

Patients as Partners: Driving Quality Improvement in the Medical Home

Christine Bechtel, National Partnership for Women & Families;
Bechtel Health Advisory Group

Kisha Davis, Casey Health Institute

Ziva Mann, Cambridge Health Alliance

Ruth Nabisere, Cambridge Health Alliance

Somava Saha Stout, Cambridge Health Alliance; Harvard
Medical School Center for Primary Care

Brad Thompson, The HALI Project

Megan M. Tschudy, John Hopkins School of Medicine



Patient Partners and Process Improvement

Kisha Davis, MD MPH

Medical Director

November 12, 2014



Project Overview

- Recognition that patient registration was tedious
 - Long intake forms
 - High cost of mailing long forms
 - Frustration on patient and provider side
- Provider redesign of forms
 - Used sample forms
 - Tried to anticipate patient concerns
 - Balance need to know certain medical information
- Check-in with patients on the outcome





Focus Group

- Providers and staff identified 10-15 patients for recruitment
 - Identified based on experience at CHI
 - 10 agreed and 8 showed
 - Significant diversity
 - Age
 - Race/ethnicity
 - Gender
 - Sexual orientation
 - Insurance type
- Our patient and family advisor created script and led the group





Patient Feedback

- Insight in to how what we ask is received by patients
 - Challenged us to think about how we use the information we ask for
- Identified areas for efficiencies in the forms
 - Identified and eliminated redundancies
 - Reduced form length
- Suggested improvements in workflow
 - Fill out online and either print or submit
 - Tablets in the office
 - No more mailing





Patient Feedback

- Balanced forms to serve providers and patients – made it feel and be more patient-centered:
 - Want to feel the practice is committed to them (not to the lawyers)
 - Want to feel like they have choices
 - Want transparency
 - Added questions and content they care about
 - Health directives, including organ donor status
 - Visit agenda
 - List of other doctors the patients see
 - List of services offered at the clinic





Next Steps

- Implementing EHR now
- Assessing use of portal for registration and history forms
- Considering adding tablets in-office
- Revising forms on paper per patients' requests
 - Will be template for EHR
- Will vet revisions with patient partners before going live





CASEY
HEALTH
INSTITUTE

Thank you!

Contact Info

kdavis@caseyhealth.org

www.caseyhealth.org

800 South Frederick Avenue | Gaithersburg, MD
20877

Family-Centered Care Pilot Project

A project of the National Center for Medical Home Implementation in the American Academy of Pediatrics and the National Center for Family/Professional Partnerships in Family Voices

Funded by a cooperative agreement from the Maternal and Child Health Bureau of the Health Resources and Services Administration

Family-Centered Care Pilot Project: **Overview**

- **Purpose:** Familiarize pediatricians with elements of family-centered care consistent with the core components of a patient- and family-centered medical home
- **Components:**
 - Educate pediatricians on elements of family-centered care using the flipped classroom model
 - Pilot test the Family-Centered Care Assessment for Families (FCCA-F) in measuring family perceptions of family-centered care quality among individual pediatricians



Family-Centered Care Pilot Project: **Project Components**

1) Education

- Series of 3 Facilitated Discussions
 - Family-Centered Care
 - Shared Decision-Making
 - Family Resources & Support



Family-Centered Care Pilot Project: Project Components

2) Implement FCCA-F

National Center for
Family  **Professional Partnerships**
a project of FAMILY  VOICES[®]

Family-Centered Care Assessment
for Families

<http://www.fv-ncfpp.org/activities/fcca>



This is a survey to measure the quality of family-centered care that a health care provider gives to

Family-Centered Care Pilot Project: Project Components

2) Implement FCCA-F

±

- | | | | | | |
|---|--------------|--------|-----------|---------|---------------|
| 1. My child's health care provider talks with me using words I understand. | Almost Never | Rarely | Sometimes | Usually | Almost Always |
| 2. My child's health care provider supports me in the role that <u>I want to take</u> in making decisions about my child's health care. | Almost Never | Rarely | Sometimes | Usually | Almost Always |
| 3. My child's health care provider and my family decide | Almost Never | Rarely | Sometimes | Usually | Almost Always |

3. My child's health care provider and my family decide together on goals for my child's treatment. (For example, less pain, improved health, better school attendance, more involvement in our community.)

Almost Never Rarely Sometimes Usually Almost Always

- | | | | | | |
|--|--------------|--------|-----------|---------|---------------|
| 6. My child's health care provider works with me to plan for my child's health care when there are <u>big changes in my child's life</u> . (For example, when my child enters daycare, begins school, or finishes school.) | Almost Never | Rarely | Sometimes | Usually | Almost Always |
| 7. My child's health care provider talks with me about promoting my child's overall health and well-being. (For example, healthy weight, physical activity). | Almost Never | Rarely | Sometimes | Usually | Almost Always |
| 8. My child's health care provider has a way to help my child | Almost Never | Rarely | Sometimes | Usually | Almost Always |

