



GLPTN Webinar: There's a PFE solution for that

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Learning objectives

- Explain general principles of Patient and Family Engagement (PFE)
- Demonstrate methods of implementing PFE principles in the practice setting
- Apply PFE strategies to practice transformation goals



Questions to run on (What you are going to do)

- What is the current state of PFE in my practice?
- What am I most excited to try to increase my PFE footprint?





First Street FAMILY HEALTH

- Rural 4 doctor, 2 PA physician owned Family Medicine Clinic in Salida, Colorado established 1949.
- We have 8,400 empanelled risk stratified patients.
- Transformation since 2012 with CPCi (Comprehensive Primary Care initiative). Now taking risk on Track 2 of CPC+.
- PFAC started August 2014
- Case study for AHRQ's *Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families*
- Website: <http://www.firststfamilyhealth.com>



However, I started out a PFAC skeptic!

- Full spectrum Family Practice in Salida, Colorado from 1993 – 2015 (now retired)
- Physician lead for CPCi 2012 –2015 → **realized value of PFAC for our practice**
- National Faculty for TCPI since December 2015 -> **realized value of PFE as a national strategy for transformation**
- Now, member of the PFE Affinity Group and **cheerleader** for PFACs everywhere!



Why involve patients and families as practice partners?

- Bring important perspectives that you can't get any other way.
- Keep staff grounded in reality.
- Provide timely feedback and ideas specifically for your practice.
- Inspire and energize staff and providers.
- Lessen the burden on staff to fix the problems... staff do not have to have all the answers.
- Bring connections with the community.
- Offer an opportunity to “give back.”



How we got started

- National Partnership for Women and Families provided us with the foundation and structure to begin (other resources are becoming available including AMA Steps module and ...)
- Identified internal members for the council including 1 physician, 1 RN care coordinator, 1 member from front office, back office and MA staff
- Recruit patient/family members with focus to fairly represent our population of patients in regards to payer source, age, gender, ethnicity, etc.
- Create ground rules re: Confidentiality and meeting protocol, etc.



3 months later, the first PFAC meeting

- The PFAC identified issues that were important to patients & practice and worked together to solve them. **The first project will set the tone and build confidence and trust.**
- Some topics for effort were generated by the patients and some by the practice
- **Now**— anytime an issue comes up in the practice, we start by “running it by the PFAC” for input.



Our partners in practice transformation



- Solved “sticky” front desk problem
- Re-vamped all patient forms and practice’s website
- Walkthroughs x 2
- Currently working on Diabetes QI projects



The value of a PFAC

- Adds a “department” to a practice totally devoted to improving the practice.
- Provides the infrastructure to bring patients into partnership for transformation – assuring patient centered efforts and accelerating transformation.
- PFAC started 8/2014 has generated operational process improvements totaling > \$100,000



Sustainability = JOY + Payment Reform

- Clinicians that have worked with PFACs have derived joy from their experience with patients and families
- PFE is foundational to success in Value Based Payments
- Move from PFAC reaction to Co-Production with involvement and engagement from co-creation through co-evaluation
- Celebrate Success
- If you have newsletter, website, or bulletin board in office – share photos of PFAC and their accomplishments – explain how to get involved.

PFE opportunities for transformation

Opportunity	Examples
At the Point of Care	Shared decision-making Safe medication use, “med” management Patient “activation”
In the Community	Wellness programs Support groups Community partnerships
At the Organizational Level	PFACs, patient surveys Serving on the Board of Directors Care process mapping Clinical QI teams, oversight, strategy Informing best practices
Contributing to Public Policy	Partnering with advocacy groups, public health & government affairs, publishing



Resources

- Ideal to visit a practice with a well developed PFAC. If not close by, skype or do a live broadcast – talk to a couple of the staff and if possible, one of the PFAC members.
- [CMS Partnership for Patients Resources](#)
- [AHRQ – Engaging Patients and Families in their Healthcare](#)
- AMA Steps Forward
 - [Forming a Patient and Family Advisory Council](#)
 - [Building a Patient Experience Program](#)





Questions?



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