ENGAGING PATIENTS IN COMMUNITY HEALTH CENTER ORGANIZATIONAL IMPROVEMENTS

Anjana E Sharma, MD
Primary Care Research Fellow
Department of Family & Community Medicine
University of California, San Francisco

Western Clinicians Network Region IX Annual Meeting
June 15th, 2015

Presentation Objectives

1. Understand a common definition of “patient engagement”

1. Identify two factors that have been associated with effective patient engagement in clinic programs and policies.

1. Recognize common key ingredients necessary for starting and maintaining an effective patient advisory council.

1. Select one goal for increasing patient input at the clinic level for your own site.
Presentation Outline

1. Patient Engagement: An introduction to the problem
2. Overview: patient engagement needs assessment
3. Project 1: WCN survey results
4. Project 2: Qualitative study on patient advisory councils
5. Conclusion: Future research directions

Disclosures

• Travel and board was reimbursed for this presentation
• Fellowship funded by National Research Service Award T32HP19025
• No financial interests to disclose
What’s the buzz about patient engagement?

A lot of people are talking about it...

The “holy grail” of healthcare

The next “blockbuster drug of the century”

A foundation of the patient centered medical home

Affordable Care Act

- Section 3506: calls for new Shared Decision-Making Program
- Section 3021: creates the Center for Medicare and Medicaid Innovation.
- Creation of the Patient-Centered Outcomes Research Institute

...It is a PCMH 2014 requirement...

...But what is it?

"Are you telling me my symptoms don't match my internet diagnosis?"
Question (2 min):
What do you define as patient engagement?

Patient and Family Engagement

“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 is a Continuum

![Diagram of Patient Engagement Continuum]

Does Patient Engagement Affect Outcomes?

- Stronger evidence for **individual** patient engagement
  - Patient Activation Measure (PAM)
  - Shared Decision Making
  - Health coaches

- Less evidence for **clinic-level** patient engagement
  - Improved patient materials
  - Priorities more aligned with tenants of PCMH

---

Problem:
We don’t know the role of patient engagement at the clinic level.

Solution: The Patient Engagement Needs Assessment

- In partnership with WCN and the SF Bay Area Collaborative Research Network

- Dual armed study
  - Part 1: WCN Cross-sectional Survey
  - Part 2: Qualitative Study
Our Questions…

What are community health centers in Region 9 doing to involve patients as partners in practice improvement?

What are facilitators and barriers to patient involvement?

What kind of impact do they feel that patients have made on strategic goals, policies, and programs?

Part 1: Quantitative Survey

- Web-based survey of 470 community health centers on WCN mailing list

- Survey questions developed in collaboration with WCN and SF-Bay Area CRN

- Statistical analysis: stepwise multivariate modeling
### Survey Results

<table>
<thead>
<tr>
<th>FTE clinicians</th>
<th>%</th>
</tr>
</thead>
<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>67%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respondents</th>
<th>%</th>
</tr>
</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>52%</td>
</tr>
<tr>
<td>Applying</td>
<td>34%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dedicated funding to support patient engagement</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide incentives for patients</td>
<td>28%</td>
</tr>
</tbody>
</table>

97/470 CHC’s invited to participate, response rate 21%

### What Did We Learn?

- **Patient surveys**: 94%
- **Suggestions boxes**: 57%
- **Review info materials**: 33%
- **Focus groups**: 32%
- **Select referral resources**: 28%
- **Town hall meetings**: 9%

Methods for obtaining feedback and suggestions from patients
What Did We Learn?

**Patient participation in committees and activities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisory board/council</td>
<td>69%</td>
</tr>
<tr>
<td>QI committees</td>
<td>36%</td>
</tr>
<tr>
<td>Conferences/workshops</td>
<td>30%</td>
</tr>
<tr>
<td>Lead self-management</td>
<td>29%</td>
</tr>
<tr>
<td>Mystery shoppers</td>
<td>17%</td>
</tr>
<tr>
<td>Assist in training staff</td>
<td>10%</td>
</tr>
</tbody>
</table>

What Did We Learn?

- Clinicians/staff regularly meet with patients to discuss clinic services and programs.
- We dedicate time at team meetings to discuss patient feedback and recommendations.
- Our clinic leadership would like to find more ways to involve patients in practice improvement.
- We have a formal strategy for how we recruit patients to serve in an advisory capacity.

How CHCs feel about the process/buy-in of patient engagement
What Did We Learn?

How CHCs feel about the barriers to patient engagement

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.

What Did We Learn?

How CHCs feel about the outcomes of patient engagement

We are successful in engaging patient advisors who represent the diversity of the population we serve.

