



Partnering With Patients To Improve Quality, Safety, and the Patient Experience

Executive Summary

After several years of practice improvement activities yielded only limited increases in patient satisfaction and safety, First Street Family Health Center in Salida, Colorado, started a Patient Advisory Committee (PAC) to aid them in their practice transformation efforts.

Their PAC was composed of patients, family members, practice staff, and primary care providers working together on a common goal—improve quality, safety, and the patient experience. Together, PAC members have transformed the way the practice functions, increased patient engagement, and improved patient satisfaction.

Evidence Rating

Suggestive: Measuring the impact of the PAC approach has been difficult and is the source of much discussion

in the field of patient safety and patient and family engagement in care. The evidence comes primarily from the grey literature and includes the experiences of a single practice or health system with a PAC or Patient and Family Advisory Committee (PFAC).

Use by Other Organizations

The PAC/PFAC approach was adopted by 206 practices across the United States in 2014 as part of the Comprehensive Primary Care (CPC) initiative (see: <https://innovation.cms.gov/Files/x/cpci-fastfactstmy2015.pdf>).

Date First Implemented

First Street Family Health Center started their PAC in 2014.

Case Study

Problem Addressed

True patient-centered care requires providers and practices to forge strong partnerships with patients and families to improve the quality, safety, and experience of health care along the care continuum.^{1,2}

- **Lack of patient engagement leads to diminished patient satisfaction and quality of outcomes:** Engaging patients in their care is the cornerstone of health reform. Patients who do not understand or accept that they have an important role working with their provider to maximize their health are less prepared for provider visits than patients who are engaged.³ Lack of active partnership between patients and providers may lead to less than ideal health outcomes, unmet medical needs, and delayed

medical care.³ Low patient engagement is also linked with increased medical costs and fewer preventive behaviors compared with patients with high levels of activation and engagement.⁴

- **Communication breakdowns affect patient safety:** Breakdowns in communication represent a significant contributor to medical error, near-misses, and unsafe conditions within primary care.⁵ Delays and inconsistency of communication of test results are significant sources of dissatisfaction for patients.^{6,7}
- **Relationship continuity significantly affects patient safety:** Recent evidence suggests that for patients, continuity of relationships with the primary care physician and practice staff represents not only a service and experience issue but also an important patient safety concern.⁸



Description of the Innovative Activity

Patient Advisory Committees (PACs) and Patient and Family Advisory Committees (PFACs) have become leading patient safety engines in acute care, yielding important returns on investment.⁹⁻¹⁶ PACs and PFACs are now moving to the primary care setting to engage patients and families and improve patient safety in primary care. The PAC at First Street Family Health Center includes:

- **Monthly or Bimonthly Meetings:** The PAC met monthly for the first year and currently meets every other month for 90 minutes. It is the patients' meeting. The patients on the PAC set the agenda and identify topics for discussion. Providers and practice staff are there to listen, provide context for problems, and brainstorm with the patients on potential solutions.
- **PAC-Developed Action Plans and Improvement Programs:** The PAC has a running list of items they have identified for practice improvement efforts. These are prioritized by the PAC, and the highest priority efforts are subject to action plan development and implementation. As one provider noted, the PAC becomes a "huge driver for change through patient-provider partnership."
- **Practice Walk-throughs and Simulations:** The PAC members provide direct feedback on practice activities and functioning by conducting patient "walk-arounds." In a walk-around, the patients simulate a patient encounter and identify areas of concern or opportunities for improvement. The practice is also working with the PAC to pilot "group visits," a new approach to chronic disease management. The PAC input will be used to design and implement group visits in the practice.

Context of the Innovation

First Street Family Health Center is a medium primary care practice in rural Colorado. The clinic supports four primary care physicians, two physician assistants, two registered nurses, four medical assistants, and seven administrative staff. The practice implemented a PAC in 2014 as part of their clinical practice transformation initiatives.

Impact

The PAC at First Street Family Health Center has become a champion for change and the voice of patient advocacy for the practice, representing the patient perspective on issues of patient experience, quality, and safety. Successes in the first 2 years include:

- **Enhanced Patient Self-Care:** One of the immediate outcomes of the PAC was an improved understanding by patients in the practice of their role in self-care. Patients were aware that the practice was undergoing a transformation toward a patient-centered medical home (PCMH) but did not fully appreciate their individual role in achieving that. The PAC members became advocates for the practice in marketing the role of the patient in self-care and health outcome improvement.
- **Improved Satisfaction:** Patients and providers have benefited from the PAC. Patient satisfaction with the care experience has improved significantly. The practice is focusing on things that are important to patients, which has led to reduced patient complaints on formal surveys. Provider satisfaction has also improved.
- **Practice Champions:** One of the unexpected benefits of the PAC was an improved understanding among patients regarding the complexity of the primary care practice environment. Patients gained an awareness of all the details that a primary care physician must attend to for each appointment and could better appreciate the challenges of the practice in meeting their patients' needs. In turn, this improved understanding of practice complexity yielded a cohort of practice champions who actively seek to educate other patients on what they can do to become more engaged in their care and to support the practice's transformation efforts.
- **Improved Communication:** The PAC participated in several practice improvements aimed at better communication with providers and practice staff. These included improving infrastructure and overcoming barriers to clinic access, as well as improved patient privacy. The PAC has now taken on several new communication improvement efforts, including enhancing the usability of the practice Web site and the electronic patient portal to improve sharing of test results and patient followup.