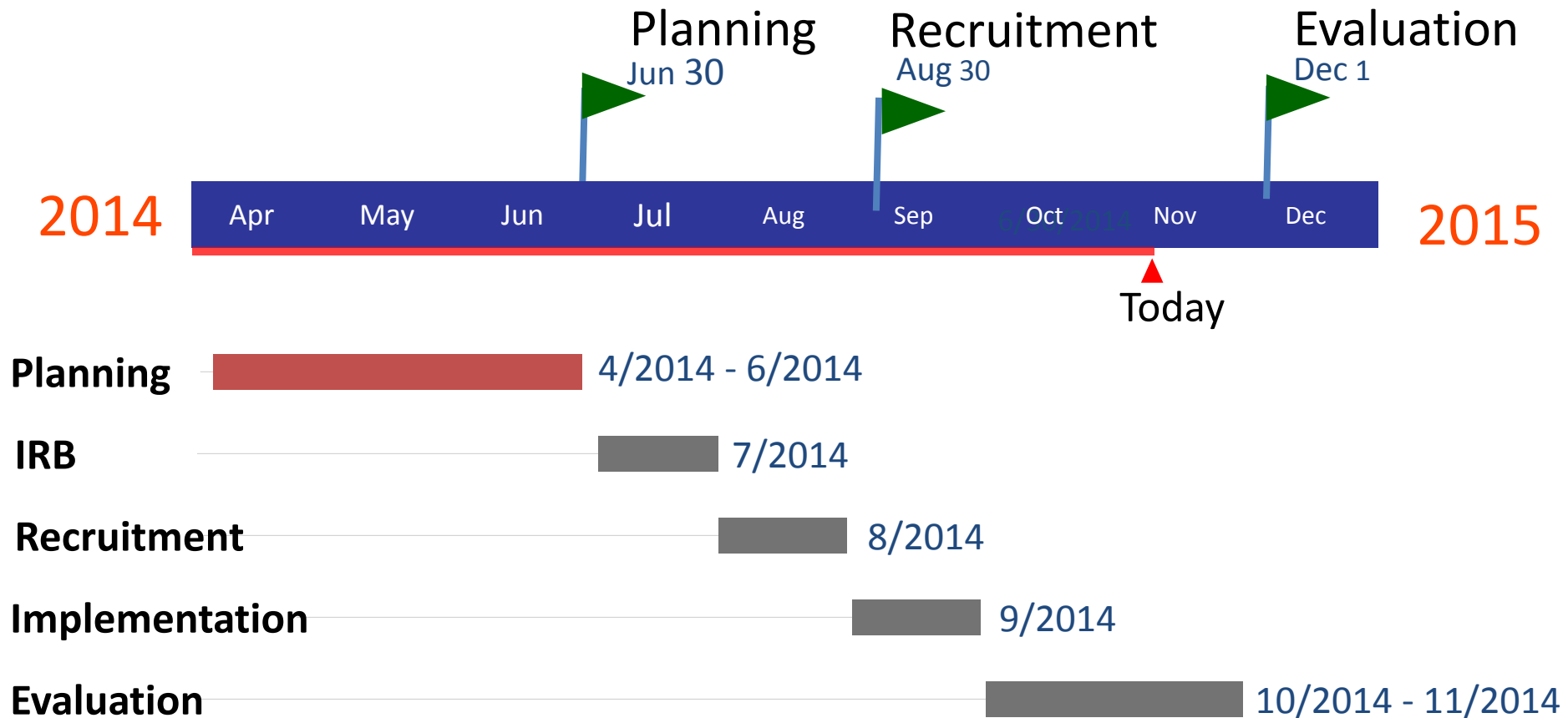
<http://www.fv-ncfpp.org/activities/fcca>

care/treatment can be provided where my child usually spends time. (For example, school, community program, child care.)

- | | | | | | |
|---|--------------|--------|-----------|---------|---------------|
| 10. My child's health care provider has a way to consider my schedule before making appointments. | Almost Never | Rarely | Sometimes | Usually | Almost Always |
|---|--------------|--------|-----------|---------|---------------|



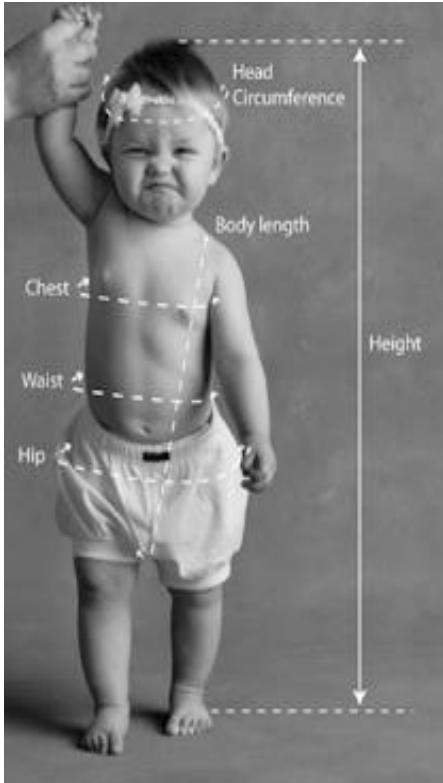
Family-Centered Care Pilot Project: Project Timeline



