

Beyond the Patient Advisory Council - Innovative modes of patient engagement

Tara Kiran, MD – St. Michael's Hospital Academic Family Health Team
Sarah Eaton, DMA – Colorado Department of Health Care Policy and Financing
Emily Mowrer – Virtual Member Experience Advisory Council Member

PATIENT ENGAGEMENT WEBINAR SERIES | NOVEMBER 28TH, 2017



Webinar Series Overview

- Goal: to share strategies and tools to promote patient engagement within the primary care safety net
- Content is interactive and based on your needs – feel free to ask questions throughout the webinar and we will get to it during the Q&A
- Big thank you to our funders:
The Blue Shield of California Foundation!

blue  of california
foundation

Patient Engagement Series Recap



All webinars are available to watch for free, along with additional resources at:

<https://www.careinnovations.org/resources/engagement-webinar-1-using-patient-voices-to-improve-your-organization/>

Our Team



Anjana Sharma, MD
Assistant Professor
Family and Community Medicine



Beatrice Huang, BA
Clinical Research Coordinator



Today's Presenters



Tara Kiran, MD
QI Program Director

Today's Presenters



Sarah Eaton, DMA
Deputy Client Officer



Ms. Emily Mowrer
*Virtual member experience advisory
council member*



Nothing About Me Without Me – Applying Citizen Engagement Methods in a Family Health Team

Tara Kiran^{1,2}, Sam Davie¹, Katie Dainty², Dario Gritti, Madina Rod

**¹St. Michael's Hospital Academic Family Health Team, ²Li Ka Shing
Knowledge Institute,**

St. Michael's

Inspired Care.
Inspiring Science.

**Academic Family
Health Team**

OUR PATIENT ENGAGEMENT DAY

The Family Health Team Check-Up was a pilot project to adapt some of the skills and techniques of long-form deliberative processes to create a more enriching and constructive public engagement experience for patients and FHT staff and clinicians.

MASSLBP



In February, we invited 36 randomly selected patients to spend a day with us to help us rethink and re-design how we conduct medical appointments with our patients.

From booking an appointment, to arriving in our reception room, to filling out forms, to interacting with your nurse or doctor, to receiving treatment, to follow-up care and instructions...

We sent out two e-invitations to 10,000 active patients...

And 355 of them volunteered!

**We then randomly selected 36 representative participants
based on several criteria...**

Participant Demographics

Variable	n (%)
Age Group*	
18-29	<10
30-44	12 (33%)
45-64	13 (36%)
65+	<10
Health Status*	
Excellent or very good	20 (56%)
Good, fair, or poor	16 (44%)
Housing Status*	
Rent or own	21 (58%)
Supportive housing or other	15 (42%)
Self-Identified Gender	Representation from patients who identified as males, females, and transgender (cannot report exact numbers due to small sample sizes)
Born in Canada**	15 (71%)
Ethnicity**	
European/Canadian	13 (68%)
Not European/Canadian	6 (32%)
Missing	2
Education	Exact numbers not reported due to small sample size; most had high level of education

Randomly selected to be
representative of patient population

*n=36; **n=21

Saturday's Agenda

8:00	Coffee and registration
9:00	Welcome by moderator and explanation of the day
9:15	Participant introductions and values
9:45	Understanding the FHT: What we do and who we serve
10:30	Break
10:45	The view from here: Moderated panel discussion with staff and clinicians
11:15	Small group discussion: Identifying issues and friction points with medical appointments using templates
12:00	Lunch (Issues collation on plenary wall)

12:30	New small working groups to tackle issues and create recommendations using templates
2:00	Plenary report out for comment
2:15	Break
2:30	Final revisions to recommendations
3:30	Final report out
3:50	Appreciation and response from FHT
4:00	Adjourn

Working together they examined the different elements of a typical FHT appointment

1

Booking an appointment

2

Registering and waiting for your appointment

3

Your appointment with your health care provider

4

Referrals for tests and specialists

5

Following up on test results

6

Communicating with the clinic between appointments


Define the issue

Describe the implications


Identify the actors

Propose recommendations

WHAT DID OUR PATIENTS SAY?



