



Regina Holliday

Center for Health Design & Practice:
Patient and Family Engagement in the PCMH



Population Health Colloquium

The Leading Forum on Innovations in Population Health

March 7 - 9, 2016 • Philadelphia, PA



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Patient-Centered Care

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- where we've come from ***Physician-directed care***
- where we're at ***Patient-centered care***
- where we're heading ***Consumer-directed care***

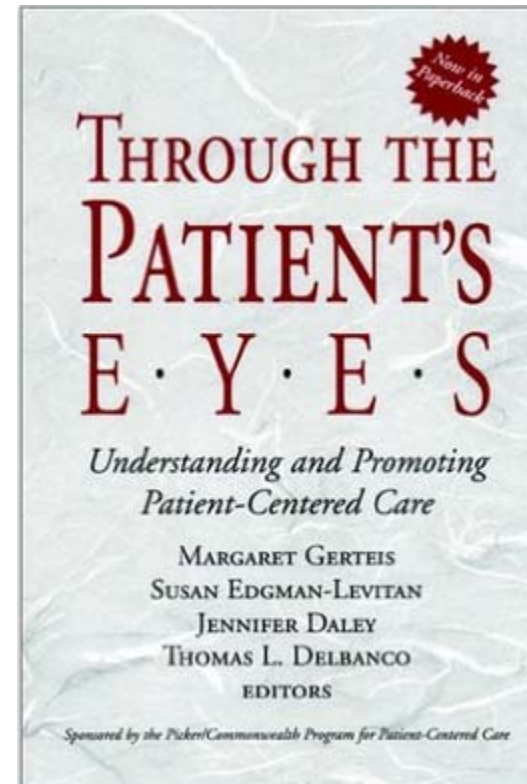


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The 'ideal patient' circa 1993

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“...the ideal patient has no family, asks no questions, and does exactly what the doctor tells them to do...”



Is the next great social movement upon us?

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"Gimme My Damn Data"

Medicine 2.0
September 18, 2009



A global voice for patients



Occupy healthcare!



Nothing About Me, Without Me!





IOM/National Academy of Medicine Revises Definition of Patient-Centered Care

“...providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions...”
(IOM 2001)

“...care designed with patient involvement, to ensure timely, convenient, well-coordinated engagement of a person’s health and health care needs, preferences, and values; it includes explicit and partnered determination of patient goals and care options; and it requires ongoing assessment of the care match with patient goals..”. (IOM/NAM 2015)

“...providing lab test results directly to patients...”

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Healthcare Business News

HHS issues rule granting patients direct access to lab test results

By [Joseph Conn](#)

Posted: February 3, 2014 - 3:00 pm ET

Tags: [Access](#), [Compliance](#), [Electronic Health Records \(EHR\)](#), [HIPAA](#), [Information Technology](#), [Kathleen Sebelius](#), [Legal](#), [Policy](#), [Quest Diagnostics](#), [Regulation](#)

A new federal rule on the exchange of health data **removes legal barriers** that stop medical laboratories **from providing lab test results directly to patients** and their designees, such as developers of their personal health records systems. The rule preempts laws in 13 states and lifts a federal exemption effective in 26 more states



“...putting healthcare firmly in the hands of the individual (patient)...

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In Arizona, No Doctor's Note Needed For Blood Tests

A new Arizona law went into effect in July that allows people to get blood tests at the lab without a doctor's orders.

Critics say it will lead to excessive testing, and leave the customers confused trying to interpret results. But labs that offer a new menu of tests say it puts healthcare firmly in the hands of the individual.

Dr. Robert Stern, medical director at Sonora Quest Laboratories in Phoenix, spoke with *Here & Now's* Peter O'Dowd about what the law means for the state's healthcare customers. He said the law and new test offerings come partly as a response to America's increasingly on-demand culture, as well as to many patients' desire to empower themselves.



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“Direct To Consumer Advertising...treats consumers as people who deserve to know about the compounds they take into their bodies...”

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The NEW ENGLAND
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Perspective

New DTCA Guidance — Enough to E

Christopher T. Robertson, J.D., Ph.D.