Family-Centered Care Pilot Project: Evaluation

Evaluation Questions

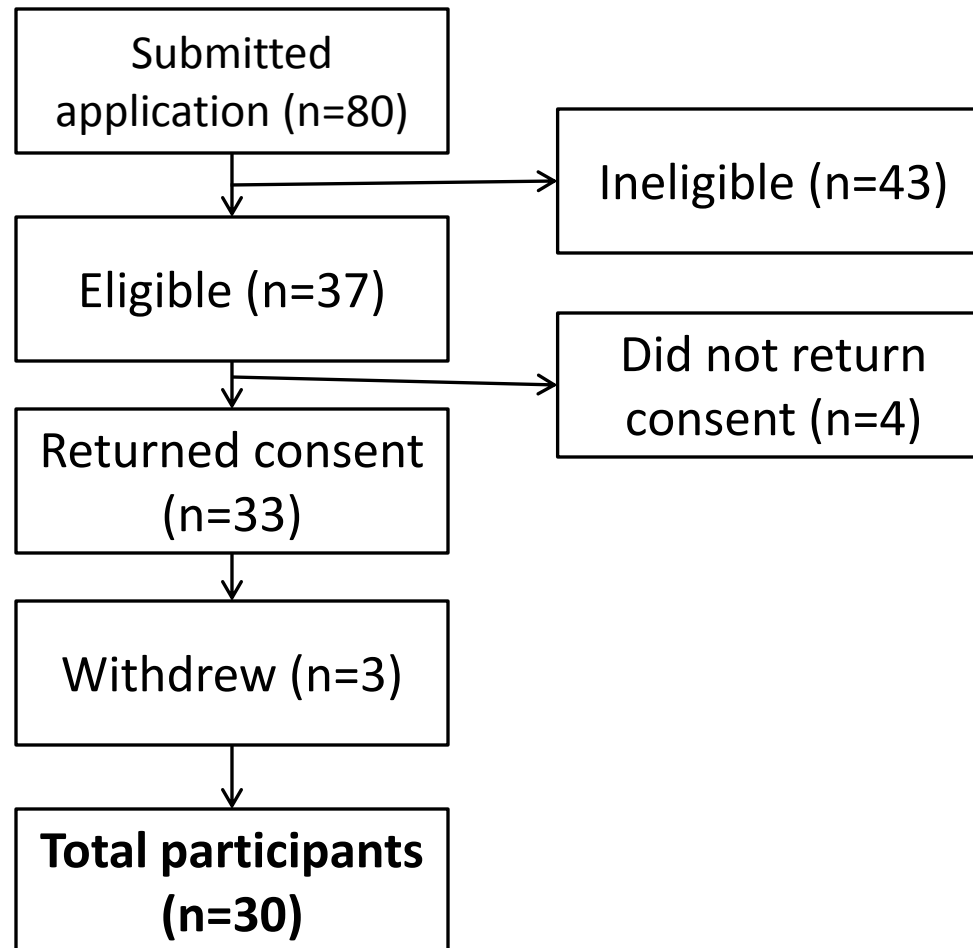
- 1) What are the practice and patient population characteristics of participating pediatricians?
- 2) To what extent are participating pediatricians currently implementing family-centered care practices?
- 3) To what extent did participants meet the learning objectives for each facilitated discussion?



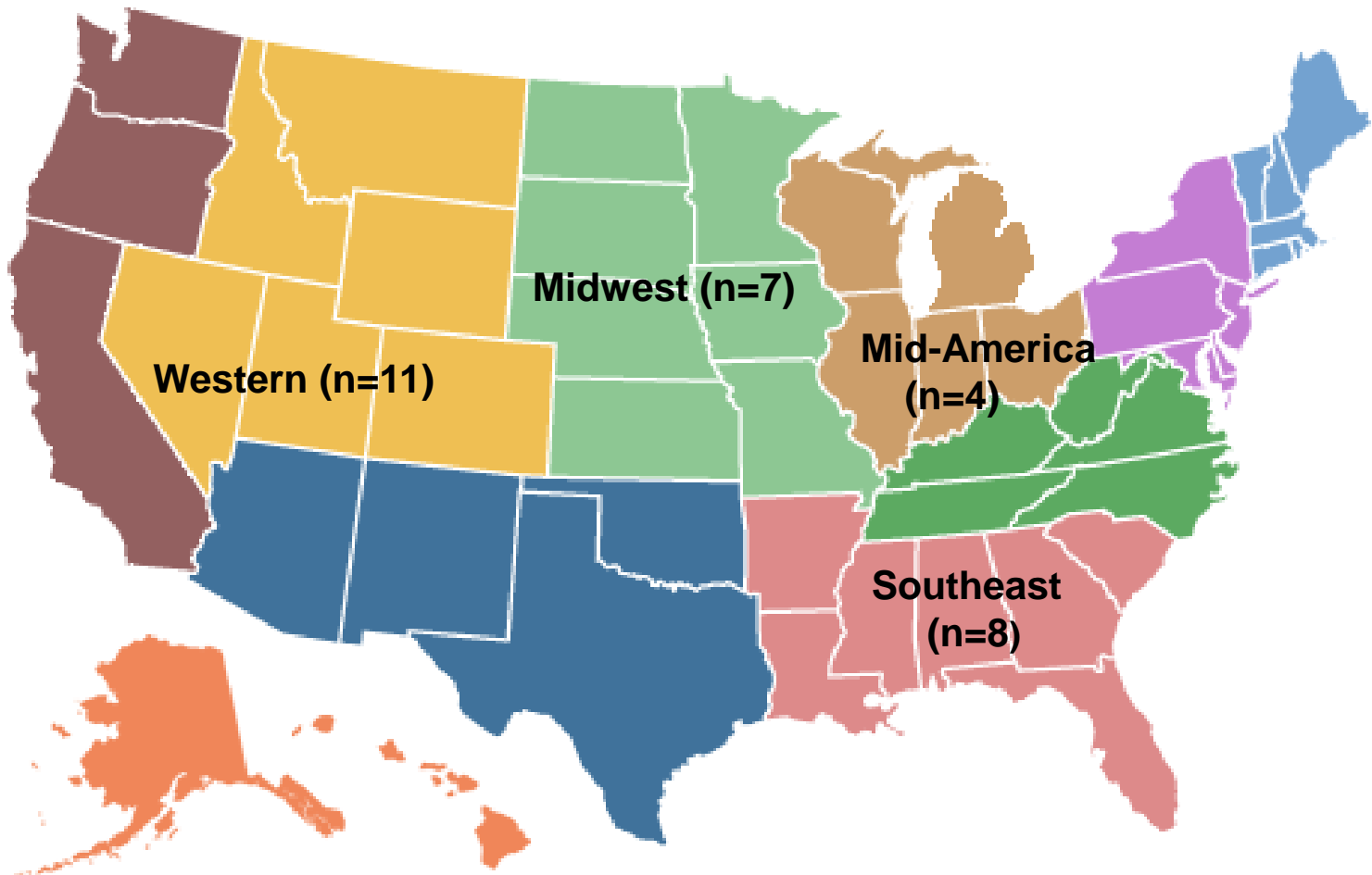
http://www.annegeddes.com/shop/Assets/CategorySpreads/size_image.jpg



