The Role of Leadership in Creating a Culture of Patient and Family-Centered Care

June 2, 2016

Sara Guastello
Director of Knowledge Management
Planetree

Dael Waxman, MD
Interim Chair, Department of Family Medicine
Carolinas HealthCare System
What We’ll Cover

A Leadership Framework
Making it Actionable
Leadership in Action Examples
Q&A
“There is nothing more powerful than an idea whose time has come.”

-Victor Hugo
The Will: An idea whose time has come

- **Institute of Medicine**
  - Updates PCC definition to include Patient-Family Engagement in 2015
  - Develops national network of Patient/Family leaders in 2015

- **Centers for Medicare and Medicaid Services**
  - Public reporting of HCAHPS scores in 2008
  - Value-Based Purchasing (VBP) in 2012
  - Partnership for Patients/HENs & Patient Engagement Priorities in 2011-2016

**Healthcare Reform and the ACA of 2010**
- PCMH, ACOs/Medicare Shared Savings Programs, Meaningful Use Thresholds, PCORI

*All have Patient Engagement Requirements*
The Way: TCPI Change Package

TCPI AIMS/Goals

1. Support more than 140,000 clinicians in their practice transformation work.
2. Build the evidence based on practice transformation so that effective solutions can be scaled.
3. Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients.
4. Reduce unnecessary hospitalizations for 5 million patients.
5. Sustain efficient care delivery by reducing unnecessary testing and procedures.
6. Generate $1 to $4 billion in savings to the federal government and commercial payers.
7. Transition 75% of practices completing the program to participate in Alternative Payment Models.

Primary Drivers

Patient and Family-Centered Care Design
- 1.1 Patient & family engagement
- 1.2 Team-based relationships
- 1.3 Population management
- 1.4 Practice as a community partner
- 1.5 Coordinated care delivery
- 1.6 Organized, evidence-based care
- 1.7 Enhanced Access

Continuous, Data-Driven Quality Improvement
- 2.1 Engaged and committed leadership
- 2.2 Quality improvement strategy supporting a culture of quality and safety
- 2.3 Transparent measurement and monitoring
- 2.4 Optimal use of HIT

Sustainable Business Operations
- 3.1 Strategic use of practice revenue
- 3.2 Staff vitality and joy in work
- 3.3 Capability to analyze and document value
- 3.4 Efficiency of operation
Transformation begins with Leadership

LEAD BY EXAMPLE
A Leadership Framework: Critical Factors for Creating a Culture of Patient- and Family-Centered Care

- Create a shared vision
- Model organizational values
- Cohesion between principles and practice
- Recognize knowledge and decision-making
The team

Put patients first
Respect others
Pursue excellence
Do the right thing

The leader
Cultivating an individual & collective sense of purpose

Perspective Taking
Personalizing
Silo-Busting
Connecting to purpose drives greater satisfaction (staff and patient)
A Leadership Framework: Critical Factors for **Creating a Culture** of Patient- and Family-Centered Care

- **Model organizational values**
- **Create a shared vision**
- **Cohesion between principles and practice**
- **Recognize knowledge and decision-making**
1) Visible presence
2) Transparent communication
3) Respectful interactions
4) Consistent approach
A Leadership Framework: Critical Factors for Creating a Culture of Patient- and Family-Centered Care
Inclusion is:
genuinely capturing
samplings
of feedback and opinions of
stakeholders to
actively inform
a decision making process.

Inclusion is NOT:
everyone
being involved in
everything
all of the time.  It is
NOT executing on every idea
that is given to you.  It is NOT
used for
every decision
in an
organization.

Recognize knowledge and decision making

Include me!
"I came into this process with a great deal of skepticism as to the value of this approach. The outcomes have been truly eye-opening. Having the patient and family participate as improvement collaborators has also allowed us to ensure we are actually moving in the right direction." — Focus group participant
Embracing patients and family as partners in practice transformation

Strategies for scaling up patient and family engagement:

- Focus Groups with patients, families, staff, etc.
- Patient and Family Advisory Councils
- Patient engagement on safety, quality and other committees
- Patient participation in hiring and evaluation
- Patients to develop/act in simulations for staff training
A Leadership Framework: Critical Factors for Creating a Culture of Patient- and Family-Centered Care

Create a shared vision

Model organizational values

Recognize knowledge and decision-making

Cohesion between principles and practice
Meet them where they are - empathy + plain language

Include patients in treatment decisions

Respect patient preferences

Involve family as integral members of the care team

Travel this road with patients, not for them

Caring attitudes & tools to be successful
Leadership in Action Examples
Facilitating a Patient and Family Centered Culture

- Create a shared vision
- Model organizational values
- Recognize knowledge and decision-making
- Cohesion between principles and practice
Creating a shared vision

- Connect to Purpose: CEO of Carolinas HealthCare
- Processes can cloud purpose
- Team members’ jobs may not know outcomes
- Ex: Colon cancer prevention quality metric
Model Organizational Values

• Solution focused

• Collaborative

• Value each member’s perspective

• Ex: Appreciative Inquiry process (communication)
Recognize Knowledge and Decision Making

- Talk to people “in the trenches”

- What can we do better?

- Ex: PFAG – “teaching practice”

- Ex: EFM Solutions
Cohesion between principles and practice

• All the above!

• Outcomes
  – Teammate engagement
  – Quality measures
  – Patient experience
Sara Guastello  
(203) 732-7171  
sguastello@planetree.org

Dael Waxman, MD, Interim Chair, Department of Family Medicine;  
Medical Director, CHS Integrative Health;  
Medical Director, Patient-Centered Programming, CMC Mercy, Carolinas HealthCare System  
Dael.Waxman@Carolinashealthcare.org