Patient and Family Advisory Council (PFAC) in a Box: A Quick Start-Up Guide for Practices



- This "In A Box" kit is intended as a quick start guide for practices and clinics who are interested in beginning or refining their approach to Patient and Family Advisory Councils (PFACs). It is meant to be informational and a supplement to the many other materials and publications on this important topic. It is provided in the spirit of advancing work that incorporates the values, needs, and preferences of patients and those that support them into care decisions and design.
- This is part of a set of tools developed to support the Voice of the Patient" initaitve in the Michigan Primary Care Transormation Project (MiPCT). For more information about this guide, please contact Diane Marriott (dbechel@umich.edu).

What is a Patient and Family Advisory Council (PFAC?)

There are many articles about what PFACs do but little about what a PFAC is meant to be.

A **PFAC** is a group of patients, people who support them in their care, and practice team members who collaborate to improve care and health and more fully incorporate patient values, preferences and needs.

PFACs can help practices to:

- Get feedback on new tools, scripts, or surveys under consideration (e.g., customized survey questions, etc.)
- Help the practice to overcome challenges related to low patient response or receptivity (e.g.,pre-visit lab orders being filled, etc.)
- Review practice performance information to address improvement opportunities from the patient perspective
- And so much more!



Why Patient and Family Advisory Councils are Helpful: CoDesign in Practice!

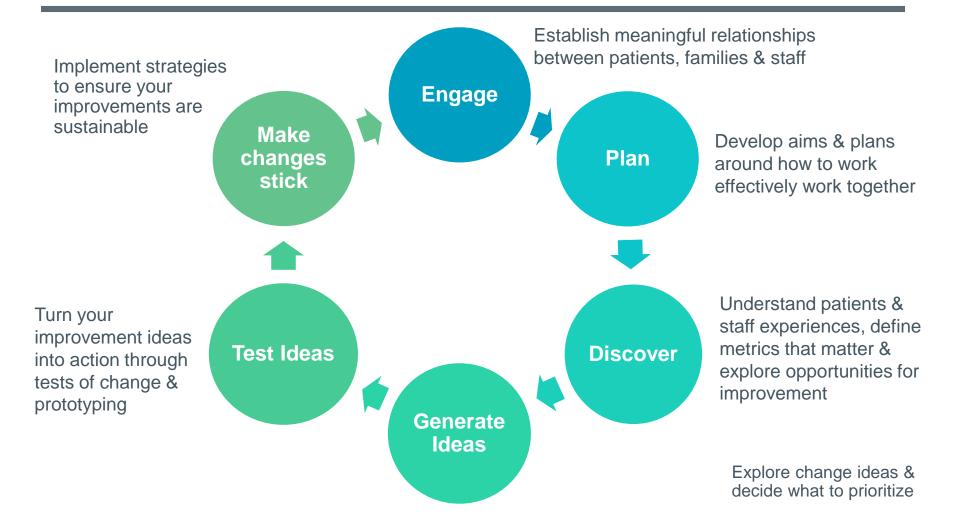
"**Co-design** is a process and mindset that brings together patients & families, staff & clinicians, performance improvement experts & other improvement stakeholders to design new care and service offerings or improve existing ones."

Kaiser Permanente

When practice team members, patients, family members and caregivers come together to discuss innovation and improvement ideas it is an example of "co-design" in action.

This puts your practice "ahead of the curve" and provides an advantage and more perspectives to solve problems and plan for the future.

The IHI Co-design Method



How Patient and Family Advisors Benefit Our Practice?

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 care transformation and QI activities

Characteristics of Great Patient/ Family Advisors

Look for people who can:

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- Speak comfortably and with candor in public
- Focus on improvement and making things better
- Use their own care experience constructively
- See beyond their concerns and are open to issues brought up by others
- Listen and hear differing opinions

How to Recruit Members

- Encourage physicians, office staff and team members to identify patients with characteristics of effective advisors and invite them to join the council
- Ask Care Managers or Navigators in your practice to recommend patients they serve as advisors
- Set a goal in your team huddle to identify a set number of potential advisors by a set date; Acknowledge team members who

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.

Getting Started: Preparing Your PFAC Approach as a Team

- Step One Think about how your practice will support PFAC formation and operation
 - Which team members will coordinate planning and communication? Which will be regular members of the PFAC?
 - How can we get a standard process in place to identify items that would benefit from PFAC discussion and learning?
 - Will you reimburse mileage for PFAC members, offer snacks or a dinner during meetings, etc.?