August 19, 2015 | DOI: 10.1056/NEJMp1508548

 Comments open through August 26, 2015

Article

References

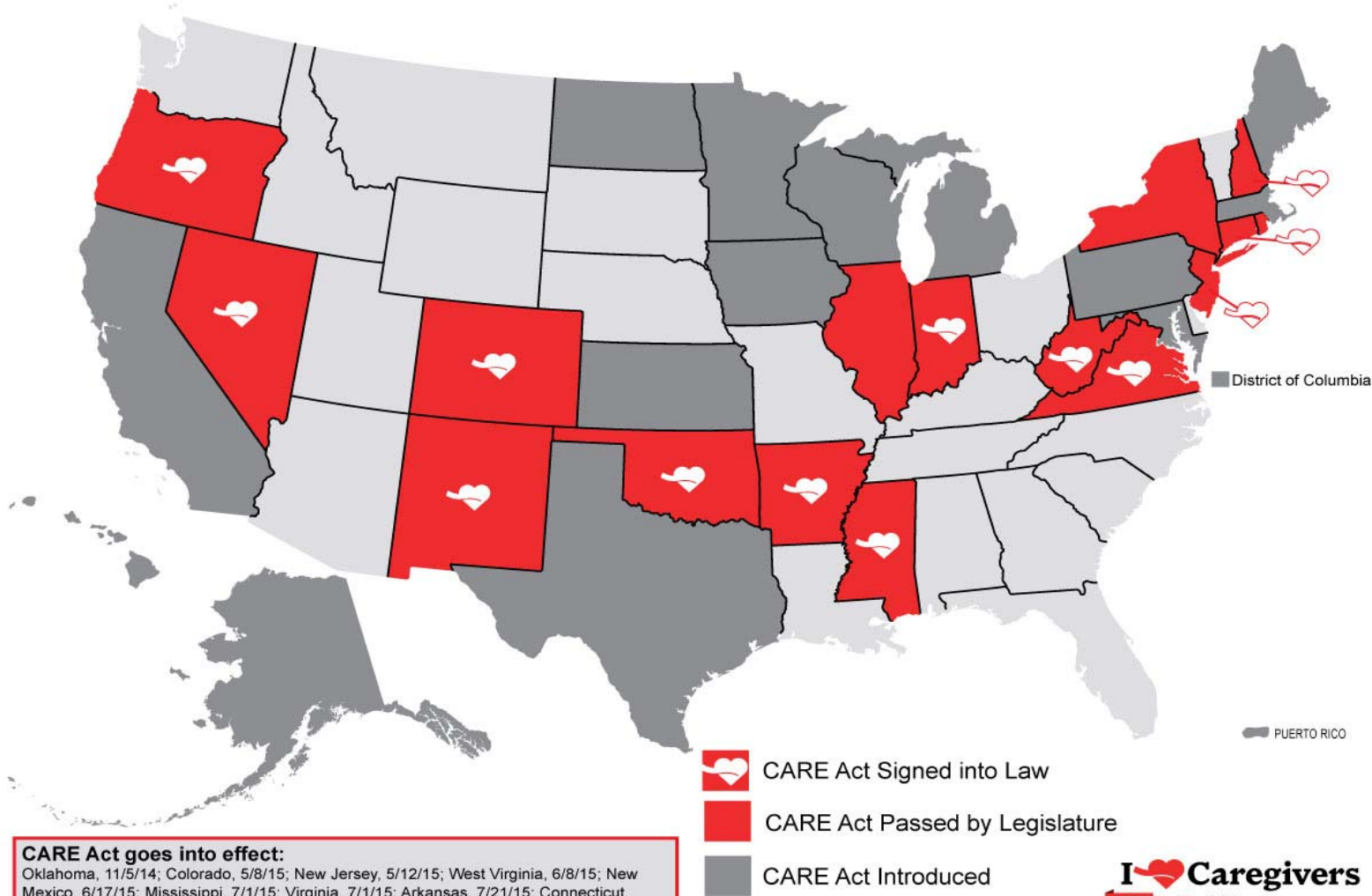
Comments (6)

This spring the FDA revised its guidance for communicating risks in DTCA... (recommending use of nontechnical language (e.g. ‘drowsiness’ rather than ‘somnolence’))...

Legislating family empowerment/engagement

The Caregiver Advise, Record, Enable (CARE) Act

The CARE Act is a commonsense solution that supports family caregivers when their loved ones go into the hospital, and provides for instruction on the medical tasks they will need to perform when their loved one returns home.



CARE Act goes into effect:
Oklahoma, 11/5/14; Colorado, 5/8/15; New Jersey, 5/12/15; West Virginia, 6/8/15; New Mexico, 6/17/15; Mississippi, 7/1/15; Virginia, 7/1/15; Arkansas, 7/21/15; Connecticut, 10/1/15; Nevada, 10/1/15; Indiana, 1/1/16; New Hampshire, 1/1/16; Oregon, 1/1/16

**Updated on 6/12/2015

Virtual consults will double...

