



Tuesday, July 16; 11:00 AM PT

# Patient and Family Engagement for BHI

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**CalHIVE BHI Commons**



California Quality  
Collaborative

# Tech Tips



## Welcome!

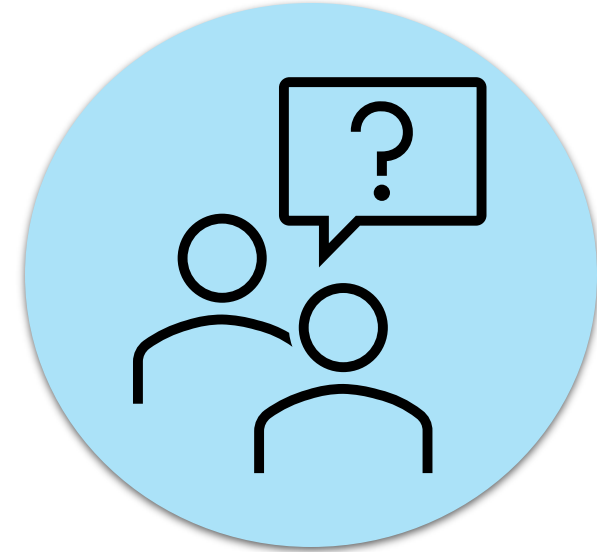
Add your organization to  
your name

Turn on video if possible



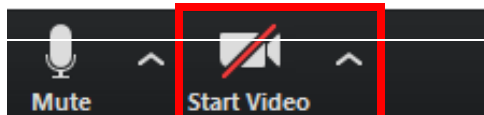
## Engaging Today

- Share questions in the chat or come off mute
- Participate in breakout rooms



## Need help?

Direct message  
Anna Baer  
if you have any technical  
issues



# Our Agenda

Today, we will :



**Highlight key components of Patient/Family Centered-Care, Engagement, and Experience**



**Identify how BHI can support Patient/Family Centered Care**



**Reflect on internal opportunities to improve Patient and Family Engagement**

# Welcome!



**CHINESE  
HOSPITAL  
& CLINICS**



Riverside Family Physicians



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



perلمانclinic++



**SHARP**



# Sharing: A Poll

When you go out to a restaurant, what top 3 factors are most important?



# What are key factors that go into a successful dining experience?



SERVICE



QUALITY



RELIABILITY



EFFICIENCY



SATISFACTION



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# Patient & Family Centered-Care

# Definitions

- **Patient and family-centered care:** provides the framework and strategies to **transform organizational culture** and improve the experience of care, and enhance quality, safety, and efficiency.
- **Patient and family engagement:** actions people take to **support their health** and benefit from health care
- **Patient experience:** encompasses the **range of interactions that patients have with the healthcare system**, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other healthcare facilities