Patient feedback has resulted in policy or program changes at our clinic.

Patient input helps shape strategic goals or priorities.

Engaging patients in practice improvement is worth the time and effort it takes.
Our 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 Outcomes
1. Patient input influences strategic decisions
2. Patient input shapes policies or programs

Outcome #1: What predicts patient input into strategic decisions?

Quantitative Survey Results

<table>
<thead>
<tr>
<th></th>
<th>Step 1</th>
<th>Step 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCMH recognition</td>
<td>$\beta$</td>
<td>95% CI</td>
</tr>
<tr>
<td>In progress/Not applying</td>
<td>Ref.</td>
<td></td>
</tr>
<tr>
<td>Recognized</td>
<td>.32</td>
<td>-.06 to .71</td>
</tr>
<tr>
<td>Size of practice (FTE primary care providers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 5</td>
<td>Ref.</td>
<td></td>
</tr>
<tr>
<td>5-10</td>
<td>-.12</td>
<td>-.77 to .54</td>
</tr>
<tr>
<td>More than 10</td>
<td>-.09</td>
<td>-.58 to .41</td>
</tr>
<tr>
<td>Dedicated funding to support patient engagement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Ref.</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>-.26</td>
<td>-.70 to .18</td>
</tr>
<tr>
<td>Leadership support for more patient involvement</td>
<td>$\beta$</td>
<td>95% CI</td>
</tr>
<tr>
<td>N/A$^D$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal strategy</td>
<td>.17$^*$</td>
<td>.02 to .31</td>
</tr>
<tr>
<td>Patient feedback is on team agenda (mediator)</td>
<td>N/A$^D$</td>
<td>N/A$^D$</td>
</tr>
</tbody>
</table>

What predicted patient input into strategic goals and decisions?
Quantitative Survey Results

<table>
<thead>
<tr>
<th>Clinic characteristics</th>
<th>Patient Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size of practice</td>
<td>1. Patient input influences strategic decisions</td>
</tr>
<tr>
<td>PCMH recognition status</td>
<td>2. Patient input shapes policies or programs</td>
</tr>
<tr>
<td>Dedicated funding for patient engagement</td>
<td></td>
</tr>
<tr>
<td>Leadership support</td>
<td></td>
</tr>
<tr>
<td>Formal strategy</td>
<td></td>
</tr>
</tbody>
</table>

Outcome #2: What predicts patient input shaping clinic policies or programs?

<table>
<thead>
<tr>
<th></th>
<th>Step 1</th>
<th>Step 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\beta$</td>
<td>95% CI</td>
</tr>
<tr>
<td>PCMH recognition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In progress/Not applying</td>
<td>Ref.</td>
<td></td>
</tr>
<tr>
<td>Recognized</td>
<td>.18</td>
<td>-.27 to .63</td>
</tr>
<tr>
<td>Size of practice (FTE primary care providers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 5</td>
<td>Ref.</td>
<td></td>
</tr>
<tr>
<td>5-10</td>
<td>-.59</td>
<td>-1.34 to -.15</td>
</tr>
<tr>
<td>More than 10</td>
<td>-.46</td>
<td>-1.04 to -.11</td>
</tr>
<tr>
<td>Dedicated funding to support patient engagement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Ref.</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>-.24</td>
<td>-.75 to .26</td>
</tr>
<tr>
<td>Leadership support for more patient involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Ref.</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>.04</td>
<td>-.21 to .28</td>
</tr>
<tr>
<td>Formal strategy</td>
<td>.17*</td>
<td>.01 to .34</td>
</tr>
<tr>
<td>Patient feedback is on team agenda (mediator)</td>
<td>N/A*</td>
<td>N/A*</td>
</tr>
</tbody>
</table>

What predicted patient input into policies and programs?
Quantitative Survey Results

Outcome #2: What predicts patient input shaping clinic policies or programs?

WCN Survey: Take-Homes

- **Leadership support** and a **formal strategy** for patient engagement were associated with patient influence on the clinic’s **strategic priorities**

- Having a **formal strategy** predicted patient influence on **policies and programs**

- Having **dedicated time** in team meetings to discuss patient feedback appeared to be an important mediator
Limitations

• Low response rate, selection bias

• Confusion between FQHC and patient advisory councils

• Cross-sectional, so only associations

Next Steps...

• What does a “formal strategy" mean for clinics?

• How can more structured time be set aside to incorporate patient input?

• What does patient input do for clinic staff as well as for patients?
Question: How ready is your clinic?

Discuss your clinic site with your partner (2 min). Is there...