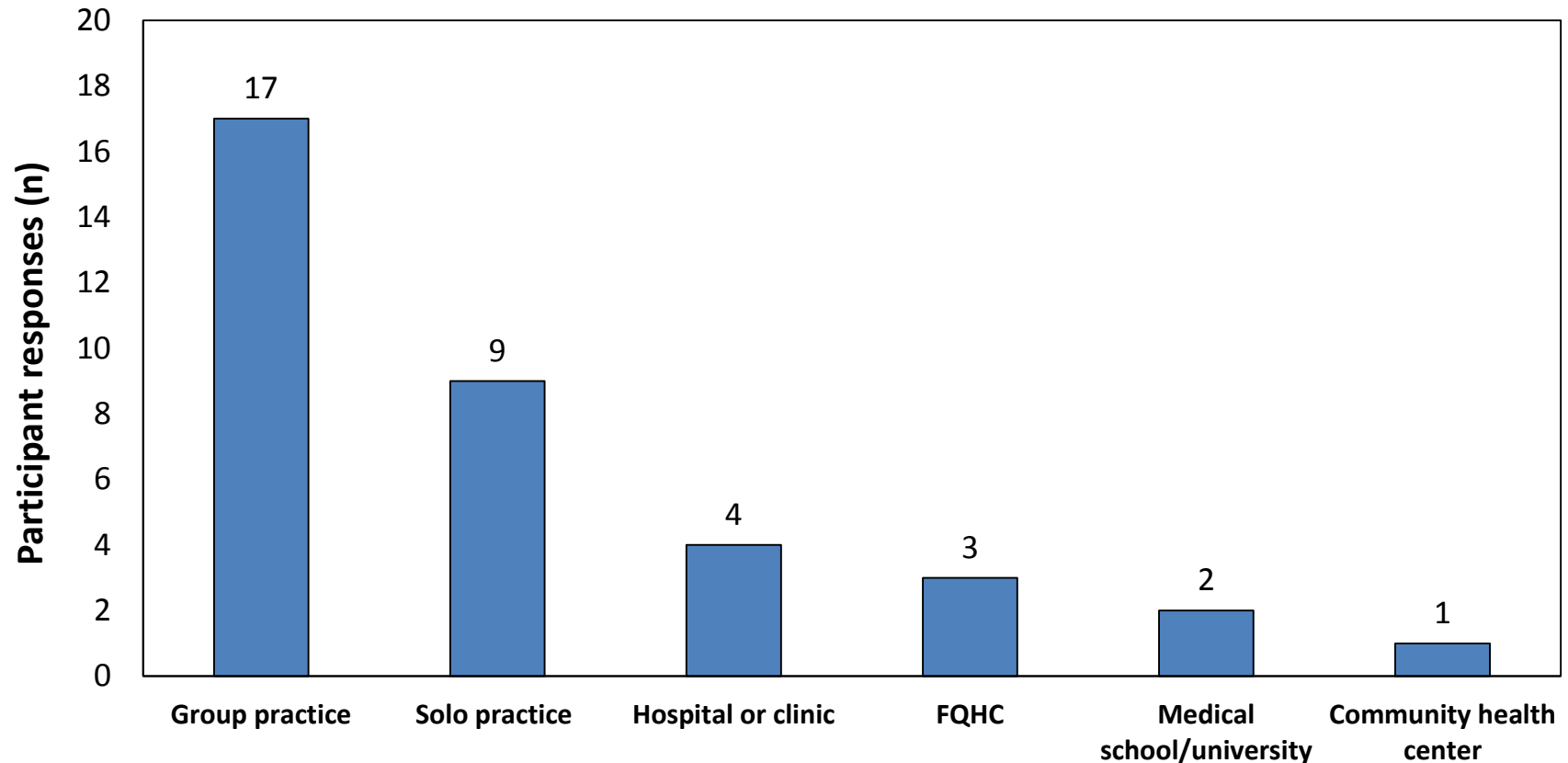
Family-Centered Care Pilot Project: Project Participants



Family-Centered Care Pilot Project: Participant Location by Region (n=30)



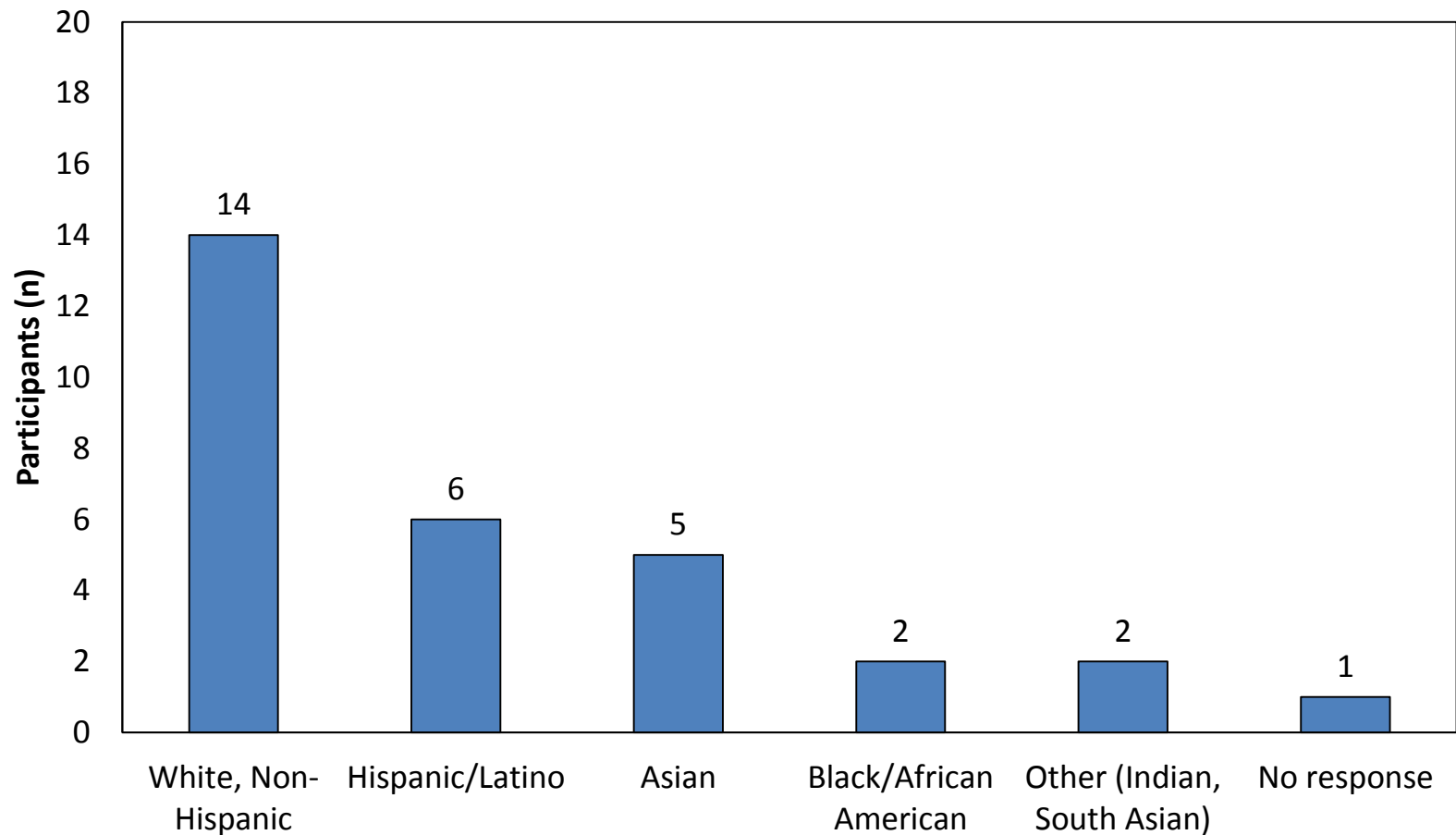
Family-Centered Care Pilot Project: Participant Practice Setting



