

Level 2 Planning Worksheet: Engagement with CHC's Patient Council

Brief Description:

Level 2 Patient Engagement involves engaging your existing Patient/Family Council to determine if one or more advisors have lived experience and are willing to provide feedback on processes as they relate to population health management. This involves engaging the advisor in responding to structured or semi-structured questions posed verbally by a member of the clinic staff or participating in one or more PHMI Implementation Team meetings to provide feedback.

The advantage of engaging someone from the Patient Council is that they may be acquainted with quality improvement (QI), have practiced the art of providing feedback to their CHC and may be able to provide insights, such as potential roadblocks and things to consider for populations the center serves. They also have been oriented to the CHC and have a deeper understanding of how the center operates which can inform improvement feedback. As they have joined the Council, indicating their level of interest, they may be willing to provide ongoing feedback, either asynchronous or synchronously as you implement PHM strategies in 2025.

Caveats and Things to Think About:

- **Identify someone close to/or with lived experience:** We want to discourage the team from taking a process to the entire council to provide feedback, as we postulate that in some cases most advisors do not have direct experience. The key principle in this level of engagement: a patient or family advisor needs to be someone close to or with lived experience (e.g., diabetes workflow needs to be reviewed by someone with diabetes or a parent of a child with diabetes).
- **The ask/defined time frame:** Consider on the front end what the “ask” is. Are you seeking a patient advisor for a defined period to review a defined set of processes? Are you asking them to join a set number of implementation team meetings or to meet with a representative from your team? If you are developing a workflow for diabetes care coordination, for example, you might benefit from having an advisor who can provide feedback over a two-month period so that you have the benefit of getting insights as you develop theories, test strategies and study what happened (PDSA cycles).
- **Be prepared and be efficient:** We often hear from patient advisors that it is unclear what they are being asked to do. Teams should prepare in advance what the advisor can help them with. What part of the process do you want to deep dive? Do you want the advisor to review an entire workflow, or do you want them to help you with specific parts of the workflow where you need to understand more what happens from the patient's perspective? Or is the entire workflow where you want to understand what happens in the ‘black holes?’. Do you seek to understand potential barriers or what would facilitate a patient to take action? If there are educational materials or an

outreach script to review, at what point do you want to distribute to the advisor? How do you want to engage the advisor—asynchronously, synchronously, or a combination? What is their preference?

- **Equity Considerations:** Have you identified the population of target? Can you match the advisor to that population?
- **Engagement Liaison:** Consider who on your implementation team will be assigned to the Patient/Family Advisor. Having one point of contact is critical to success; they will be on point to orient the P/FA and establish some level of trust so that there is meaningful feedback.

Peer Examples:

Petaluma Health Center has successfully engaged their patient council in PHMI feedback and aspires to recruit a patient advisor in the near future. They were featured in the PHMI webinar: [Analyzing Inequities and Developing SMARTIE Goals for Your PoF](#).

Suggested Action Steps:

- 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:

- Find guidance for equity in your Population of Focus' Implementation Guide. Consider the 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.

Additional Considerations:

- Are there cultural/political issues that may influence engagement with the patient council?
- What will we do with the information once we have gathered it?