- Supportive leadership?
- Dedicated time?
- Formal strategy?

Part 2: Qualitative Study
Background

- Patient advisory councils promote patient engagement on the clinic level

- Very little known about current practices, facilitators and barriers to maintaining a successful patient advisory council

Definitions

- Patient Advisory Council (PAC)
  - Also known as Patient Advisory Board, Patient and Family Advisory Board

- 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
Research Aims

1. How do health centers currently identify, recruit, train, consult with, and engage patients as partners?

1. How can patients and health centers be better prepared to engage in the context of patient advisory boards?

These findings can lead to ideas for best practices for maintaining advisory councils.

Study Participants

• Primary care clinics around California known for having high-functioning advisory councils were identified

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

• 8 sites selected; 15 interviewees participated
  • 8 staff interviews
  • 7 patient interviews
Methods

• Interview guide piloted with stakeholders

• One-on-one, semi-structured interviews conducted with each study participant at their study site

• Patient advisory council meetings were observed and field notes were transcribed and de-identified

• Interviews were dual-coded with modified grounded theory to derive major themes

Results: Finding #1

• Respondents described myriad projects that PACs helped to impact a clinic.
Examples of PAC Impact

<table>
<thead>
<tr>
<th>Physical space</th>
<th>Wheelchair accessibility in waiting room</th>
</tr>
</thead>
<tbody>
<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 advance directive program</td>
</tr>
<tr>
<td>Workflow/system</td>
<td>“And then they’ve given a lot of feedback on the launch of the new patient portal and feedback on the electronic medical records”</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 #2: Recruitment

- A thoughtful recruitment strategy has inclusion/exclusion criteria and screening process, but also works to achieve representativeness and diversity.

- Tension between “ideal members” and creating a PAC that is representative of a clinic.
Recruitment

• “One of the tough things about this is finding the right people”

• “It was important to us...to go through an interview process. Can you communicate with each other in a productive way? Are you interested in committing for two years, and making sure that we had at least people from different...experiences to bring.”

***Finding #3: Facilitation***

• Skilled communication is key to running meeting smoothly and helping to plan effective projects
Facilitation

• “I think what happens is we have fairly strong personalities in this (center) and the mediator...has to shift that.”

• “The clinicians who are on the council are helpful in guiding the patients to take their experience and putting it into some kind of practice project that both will find beneficial and useful.”

Finding #4: Follow-up

• Effective projects happen in collaboration between clinic and the PAC, and the clinic provides follow-up on what happens to PAC ideas

• Without follow-up, good PAC ideas get lost in a “black box”
Follow-up

- “We have to bring back the small changes that we make to make sure that patients feel that they’re really making an impact…”

- “at the next meeting (the staff member) informs us about the progress of our suggestions. ‘This was accomplished. We’re still working on that. This will definitely not be possible’. He informs us every month on the progress of our proposals.”

Preliminary Takeaways

- Respondents find that PAC activities are valuable and have an impact on diverse clinic policies

- Recruitment and member selection is important -- but have to balance representativeness

- Facilitators need support to run successful meetings

- Follow-up to projects is necessary to promote engagement
Qualitative Study: Framework

Structuring a PAC: LOGISTICS SETUP
- Recruitment
- Interview process
- Staff support

Process of Meetings: PAC DYNAMICS COMMUNICATION
- Facilitation skills
- Managing “strong personalities”

Outcomes of PAC: IMPACT IMPLEMENTATION
- Manageable projects
- Clear workflows with leadership/QI

Follow-up, feedback loop

Next Steps

- Measurement of success, both within PAC and within clinic
  - Patient satisfaction scores
  - Member ratings/evaluations

- The cost equation – is there a financial argument for PACs?

- Intervention/pilot demonstrations of effective strategies
Activity (2 min):
Discuss ONE idea for involving patients at your clinical site.

Reflection:
What ideas did you develop?
What challenges do you foresee?
Conclusions: Patient Engagement is a New Frontier

- Key ingredients: Leadership support, formal strategy, and dedicated time

- Advisory councils take work, but when done well are impactful agents of change

- Many questions remain: measurement, cost effectiveness, implementation

Thank You

- Patients, staff, and leaders of the WCN who participated in our studies

- Charla Parker, MPA, Eric Henley, MD, and the Executive Board of the Western Clinicians Network

- Rachel Willard-Grace, MPH, Center for Excellence in Primary Care

- Michael Potter, MD, San Francisco Bay Area Collaborative Research Network

- Andrew Willis, BA, and Kate Dubé, BA, Center for Excellence in Primary Care

- Center for Care Innovations