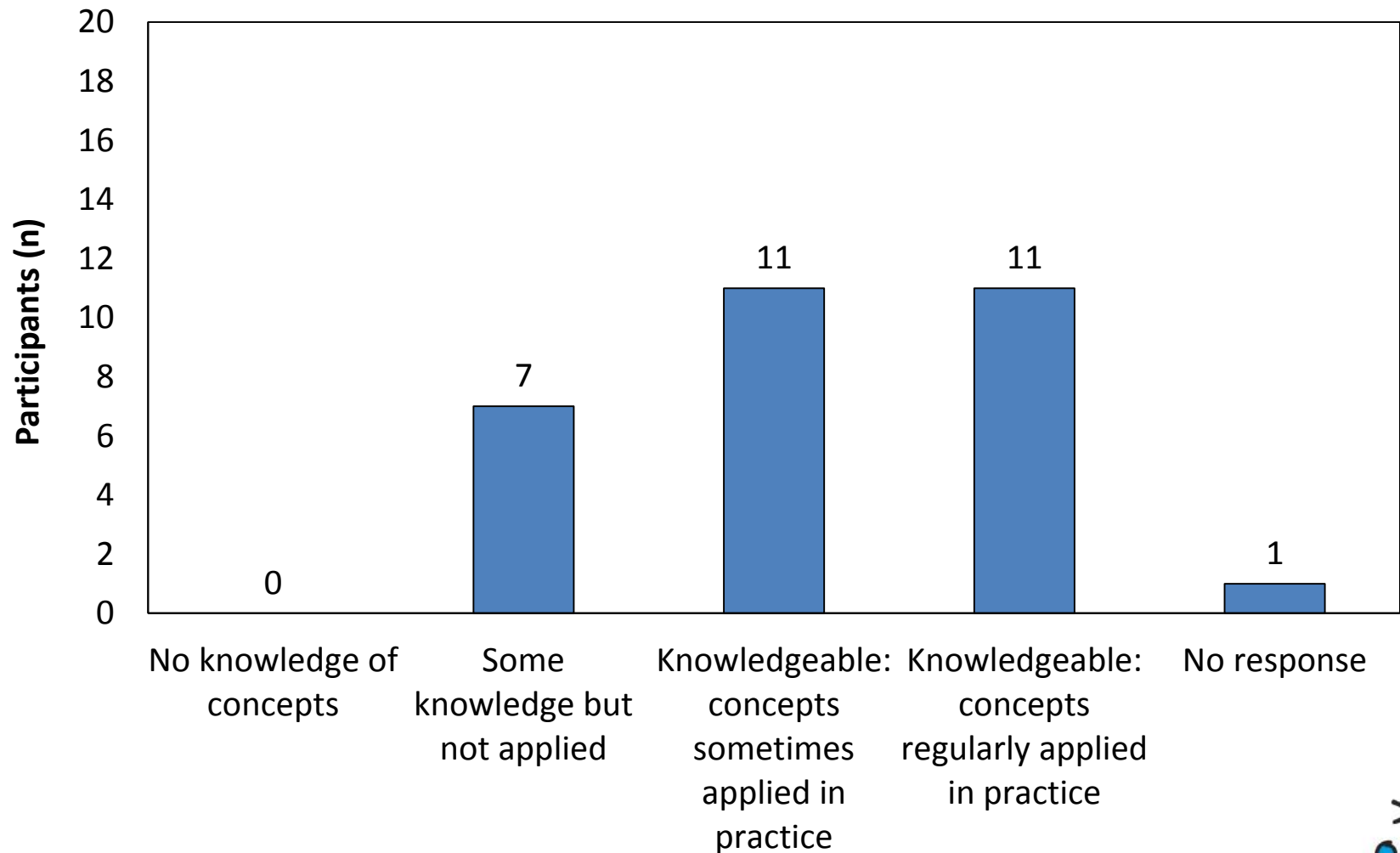
Participants could select more than one practice setting, therefore the category sum (n=36) is greater than the total number of participants (n=30).



