Welcome!

We will be beginning at 12pm PT.
Care Integration: from the System to the Patient
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”

What Is Care Integration?

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.
Facilitating Care Integration

Nearly half of adults with health issues report problems with the coordination of their care in the United States. As Community Health Centers (CHCs) and other safety net settings transform into Patient-Centered Medical Homes, their role in the larger medical neighborhood will become pronounced. However, challenges with care coordination are magnified in the safety net setting and continue to be increasingly complex.

In 2014, the UCSC Center for Excellence in Primary Care, with funding from the Blue Shield of California Foundation, completed a comprehensive literature review outlining strategies CHCs use to integrate into the medical neighborhood in the domains of primary care-specialty care, primary care-diagnostic imaging, primary care-pharmacy, primary care-oral health and primary care-hospital care. A conceptual model which was used to
**Medical Neighborhood Care Integration Assessment (MNCl-A)**

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**Primary Care-Specialty Integration:**

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

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>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.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>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.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>d. Relationships: PCPs at my practice have a good working relationship with most of the specialty care providers involved in our patients’ care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
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13 webinars since March 2015!
Transitioning to the patient

- 1 Engaged leadership
- 2 Data-driven improvement
- 3 Empanelment
- 4 Team-based care
- 5 Patient-team partnership
- 6 Population management
- 7 Continuity of care
- 8 Prompt access to care
- 9 Comprehensive-ness and Care Coordination
- 10 Template of the future
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

[logos for WCN and SFBay CRN]
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?

BEFORE I MAKE MY DECISION, I'D LIKE TO ASK FOR YOUR OPINIONS.

IT'S SUPPOSED TO MAKE YOU FEEL "ENGAGED."

AND YOU ACTUALLY PLAN TO LISTEN TO US?

I'M HOPING IT WILL LOOK THAT WAY ON THE OUTSIDE.
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.”

Patient Engagement happens on different levels

**Levels of engagement**

**Direct care**
- Patients receive information about a diagnosis

**Consultation**
- Patients are asked about their preferences in treatment plan

**Involvement**
- Treatment decisions are made based on patients’ preferences, medical evidence, and clinical judgment

**Organizational design and governance**
- Organization surveys patients about their care experiences

**Partnership and shared leadership**
- 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

- Hospital involves patients as advisers or advisory council members

- 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

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

<table>
<thead>
<tr>
<th>FTE clinicians</th>
<th>%</th>
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<tbody>
<tr>
<td>Fewer than 5 FTE</td>
<td>18%</td>
</tr>
<tr>
<td>5-10 FTE</td>
<td>15%</td>
</tr>
<tr>
<td>More than 10 FTE</td>
<td><strong>67%</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Respondents</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Clinicians (including CMO)</td>
<td>36%</td>
</tr>
<tr>
<td>Operational leadership</td>
<td>40%</td>
</tr>
<tr>
<td>Other</td>
<td>24%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PCMH recognition</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td><strong>52%</strong></td>
</tr>
<tr>
<td>Applying</td>
<td><strong>34%</strong></td>
</tr>
</tbody>
</table>

Dedicated funding to support patient engagement **30%**

Provide incentives for patients **28%**
Survey Results

Patient participation in committees and activities

- Advisory board/council: 69%
- QI committees: 36%
- Conferences/workshops: 30%
- Lead self-management: 29%
- Mystery shoppers: 17%
- Assist in training staff: 10%
We have a formal strategy for how we recruit patients to serve in an advisory capacity. Our clinic leadership would like to find more ways to involve patients in practice improvement. We dedicate time at team meetings to discuss patient feedback and recommendations. Clinicians/staff regularly meet with patients to discuss clinic services and programs.

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

Revealing the workings of the clinic to patients would expose the clinic to too much legal risk.

Patients would make unrealistic requests if asked their opinion about how to improve clinic services and policies.

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

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


- Institute for Healthcare Improvement: Person- and Family-Centered Care. 2014. at http://www.ihi.org/topics/PFCC/Pages/default.aspx.)