"I'm pleased with the genuine desire of St. Mike's staff to improve [their] already outstanding services"



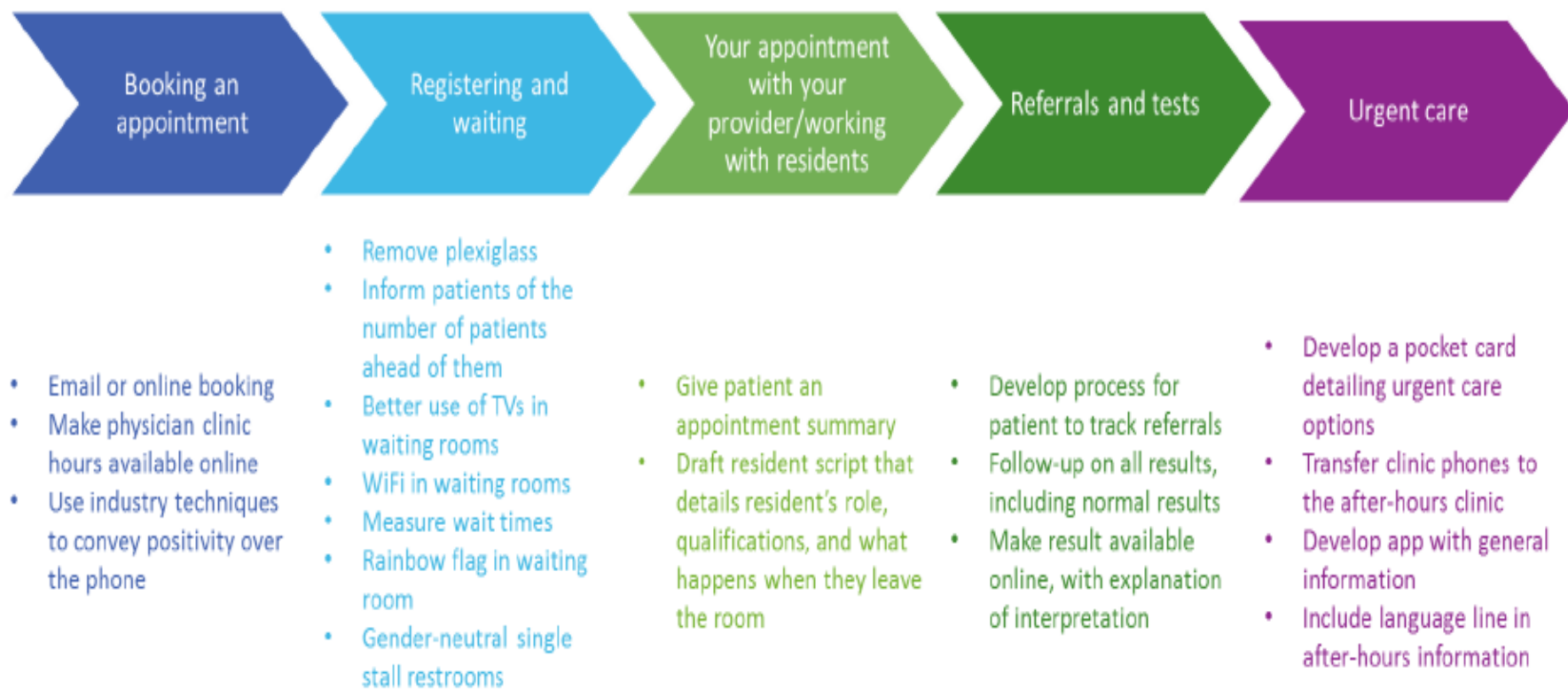
I want to thank all staff at the Family Health Team for taking such good care of me throughout numerous health issues. We've given recommendations to make the care even better, but you are already doing a fantastic job!*



The team provided great care when I was a new Canadian, and I want to learn more about the services you offer and give some advice on how you can share these services with other new Canadians*