Family-Centered Care Pilot Project: Participant Race/Ethnicity



Family-Centered Care Pilot Project: Participant Baseline Knowledge of Family- Centered Care



Family-Centered Care Pilot Project: Characteristics Participants' Patient Population

- **Insurance Status**

- All participants see publically insured patients
- 57% (n=17) of participants see a majority (>50%) of publically insured patients

- **Race/Ethnicity**

- 57% (n=17) of participants see majority (>50%) White patients
- 14% (n=4) of participants see majority (>50%) Hispanic patients
- 7% (n=2) of participants see (>50%) African American patients

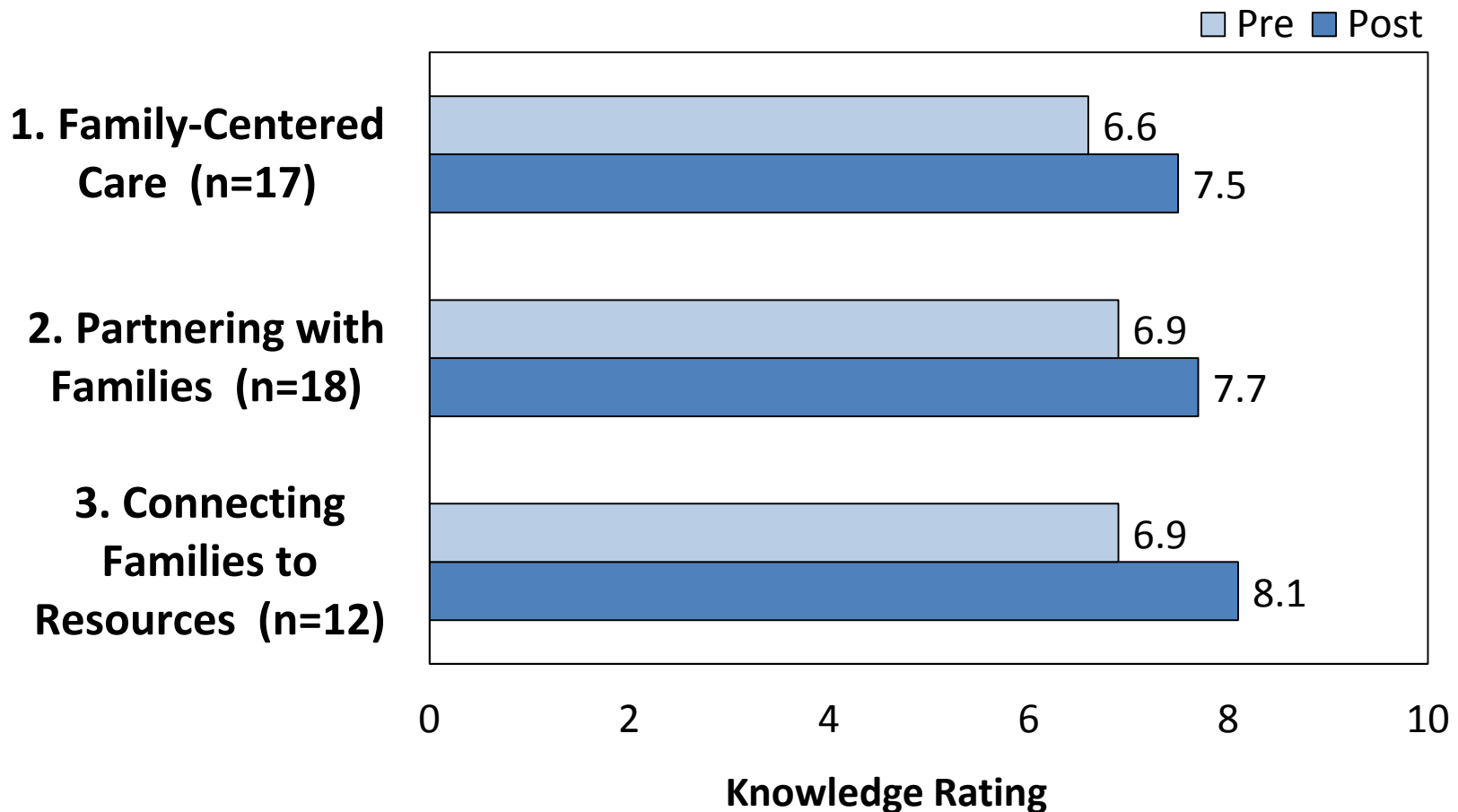
- **Patient Language**

- 10% (n=3) of participants see majority (>50%) non-English speaking patients



Family-Centered Care Pilot Project:

Goal 1 - Change in Participant Knowledge



Family-Centered Care Pilot Project:

Goal 1 - Achievement of Learning Objectives

“I Think I’m Family-Centered. How Can I Be Sure?”

□ Strongly disagree □ Disagree □ Neutral □ Agree □ Strongly agree

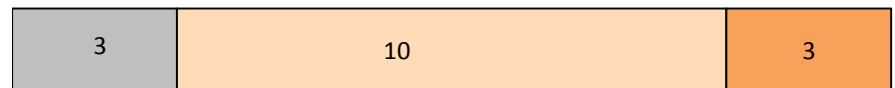
I can define the term "family-centered care." (n=17)



I can describe the benefits of family-centered care. (n=17)



I can provide examples of how the principles of family-centered care can be used in pediatric practices. (n=16)



Participants (n)



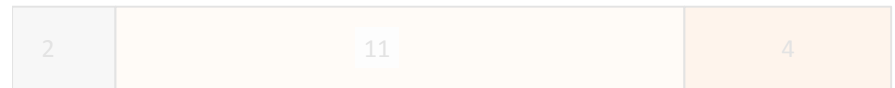
Family-Centered Care Pilot Project:

Goal 1 - Achievement of Learning Objectives

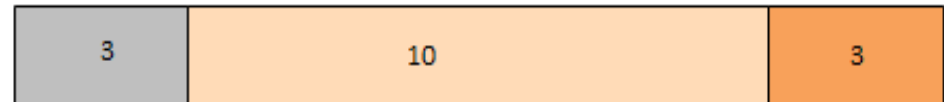
“I Think I’m Family-Centered. How Can I Be Sure?”

