

The Most Important Voice in the Room: Building the Voice of the Patients into Care Delivery, Design and Operations



Diane Marriott, DrPH
dbechel@umich.edu

Discussion Points

1. Context: CPC+ Practice Care Delivery Requirement and Patient and Family Councils (PFACs)
2. Michigan MAPCP Demonstration (Michigan Primary Care Transformation Project, MiPCT) Patient and Family Advisory Council Experience
3. Implications for CPC+ Milbank Partners

1. Context: CPC+ Practice Care Delivery Requirements and PFACs

CPC+ FUNCTION 4: Patient and Caregiver Engagement

“Optimal care and health outcomes require patient and caregiver engagement in the management of their own care and in the design and improvement of care delivery. Practices will organize a Patient and Family Advisory Council (PFAC) to help them understand the perspective of patients and caregivers on the organization and delivery of care, as well as its ongoing transformation through CPC+. Practices will use the recommendations from the PFAC to help them improve their care and ensure its continued patient-centeredness.”

CPC+ Patient and Caregiver Engagement Change Concepts

1. Engage patients and caregivers to guide improvement in the system of care
2. Integrate self-management support into usual care across conditions
3. Engage patients in shared decision making.

**CPC+ Patient
and Caregiver
Engagement
2017
Requirement**

Track 1

**Track 2 (and CPC
Classic)**

Convene a PFAC at least once in PY 2017 and integrate recommendations into care, as appropriate

Convene a PFAC at least once in PY 2017 and integrate recommendations into care, as appropriate

Assess practice capability and plan for support of patients' self-management

Implement self-management support for at least 3 high-risk conditions

2. Michigan MAPCP Demonstration (Michigan Primary Care Transformation Project, MiPCT) Patient and Family Advisory Council Experience

*The roles of the patient and the doctor in quality assessment are much like that of the pig and the hen in the making of breakfast. The hen is **involved**. The pig is **committed**.*

Henry Vuori

Health Care User Experience: The Cornerstones

- Repeated messages
- Delivery at “teachable moment”
- Simplicity of language
- Psychometric testing of questions
 - Does question intent match responder’s interpretation?
- Multi-year strategy
- Same-page displays and legends
- Multiple modes of information delivery
- Preparation and user support

Voice of the Patient

Why Integrating It Is Critical to Our Work

“The interest of the patient is the only interest to be considered.” – Dr. W.J. Mayo

- *Patient-Centered Medical Home (PCMH)*
 - Patient values, preferences, experiences, not what we perceive their needs to be
- Improves care; lowers costs and improved health outcomes
- We are all patients
- Practices benefit as well (e.g., on improving performance; overcoming engagement challenges, etc.)
- Adding meaning and satisfaction to providers and their teams



Building Patient Voice into Program Design: Why

- Disruptive innovations offer more choices to consumers
- Patient voice helps us understand that we will not solve our national health care challenges with a medical model alone
- Understanding and addressing the preferences, values and needs of patients will become an even more important competitive advantage

Benefits of Advisory Councils and Advisors to Practices

- Health care professionals & staff make fewer assumptions about what patients or families “want.”
- Advisors “see things differently” and ask “why do you do it this way?”
- Advisors challenge providers to see what is possible.

Advisor Roles

Role of patient and family advisors:

- Serve as sounding board for initiatives to establish balance with priorities of patients and families
- Generate new ideas to drive initiatives at all levels
- Decrease barriers to patient engagement
- Share best practices across regions
- Participate in program planning and evaluation
- Provide input on policies, programs, and practices
- Evaluate and give input on PCMH transformation and QI activities

Advisor Selection

Patient/family advisors should be:

- Nominated by PO, practices, Health Plans or Purchasers
- Interested in serving as advisors
- Comfortable speaking publicly with candor
- Able to use their own experience constructively
- Able to see beyond their own experience
- Concerned about more than one issue or agenda
- Able to listen and hear differing opinions

Best Practices to Support Members

- Convene in-person meetings where possible to build relationships
- Use social networking web-based applications
- Train advisors and “train the trainer” partners
- Provide committee members with a contact list
- Provide committee members with advisor to orient them

Remember, this type of collaboration is new for many people so preparation and orientation is important for care teams, as well as patients and family members.