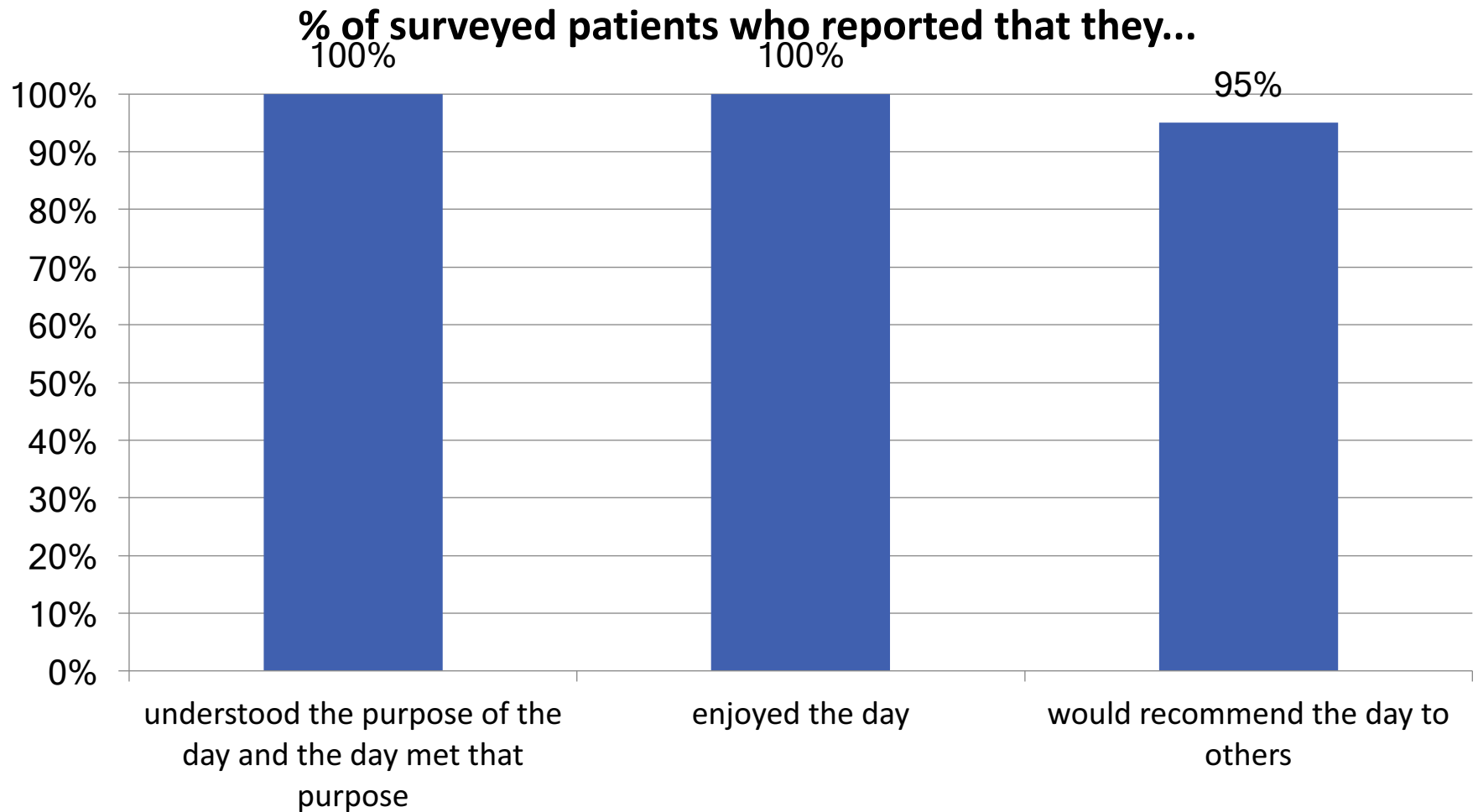
*These remarks are paraphrased

Recommendations