- **Improved Patient Engagement in Care:** Since the PAC was formed, the engagement of patients with the practice has improved. One provider indicated, “If we are unable to come to consensus as a practice team on a new approach or a practice change, our first thought is to take it to the PAC for their help. They are our partners. This is their practice.” PAC members also serve as advocates for patients who are afraid to or unable to speak up about problems or breakdowns in care. These include concerns over provider or practice staff respect or other concerns with the care experience.

Evidence Rating

Suggestive: Measuring the impact of the PAC approach has been difficult and is the source of much discussion in the field. The evidence comes primarily from the grey literature and includes the experiences of a single practice or health system with a PAC or PFAC.^{10–16}

Planning and Development Process

Key steps to developing the PAC at First Street Family Health included:

- **Develop a plan and timeline for implementation:** To establish a PAC, the practice should set goals, prepare a plan for how to achieve those goals, and set a first meeting date. The plan must be presented to the providers and practice staff to gain buy-in, support, and input, as well as to set expectations for the goals of the PAC.
- **Meet with providers to identify patients:** Many providers may hesitate to invite patients to participate in an open dialogue aimed at identifying breakdowns in care. The development team should work directly with providers to help them identify potential patients to serve as PAC members.
- **Invite patients to participate:** Each patient recommended for participation should be invited to interview with the PAC leader. The interview should begin with an introduction to the PAC approach and a discussion of how the patient was identified as a potential member. The interview should then include a series of questions aimed at identifying patients who would be willing to speak up about practice challenges and engage in solution building. Diversity in age, sex, and other social and demographic factors

is encouraged.

- **Help overcome barriers to participation:** Some patients, such as families with small children or older adults, may have barriers to participating in the PAC. Identifying these barriers and providing support or solutions, such as providing child care or transportation to the meetings, are important to getting and sustaining patient participation.
- **Find a time and location for your first meeting:** Finding a time and location for the meeting that are convenient for the members and of limited cost is important for PAC sustainability.
- **Hold the first meeting:** The first meeting is a critical step in launching and sustaining a PAC. The meeting agenda should include setting expectations of roles and responsibilities; gaining trust in the process from patients, providers, and staff; minimizing negativity; and encouraging open and honest conversation. It may take a few meetings for patients to become comfortable with speaking up. This relationship takes time to develop.
- **Advertise successes:** One way to sustain the PAC approach is to celebrate and advertise successes. The PAC has a very visible role in the practice. Quick wins that improve the care experience, even if they do not have important implications on patient outcomes, are a good way to start.

Resources Used and Skills Needed

- **Staffing:** At First Street Family Health Center, the PAC required no additional staffing. Staff participate in the PAC on a regular basis and are paid to attend the 90-minute meetings every other month.
- **Costs:** Ongoing costs of the PAC include the cost of a light meal or snack for the meeting and paid staff time for attending the meetings. Practice leaders indicate that the costs are negligible considering the value received from the PAC members and staff engagement.
- **Infrastructure:** A meeting space to accommodate approximately 10 to 12 people is required. First Street Family Health was able to secure free meeting space.

Funding Sources

The PAC was initiated with technical support from the Comprehensive Primary Care Initiative in Colorado, a statewide network of primary care practices aiming to improve practice quality, safety, and efficiency. Funding supported access to the PAC toolkit as part of the collaborative, as well as direct support of 5 to 10 hours of consultant time to support the practice PAC champion. The practice supports the minor ongoing costs.

Getting Started With This Innovation

Recommendations from First Street Family Health on getting started with the PAC include:

- **Get buy-in from providers and practice staff:** Making the case for the need for a PAC is an important first step to getting started. Some organizations develop a PAC simply to “check a box.” Moving beyond this mentality requires continued support and acknowledgment of value.
- **Find champions:** Provider and practice staff champions help to garner support and to limit detractors of the PAC approach. The champions’ goal is to improve recognition of the PAC’s value and to help overcome barriers to implementation.
- **Identify and support a PAC team leader:** The PAC leader is tasked with recruiting patients, setting an agenda for the first meeting, coordinating meeting space, and facilitating the PAC meetings. This can be a provider or practice staff member.

For First Street Family Health, it took approximately 3 months from the time of the decision to form a PAC to the first meeting. During that time, providers identified patients to be recruited as members, a staff member called to recruit patients, a meeting location was secured, and an agenda for the first meeting was developed.

Sustaining This Innovation

- **Benefit drives sustainability:** The benefit of the PAC is important to its sustainability. When providers and practice staff recognize the value of the PAC input, this recognition will drive continued adoption and expansion of the PAC’s role over time.

- **Patient partners act as leaders:** Identifying a patient PAC co-chair fosters long-term engagement. As described by a staff member, “This is the patient’s committee, not ours. Once it is up and running, it leads itself.”

Practice leaders explained, “We never hear ‘we tried that and it didn’t work.’ Most practices are surprised at how great this PAC approach is. It is definitely worth the small investment in time and funding.”

Use by Other Organizations

The PAC/PFAC approach was adopted by 206 practices across the United States in 2014 as part of the Comprehensive Primary Care transformation initiative (see: <https://innovation.cms.gov/Files/x/cpci-fastfacstmy2015.pdf>).

Spreading This Innovation

The practice has presented their experience across Colorado and now is a partner in the Center for Medicare & Medicaid Innovation Comprehensive Clinical Practice (CPC) initiative, helping practices across the country adopt PACs to improve quality, safety, and the patient experience.

Contact the Innovator

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Innovator Disclosures

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