MiPCT: Building the Patient Voice “In”

1. Program-Level Patient Advisory Council
2. Patient and Caregiver Presentations at MiPCT Functions and Venues
 - Summit Keynote
 - Medicaid Health Plan/MiPCT Care Manager Synergy Sessions
3. Practice-Level Patient and Family Council (PFAC) Support and Training
4. Other Aspects
 - “E-Councils”
 - “Michigan Pathways” (Stanford Self Management) Session Awareness and Volunteer Facilitator Training, etc.

Program-Level Patient and Family Advisory Council

Program-Wide Patient and Family Council

- Provided patient and family input into program design and operations during the MiPCT Demonstration
- Examples of issues taken to the PAC:
 - Patient experience survey question review
 - CAHPS-CG aggregate findings review
 - Community Health Worker integration
- All patients and family members had experience with MiPCT practices and care management servicing



Patient Advisory Council
June 17, 2016
1:00 PM

Dial 888 330-1716; Access 7403249
Agenda

1:00-1:05	Welcome
1:05-1:10	Minutes and Agenda Review
1:10-1:20	MiPCT National Evaluation Results: Good news for Michigan! <ul style="list-style-type: none">a. Michigan led the other states in success for cost savings for Medicareb. Michigan and Vermont are the best performers of the eight states overallc. Key stakeholders interviews in the reports reflected themes that were consistent with expectations, including:<ul style="list-style-type: none">o Successes in embedding Care Managers within practices; diabetes self-management education initiatives and preventive care; and providing Admission, Discharge and Transfer (ADT) notifications to primary care practices.o Observations about the importance of sustained multipayer support, the time required to change practice patterns and workflow and embed Care Managers in practices to generate improvements in patient outcomes, and the key role of the Physician Organization in implementation.o Challenges noted in interviewee responses included desires for growing participation to include all payers and to increase the number of care management services delivered to patients who would most benefit.
1:20-1:30	Transition of MiPCT from a demonstration to an ongoing program <ul style="list-style-type: none">• Partnership with the State Innovation Model (SIM) and SIM "101" for PAC Members at next meeting• Expansion to 100 to 150 additional primary care practices in 2017!
1:30-1:40	ICAN Tool (I Can!) reviewed at the last PAC and the challenge to try it out for yourself! (It is attached below for easy reference) <ul style="list-style-type: none">• What did you think of the tool?• How could it be used to help patients establish a relationship with providers?• Are there other tools that you or your family members use to prepare for a medical appointment?
1:40-1:50	Upcoming Opportunities for Patient Advisory Council input <ul style="list-style-type: none">• Your favorite user-friendly websites (we are on the hunt as we are redesigning and refreshing the mipct.org website and would love your suggestions)• Summit agenda design• Medication reconciliation project• Medicaid Health Plan/MiPCT Care Manager coordination• Growing Patient input within practices, the MiPCT design and State policy
1:50-2:00	Other Patient Advisory Council Sharing

Practice-Level Patient and Family Advisory Councils

The “Voice of the Patient” MiPCT/GDAH/C/IFCC Partnership

A “Train the Trainer” Approach to Supporting PFAC Development in Michigan Practices

- Step One - Engage and Identify “Voice” Practices
 - Develop and host a joint webinar, explain options and offerings, benefits and expectations
 - Request interested practices to submit a response form for practices that wish to participate in the initiative
- Step Two – Train the Trainers
 - Train MiPCT and GDAH/C staff
 - Offer trainings to responding practices
- Step Three – Initiate Program Implementation at the Practice Level
- Step Four – Collect outcomes and robustly share lessons through a learning network (MiPCT Practice Learning Credits awarded for participation)



“Voice of the Patient” (VOP) Initiative
Celebrating Our Practice Partners for
Their Achievements in Starting Patient
and Family Advisor Programs

March 17, 2015

MiPCT/GDAH/CPFCC

You Took the Lead...And You Did It!