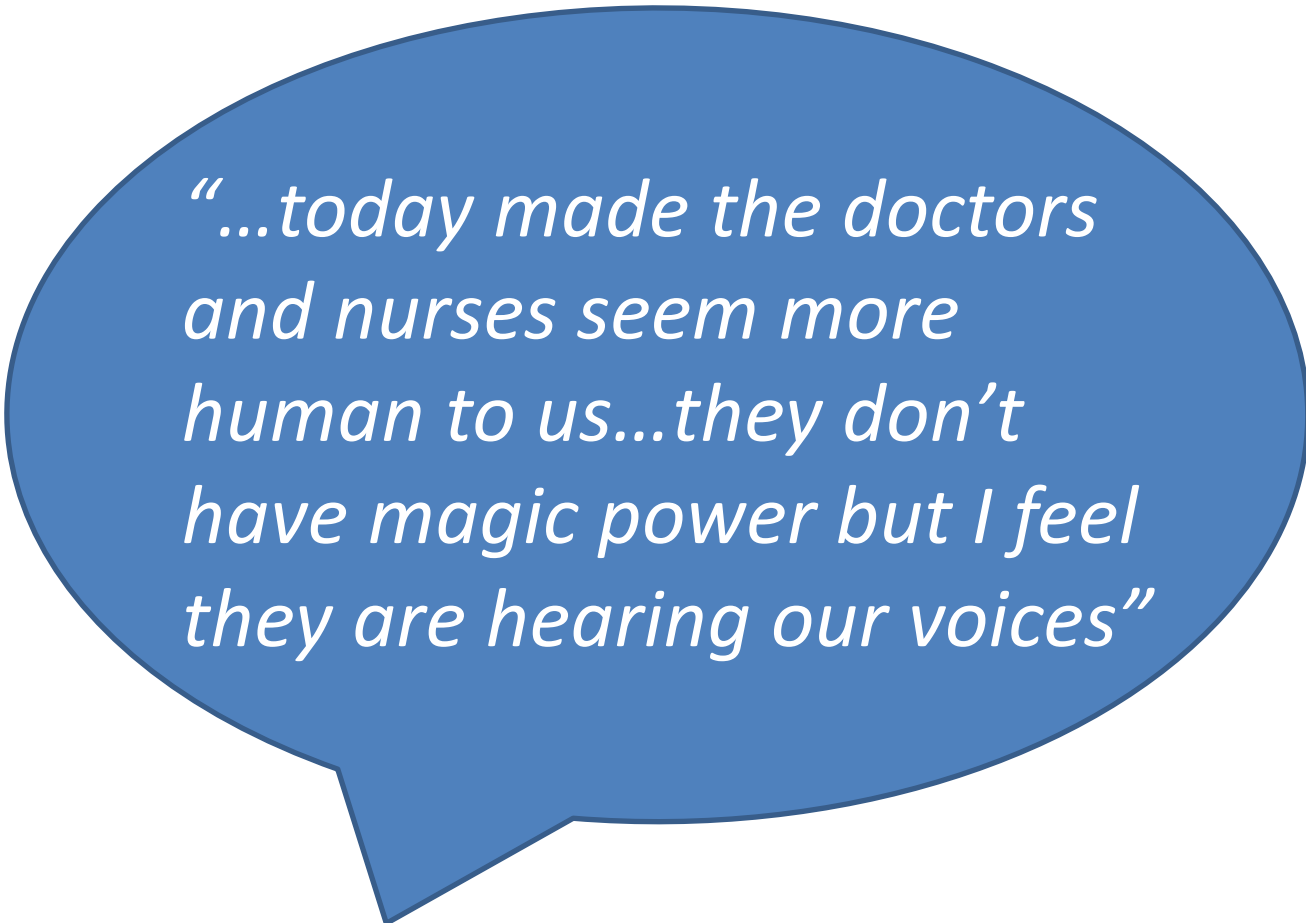


HOW DID EVERYTHING GO?

Did they enjoy the experience?

