

# Patient- and Family Engagement

*OR:*

How Do Real People Actually  
Do This?



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— HEALTH —



# Overview

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- **Case studies** – evidence of effectiveness from multiple settings, populations
- Strategies for **Partnership**
- **Key Considerations** (patient attributes, etc.)
- **Work session** – planning what you can do next week



# Case Studies

## Georgia Health Sciences University:

- Patients serve on every committee in the adult and children's hospital, and all ambulatory clinics.
  - They are full partners with equal voices
- Committees oversee wide range of strategic priorities and QI initiatives, from patient safety to JC accreditation.
- Patients and staff working together resulted in:
  - Improved pt experience scores by 38% in Neuroscience unit
  - Reduced length of stay in Neuroscience unit
  - Decreased staff turnover from 8% to 0% in 3 years
  - Reduced malpractice expenses by 60%
  - Increased profit margin by decreasing costs per admission
  - Improved Joint Commission inspection scores



## Dana Farber Cancer Institute:

- More than 400 patients and family members serve on the Board and all committees, including safety and QI teams, facility design, management initiatives.
- Medication examples: Patients and staff working together resulted in:
  - More than a decade of zero fatal medication errors
  - 90% reduction in medication list errors



## TransforMED primary care practice:

- Problem: High Call Volume
  - Testing follow-up: 24% of calls, 50% were repeats
  - Medication refills: 21%
  - After visit questions: 18%
- Solution: Partner with patients to...
  - Redesign testing follow up – normal results released in 72 hours or less, with clear explanation
  - Redesign After Visit Summary – concise, clear explanation of next steps
  - Redesign Med Refill process – single point of contact and portal use
- Results: Reduced call volume by 35% within 9 months; gained 9 hours of clinical staff time



### Medium-sized rural primary care practice in Alamosa, CO:

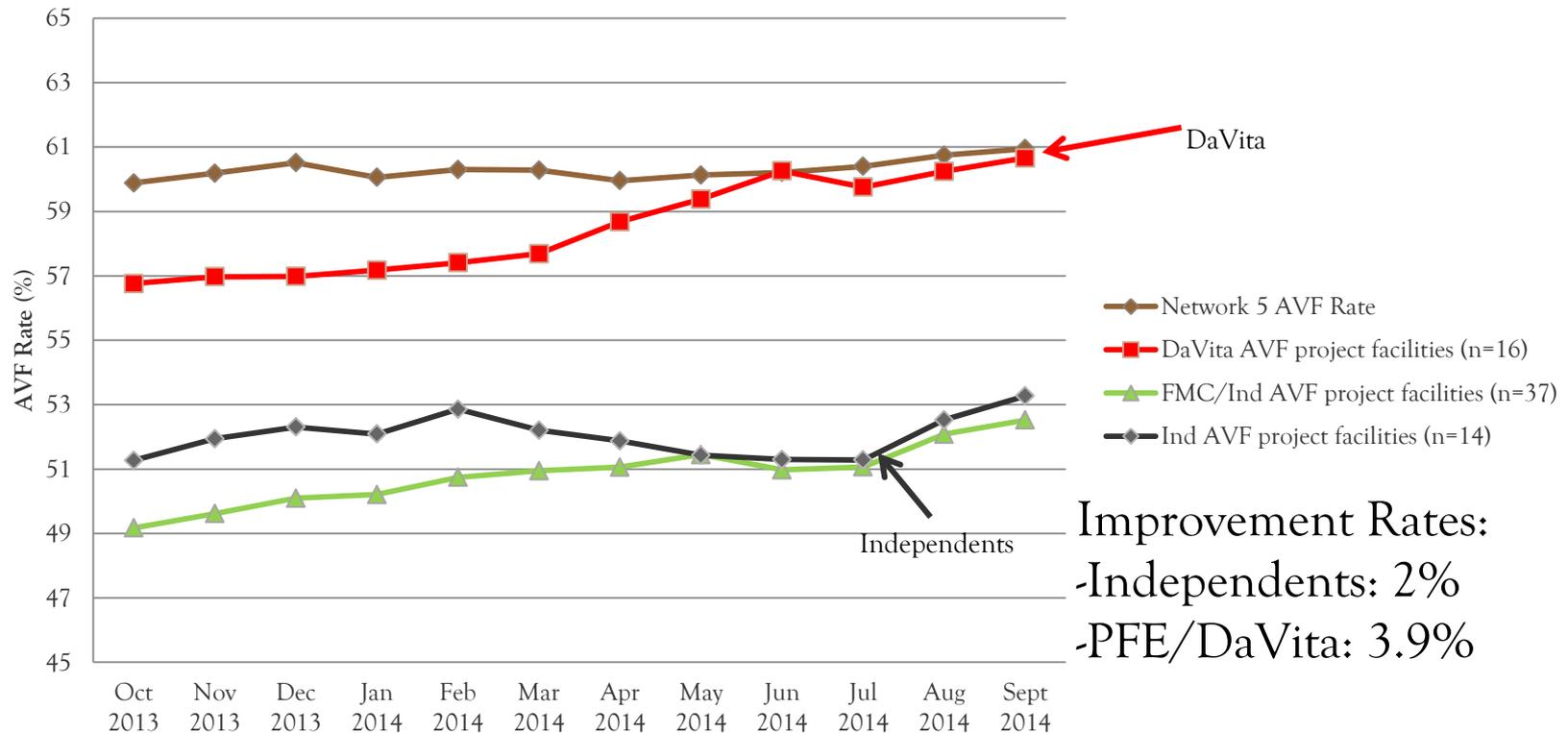
- Problem: Phone call triage process:  
Emergent/acute issues falling thru cracks
- Solution: Asked Advisory Council to help...
  - Assess the problem using “secret shopper” mode
  - Define ideal process – timeframe, team roles, etc.
  - Staff mapped workflows and made changes, PFAC reassessed.
- Results: Still in progress but to date, advisors report processes are much improved.



