PHM INITIATIVE

Engaging Patients to Validate QI Processes

Session #2

March 11, 2025

Session 2 Agenda

Welcome!
...Please rename yourself with your full name and CHC affiliation.

- Recap objectives, approach and level selected by CHC
- Overview of patient council best practices and implementation tips
  - Feature: *Bright Spot* with Petaluma Health Center
- Breakout rooms by level selected
  - Facilitated discussions to address barriers and highlight facilitators
- Reflections from Small Group Discussions
- Moving into Action Period 2 and Wrap Up

Affinity Group Learning Objectives

1. Advance your team's competency in engaging patients in QI/PHMI processes.
2. Accomplish the needed steps to validate this foundational competency.
3. Define meaningful patient engagement strategies to inform process improvement strategies.
4. Explore how patient engagement can serve as a tool to advance health equity.
5. Exchange insights and experiences with peers.
6. Explore actionable change ideas that can be tested.

Affinity Group Recap & Session 1 Inputs

Levels of Patient Engagement

Level	Description	Features
Baseline	Asynchronous feedback	• Typical ways we get feedback on the patient experience through survey. • Does not lend itself to feedback on a specific process
Level 1	An active patient engagement strategy. It may involve standardized questions before, during or immediately after a visit to get direct feedback on a QI/PHM process you have selected.	• Gathers input while the patient is on-site and actively involved in receiving and thinking about the care and the delivery system • Is easy to do & can be implemented as part of the workflow by anyone on the care team • Allows for quick responses to timely questions
Level 2	This is a more active level of patient engagement to provide feedback on selected processes over a defined period. Select a subset of patient council member who represent your population of focus and have lived experience	• They are engaged and willing to support centers as a member of the patient council. • They are already oriented to the CHC and have some level of understanding of how the center operates which can inform improvement feedback. • They may be acquainted with QI. • They have practiced the art of providing feedback to their CHC.

Patient Engagement Learning Network

10 Centers
- 5 PT Coaches
- 3 Preventive
- 2 Beh Health
- 2 Children
- 2 Chronic Conditions

Alliance Medical Center Clínica Alianza

Coach: Lyn Yasamura
PoF: Adults - Preventive

Community Medical Centers

Coach: Lyn Yasamura
PoF: Pregnant People

MCHC Health Centers

Coach: Eugenia Black
PoF: Adults - Preventive

Golden Valley Health Centers

Coach: Eugenia Black
PoF: Children

RCMS Community Healthcare

Coach: Elena Thomas Faulkner
PoF: Adults - Preventive

Alexander Valley Healthcare
Feel Good... We Have You Covered

Coach: Elena Thomas Faulkner/Stacey Moody
PoF: Behavorial Health

Valley Community Healthcare

Coach: Denise Armstorff
PoF: Adults - Chronic Conditions

Santa Rosa Community Health
All of us. For all of you.

