



**TASK FORCE ON PATIENT AND FAMILY ENGAGEMENT
FOCUS ON HOSPITAL AND HEALTH SYSTEM LEVEL INTERVENTIONS (DAY 2)**

North Carolina Institute of Medicine

630 Davis Drive, Suite 100

Morrisville, NC 27560

10:00 – 3:00

July 24, 2014

Meeting Summary

Attendees

Members: Kimly Blanton, Melanie Bush, Warren Newton, Ashley Branham, Elaine Brown, Lucy Dorsey, Sharon Elliot-Bynum, Nancy Henley, Lin Hollowell, Hannah Klaus, Helen Marie Mack, Barbara McNeill, Nidu Menon, Jo Morgan, John Owen, Belinda Pettiford, Kathryn Pollak, Matthew Potter, Parrish Ravelli, Anita Schamback, Karla Siu, Bill Smith, Melissa Thomason, Margaret Toman, R.W. Watkins, Karen Woomer, Joan Wynn

Steering Committee and NCIOM Staff: Sue Collier, Andrea Phillips, Kimberly Alexander-Bratcher, Thalia Fuller, Kiah Gaskin, Michelle Ries, Adam Zolotor

Guests and Other Interested People: Brent Anthony, Megan Bolejack, Maureen Mauer, Lisa ann Morrise, Swarna Reddy, Lynne Taylor, John Vitiello, Sarah Potter

10:00 – 10:15 WELCOME, INTRODUCTIONS, & INPUT

Kimly Blanton, Patient Advocate, Vidant Health, *Co-chair*

Melanie Bush, MPAff, Assistant Director, Policy and Regulatory Affairs, Division of Medical Assistance, North Carolina Department of Health and Human Services, *Co-Chair*

Warren Newton, MD, MPH, Director, North Carolina AHEC Program, William B. Aycock Professor and Chair, Department of Family Medicine, University of North Carolina School of Medicine, *Co-chair*

Dr. Newton, Director of the North Carolina AHEC Program, called the meeting to order and welcomed the Task Force members. The group went around the room so that each attendee could introduce themselves.

10:15 – 10:30 OVERVIEW OF DAYS SESSION

Kimberly Alexander-Bratcher, MPH, Project Director and Research Associate North Carolina Institute of Medicine

Ms. Alexander-Bratcher reminded the Task Force about what we covered in prior meetings, gave a brief overview of the day's meeting, and reminded the group what we will be covering in future meetings.

10:30 – 11:45

DISCUSSION OF POTENTIAL RECOMMENDATIONS

Adam Zolotor, MD, DrPH, Vice President, North Carolina Institute of Medicine

Dr. Zolotor led a discussion about the potential recommendations that the Task Force has brainstormed to date and guided the Task Force in prioritizing recommendations. The Task Force discussed motivational interviewing, opportunities for patients and families to be trained on various topics, health professional training, online health communities, patient navigators, culture change in healthcare, the role of payers in creating awareness and establishing expectations with patients before they enroll in exchanges, assessment of providers using tools for patient engagement and feedback on their practices, and employee wellness programs.

11:45 – 12:15

LUNCH

12:15 – 1:45

QUALITY, SAFETY, AND PATIENT AND FAMILY ENGAGEMENT

FRAMING OVERVIEW

Lisa Ann Morrise, Marts, Co-Lead Patient and Family Engagement Affinity Group, Partnership for Patients

Ms. Morrise gave a presentation about the intersection of quality, safety, and patient and family engagement and then engaged the task force in a discussion.

First, Ms. Morrise discussed the four defining principles of Safety Across the Board (SAB) which includes adoption of a culture of safety, composite scoring and reporting that includes all known forms of harm, inclusion of patient and family engagement throughout the health services continuum, and health equity as a performance strategy. Next, Ms. Morrise discussed The Patient and Family Engagement Partnership for Patients Campaign metrics, which involved 3 tiers: point of care, policy & protocol, and governance. These metrics can potentially help frame our recommendations. It is important to note that in this initiative, engagement in governance focused on moving from patients sharing their stories to patients sharing how they want to be involved and actually serving on boards in a meaningful way. Ms. Morrise also presented a pyramid model that demonstrates four levels of patient engagement: public policy, organizational decision and governance, direct care, and community health. Research is at the side of the pyramid as it intersects all of these domains.