Getting Started: Preparing Your PFAC Approach as a Team, cont.

- Step Two Recruit patient and family advisors
 - Develop a one-page handout to distribute to recipients of care management and coordination services who align with advisor selection guidelines?
 - Can your PCP reach out to invite their consideration?
 - What expectations will you have of members (participate in quarterly meetings, etc.?)
- Step Three Plan the first meeting agenda
 - □ Identify practice lead for PFAC coordination
 - □ Establish a charter, guidelines, etc.

Getting Started: Preparing Your PFAC Approach as a Team, cont.

Step Four

- □ Follow up with nominees and who will agree to serve
- Identify preferred venue (where) and cadence (how often) for meetings
- Set up process for reimbursing mileage or providing snacks or dinner during meetings (if applicable)

Step Five

- Identify preferred meeting times convenient for members and the practice
- Invite members (by phone, email and snail mail) and follow-up

Step Six

Hold initial meeting, collect outcomes and take action on recommendations from PFAC members.

Starting Off: A Sample Agenda

- The MiPCT Demonstration used a PFAC at a project level
- Here are examples of issues we discussed at our PFAC:
 - Patient experience survey question review
 - CAHPS-CG aggregate findings review
 - Community Health Worker integration
- All patients and family members had experience with care management servicing



Patient Advisory Council June 17, 2016 1:00 PM

Dial 888 330-1716; Access 7403249

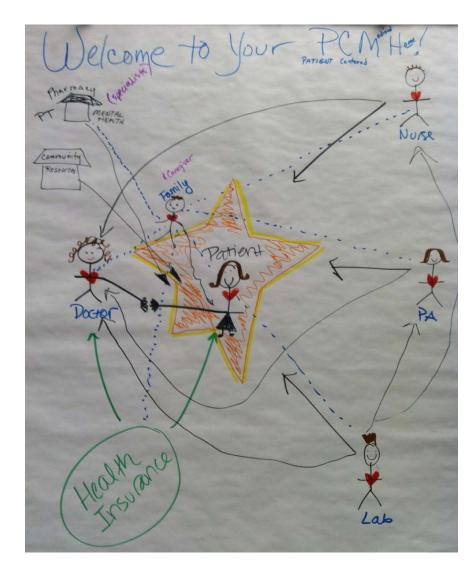
Agenda

- 1:00-1:05 Welcome Minutes and Agenda Review 1:05-1:10 1:10-1:20 MiPCT National Evaluation Results: Good news for Michigan! a. Michigan led the other states in success for cost savings for Medicare b. Michigan and Vermont are the best performers of the eight states overall c. Key stakeholders interviews in the reports reflected themes that were consistent with expectations, including: 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. Observations about the importance of sustained multipayer support, the time required 0 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. Challenges noted in interviewee responses included desires for growing participation 0 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
 - 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)
 - 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

- 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

Fun, Ice-Breaking Starting Point: As a Team, Draw Your Vision of the PCMH



What We Learned Along the Way

- 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.

Supporting Practices for PFAC Success

- ▼ Are you also a CPC+ practice? PFACS are a CPC+ requirement
- Collect patient/practice interaction "frustration points" for a week or two
 - From the practice perspective ("I don't know why patients can't...."; "We have done all we can"; " patient won't comply"; etc.)
 - From the patient perspective (what do you hear the most concern about from patients? What annoys them? Catch yourself saying "that is just the way we do it", etc.)
- Develop a process for planning the agenda and outreach for meetings
- Incorporate things that advisors want to discuss
- Repeat again, review and improve, adjust if necessary
- Find early "quick win" areas that allow practices to reap benefit from patient and family input as a hook for expansion and greater adoption and let members see how their input becomes action that benefits other patients

Other PFAC Resources

- The AMA Steps Forward site below providers helpful material authored by Martin J. Hatlie, JD, CEO Project Patient Care and Knitasha Washington, DHA, MHA, FACHE, Executive Director, Consumers Advancing Patient Safety
 - https://www.stepsforward.org/Static/images/modules/37/downloadable/p atient_family_advisory_council.pdf
- The Institute for Patient and Family-Centered Care (<u>www.ipfcc.org</u>) also has helpful information about PFAC formation and operation.
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