Patients as Partners: Driving Quality Improvement in the Medical Home

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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 from 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
Thank you!

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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

http://www.fv-ncfpp.org/activities/fcca
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 I want to take 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 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

4. My child’s health care provider works with me to plan for my child’s health care when there are big changes in my child’s life. (For example, when my child enters daycare, begins school, or finishes school.)
   - Almost Never  Rarely  Sometimes  Usually  Almost Always

5. 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

6. My child’s health care provider has a way to help my child get care/treatment can be provided where my child usually spends time. (For example, school, community program, child care.)
   - Almost Never  Rarely  Sometimes  Usually  Almost Always

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

http://www.fv-ncfpp.org/activities/fcca
Family-Centered Care Pilot Project: Project Timeline

- **Planning**: Jun 30
- **Recruitment**: Aug 30
- **Evaluation**: Dec 1

**Timeline**
- **Planning**: 4/2014 - 6/2014
- **IRB**: 7/2014
- **Recruitment**: 8/2014
- **Implementation**: 9/2014

**Important Dates**
- Apr 2014
- May 2014
- Jun 2014
- Jul 2014
- Aug 2014
- Sep 2014
- Oct 2014
- Nov 2014
- Dec 2014
- Dec 2015
**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?
Family-Centered Care Pilot Project: Project Participants

- Submitted application (n=80)
  - Ineligible (n=43)
  - Eligible (n=37)
    - Returned consent (n=33)
      - Withdrew (n=3)
      - Total participants (n=30)
    - Did not return consent (n=4)
Family-Centered Care Pilot Project:
Participant Location by Region (n=30)
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

- White, Non-Hispanic: 14
- Hispanic/Latino: 6
- Asian: 5
- Black/African American: 2
- Other (Indian, South Asian): 2
- No response: 1
No knowledge of concepts
Some knowledge but not applied
Knowledgeable: concepts sometimes applied in practice
Knowledgeable: concepts regularly applied in practice
No response

Participants (n)

No knowledge of concepts: 0
Some knowledge but not applied: 7
Knowledgeable: concepts sometimes applied in practice: 11
Knowledgeable: concepts regularly applied in practice: 11
No response: 1

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

1. Family-Centered Care (n=17)
   - Pre: 6.6
   - Post: 7.5

2. Partnering with Families (n=18)
   - Pre: 6.9
   - Post: 7.7

3. Connecting Families to Resources (n=12)
   - Pre: 6.9
   - Post: 8.1
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)

Participants (n)

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

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

Participants (n)

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?”

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

Participants (n)

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

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

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

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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.

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Participants (n)
I can define the term "shared decision-making."  

- Strongly disagree: 11 
- Disagree: 7 

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

- Strongly disagree: 2 
- Disagree: 9 
- Agree: 7 

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

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

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

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

Participants (n)

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.
Family-Centered Care Pilot Project: Goal 1 - Achievement of Learning Objectives

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

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

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

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

**Family-Centered Care Pilot Project:**

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

Mean: 101.6
Std Dev: 5.9
Family-Centered Care Pilot Project:
Goal 2 - Participant FCCA-F Scores (n=23)
Family-Centered Care Pilot Project: Goal 2 - Participant FCCA-F Scores (n=23)

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Mean Score: 93.6

Mean FCCA-F Scores:

- Participant ID #35: 93.6
- All Project Participants (n=23): 101.6
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

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  – 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** –
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    - mesquivel@aap.org

- **Family Voices**