Strongly disagree Disagree Neutral Agree Strongly agree

I can define the term "family-centered care." (n=17)



I can provide examples of how the principles of family-centered care can be used in pediatric practices. (n=16)



be used in pediatric practices. (n=16)

Participants (n)



Family-Centered Care Pilot Project:

Goal 1 - Achievement of Learning Objectives

“Whose Decision Is it Anyway? Partnering with Parents in the Care of their Children” (n=18)

■ Strongly disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly agree

I can define the term "shared decision-making."



I can describe tools and techniques to implement shared decision-making.



I can provide examples of how to apply communication skills to facilitate understanding with patients and their families and enable them to undertake decisions as equal partners.



Participants (n)



Family-Centered Care Pilot Project:

Goal 1 - Achievement of Learning Objectives

“Whose Decision Is it Anyway? Partnering with Parents in the Care of their Children” (n=18)

■ Strongly disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly agree

I can define the term "shared decision-making."

11

7

I can describe tools and techniques to implement shared decision-making.

2

9

7

with patients and their families and enable them to undertake decisions as equal partners.

Participants (n)



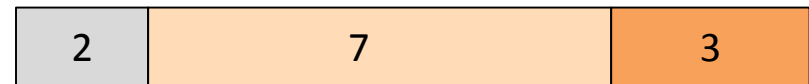
Family-Centered Care Pilot Project:

Goal 1 - Achievement of Learning Objectives

“Who Can Help? Connecting Families to Resources and Supports” (n=12)

■ Strongly disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly agree

I can describe how to assess strengths and stresses in families.



I can describe the pediatrician's role in linking families with support.



I can provide examples of how to successfully connect families with strategies and resources for self-support in practices.



Participants (n)



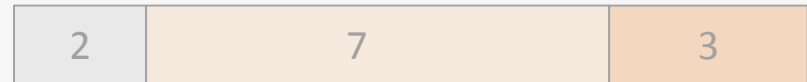
Family-Centered Care Pilot Project:

Goal 1 - Achievement of Learning Objectives

“Who Can Help? Connecting Families to Resources and Supports” (n=12)

■ Strongly disagree ■ Disagree □ Neutral □ Agree ■ Strongly agree

I can describe how to assess strengths and stresses in families.



I can provide examples of how to successfully connect families with strategies and resources for self-support in practices.



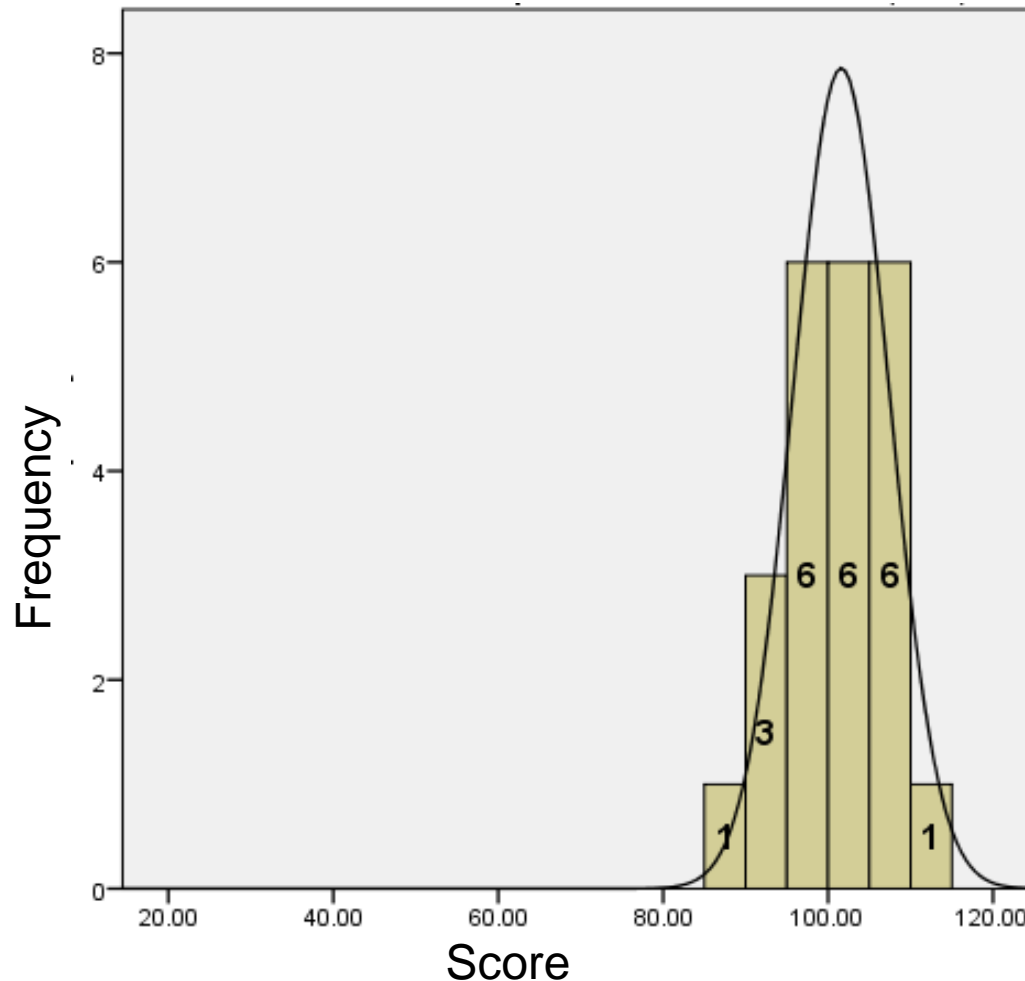
and resources for self-support in practices.