Finally, patients and families need to be partners in safety. Some programs that patient advocacy has advanced include rapid response teams (ex. Condition H at UPMC Shadyside), increased safety training in medical education, and greater transparency in reporting Quality & Safety. Patients and Families may partner in safety in many different ways. They can serve on PFACs, serve on committees including Quality and Safety, Ethics, Root Cause Analysis, Unit and Area Staff Committees, and Boards of Trustees. They can provide real time insight into what really occurs at the patient level, assist in developing culturally appropriate materials and tools for patients, collaborate in developing programs that lead to

adherence, etc.

Discussion: Dr. Zolotor encouraged the Task Force to think about which metrics we might prioritize and how we can use them to move patient and family engagement forward. Task Force members emphasized the importance of changing the attitudes toward patients at the leadership level, otherwise the middle level of staff or providers who “get it” will not be able to implement culture and policy change effectively. Questions were raised around whether patient advisory councils should be required. It was mentioned that there is a model in Massachusetts where it is required by law to have patient advisory councils, but some of these just function in name only. There needs to be guidance and accountability along with any requirement.

PANEL

John Vitiello, PT, Care Improvement Specialist, The Carolinas Center for Medical Excellence

Mr. Vitiello spoke about the Carolinas Center for Medical Excellence (CCME) involvement with quality improvement, patient safety and engagement. CCME has been involved in regionalized quality improvement work since 1984 for a variety of health provider organizations. There is a patient safety team that works on reducing hospital/nursing home related harm, a care transitions team that works on reducing readmissions, a team that works on increasing the rates of immunizations, screening, and physician reporting. CCME has provided funding to establish 1 year long patient engagement initiatives in both North Carolina and South Carolina.

Melissa Thomason, Patient and Family Advisor, Vidant Health

Ms. Thomason spoke about her work as a Patient and Family Advisor at Vidant Health. Vidant uses a variety of patient engagement strategies, including safety boot camps, safety coaches, strategic story-telling, and advisor rounding. In advisor rounding, advisors are trained to look for specific things- this is called “focused rounding.” There is also work around culture change pertaining to medication communications between providers, staff, and patients. Vidant strives for a culture of transparency where information is made available to patients through a variety of venues. Ms. Thomason would love to see health facilities provide orientation/safety trainings for patients and families so they know what they can do to be safe in the hospital. Finally, advisors and patients are included in Failure Mode Express Analysis (FME) and Root Cause Analysis (RCA) processes where historically this did not happen.

Lynne Taylor, BSN, Pediatric Quality Improvement Facilitator, Community Care of North Carolina

Ms. Taylor spoke about quality improvement at Community Care of North Carolina (CCNC). CCNC piloted an initiative where quality improvement specialists worked with 6 pediatric practices to teach motivational interviewing, collaborative goal setting, and other patient engagement tools. The practices used the tools with patients for 3 months and outcomes showed that the patients really benefited from shared decision making.

Discussion: The Task Force engaged in a post panel discussion. They discussed youth involvement, technological forms of engagement, patient feedback (ex. patients on quality improvement teams, and coordinating patient engagement with pharmacies and other places that patients receive medical advice.

1:45 – 2:15

PATIENT PORTALS

Kimberly Alexander-Bratcher, MPH, Project Director and Research Associate
North Carolina Institute of Medicine

Ms. Alexander-Bratcher gave a presentation about patient portals, and then led the task force in a discussion. One of the big complaints among the group about patient portals is the inability to contact multiple providers using one portal. Filtering and liability are also concerns, as well as the increased amount of work for doctors if they do not delegate the work load to others. The task force was encouraged to brainstorm more about how portals could be made for more effective use, especially around issues of transparency and different channels for communication (ex. texting).

2:15 – 3:00

NEXT STEPS & FEEDBACK

Adam Zolotor, MD, DrPH, Vice President, North Carolina Institute of Medicine

The Task Force meeting concluded with a discussion of next steps.