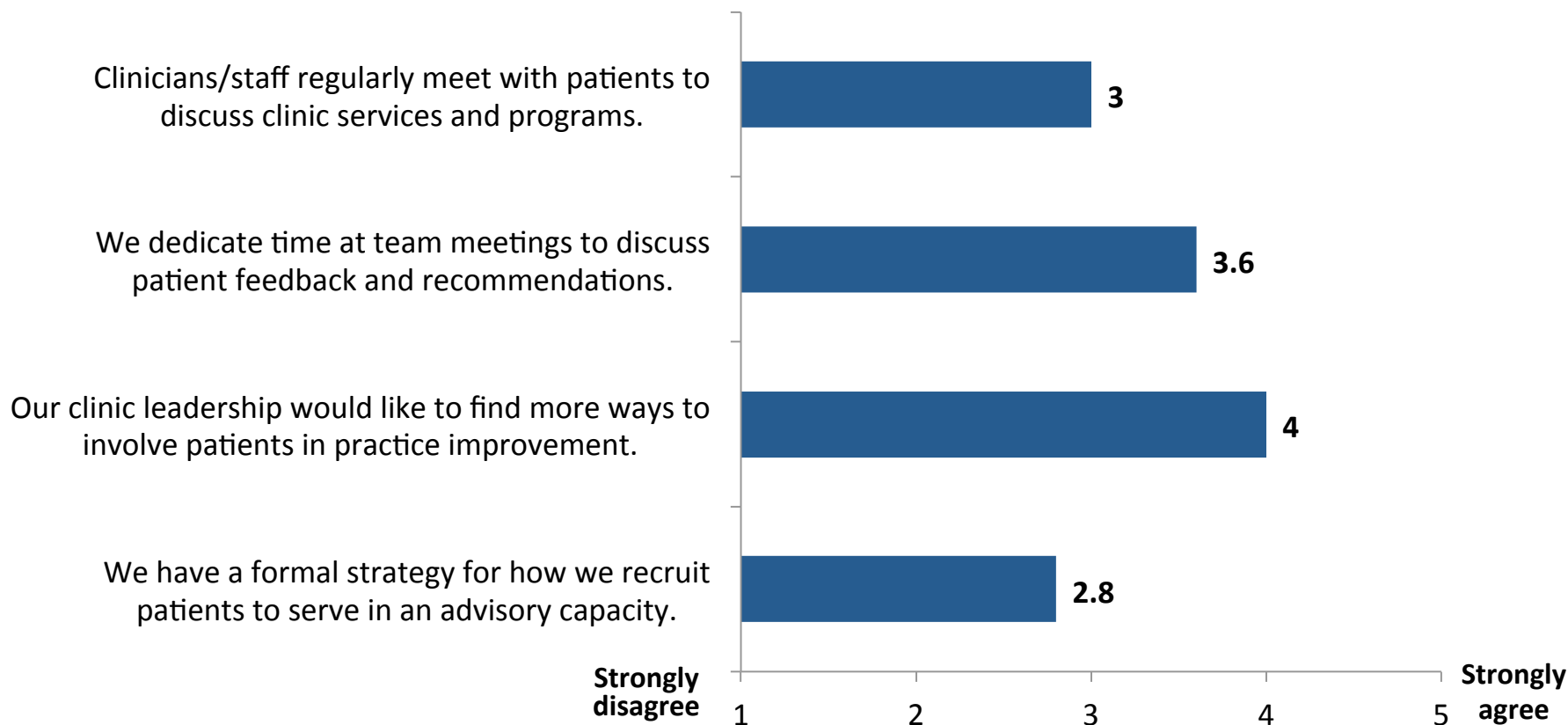
How CHCs feel about the process/buy-in of patient engagement

Survey Results

How CHCs feel about the barriers to patient engagement

Survey Results: Conceptual Model

Clinic characteristics

Size of practice
PCMH recognition status
Dedicated funding for
    patient engagement
Leadership support *
Formal strategy*

Clinic Processes

Dedicated time in team meetings to discuss patient input*

Patient Engagement

Patient input influences strategic decisions

What predicts patient input into strategic goals and decisions?

Key Finding:
Leadership support, having dedicated time, and having a formal strategy are important factors to support patient engagement.

Poll Question #2

- Does your site have leadership support?

- Formal strategy?

- Dedicated time?

Part 2: Patient Advisory Councils

- Representative group of patients who partner with staff to improve a clinic's care delivery

- Distinct from FQHC's board of directors who are mandated to have 51% patients

Part 2: Patient Advisory Council Qualitative Study

- Study population: Primary care clinics around California known for having high-functioning patient advisory councils

- Clinics nominated one staff member and one patient advisory board member

- 8 sites selected; 15 interviewees participated

- Interviews de-identified and coded to derive themes

Examples of PAC Projects from Interviews

Physical space	Wheelchair improvement project
Self-management tools	Calendar/planner for patients
Communication tools	Newsletter, suggestion box, Spanish language materials
Direct patient care	Feedback on FOBT card communication; Mammogram outreach
Workflow/system	Healthcare IT patient portal feedback
Clinic culture	"…Now I have a line of people waiting to come and present to the Patient Advisory Council."