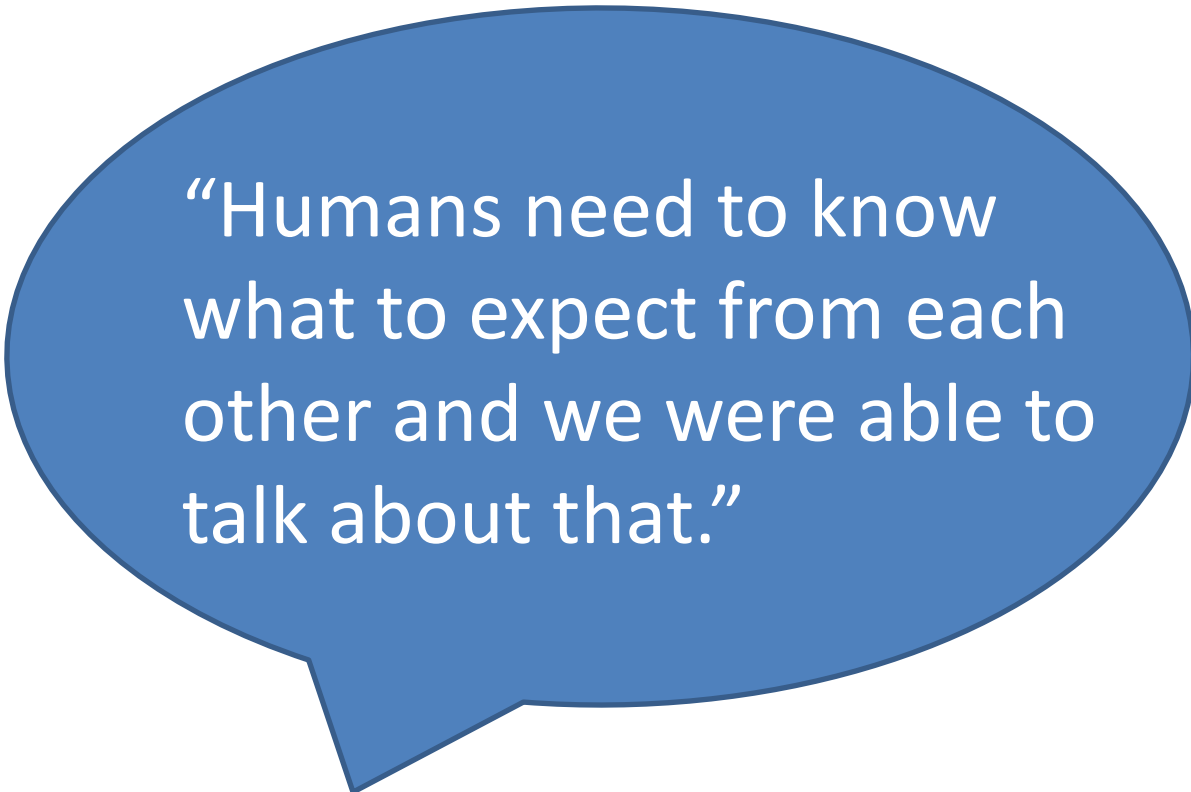


Setting the Stage




“...today made the doctors and nurses seem more human to us...they don’t have magic power but I feel they are hearing our voices”

Storytelling



“Humans need to know what to expect from each other and we were able to talk about that.”

Reframing the patient role



“I felt like an equally contributing member of the group.”

WHAT IMPACT DID THE DAY HAVE?

What we're doing differently

- Training all clerical on use of the language line
- Improving our waiting room:
 - WiFi!
 - Making the space and resources more inclusive
 - Removing plexiglass (if supported by staff)
- Clarifying resident roles
- Transferring clinic lines to after-hours services

Positive cultural changes

Update to All
FHT Staff –
with patients!



Patient Pool –
ready to be
more involved!



LOTS of staff
energy!

Summary

- A one-time patient engagement event is a feasible way to advance practice QI
- Random selection of participants helps ensure a diversity of voices
- Providing context is important when asking patients to make recommendations

Acknowledgements

- Dr. Karen Weyman
- Dr. Esther Ernst
- Amy McDougall
- Melinda Glassford
- Cathy Wilson
- Cian Knights
- Raj Girdhari
- Karim Vellani
- Jacqueline Chen
- Courtney Ruddy
- Mass LBP team
- The patients!



