How 21 Innovative Primary Care Teams Improved and Spread Social Health Efforts: Results of an 18-month National Collaborative

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Session Reminders

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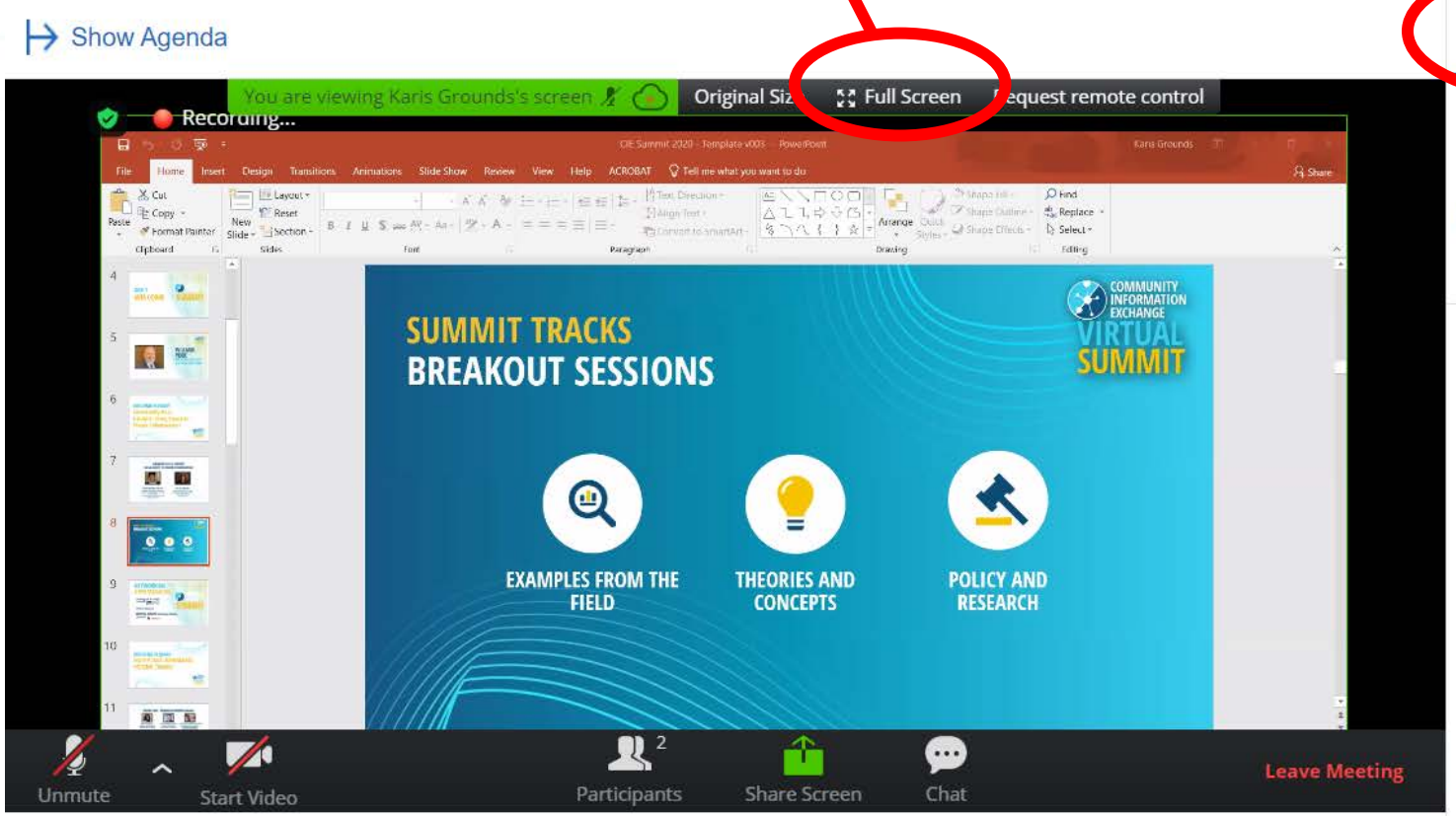
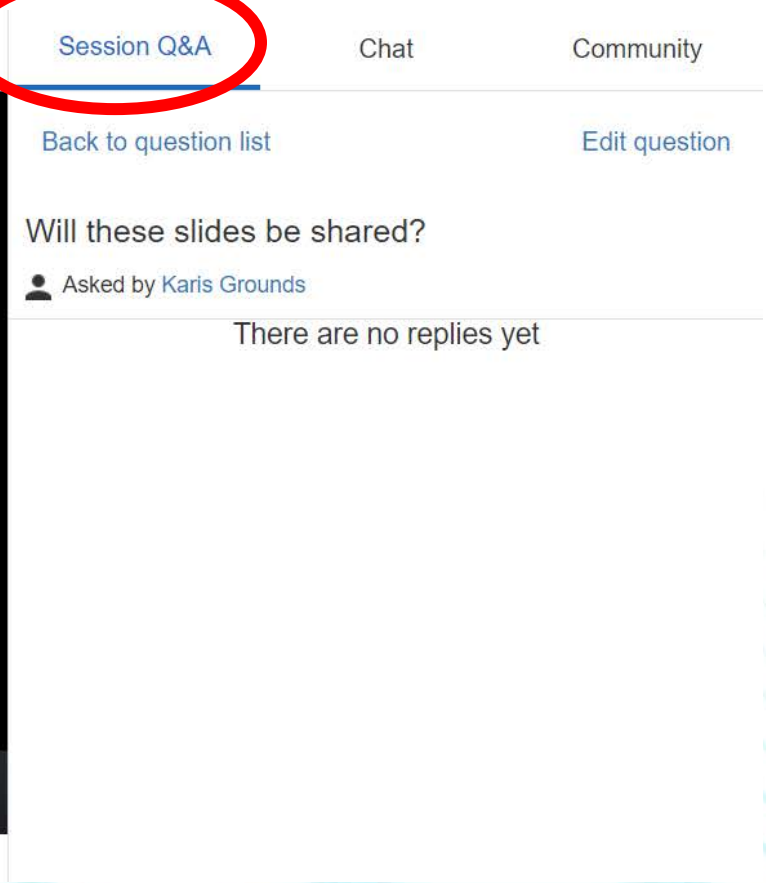