# Case Studies: Mid-Atlantic Renal Coalition

## Network 5 ESRD Collaborative

- 14 independent facilities in Standard Collaborative
- 16 DaVita facilities in Patient and Family Engagement Collaborative





# Bottom Lines

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- Patient and family engagement is a **strategy for improvement**, not a lofty goal
  - Connected to a pressing priority
- Done well, it's a highly **satisfying process for staff**, often improving retention rates.
- Genuine patient- and family-centeredness requires **culture change**.
  - The fastest way to get there is through real-time partnership/co-creation WITH patients and families.
- Patients and families **as partners** can co-create:
  - Better health and quality of life
  - Better systems of care that meet their needs, and those of the system (all stakeholders)



# The Essential Question

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If You Build It, Will They Come?

If you build it with them -  
They will already be there

(and you will get there faster)



# Core Strategies for Partnership:

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- Advisory councils:
  - Advise routinely on matters, with particular emphasis on patient and family issues.
  - Different from Boards- number, discussion focus, no outside influence
- Focus groups: Used for particular types of patients, limited duration (Ex: one group, 2 hours, patients with diabetes).
- Patients on QI/project/initiative teams:
  - Embedded – working alongside team members, influencing decisions, learning and shaping all aspects of the improvement process.
  - Hybrid - Regular touch points with patients, ability for patients to influence teamwork and decisions
- Patients/families in staff orientation/training, case conferences, etc.
- Conduct walk-throughs in collaboration with PCMH partner clinics
  - Assess overall care delivery or operations from patient and family perspective, or check on a process/workflow change
- Patient Surveys
  - Used to set priorities, identify areas for improvement, establish baseline and re-measurement. Must funnel data into improvement work.



# Identifying Patient Partners

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*First – be clear about the work, method, goal and patients' role*

- Familiarity and experience with the practice (as a patient or a family caregiver)
- Representative of the population most impacted by the care changes being sought (could be consumer advocate)
- Willingness to speak up
- History of providing constructive feedback to staff/clinicians
- Functional capacity for duration of project
- Able and interested in devoting time and energy to working with the facility
  - And can work in anticipated ways (online, in person, call conference)
- Have varying experiences at the facility or somewhere in care process –both positive and negative.



# Recruitment

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- Ask doctors, clinicians, and staff for suggestions.
- Post invitation and project description in areas where patients receive care.
- Send notices through e-mail, patient portals, or regular mail.
- Use the EHR or IT management system to identify patients in targeted populations to ensure diverse representation (e.g., patients over age 65, African American patients, those with fistula and without, etc.).
- Think about family members
- Consider former patients



# Working with Patient and Family Partners

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- Consider their schedules in setting meeting times
  - Can you leverage times they're already onsite?
  - Do they work?
  - How can technology help?
- Provide short written overview of the work, including
  - Background information on topic/work
  - Goals
  - Role you'd like the patient/family member to play
  - Meeting logistics and details, overall timeline
- In meetings, minimize lingo/technical terms; welcome questions
- Ask for feedback after each meeting to be sure they feel involved, their contributions are meaningful, etc.
- Don't be afraid to give them feedback as well;
  - After all, this is a partnership.



# Getting to Work

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- Identify an opportunity in your practice:
  - What are your priority pain points?
  - How involved are patients in affecting those pain points?
- List options for partnering with patients to solve the problem
- From patient and family viewpoints:
  - How do they experience the situation?
  - What are the key workflows of patients and families?
  - What are the pros/cons of those workflows? What needs are they meeting?
  - What are the practice's workflows, and what needs are they meeting?
  - What are alternative ways of meeting needs of practice and patients, from patients' view?
- List action steps you can take next week to get started – what do you need to do first? Next?



Every encounter is an  
opportunity to provide patient-  
and family- centered care

Every time.

By everyone.

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