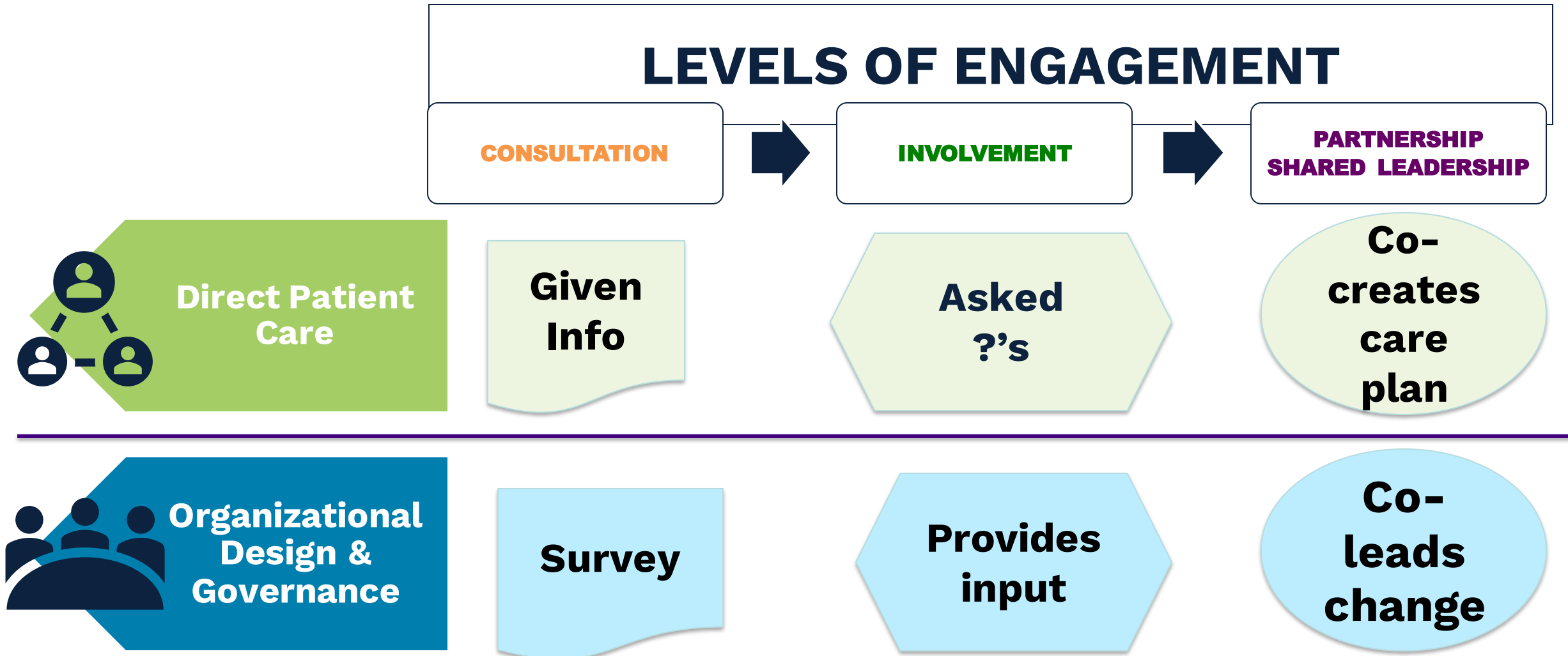


## A Re-Framing

Patient and family-centered care is working "with" patients and families, rather than just doing "to" or "for" them.



# Continuum of Patient Engagement



# Change The Assumptions



Assume **patients** are the **experts** on their own experience and that they have information **you need to hear and act on.**

Know that **families** are **primary partners** in a patient's experience and health.

# Patient Engagement and DEI

## Diversity

means honoring and including people of different backgrounds, identities, and experiences collectively and as individuals

## Equity

acknowledges that not all people, or all communities, are starting from the same place due to historic and current systems of oppression

## Inclusion

is a state of belonging when persons of different backgrounds, experiences, and identities are valued, integrated, and welcomed equitably as decision makers, collaborators, and colleagues



# BHI Workflows

## Infusing Patient Engagement



- **Screening:** Offer screening in different language or if needed have a staff available to support. Have user friendly access to screeners.
- **Warm-Handoff:** Clarify BHI services and support. Ask patient and family for their preference(s).
- **Initial Assessment:** Listen to patient and trying to understand their background (e.g. social determinant of health).
- **Follow-up Care:** Ask patient or their family's preference on follow-up care (e.g. date and location).
- **Patient Re-engagement:** Make multiple attempts. Ask patient their perspective about integrated care and how you can support them in the current moment.

Screening

Warm-  
Handoff &  
Initiation of  
Care

Initial  
Assessment

Follow-Up  
Care

Patient Re-  
Engagement

## Q&A and Discussion



- What other opportunities do you see to infuse patient engagement in your organization's BHI workflows?