Special thanks to Peter McLeod, Chris Ellis, and the folks from MASS LBP

MASSLBP

Virtual Member Experience Advisory Council

Creating a Culture of Collaboration with Members

Presented by: Sarah Eaton, Deputy Client Officer
and Emily Mowrer, Virtual Member Experience Advisory Council Member

November 28, 2017



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Department of Health Care
Policy & Financing

Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources

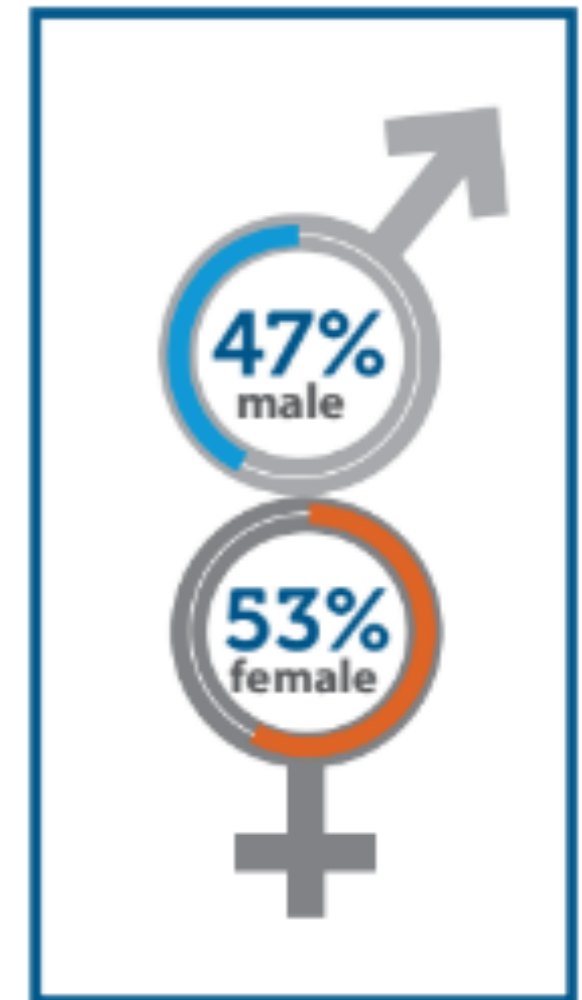
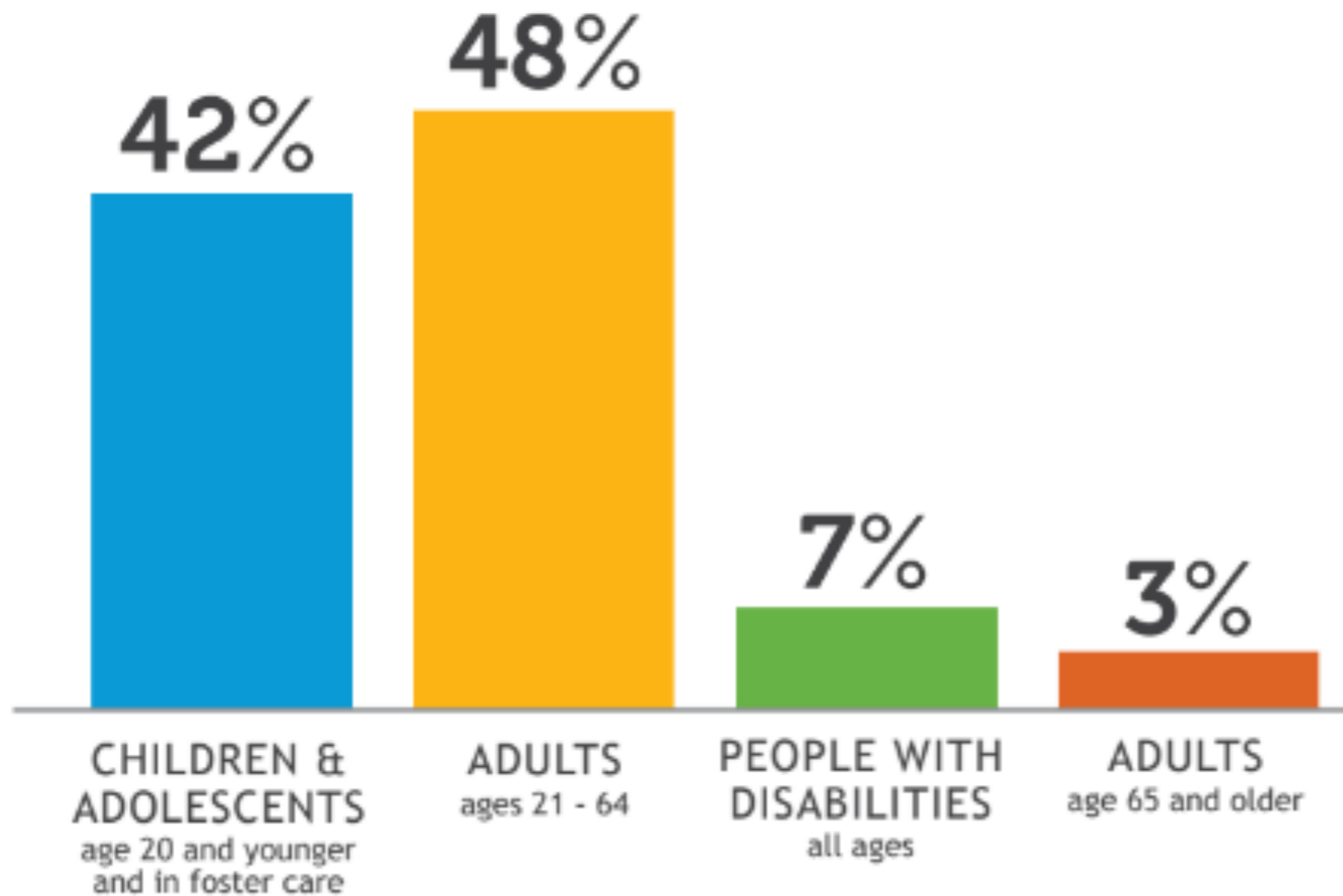