Practice “Celebration” Report Out –Example

Patient and Family Advisor Approach

- ❑ Identified and engaged a multigenerational, diverse set of patient and family advisors
 - ❑ All advisors attended the 10/31/14 collaborative training
 - ❑ “Kick off” practice-level meeting followed to discuss the goals of the group and explore potential projects
 - ❑ Regular meeting cadence established

- ❑ The practice holds an orientation session held with new patients to introduce them to the practice, explain what they can expect of the practice, and what the practice can expect of them. The goal is to establish a true provider/patient partnership early on.

Practice “Celebration” Report Out –Example

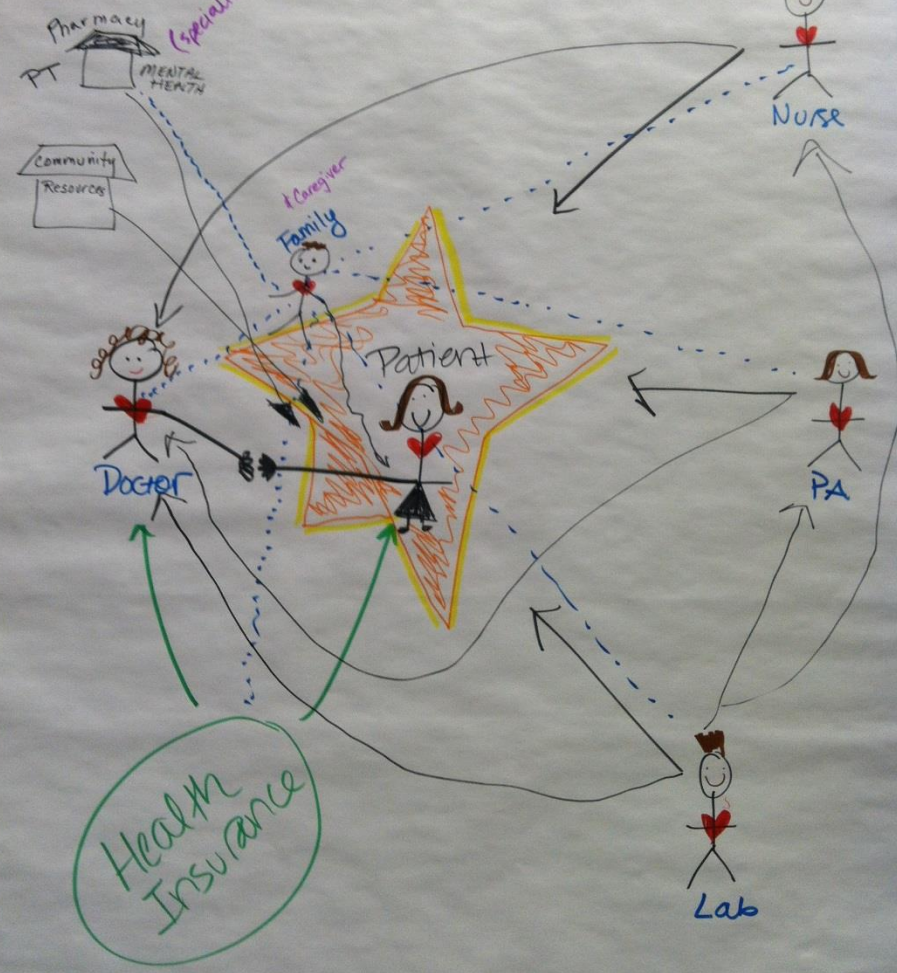
What We Learned

- ❑ Starting a Patient and Family Advisory Council requires some work – and a continued commitment. If you give up too soon, you “throw the baby out with the bathwater”. The value that a council can return value to the practice builds over time.
- ❑ Use your advisors to get a sense from a patient’s perspective when your practice struggles with an area of patient engagement, or with a pattern of feedback/complaints from patients
- ❑ Tools provided to practices should be sculpted to the beginning small practice. Often many tools are geared toward large systems or inpatient environments.