How 21 Innovative Primary Care Teams Improved and Spread Social Health Efforts: Results of an 18-month National Collaborative

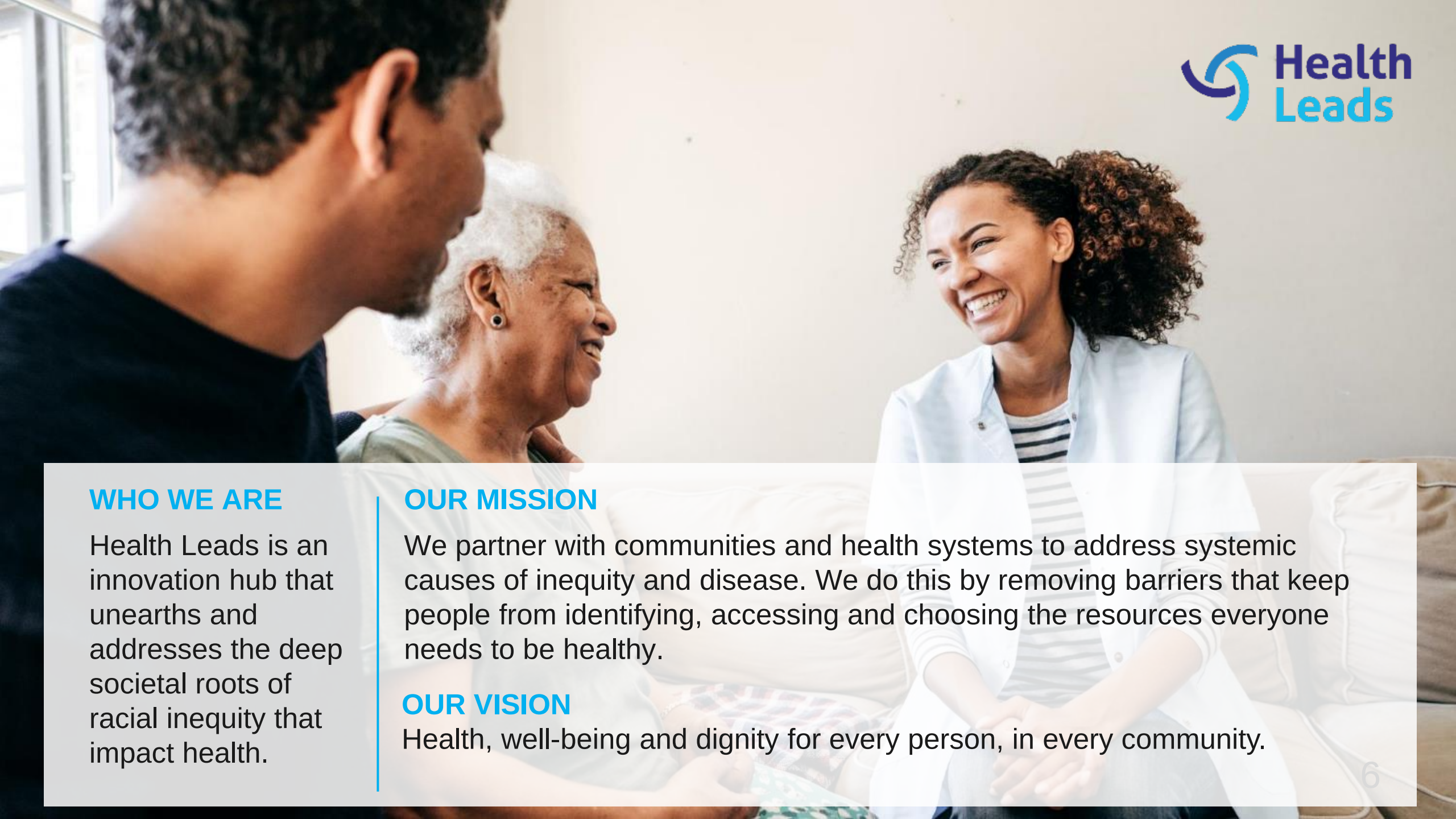
August 12, 2020

12:00-1:00pm

Health Leads

Panelists

- Moderator: Therese Wetterman, Director, Program Services, Health Leads
- Kevin Wake, Patient & Family Advisory Council Chair, Truman Medical Center
- Jessica Block, Manager, Community Health Programs, Children’s Minnesota
- Kim Lewis, Community Outreach Manager, Virginia Commonwealth University Health System



WHO WE ARE

Health Leads is an innovation hub that unearths and addresses the deep societal roots of racial inequity that impact health.

OUR MISSION

We partner with communities and health systems to address systemic causes of inequity and disease. We do this by removing barriers that keep people from identifying, accessing and choosing the resources everyone needs to be healthy.

OUR VISION

Health, well-being and dignity for every person, in every community.

Objectives for today

- Discuss the value of establishing systems and environments to gather and receive authentic feedback from patients, rather than validation
- Learn how three health system gather and incorporate qualitative data to better match services to the needs of families served
- Share strategies for building bi-directional trust in patient engagement efforts

Purpose of the Collaborative to Advance Social Health Integration (CASHI)

Increase the number of patients whose essential resource needs are met and spread successful changes to multiple sites

Successful intervention; ready to **improve & spread**

Sustainably funded social health integration

CASHI AIM:

By October 2019, participating healthcare organizations will integrate social health into primary care such that

- There is an increase in the percentage of patients who report they have the essential resources to be healthy; and
- 75% or more patients report they are confident that they can control and manage most of their health problems.

The CASHI Cohort

Designing social need programs *with* patients instead of *for* patients

- **This is really about *equity*** – that those impacted by the intervention (often marginalized populations) have a say in how resources are used to address health inequities and promote overall wellbeing. *This will improve quality and success!!!*
- While strong evidence exists on the value of incorporating input of those served when designing & delivering services, *this **not** common practice in the design of interventions to address social needs*

Teams Gathering Patient Input on their Social Needs Program

Start of CASHI: 5% → **End of CASHI: 70%**

Incorporating consumer voice serves many important functions

Function	Example Practices
Build trust and transparency	Patient Advisory Council (PAC) or Patient & Family Advisory Council (PFAC) with Patient Leaders*
Measurement input	Patients evaluate and direct screening tools and processes; support data interpretation & root cause analysis
Leadership	Patients as advocates, outreach workers, and board members
Program co-design	Patients lead on design of social need programs

*Patient leaders are advocates or ambassadors representing others in their community