© Planetree 2013

Forbes / Business

10 Stocks to Buy N

AUG 9, 2015 @ 9:30 AM 5,752 VIEWS

Doctors' Virtual Consults With Patients To Double By 2020



Bruce Japsen, CONTRIBUTOR

I write about health care and policies from the president's hometown

[FOLLOW ON FORBES \(421\)](#)



Opinions expressed by Forbes Contributors are their own.

“We’ve seen growth in reimbursement,” Roegen Roashan, medical technology analyst with IHS said “...payers are focused on virtual consultation. They are really pushing it...”



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Uber Healthcare is here

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The On-Demand Doctor

Several startups are putting a high-tech spin on old-fashioned house calls:



SERVICE

For a flat fee of \$99, the service promises to send a doctor in under an hour

Dispatches doctors or nurses via Uber for \$200 per urgent-care visit; \$75-\$100 for a wellness check

Nurse conducts initial visit and can video chat with doctor; \$150 for an urgent-care house call; prices vary

Nurse practitioners consult via video for \$50 or in-person visit for \$200; \$50 per month for unlimited visits

Responds to non-emergency 911 calls; offers on-scene care instead of ER visit; \$200-\$300

CITY/STATE

Los Angeles, San Francisco and Orange County, Calif.

New York City, San Francisco

Atlanta, New York City

Minneapolis, Wisconsin and North Dakota

Denver

Source: the companies

THE WALL STREET JOURNAL.

“Over 14 million consumers have plans with high deductibles and copays, and that number continues to grow as employers, large and small, offer those plan designs to their employees...”

USA Today, January 15, 2016



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Entering the Era of Disease Management via Smartphone Apps

© Planetree 2013

Going mobile: Providers deploy apps and devices to engage patients and cut costs

MODERN HEALTHCARE By [Joseph Conn](#) | November 29, 2014

Nurse Anita McCole loves Bluetooth-enabled scales for monitoring patients' weights at home. The devices wirelessly transmit the weights of congestive heart-failure patients to a mobile receiver or smartphone, which sends the daily readings to McCole, a case manager...



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The Quantified Self: wearable technology enables primary care to be *self-administered*

© Planetree 2013



Wearable, washable baby monitors



Temporary tattoos measure sweat lactate levels for athletes



Digital pills text doctor to say you've taken them



Wristbands monitor activity, synchronising to mobile phone



Patient monitoring & reminders using Apple Watch

7 out of 10 Americans monitor their own health (Pew Research)

Digital health devices saved US health system \$6bn last year (Accenture, April 2015)

Patients co-design research on outcomes *they define as important*

© Planetree 2013



MISSION: ...**producing and promoting high-integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community**

...the **meaningful involvement of patients, caregivers, clinicians, and other healthcare stakeholders throughout the research process—from topic selection through design and conduct of research to dissemination of results.**





Turning the foundation of our healthcare system on its head

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Involvement of Patient & Family Advisors mandatory in several states and growing

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Leveraging patient/family participation and input:

- Designing patient education materials
- On safety, quality and other organizational committees
- As faculty for clinical/staff training
- In staff hiring decisions
- On governance boards



Goal: Make *Patient-Engaged Care* achievable by translating concepts into **ACTION**

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Philosophy



Actionable
Practices that
drive outcomes

Actionable
criteria

Milestones to
target along the
way

Underpinning for
a cohesive
quality strategy

A process that
supports cultural
transformation

MILESTONES to target along the way



Bronze Recognition
Meaningful Progress

Silver Recognition
Significant Advancement

Gold Designation
Excellence

PCMH & Bronze Designation:

Greater than the sum of its parts

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PCMH Standards:

- Access and Continuity
- Team-Based Care
- Population Health Management
- Care Management
- Care Coordination
- Performance Management and Quality Improvement

Planetree Bronze Criteria:

- Patient and family engagement
- Patient co-design of practice transformation
- Promotion of authentic, trusting relationships
- Practice staff training and support



CT SIM Area of Emphasis:
Advanced Medical Home Pilot

From abstract to **ACTIONABLE**



II.A. Empathy skills training

IV.D. Systems to encourage patients/families to communicate concerns about care

IV.B. Care partners

I.E. Patient & Family Advisory Councils

II.P. Shared decision-making

X.C. Team-based care

XI.C. Culture of safety



The Core of Designation

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- I. Structures and Functions Necessary for Culture Change
- II. Human Interactions/ Independence, Dignity, and Choice
- III. Promoting Patient Education, Choice & Responsibility
- IV. Family Involvement
- V. Food & Nutrition
- VI. Healing Environment: Architecture and Design
- VII. Arts & Healing
- VIII. Spirituality & Diversity
- IX. Integrative Therapies/ Paths to Well-Being
- X. Healthy Communities/ Enhancement of Life's Journey
- XI. Measurement