Welcome to your PCMH!

educational
PATIENT centered



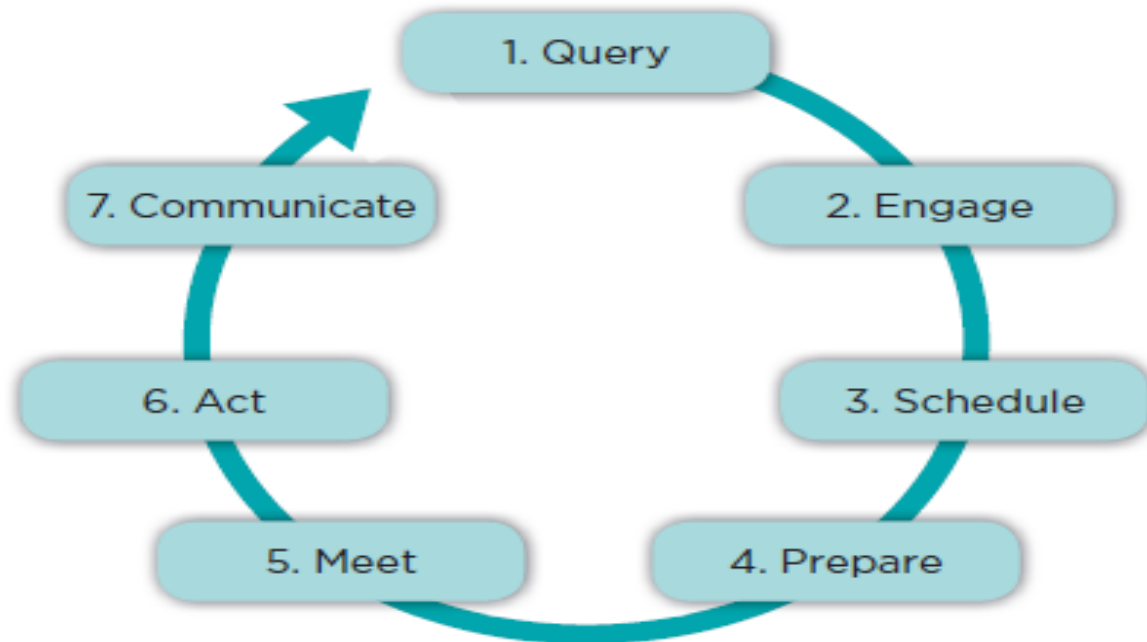
3. Implications for CPC+ Milbank Partners and Food for Thought....

Supporting Practices for PFAC Success in 2017

- Potential to partner with Regional Learning Contractor?
- Supplement existing training?
- Encourage thoughtful PFAC launches as a long-term element of “how the practice does business”
- Find early “quick win” areas that allow practices to reap benefit from patient and family input as a hook for expansion and greater adoption
- Payers benefit as well....

Institute of Medicine (IOM) Framework for Patient and Family Engagement: Care, Scheduling, Delivery, and Follow-Up

(Released July 13, 2015 in "Transforming Health Care Scheduling and Access: Getting to Now")



1. **Query:** Patient presents health question

- Patient can access system 24/7; system responds immediately
- Patient's concerns are respected

2. **Engage:** There is a collaborative process to answer question

- Communication is provided in an understandable and convenient way

3. **Schedule:** Patient can easily/quickly schedule consultation

- Patient can schedule care 24/7 and can do so online
- Rescheduling is easy and readily available
- New appointments can be synchronized with existing ones

4. **Prepare:** Patient can make preparations in the interim

- Needed prior approvals and forms are obtained automatically
- Needed lab tests are arranged and scheduled automatically
- New appointments can be synchronized with existing ones

5. **Meet:** Patient has encounter with health care provider

- Encounter takes place in person, online or by telemedicine
- Encounter takes place on time; patient is given alternatives to waiting (when delays occur)
- Staff is respectful and courteous; exam space private and comfortable
- Team goes to patient