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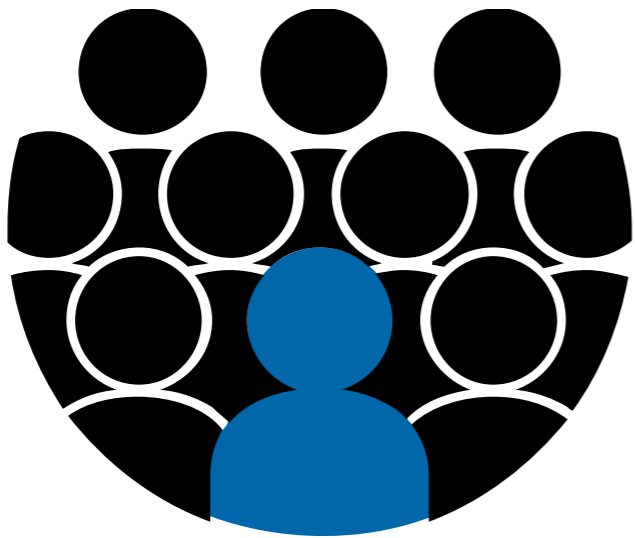
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Health First Colorado Demographics

FY 2015-2016



*Thinking and behaving in ways
that respect and value
individual preferences,
strengths, and contributions.*