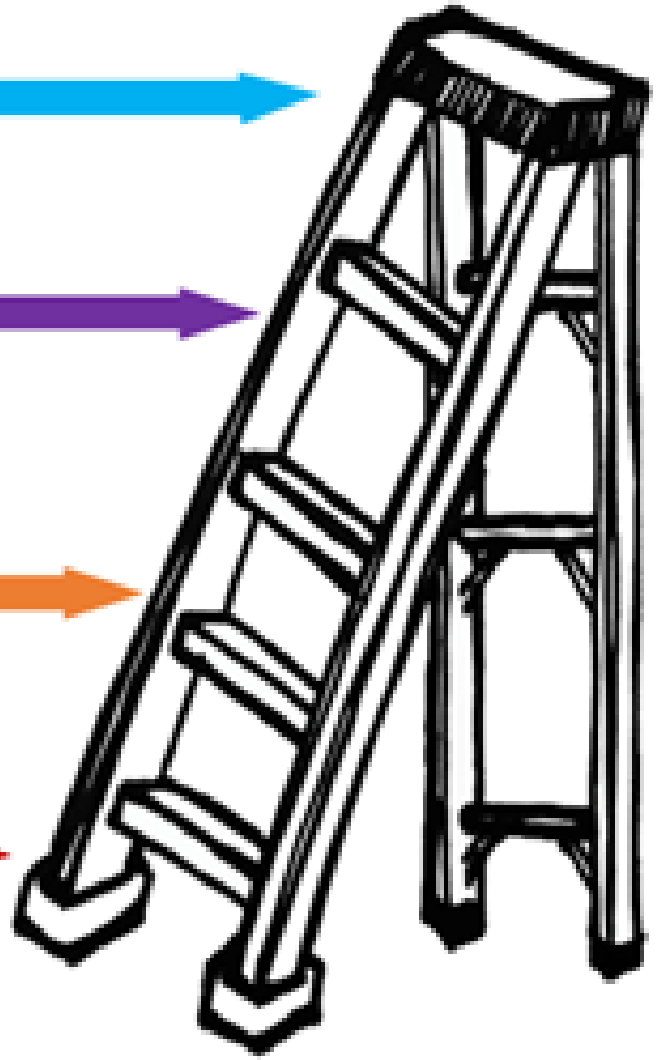
The Ladder of Engagement

Patients within governance
Chairs on Board of Directors

Patient Family Advisory Council (PFAC)
Patient Advisory Council (PAC)
Patient and Community Advisory Committee
Practice Improvement Team (PiT)

Member meetings
Focus Group/Patient or Parent Forum
Listening Circles
Process and Experience Mapping

