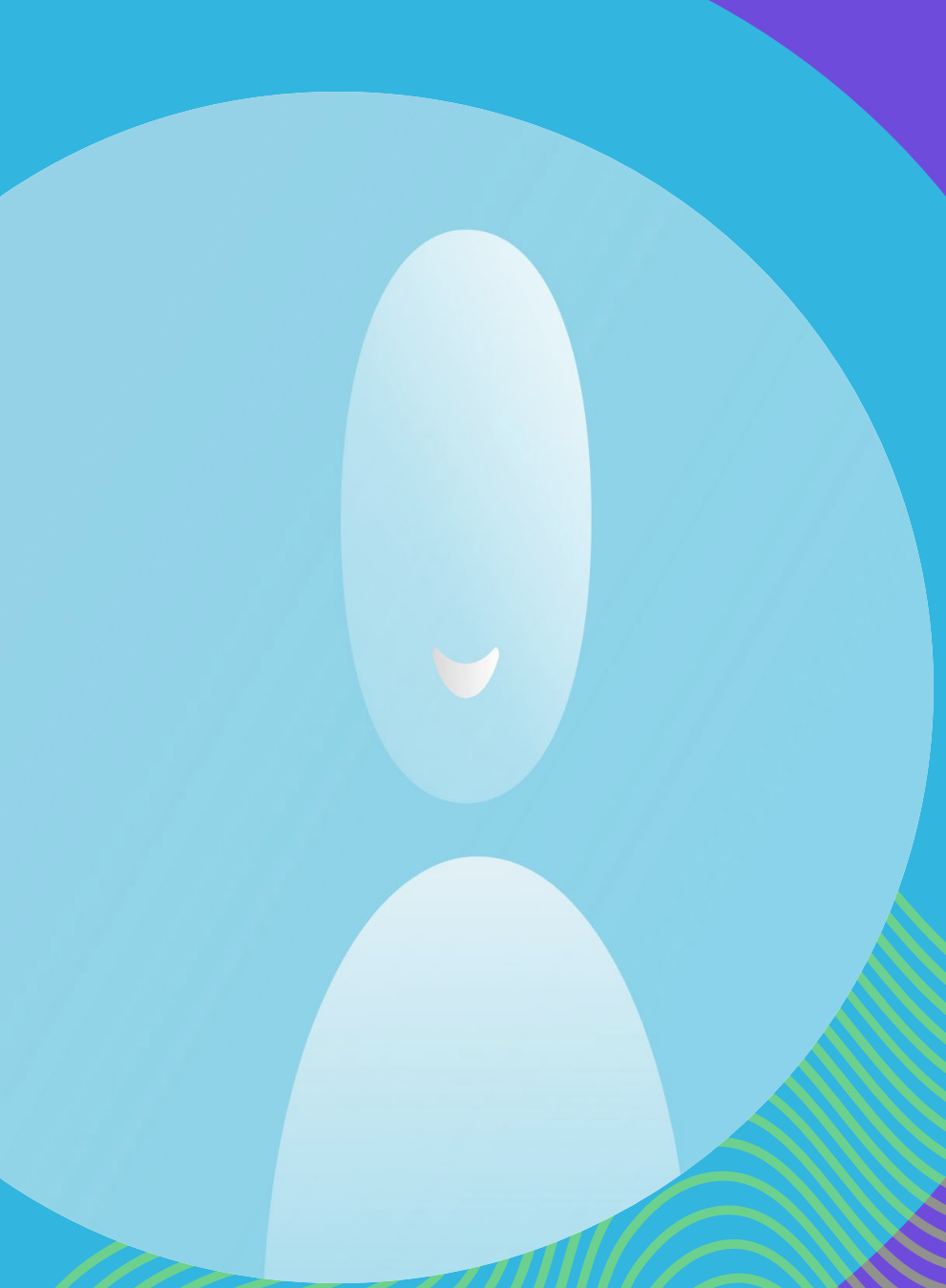


ESTABLISHING GENUINE PATIENT PARTNERSHIPS:

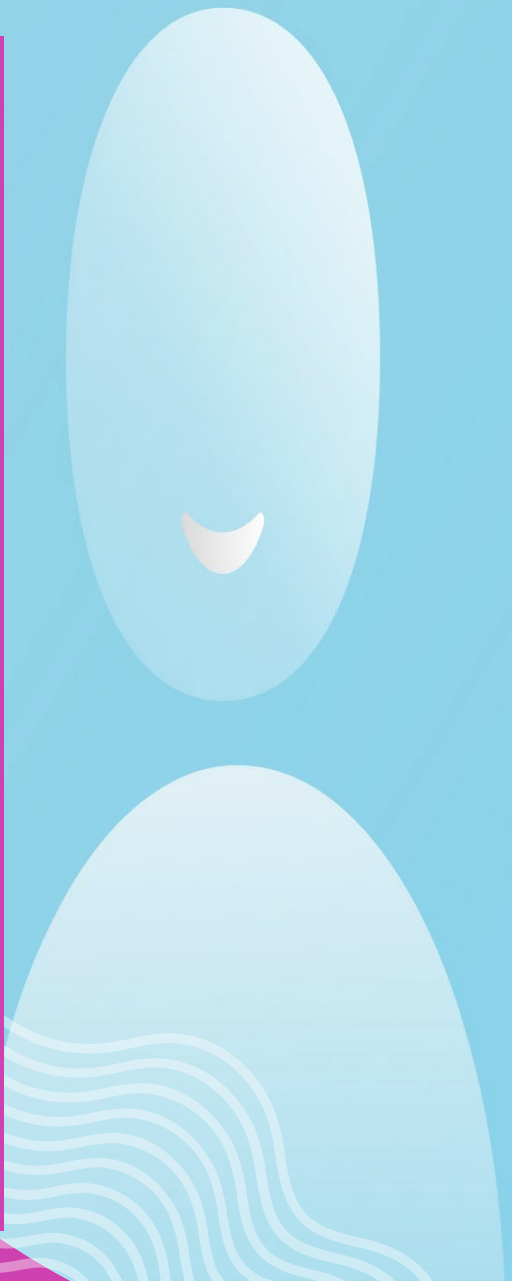
ADVISORY COUNCILS AND BEYOND

CASE EXAMPLES FROM THE PETALUMA HEALTH CENTER

JOSE CHAVEZ, CMA
RACHEL JOSEPH, FNP, MPH
MARCH 11, 2025

AGENDA

- Who is the Petaluma Health Center?
- Tactics for Patient Engagement
- The Petaluma Health Center Patient and Family Advisory Council:
  - ✓ Participant Recruitment
  - ✓ Agenda Formulation and Meeting Organization
  - ✓ Incorporating Patient Input
  - ✓ Member Retention
- Opportunities for Improvement
- Other Patient Engagement Initiatives



WHO IS THE PETALUMA HEALTH CENTER?

WHO IS THE PETALUMA HEALTH CENTER?

- **Large FQHC** serving more than 40,000 patients across two counties in Northern California (Sonoma and Marin)
  - Largely Medicaid (Medi-Cal)-insured
  - More than 30% Spanish-speaking patients; more than 87% bilingual staff
- **More than 60 primary care clinicians** and more than **500 staff** across 4 primary sites, 1 mobile coach, and numerous school-based facilities

TACTICS FOR PATIENT ENGAGEMENT

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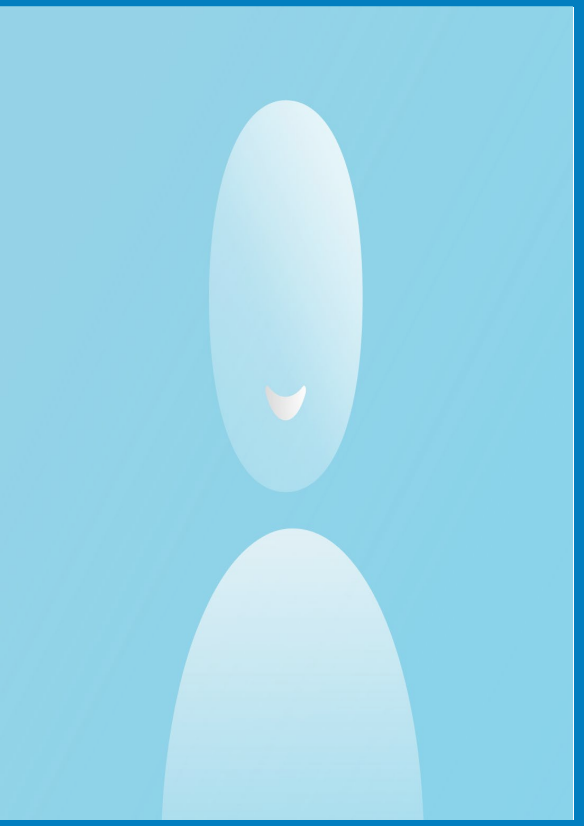