Coach: Denise Armstorff
PoF: Children

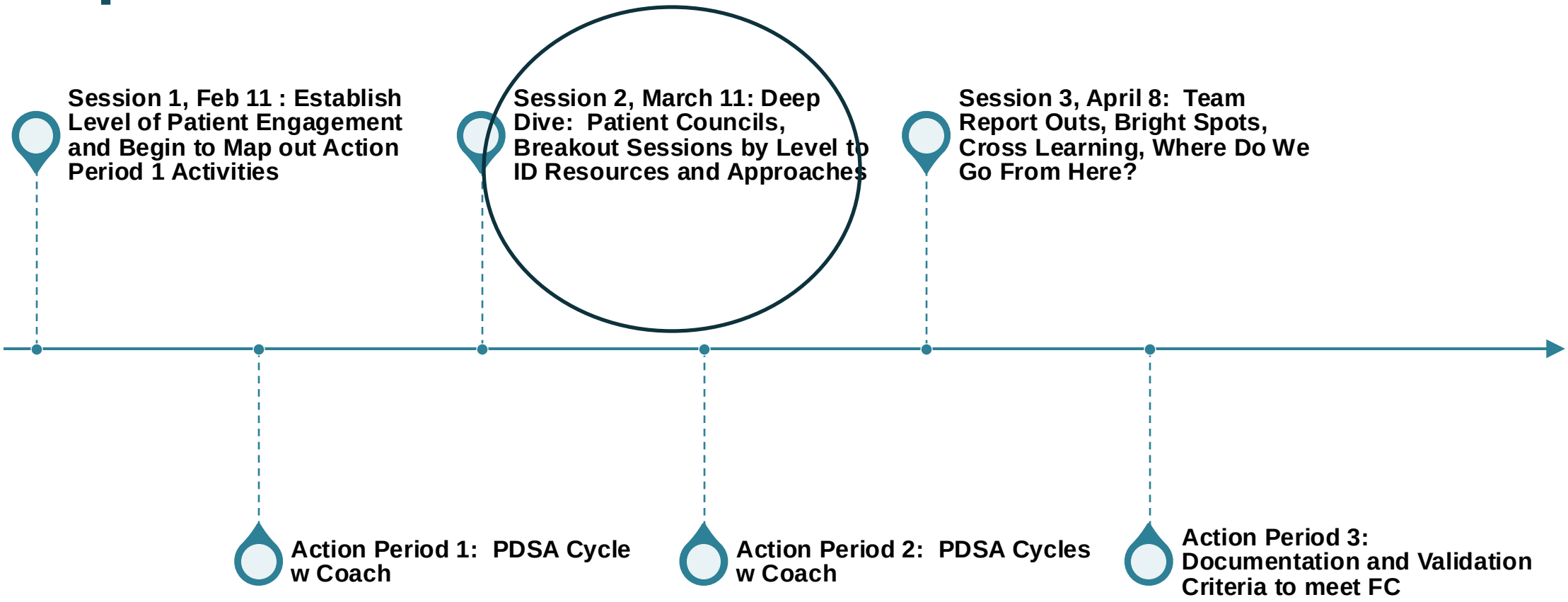
West County Health Centers
Caring for our Communities

Coach: Claire Richardson
PoF: Behavorial Health

APHCV

Coach: Claire Richardson
POF: Adults- Chronic Conditions

Patient Engagement Strategies & Implementation Timeline



How Do We Want to Be In Community?

- **Join with computer and turn on your video**
- **Set the intention to be fully present.** This is the time for you to dive deep and fully take advantage of the wisdom in this room.
- **Be brief and succinct** when you share to make space for many thoughts/ideas.
- **Be open and honest.** Share what's not working as well as what is working!
- **Engaging patients can be challenging and creates vulnerability** for receiving information …. let's share what this is like as this evolves.
- **Relax and have fun.**

Center by Level Selection

Center	Level 1	Level 2	What we want to learn
Alexander Valley	X		PHQ workflow feedback- engaging care teams in processes to seek feedback. Considering an IPad
Alliance Medical Center	X	X	How to retain Patient advisory membership/engagement? Launched dv council and rely on them extensively.
Asian Pacific	X		Our team is developing Focus Groups
Community Medical Center (CMC)	X	X	1 on 1 interview w patients; feedback on integrating CPSP and primary care teams (PHMI). Need resources re: advisory councils
Golden Valley	X		Interested in Immunization feedback.
Mendocino Coast	X		Challenges as a rural center. Where to begin and how to get meaningful feedback. How to get the whole team engaged in seeking feedback at point of care?
Redwoods Coast	X		Interested in getting patient feedback around cologuard workflows/messaging
Santa Rosa	X	X	Expanding feedback systems to include point of care. Assessing 2 patient councils
Valley Community		X	PoF and remote patient monitoring
West County	X		QR code for teens at point of care. How to make process equitable.

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Patient Councils

Best Practices, Promising Ideas & Resources

Bright Spot: Petaluma Health Center

Patient Council

- Focus on the Value of Patient/Family Advisory Councils
- PAC membership ideally reflects/aligns with the communities you serve
- Key Questions:
  - How to retain Patient advisory membership/engagement?
  - Need resources re: advisory councils
  - How to retain Adv Council members?
- Best Practices:
  - https://www.ipfcc.org/bestpractices/sustainable-partnerships/engaging/effective-pfacs.html

Exemplar: Petaluma

Petaluma Health Center- Jose Chavez

Patient Advisory Council

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Small Discussion Groups

Level 1 Planning Worksheet

Potential Key Activities:

- ❑ Assess our team's willingness to ask for and incorporate the input in a meaningful way.
- ❑ Identify what process we want feedback on. What are we testing in the clinic flow or pre-visit planning that would benefit from patient feedback?
- ❑ What specific information/input is needed?
  - ❑ Develop a first draft feedback tool.
- ❑ Identify how to gather the feedback.
- ❑ Determine the process for how you will collect the feedback.
  - ❑ Develop a first PDSA cycle and begin testing with a small set of patients over the next several weeks.
- ❑ How will we use the information gathered?
- ❑ Consider how we can be open and ready to receive feedback.

