



TASK FORCE ON PATIENT AND FAMILY ENGAGEMENT

North Carolina Institute of Medicine

630 Davis Drive, Suite 100

Morrisville, NC 27560

April 24, 2014

10:00 – 3:00

Meeting Summary

Attendees

Members: Val Atkinson, Kimly Blanton, Ashley Branham, Eliane Brown, Heather Burkhardt, Melanie Bush, Jane Dawson, Lucy Dorsey, Sharon Elliot-Bynum, Nancy Henley, Lin Hollowell, Jill McArdle, Nidu Menon, Jo Morgan, Warren Newton, John Owen, Belinda Pettiford, Matthew Potter, Parrish Ravelli, Sarelli Rossi, Anita Schambach, Bill Smith, Melissa Thomason, Margaret Toman, R.W. Chip Watkins

Steering Committee and NCIOM Staff: Sue Collier, Michael Lancaster, Andrea Phillips, William Schwartz, Kimberly Alexander-Bratcher, Thalia Fuller, Michelle Ries, Pam Silberman, Adam Zolotor

Guests and Other Interested People: Julie Barnes, Kelly Evans, Linda Griffin, Thomas Hoerger, Laura Linnan, Amy Jones, Hannah Klaus, Karmen Kurtz, Sara Potter, Ashley Rietz, Karla Siu

WELCOME, INTRODUCTIONS, & INPUT

Kimly Blanton

Patient Advocate

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

OVERVIEW OF PAST AND UPCOMING MEETINGS

Adam Zolotor, MD, DrPH

Vice President

North Carolina Institute of Medicine

Adam Zolotor, Vice President of the North Carolina Institute of Medicine, presented an overview of the previous two meetings and reviewed a draft timeline for the Task Force's work. He gave some background information on the way the task force has planned to discuss topics and asked that participants provide input by suggesting speakers and topics.

ENGAGING EMPLOYEES IN THEIR HEALTH: WORKSITE WELLNESS PROGRAMS

Laura Linnan, ScD

Professor, Health Behavior

Gillings School of Global Public Health

University of North Carolina at Chapel Hill

Laura Linnan, Professor of Health Behavior in the Gillings School of Global Public Health at UNC Chapel Hill, provided an overview of employee engagement strategies. She first discussed why employee engagement strategies are important, highlighting the productivity loss and high healthcare costs associated with chronic disease in the workforce. She then introduced evidence supporting the efficacy of workplace health promotion programs, citing a return on investment of \$3-\$4 to \$1. The presentation concluded with a discussion of best practices, evidence based programs, and strategies for engaging employees in workplace health promotion programs. The task force discussed common barriers to implementing programs and to engaging in programs. Clinic care was mentioned as an employee wellness component that could be added to the traditional list of comprehensive programs. Finally, the group discussed the importance of focusing efforts on evidence based programs and promising strategies, such as peer support programs, to change the culture of health and wellness in the workplace.

MEDICAID INCENTIVES FOR PREVENTION OF CHRONIC DISEASE DEMONSTRATION GRANTS

Thomas J. Hoerger, PhD

Senior Fellow, Health Economics and Financing

RTI International

Thomas Hoerger, Senior Fellow in Health Economics and Financing at RTI International, presented on the use of Medicaid incentives for the prevention of chronic disease. He began by discussing the additional challenges that Medicaid beneficiaries may face, such as competing needs and lack of resources, when trying to address their chronic health conditions. Dr. Hoerger went on to introduce three examples of Medicaid incentive programs, which are in Florida, Idaho, and West Virginia, and shared that incentive programs are typically not well-evaluated. He discussed the new Medicaid Incentives for Prevention of Chronic Disease (MIPCD) demonstration grants authorized under the Affordable Care Act (ACA). The states that are implementing programs vary greatly in the types of incentives, the amounts of incentives, the targeted health conditions, and the targeted populations. RTI International is conducting an ongoing independent evaluation and thus far has found important implementation challenges. They will continue to evaluate to eventually determine the effectiveness of MIPCD programs. The task force discussed the disconnect between the design

of programs and the people they are designed to reach. This brought up the issues of transportation and information dissemination. The group also discussed socialization and peer support as potential components of MIPCD programs.

MOTIVATIONAL INTERVIEWING & PATIENT ACTIVATION MODEL

R.W. Watkins, MD, MPH, FAAFP

Senior Physician Consultant
Community Care of North Carolina

Chip Watkins is a family physician, Senior Consultant for Community Care of North Carolina (CCNC), and Medical Director for High Country Community Health. He presented on Motivational Interviewing (MI) and the Patient Activation Model (PAM). He began by explaining the principles of MI and how it encourages patients to overcome their ambivalence and be the agents of change. MI relies on the communication skills of the provider, such as compassion, acceptance, partnership, and evocation (CAPE). The group participated in an exercise to practice MI skills with a partner. Dr. Watkins then presented on the PAM, which has four increasing levels of activation (similar to stages of change); a series of 13 questions predict level of activation, which then informs planning. The PAM has shown many positive effects. The presentation closed with a reminder that patient engagement is important for physicians and drives their satisfaction as well. The task force commented on provider ambivalence as a potential problem and wanted to know how receptive providers truly are to MI.

MOTIVATIONAL INTERVIEWING & PATIENT ACTIVATION PANEL

Val Atkinson

Patient Family Advocate
Patient Advisory Council Member
UNC Family Medicine

Linda Griffin RN, BSN, CCM

Lead Nurse Care Manager
Community Care Partners of Greater Mecklenburg

Matthew Potter

Peer Advocate
Advocacy Ambassador Initiative

Christy Street, MSW

Care Manager
Community Care of Wake and Johnston Counties

Pam Silberman, President and CEO of the North Carolina Institute of Medicine, introduced the panelists and the questions that panelists were asked to think about. The panelists included a Patient Family Advocate, a Lead Nurse Care Manger, a Peer Advocate, and a Care Manager, and they represented both patient and provider perspectives. Common themes from panelists included the importance of agenda setting, asking patients for permission, focusing on patient goals, helping patients set incremental goals, and remaining flexible throughout the process. Panelists also shared some MI strategies, such as the AskMe3 model (What do I need to know? Why do I need to know it? What is it going to do for me?). With relation to communication

between a patient and provider, panelists emphasized the need to engage patients on a personal level, to not stereotype patients based on their health conditions, and to use a variety of communication strategies. Moving forward, panelists spoke about the value in communication and collaboration between doctors so that they can learn from each other, the importance of training all staff in MI (not just providers), and also the need for funding to support MI. The task force brought up patient skills and how to deal with confusion or misunderstandings that might get in the way of patient engagement. The group also discussed challenges of implementing MI through video or phone call. Finally, the task force was curious about how to evaluate MI in the short- and long-term.

NEXT STEPS

Pam Silberman, JD, DrPH

President and CEO

North Carolina Institute of Medicine

Pam Silberman, President and CEO of the North Carolina Institute of Medicine, facilitated a discussion on next steps. Moving forward the task force wants to continue to think about culture change to support patient engagement within workplaces, schools, and healthcare settings. Policy change is another area the task force hopes to explore, including patient involvement in strategic planning and policy-making within the healthcare system and at the state level. The group expressed a desire to have a Resource Day in which task force members can all bring resources to share with the group.