Surveys
Interviews
Comment Cards
Newsletters



Adapted from Community Catalyst, Inc 2015

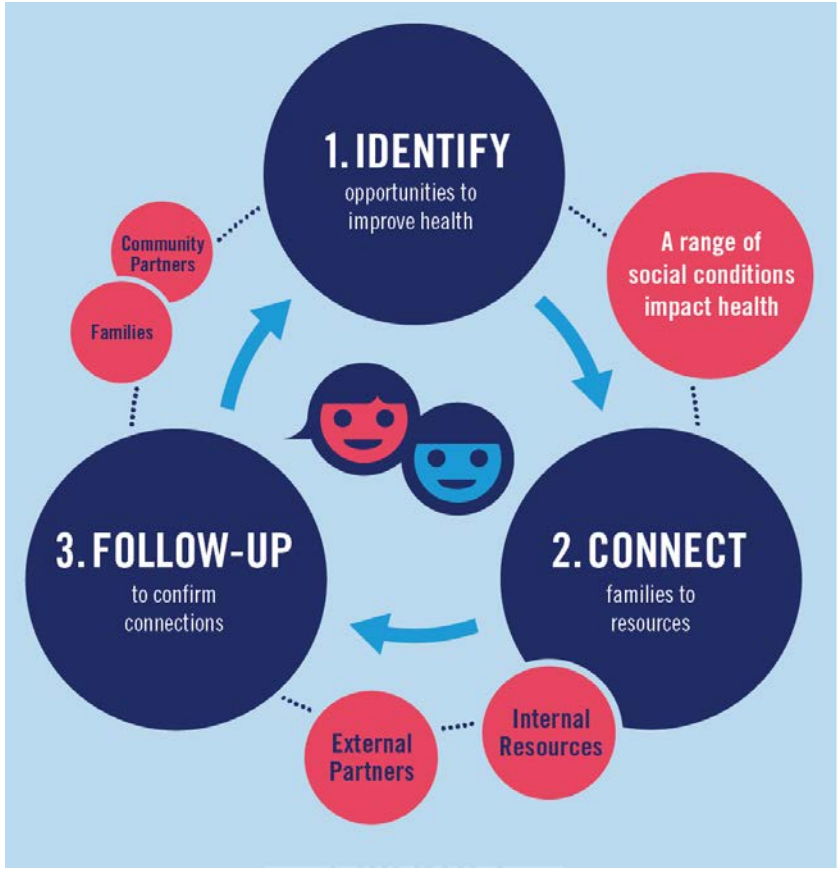
Children's MINNESOTA

CHILDREN'S MINNESOTA COMMUNITY CONNECT

Linking families, resources and care.

Patient and Community Input

- **Community Health Needs Assessment** – drives our work and where we focus our energy
- **Program Design and Process Improvement** – informs decision making and priorities
- **Ongoing Patient Satisfaction Measure** – includes open ended question to gather qualitative information about the experience



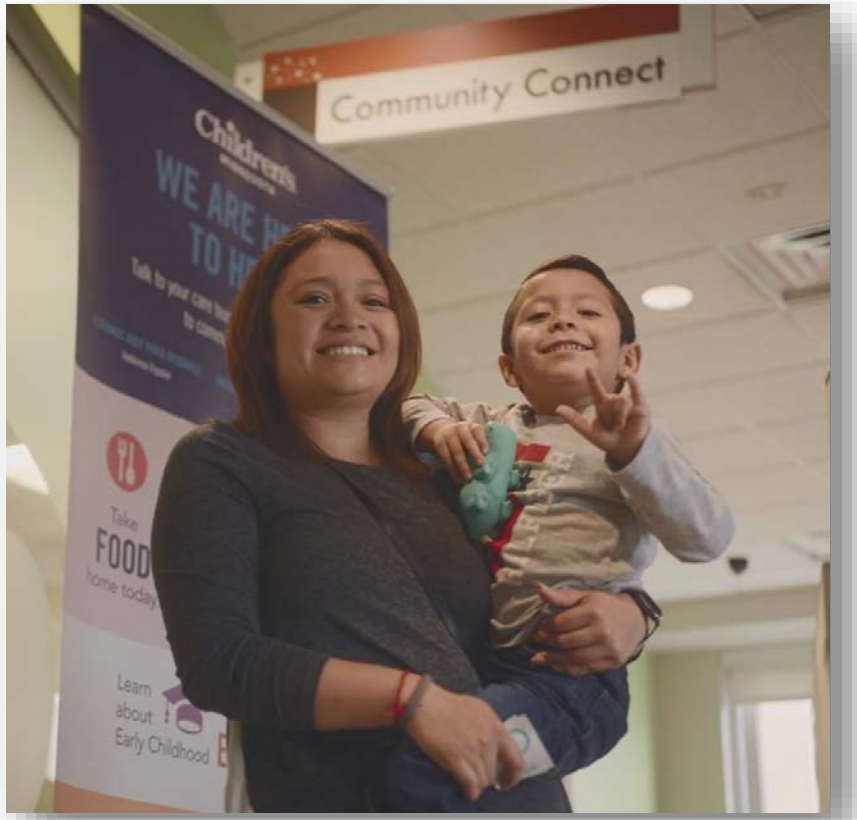
2016 Community Health Needs Assessment (CHNA) Process

- **Community Advisory Council**
  - Group of community members who helped guide process, developed questions, and provided input on priorities
- **Data Gathering & Analysis**
  - Children's clinician survey – 161 respondents
  - Children's staff discussion groups
  - Community stakeholder interviews – 42 participants
  - Discussion boards – over 500 responses
- **Priority Areas**
  - Asthma and Mental Health & Well-Being
  - Income & Employment, Access to resources, Education, Structural Racism