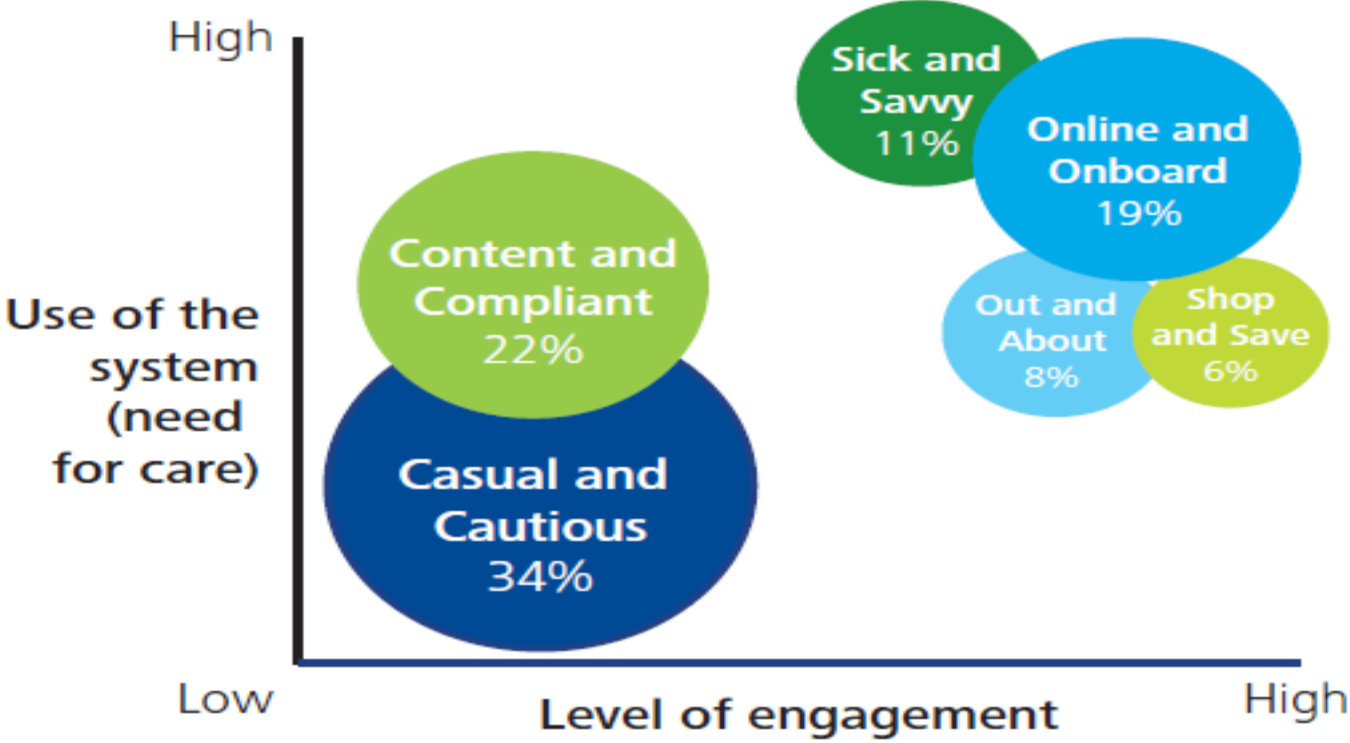
6. **Act:** The patient and provider take follow-up action

- Understandable visit summary is provided on patient portal and hard copy
- Team uses teach-back to insure patient understands critical information
- Rest of care team fully informed about visit
- Prescriptions are e-prescribed