Considerations as we select a process for feedback and develop a process:

- What is our patient mix and how do we make sure to engage with individuals who align with the process we have selected?
- How do we create a safe environment for feedback?
- How can our team prepare for feedback? Who can help us assimilate the feedback in a meaningful way?
- If written feedback, how do we word questions to elicit a response?
- If verbal feedback, what background does the interviewer have?
  - Can we ask in languages spoken by the patient?

Equity Considerations:

- Find guidance for equity in your Population of Focus' Implementation Guide. Consider the 14 strategies in the PoF Equity section to inform the QI/PHM process to be validated.
- Review Analyzing Inequities and Developing SMARTIE Goals for Your Population of Focus Dec '24 Webinar.
- Consider REAL and SOGI data to inform patient feedback/tailor the questions you want feedback on.
  - Consider creating a SMARTIE goal for this piece of work that specifically includes equity: SMARTIE Aim Statement Worksheet

Level 2 Planning Worksheet

Potential Key Activities:

- ❑ Assess our team's willingness to ask for and incorporate the input in a meaningful way
  - ❑ How do we prepare for the input?
- ❑ Determine PHM improvement processes that you want input on and validation by one or more patient council members.
  - ❑ Consider how to incorporate equity into the feedback in some way (see equity considerations).
- ❑ Identify Council coordinator and, with he/she/them, identify potential individuals on the patient/family council represent/have lived experience with the targeted feedback.
- ❑ Select a patient council member.
  - ❑ Prepare questions to soft interview a short list of patient council members.
- ❑ Determine a process for how you will collect the feedback.
  - ❑ Develop the first PDSA cycle to test small scale.

Considerations as we select a person(s) to provide feedback:

- What background, including lived experience, would be needed for the targeted feedback? (See equity considerations)
- Define desired patient partner experience and ideal skills, such as communication skills, QI experience and ability to represent collective patient experience in the area of focus.
- Who leads the patient/family advisory council? How do you engage with this coordinator to describe the need and ask? (What process do you want feedback on? Determine if there is a potential person on the patient council we can work with and how the process would work)

Equity Considerations:

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Small Group Discussions

Discussion Room 1: Level 1 (Point of Care Feedback)	Discussion Room 2: Level 1 (Point of Care Feedback)	Discussion Room 3: Level 2 (Patient Councils)
Alliance Medical Center (preventive)	West County (behavioral health)	Alliance Medical Center (chronic)
Mendocino Community Health Clinics (preventive)	Alexander Valley (behavioral health)	CMC (pregnant people)
Golden Valley (children)	Santa Rosa (children)	Santa Rosa (children)
CMC (pregnant people)	Asian Pacific (chronic)	Valley Community Healthcare (chronic)
Facilitator: Jen	*Facilitator: Jackie*	*Facilitator: Margaret*
	SMEs: Gena Lewis, Emma Ansara	*SME: Margaret*
		Exemplar: Petaluma Health Center (Jose Chavez)

Level 1 Discussion Room

Go Arounds: Each CHC to report out on: (3 minutes each) = 12-15 m

1) What QI process have you selected for feedback?
2) What have you done over last month to prepare care team to receive feedback?
3) How is your membership aligning with the communities you serve?
4) What is your biggest challenge you want to bring to the group today?

Discussion: Rapid fire solutions to challenges identified = 8-11 m

Facilitator to prioritize challenges. Rapid fire chat box solutions and CHC invited to select one solution for more details

Level 2 Small Group Discussion Prompts

Go Arounds: Each CHC to report out on: (3 minutes each) = 12-15 m

1. What QI process have you selected for feedback?
2. Who is on your patient council and how does it align with the feedback you are looking for?
3. What techniques can health centers use to engage Patient Council Members in meaningful discussions about areas where you need to gather their input? (When time is short, the tendency is to tell them what you want to do and ask for dissenters.)
4. How is your membership aligning with the communities you serve?
5. What is your biggest challenge you want to bring to the group today?