Finding #1: Recruitment vs. Representativeness

- **Respondents attempt to recruit a group that works well in a group, but reflects the diversity of the patient population that the clinic serves – which can be a challenge**

- *"We wanted to make sure they had certain qualities, that they weren't there or here just for them, that they really saw the big picture…We want to hear their story, we want to hear their patient experience but we also want them to think beyond their own needs"*

- *"I think once we're established and solid and work out all the processes I'm going to focus on what groups are we not representing."*

Finding #2: Facilitation

- **Facilitators have the responsibility to create a safe space, mediate dominant communicators, and keep the meeting on-task.**

- *"…I see the facilitator as a conductor and we are the musicians. One plays cello, one plays violin, one plays the piano. We all play our own music, everybody does, and the conductor is to synchronize and harmonize"*

- *"the staff members who are on the council and the clinicians who are on the council are helpful in guiding the patients to take their experience and putting it into some kind of practical project that both will find beneficial and useful."*

Theme#3: Accountability

- **Patient members often thought staff were responsible for completing projects, while staff members hoped to encourage patients to contribute.**

- *"there's a project that's happening here, but it takes the staff to integrate it…So a lot of the decision or action plan falls on their shoulders."*

- *"when we can ask in a specific way to encourage them to be more involved, then it works. If we're not able to do that and if they're just not interested, then it won't work."*

- *"If all the work had to be done by the clinic alone it wouldn't be possible, so the patient has to cooperate too in order to make some changes, we have to work together, both patients and doctors"*

Key Findings:

- Clinics should recruit both for patient representativeness as well as communication skills.
- Clinic staff need facilitation support.
- Advisory councils need clarity on who is accountable for projects.

Poll Questions #3:

- For those with councils, is your council representative of patient population served?

- Do your facilitators receive training?

- To what extent are patients involved in accountability for advisory council projects?

Conclusions

- Patient engagement is a growing movement in primary care; engaged leadership, formal strategy and dedicated time are key

- Recruitment, facilitation and project management are key issues for advisory councils

- Patients can participate in a range of practice improvement projects

Open Discussion

- What findings are most interesting/most surprising?

- What are your experiences with recruitment? Meeting facilitation? Completing projects?

- What topics will be most helpful for your site moving forward, in future webinars?

Thanks to our partners

- Andrew Hudson and Veenu Aulakh, CCI
- Eric Henley MD, MPH
- Western Clinicians Network
- SF Bay Area Collaborative Research Network
- Charla Parker, MPA
- Michael B Potter, MD
- Rachel Willard-Grace, MPH
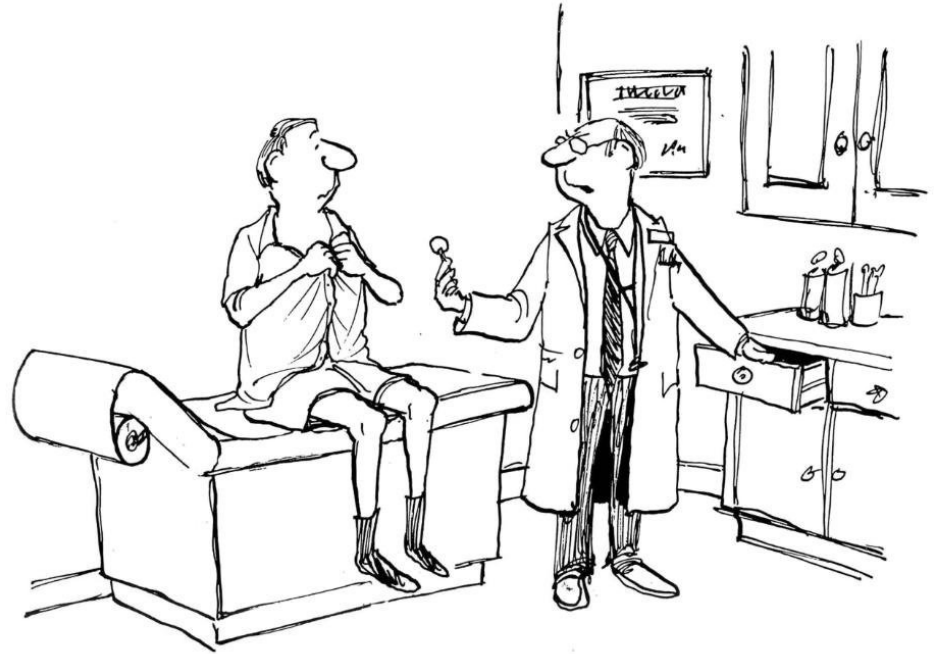
"Will this lollipop suffice for patient engagement?"

References/Resources for next steps

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