7. **Communicate:** Patient has ongoing care from care team

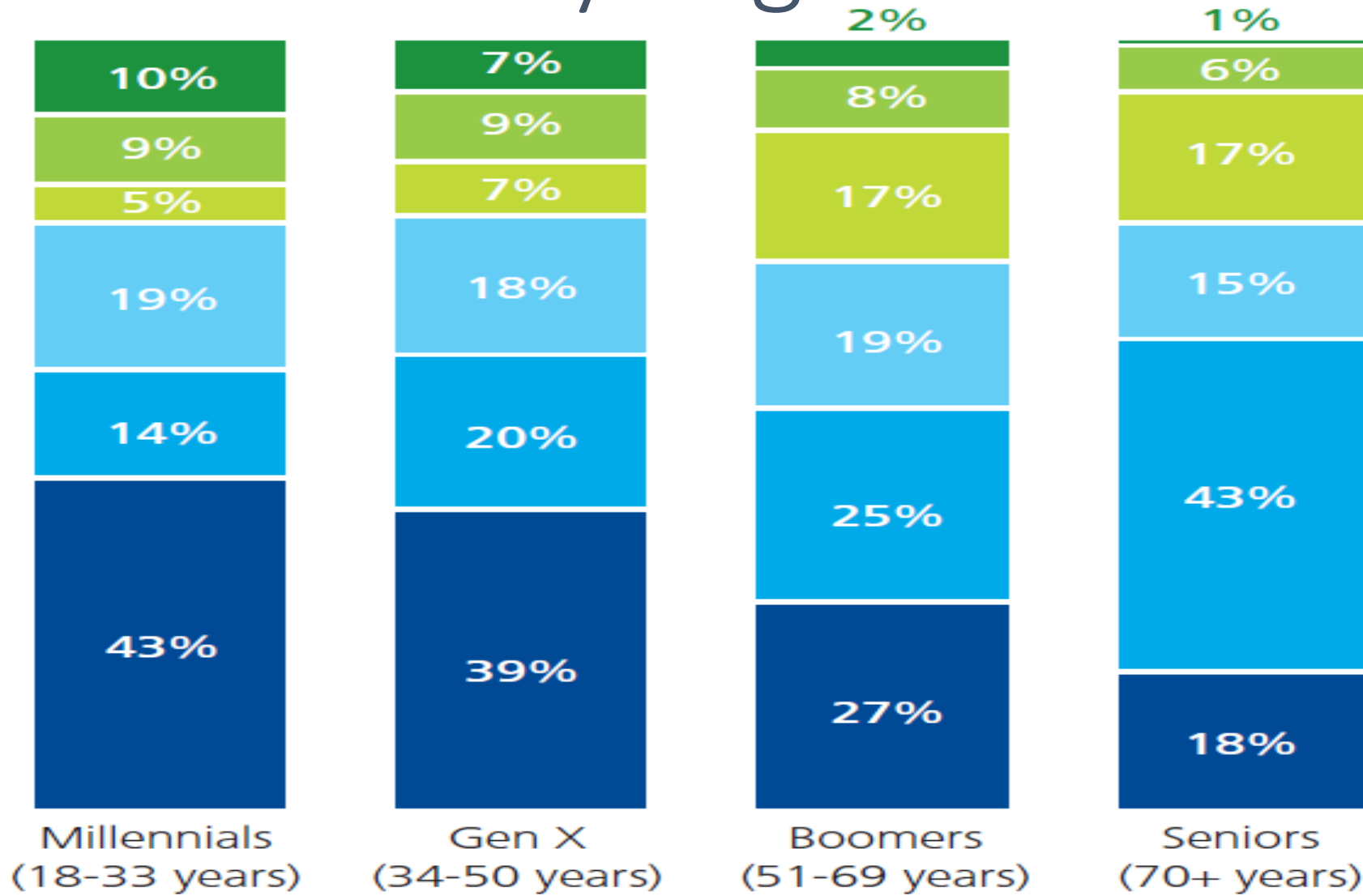
- Any follow-up appointments are scheduled
- Care team checks in to answer questions or ensure follow-up care

Consumers' Use of the Healthcare System and Level of Engagement by Segment



Source: Deloitte Center for Health Solutions Survey of US Health Care Consumers, 2015