Discussion: Rapid Fire Challenges/Solutions -- Questions and Deeper Dive with Jose Chavez of Petaluma Health Center (13 m)

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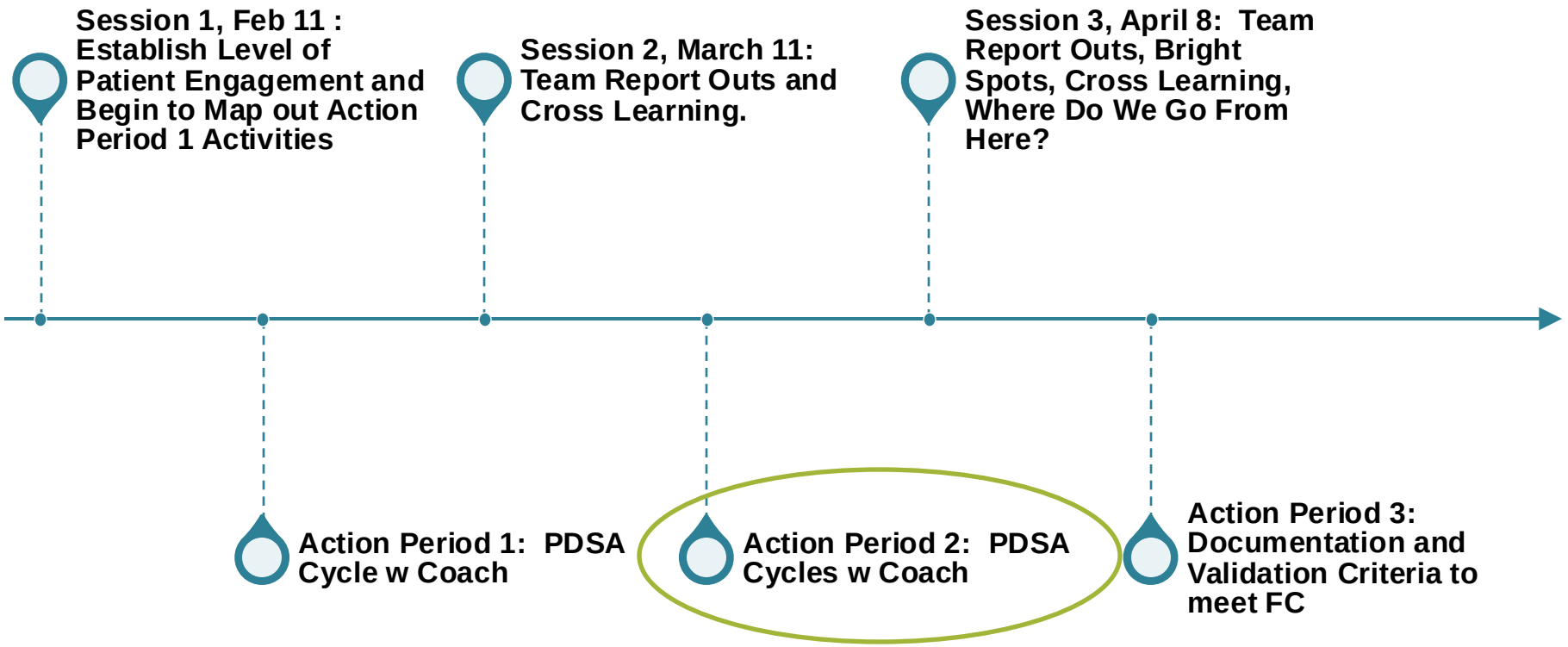
Reflections & Wrap Up

Patient Engagement Strategies & Implementation Timeline



Reflections from Discussion Rooms

Discussion Room Share Backs:

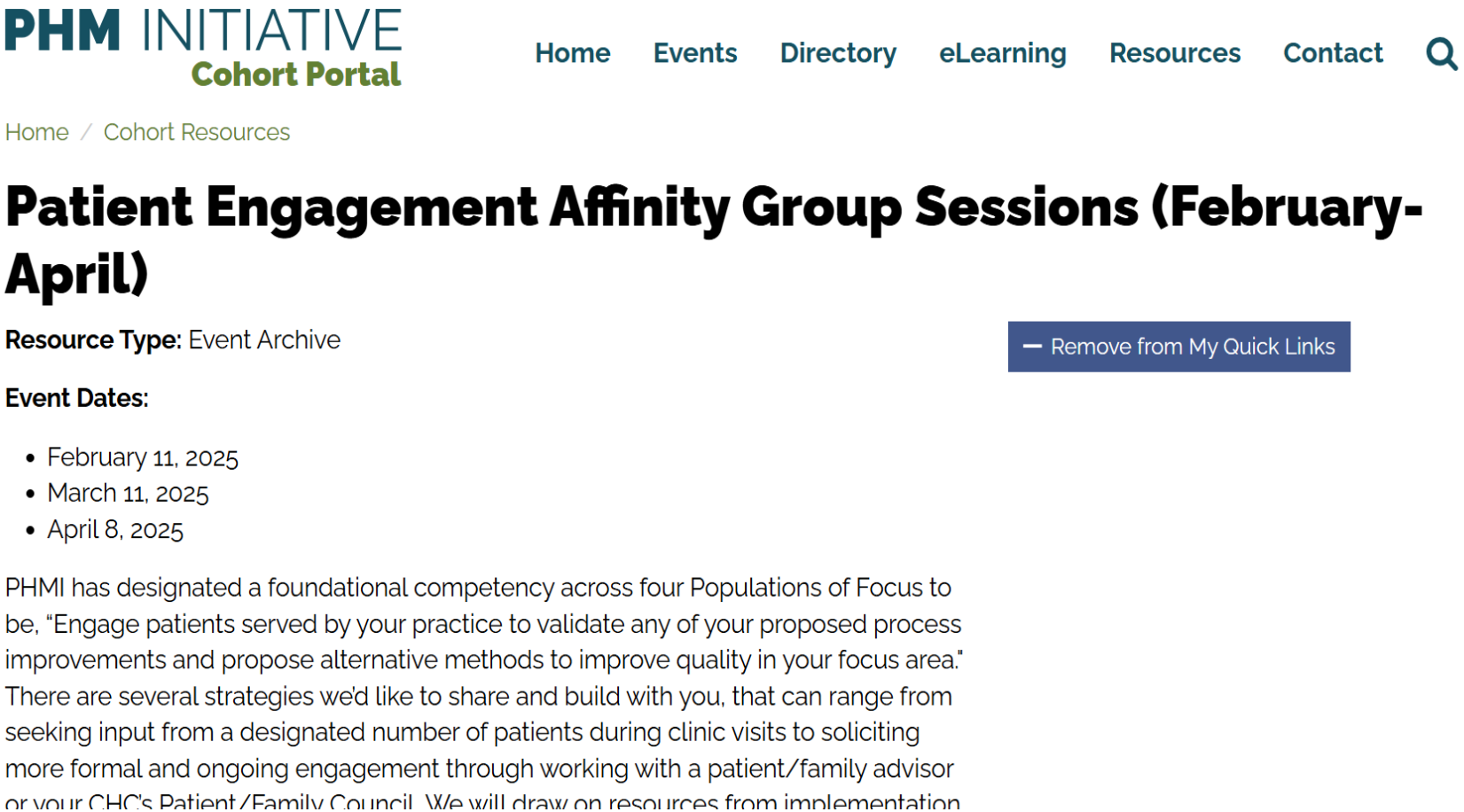
What are best practices/promising ideas that surfaced during your discussion?

What were challenges where our group did not identify a solution?

Wrap Up & Next Steps

- Complete the **polling questions** *before you leave* the webinar
- With your PT coach, continue to develop your methods and what you are going to do w the feedback, incorporating equity considerations.
- Relay questions and SME support needed to your coach
- We'll see you on April 8th at noon for final session!

Cohort Portal Page



Recordings, Materials and Slides will be posted for each session.

https://phmiportal.com/resources/patient-engagement-affinity-group-sessions-february-april