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STRUCTURES

PRACTICES

CULTURE

A new breed of **RECOGNITION** program

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Accreditation

- Certification of Competency
- Evaluation of compliance with minimum standards & requirements



PC Designation

- Celebration of Excellence
- Evaluation of the evidence and experiences associated with superior levels of practice of patient centered care



Grounded in the **VOICE OF PATIENTS**

Focus groups with patients and families probe how consumers define an excellent patient experience

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Strong emphasis on the **STAFF EXPERIENCE**

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- Care for the caregiver
- Inclusion in decision-making and finding solutions
- Transparency
- Everyone is a caregiver
- Reconnecting staff to their sense of purpose

Validated **ON-SITE**

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Evaluation of excellence based
on the **LIVED EXPERIENCE**

...means more

...takes more



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- I.C: Collect qualitative data on patient experience
- I.D: Communication of PCC goals and metrics with all stakeholders
- II.E: Active teams address patient-centered initiatives
- II.F: Formalized processes are in place to promote continuity, consistency and accountability in care delivery, and which allow staff the opportunity and responsibility for personalizing care in partnership with each patient.



Bronze Criteria satisfied by
NCQA certification
57%

- II.N: Formal communication processes are in place to ensure patients' individualized needs are evaluated, discussed
- V: Individual patients' cultural norms, needs and beliefs into their care and treatment plan upon request.
- IX.C: Patients' health and wellness needs are approached holistically. Caregivers assess the ability of each patient and family member to self-manage their healthcare need and support is available, as needed, to enhance self-management abilities.
- IX.D: A plan is developed and implemented for providing holistic and dignified end-of-life care.
- X.A: Based on the interests and needs of the community, a plan is developed to improve community health
- X.C: The organization works with other local healthcare providers across the continuum of care to improve care coordination, communication and information exchanges around the needs of each patient/family, especially during transitions of care.
- XI.A: Collect data on measures of patient experience and use the data to drive change
- XI.B: Collect data on measures of clinical quality and use the data to drive change
- XI.D: Staff and patient/family members are actively involved in the design, ongoing assessment and communication of performance improvement efforts

Raising the Bar with PC Designation

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Patient and Family Engagement

- I.E. Patient and Family Partnership Council
- VIII.A. Accommodation of patient values and preferences in care planning
- IV.A. Support for family presence during all aspects of visit

Staff training and support

- II.A. Staff participation in experiential patient-centered immersion program
- II.G. Care for the caregiver plan
- II.J. Practice staff satisfaction survey

Promotion of authentic, trusting relationships

- II.H. Patient-centeredness embedded into human resources systems
- IX.B. Care provided with gentleness

Patient co-design

- VI.A. Users of space involved in office and clinical design efforts

Healing Environment

- VI.F. The environment accommodates privacy needs and provides for patient dignity and modesty.



HRH Care Case Study

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Planetree Propels Safety Net Health Center's Achievement of Level 3 Patient-Centered Medical Home Recognition

- Restructured care delivery to engage patients (in a previously disenfranchised setting)
- Created a Planetree Training Institute to (1) educate ALL members of the care team and (2) cultivate a deeper sense of purpose among the entire team
- Harnessed patient voice- as a FQHC, 51% of the board are users of the health center; supplemented this input with ongoing patient focus groups; engaging patients as mystery shoppers and enlisting patients as data collectors for time motion studies
- Quality improvement was decentralized, allowing staff active participation in local change

"The grounding in our Planetree philosophy made a tremendous difference in how we did things. We had experience in looking at how our programs impact patients and we are focused on listening to the voices of our patients. We respond to their concerns and design our programs accordingly. That experience has really made us so successful in really reaching our patients."

– Kathy Brieger, Executive Director, HRHCare Planetree Training Institute

Moving from this...

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- In a recent study of 1000 office visits, in which over 3500 medical decisions were made, ***less than 10% met minimum standards for informed decision making.***



To this...#BravePatient

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"A patient interacting with the health care system who is able to say to their care provider, "I don't understand what you are saying, can you say it differently?" or who asks their care provider, "what are all of my care choices and what will their expected outcomes be?"



"It is important to be "brave" with our questions and concerns— meaning honest, prepared, rational and respectful."

"Bravery is when the staff member does something special for a patient knowing it may create some inconvenience."





“There is nothing more powerful than an idea whose time has come.”

-Victor Hugo





Questions?

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