Deloitte 2015 Study Segment Profiles

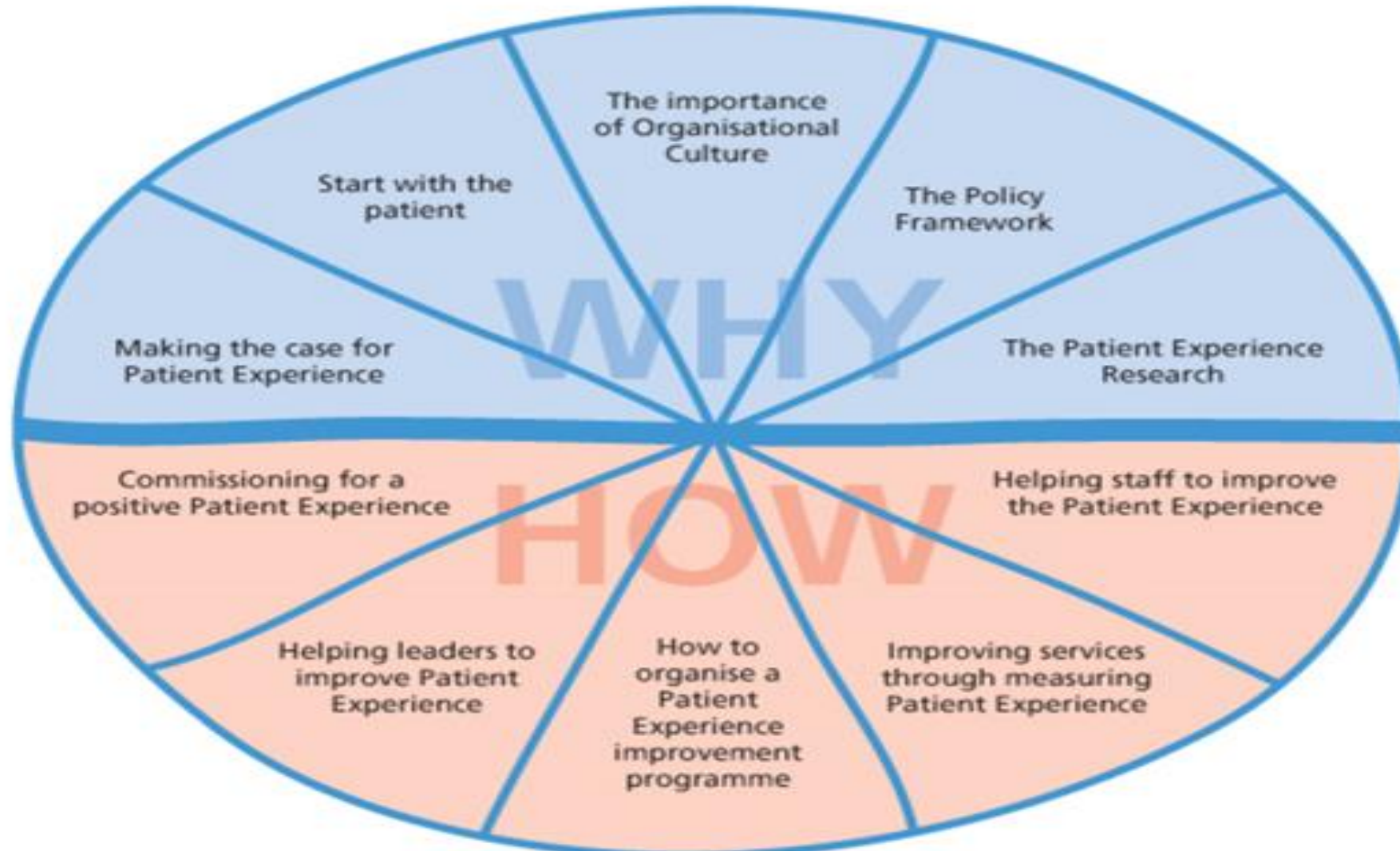


Shop and Save
Out and About

Sick and Savvy
Online and Onboard

Content and Compliant
Casual and Cautious

NHS and Experience-Based Design



The Honeycomb of User Experience



Usability.gov



Diane Marriott, DrPH
dbechel@umich.edu