Program Design and Process Improvement

GOAL: Seek input and ideas from patient families

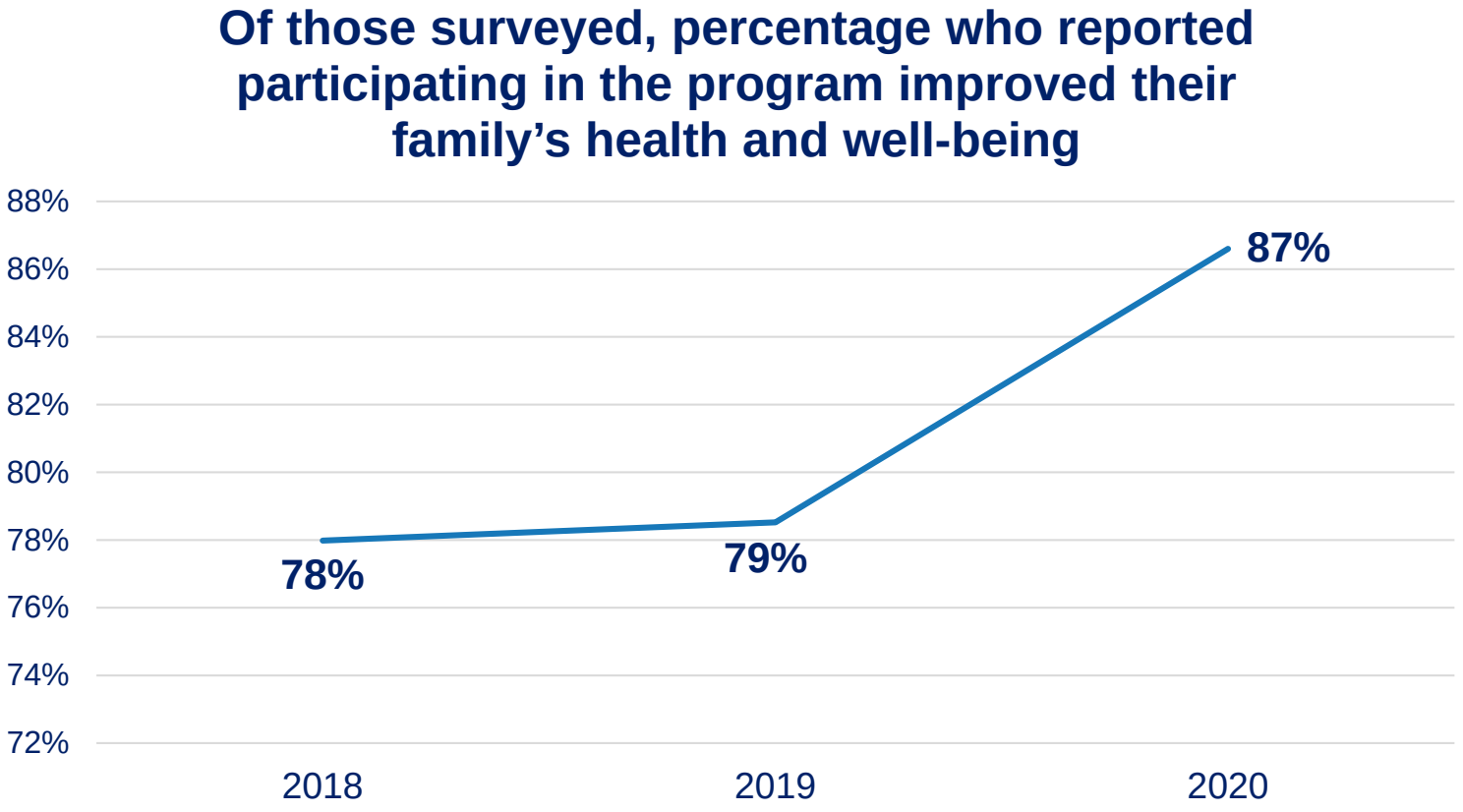
- In clinic patient family interviews
- Survey table in clinic lobby
- Listening circle



IMPACT

- Changes to paper screening
- Reduced number of resources given at one time
- Additional clinic education

Ongoing Patient Satisfaction Measure



"You have great resources that help families. You guys have been wonderful. I liked that you called to check-in with me almost every week or when I asked you to do so. You should definitely stick around… Community Connect is a much needed service."