Respects and values
individuals



Working *with* members and
families

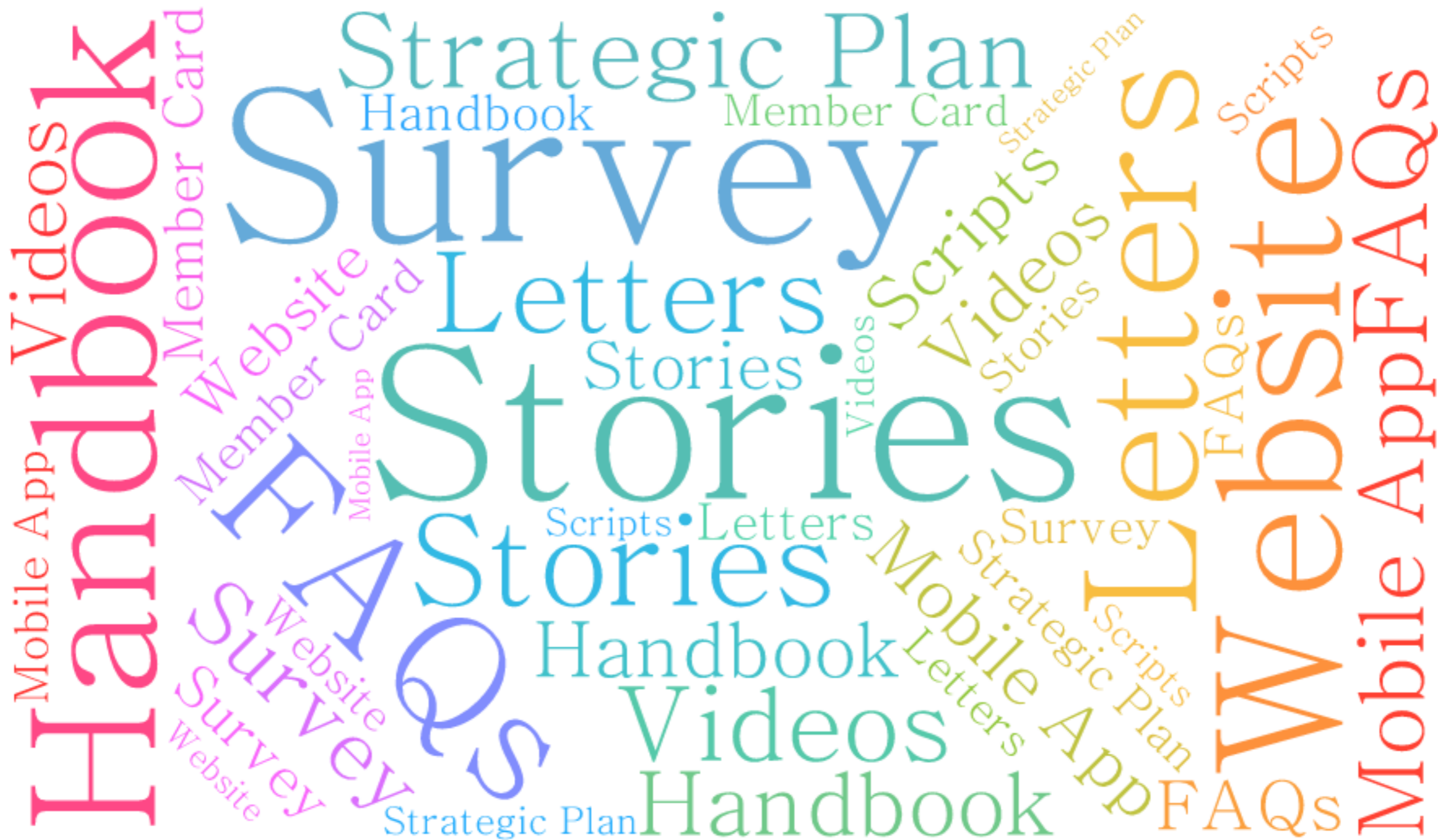
Advisory Councils

“When I’m participating on the Council, I feel like we are all equals—whether you’re a client, a State employee or a member...there is no hierarchy. Everyone has a voice. It’s exciting to be part of all the changes!”

- Member Experience Advisory Council member



In-Person Advisory Council



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Benefits



Convenience

Hard to reach populations

Gut reaction

Challenges

Addressing all preferences

Balancing context

Accessibility of technology

No face to face

Recruitment

Advisory Council Member

Emily Mowrer



Looking Toward the Future



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Questions?

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FOR MORE RESOURCES AND TO SEE OUR PAST WEBINARS:

[HTTPS://WWW.CAREINNOVATIONS.ORG/RESOURCES/PATIENT-ENGAGEMENT-WEBINAR-4-PATIENT-ADVISORS/](https://www.careinnovations.org/resources/patient-engagement-webinar-4-patient-advisors/)