Patient-Centeredness in Design and Practice:

Patient and Family Engagement in the PCMH

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Population Health Colloquium
The Leading Forum on Innovations in Population Health
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Patient-Centered Care

– where we’ve come from **Physician-directed care**
– where we’re at **Patient-centered care**
– where we’re heading **Consumer-directed care**
“...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?

Occupy healthcare!

Nothing About Me, Without Me!
“...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)
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)...

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

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, 6/9/15
- 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
Doctors' Virtual Consults With Patients To Double By 2020

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

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

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>CITY/STATE</th>
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<tbody>
<tr>
<td>heal</td>
<td>Los Angeles, San Francisco and Orange County, Calif.</td>
<td>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.</td>
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<tr>
<td>pager</td>
<td>New York City, San Francisco</td>
<td>Nurse conducts initial visit and can video chat with doctor; $150 for an urgent-care house call; prices vary.</td>
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<tr>
<td>MEDOZED</td>
<td>Atlanta, New York City</td>
<td>Nurse practitioners consult via video for $50 or in-person visit for $200; $50 per month for unlimited visits.</td>
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<td>retrace health</td>
<td>Minneapolis, Wisconsin and North Dakota</td>
<td>Responds to non-emergency 911 calls; offers on-scene care instead of ER visit; $200-$300.</td>
</tr>
<tr>
<td>True North</td>
<td>Denver</td>
<td></td>
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Source: the companies

“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
Entering the Era of Disease Management via Smartphone Apps

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

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

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

Patient monitoring & reminders using Apple Watch

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

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

**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
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

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

STRUCTURES  PRACTICES  CULTURE
A new breed of **RECOGNITION** program

**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.
Strong emphasis on the **STAFF EXPERIENCE**

- 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

Evaluation of excellence based on the LIVED EXPERIENCE
...means more
...takes more
• 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.
• II.N: Effective inter-departmental communication processes are in place to ensure patients’ individualized needs are evaluated, discussed
• II.O: Effective mechanisms engage all staff in about organizational priorities
• II.P: Staff engages patients, families and/or their advocates in the care planning process.
• III.A: Transparency sharing clinical information, including the open medical record plan of care, with patients.
• III.B: A range of educational materials, including consumer health, those designed to accommodate a range of health literacy levels and culturally appropriate resources, is available for patients and families.
• III.C: Patients are provided with meaningful discharge/transition instructions.
• III.D: A process to assist patients and families managing their medical information and coordinating the care with multiple physicians. An example is a 57% patient portal.
• IV.C: A process encourage patients and families to communicate staff any concerns related to their care
• VIII.B: are made to integrate 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

Bronze Criteria satisfied by NCQA certification 57%
Raising the Bar with PC Designation

**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

*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...

• 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

“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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