— Community Connect Participant

Patient & Family Engagement: Giving Voice

Kimberly Lewis, M.Ed., MCHES
Director of Outreach and Administration
Division Of Community Health
VCUHS

8/12/20

VCUHS Complex Care Clinic

- Established in 2011
- Provides care to patients with **5 or more chronic conditions.**
- The clinic consist of an Multidisciplinary team including:

Physician (1), Nurse Practitioners (2), RN Case Managers (2) Clinical Nurses (2), Social Worker (1), Psychology Fellow (.5), Pharmacist (.5), MORW's (2)

Goals Are To:

- Provide care that is patient and family-centered
- Utilize a culturally competent approach
- Promote and celebrates self- management

Patient Engagement-Overall Clinic

- New patient onboarding stresses need for two-way communication, mutual goal setting and patient team partnership.
- Medical ORW's, both internally and externally focused, provide continuous feedback beyond the exam rooms and walls of the clinic.
- Medical Director models desired behavior-questioning spirit. Sets expectation for the team.
- Feedback on unmet needs and community concerns is routinely solicited from patients and incorporated into operations.
- Patient issues are incorporated into daily team huddles.
- SDoH screening Projects- CASHI, Accountable Health Communities (AHC), Food is Medicine

Patient and Family Advisory Committee

- VCUHS started the first Patient and Family Advisory Committee (PFAC) in 2013. Today there are 8 PFACs and 10 existing hospital committees have patient representation.

- Established in 2015, the Complex Care Patient and Family Advisory Committee (PFAC) includes patients and caregivers from 3 Complex Care Clinics.
- 6 meetings/year
- In-person or by phone
- Snacks and incentives provided

PFAC Learning Model

- Introduction of a specific issue or concern
- Exposure to subject matter experts and experiences related to the topic
- Opportunity for members to provide feedback on process and procedures that directly impact the patient experience.

Projects

CASHI-SDoH Screening

AHC SDoH Screening and resource navigation

Advance Care Directives

Patient & Family Advisory Council

Kevin Wake, PFAC Chairman

TMC
TRUMAN MEDICAL CENTERS

Patient Leadership Strategies

- **Patient Champions**
  - Individual patients or caregivers who participate on department or subject-specific committees.
  - Focus on specific projects and are contacted to provide input on questions raised during planning or improvement initiatives throughout TMC
- **Patient Family Advisory Committee**
  - Bi-monthly
  - Orientation Dinner 4/27/19
  - Preview to Hospital Initiatives
    - Quality Surveys/Reviews
    - Includes SDoH
  - “No decision about me, without me.”

PFAC Highlights

- TMC Cares Website, Discharge Lounge Redesign, Review of Traumatic Brain Injury Patient Material, Caring for the Caregiver Packet
- Review/Redesign of SDoH Screener

Communications & Development

- Ongoing Member Search
  - Clinic Recommendations
  - Online Recruitment
  - Marketing
- Representation on Other Committees
  - Vizient Committee
  - Ethics Committee
  - Diabetes Disparities Committee
  - Strategic Leadership Summit
- Member Development
  - Storytelling Workshop
  - Six Sigma Training

Culture Shifts….

- New Quality Projects
  - Charters now require how the patient will be involved
  - If no pt. involvement is included, a reason why must be added

Discussion Question

We learned in CASHI that organizational receptiveness to patient input is critical for these strategies to be successful. What does organizational receptiveness look like in practice and how do you cultivate it?

Discussion Question

What steps did you take to create an environment where patients and community members felt safe sharing their experiences? What worked well?

Discussion Question

What advice would you give to other organizations looking to gather and incorporate input from people in their community on their social need programs?

Discussion Question

How do you recruit and enable patients and community members to participate in advisory councils or other avenues to provide input and feedback? What steps do you take to ensure a diversity of perspectives?

Questions from the Audience

Key Takeaways

- Collaborate with patients with lived experiences of resource barriers
- Build long-term structures for patient leadership and feedback
- Train and orient patient leaders for maximum participation in design and improvement projects
- Advocate for patient leadership, especially folks with lived experience of structural barriers to resources, at all levels of the organization

Thank you!

Questions?

Send to
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kevinpwake@gmail.com
Jessica.Block@childrensmn.org
kimberly.lewis@vcuhealth.org

Health Leads

THANK YOU!

What's Next:

1:15 PM - 2:15 PM

More Breakout Sessions! Check the Agenda!

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