Participants (n)



Family-Centered Care Pilot Project:

Goal 2- Participant FCCA-F Scores (n=23)



Mean: 101.6
Std Dev: 5.9

Seven (n=7) participants did not submit FCCA-F data.



Family-Centered Care Pilot Project:

Goal 2 - Participant FCCA-F Scores (n=23)



Family-Centered Care Assessment Pilot Project

National Center for
Family & Professional Partnerships
a part of the University of Wisconsin-Madison

Family-Centered Care Assessment for Families FCCA-F Results: Participant ID #35 October 23, 2014

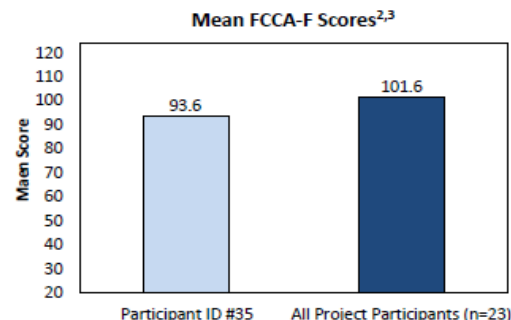
The following instructions from the *Family-Centered Care Assessment for Families User's Guide*¹ were used to calculate your FCCA-F results:

To score the FCCA, score each question on a five-point scale, then add together the points for all the questions. For example, if the possible answers range from "Almost always" to "Almost never", "Almost always" would receive a score of 5, and "Almost never" would receive a score of 1.

The total score of all questions added together can range from 24 to 120, with 120 being the best possible score. If a completed questionnaire is missing answers to five questions or less, adjust the total score by replacing the missing questions with the average score of the answered questions. For example, if 21 of 24 questions were answered, calculate the total score as described above, then divide it by 21 and multiply by 24 ($S_{final} = 24 \times S/21$).

If more than five answers are missing, you can use the individual answers in your analysis, but don't try to calculate a total score. The FCCA-F is designed to be challenging, with an average score falling in about the middle of the possible range. Even practices who have done a lot of work with family-centered care should expect to see room for improvement. This is not a checklist that attempts to dictate every step that you should take; you can improve your score by using strategies of your own choosing, and adapt your priorities according to your local context.

Participant FCCA-F Scores by Questionnaire ^{2,3}	
Questionnaire #	Total Score
1	50.0
2	63.0
3	74.3
4	76.0
5	81.0
6	83.5
7	85.0
8	85.6
9	87.0
10	88.0
11	88.0
12	93.0
13	93.0
14	96.0
15	96.0
16	96.0
17	98.0
18	107.0
19	114.0
20	116.0
21	116.0
22	120.0
23	120.0
24	120.0
Mean Score	93.6



Family-Centered Care Pilot Project:

Goal 2 - Participant FCCA-F Scores (n=23)



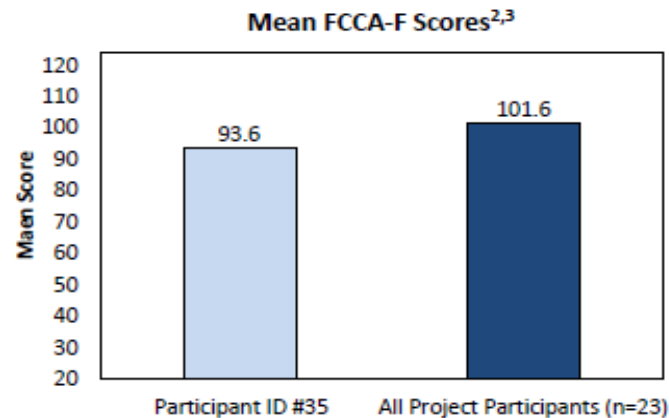
Family-Centered Care Assessment Pilot Project

National Center for
Family Professional Partnerships

Family-Centered Care Assessment for Families FCCA-F

Participant ID #35

Participant FCCA-F Scores by Questionnaire ^{2,3}	
Questionnaire #	Total Score
1	50.0
2	63.0
3	74.3
4	76.0
5	81.0
6	83.5
7	85.0
8	85.6
9	87.0
10	88.0
11	88.0
12	93.0
13	93.0
14	96.0
15	96.0
16	96.0
17	98.0
18	107.0
19	114.0
20	116.0
21	116.0
22	120.0
23	120.0
24	120.0
Mean Score	93.6



¹ From Family Voices, Inc. (2014). Family-Centered Care Assessment for Families: User's Guide. Albuquerque, NM., p.3.

² Does not include questionnaires with more than five missing items.

³ The scores presented here are based on a convenience sample and may not be generalizable beyond the project participants.



Family-Centered Care Pilot Project: Key Lessons Learned

1) Educational Discussions

- Reinforced and deepened understanding about Family-Centered Care
- Found the sessions valuable particularly learning from peers

2) FCCA-F Tool

- Tool was easy to integrate into clinic flow
- Want feedback on specific domains for improvement

3) Overall

- Participants felt the educational discussions improved Family-Centered Care
- FCCA-F tool shows promise in promoting Family-Centered Care
- Healthcare system should support clinicians in implementation of education and tools such as FCCA-F



Acknowledgements

- **Project Team**
 - Tina Cheng, MD, MPH
 - Laura E. Ferguson, MD, FAAP
 - RJ Gillespie, MD, MHPE
 - Julia Richerson, MD, FAAP
 - Megan M. Tschudy, MD, MPH
 - Cortnee Whitlock
- **Patients and Families who participated**
- **Pediatricians who participated**
- **Funding**
 - Maternal and Child Health Bureau, HRSA



Further Information

- Contact –
 - Michelle Esquivel, MPH, Project Director
mesquivel@aap.org
- Family Voices
 - <http://www.fv-ncfpp.org/activities/fcca/>