- Monthly Advisory Councils
- Quarterly CAHPS surveys
- Point-of-Care Surveys
- Topical Key-Informant Interviews
- Initiative-Specific Patient Co-Leadership

PATIENT AND FAMILY ADVISORY COUNCILS

Recruitment:

- Target a patient base needing representation based upon:

  → Geographic area of residence

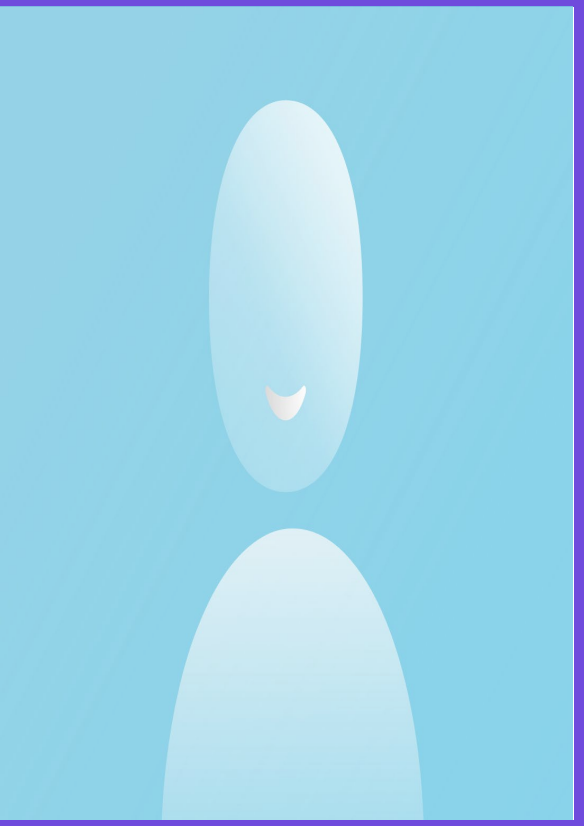
  → Primary language

  → Identity (older adult, parent)

- Solicit clinician recommendations:

  → Critical when seeking to form a coalition of underrepresented identities

AGENDA FORMULATION



COLLABORATIVE

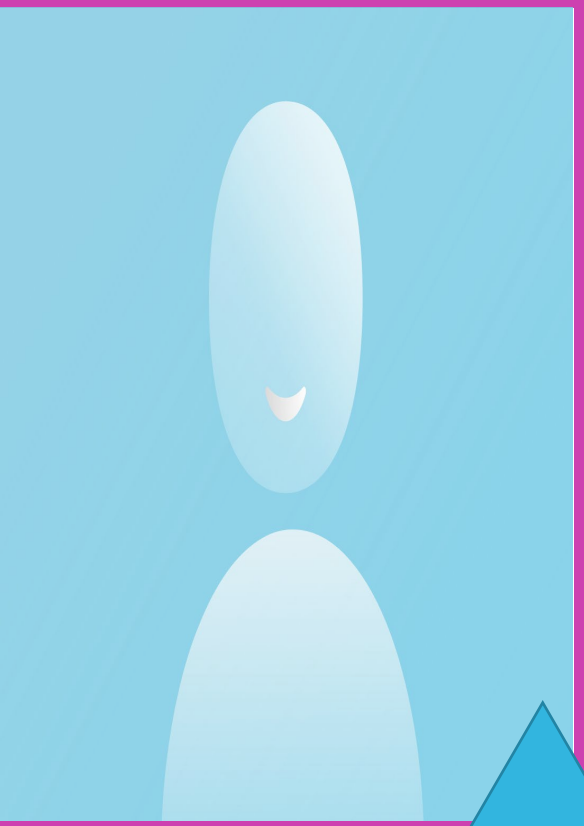
Attempts to address:

- Patient priorities
- Initiatives requiring patient input
- Sources of patient complaints

EXAMPLE AGENDA TOPICS:

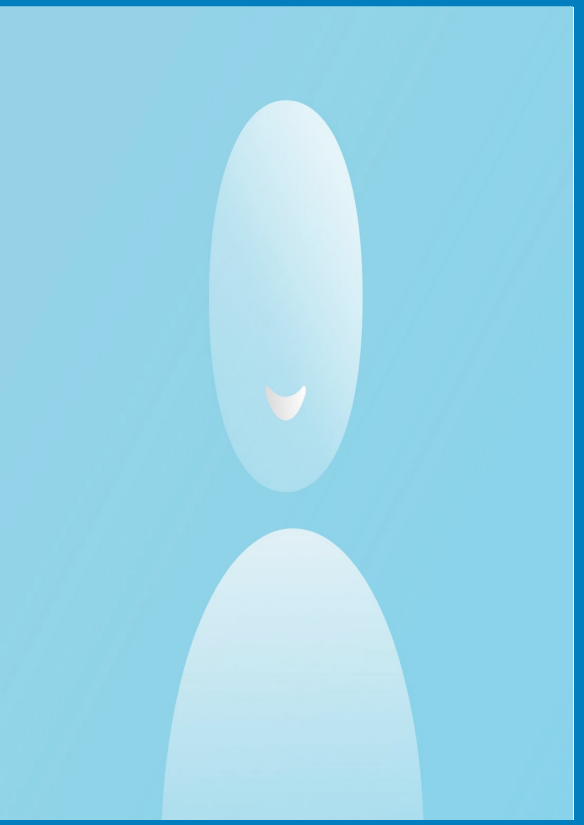
- Organizational rebranding
- Finance and the sliding fee scale
- Approaches to outreach: how to make these more patient-centered!
- EHR Implementation: testing materials to educate patients about the portal and incentivize use
- Civic engagement: exploring ballot measures and initiatives that impact public health and clinic services

INCORPORATING PATIENT INPUT



- Meeting minutes obtained by operations staff and reported to internal QI committee and Executive Board
- Feedback on patient education materials and clinical workflows incorporated directly into edits during meetings, and reported out to key stakeholders

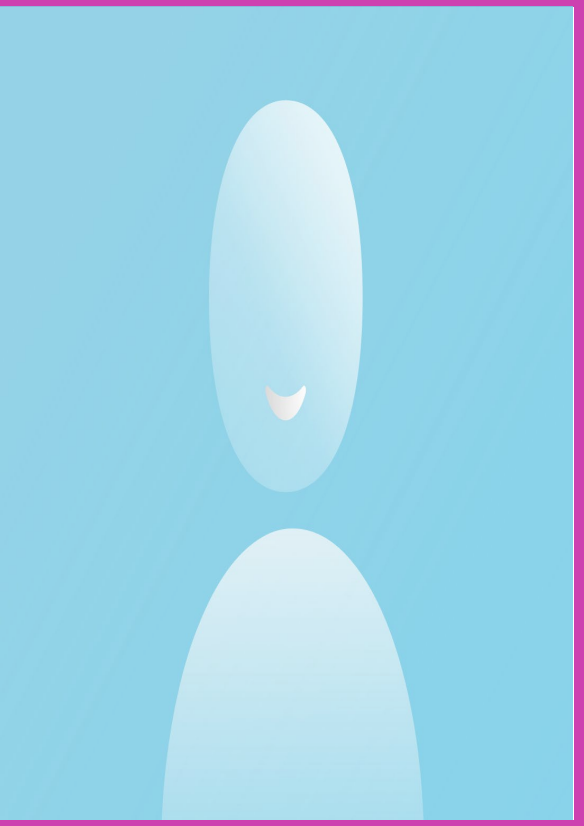
MEMBER RETENTION



- PHC engages participants in community initiatives (health fairs, patient-facing clinic events)
- PHC provides incentives to participants for ongoing attendance (grocery gift cards) and provides an annual recognition meal
- PHC reports back on the outcomes of patient input to reinforce members' value
- Participants engage in meaningful, long-standing peer relationships with one another

OPPORTUNITIES FOR IMPROVEMENT

OPPORTUNITIES FOR OPTIMIZING YOUR COUNCIL



1. Consider open recruitment and an interview guide
   - Consider how you define a “great” advisor
   - Consider what barriers they may have to participation, and how to broach these
   - Consider whether you need them on a monthly council, or whether adjunctive, ad-hoc engagement of a target group is most appropriate for the issue at hand
2. Consider a fixed term of 2-3 years maximum.
3. Consider how to make your council representative.
4. Consider annual agenda planning.

OTHER PATIENT ENGAGEMENT INITIATIVES

There are many ways we can obtain and implement meaningful feedback:

- Patient surveys (point of care, CAHPS)
- Key-informant interviews (in-person and telephonic) of representatives of key groups
- Patient participation in QI workgroups (particularly when team members do not represent the identity of concern)

Consider how to support patient participation: diversify hours and location of your initiatives, and provide incentives to offset the cost of time spent

QUESTIONS?

Contact Rachel Joseph at Rjoseph@phealthcenter.org or Jose Chavez at Jchavez@phealthcenter.org