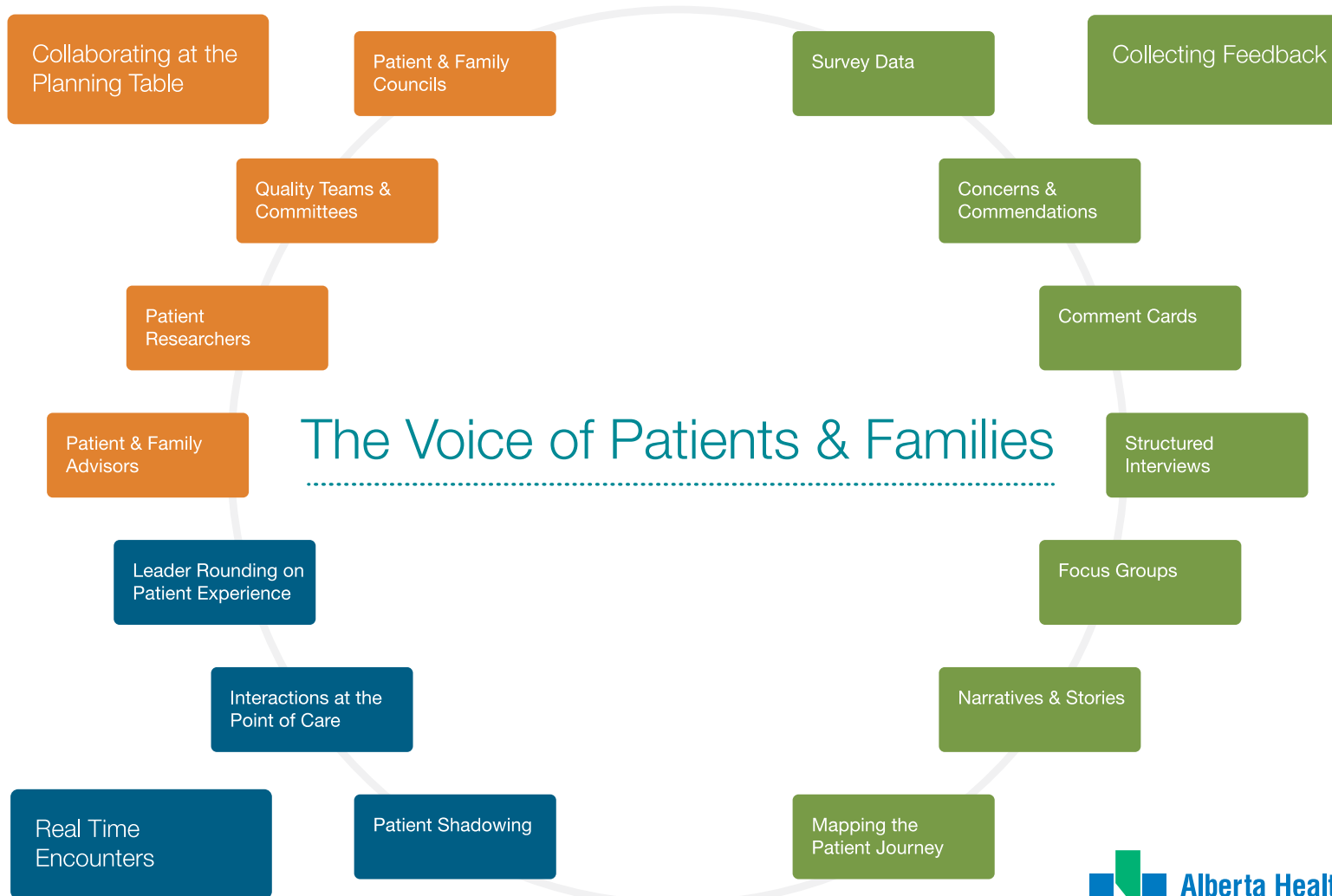
Examples of Organizational Design & Governance for Patient/Family Engagement:

- Patient and family advisory councils
- Patients and families serving on health systems' boards & key committees
- Patient and family surveys
- Other methods for eliciting patient and families' feedback on how the health care system can be improved





# Collecting Patient and Family Feedback



Engagement & Patient Experience: [patient.engagement@ahs.ca](mailto:patient.engagement@ahs.ca)



- Focus on the direct care experience
- Written standardized surveys can provide high level understanding, and national tools allow for benchmarking
- Utilize more than one method to understand what matters to patients/families

# Patient Surveying for BHI

Patient survey should include:

- Identify top 3 domains/areas you want to know about in BHI
  - Access: Warm-handoff experience or follow-up appointment
  - Quality: Satisfaction with their overall care
  - Interpersonal: Satisfaction with the exchange between the BHC/BHCM and patient
- Ask essential questions
- Word questions carefully
- Use a consistent scale
- Include an open ended question
- Collect demographic information
- Strive for anonymity



**Brevity,  
clarity and  
consistency**



**Keep it simple!**

# Poll Time



- Does your organization currently use patient advisors?
  - Yes
  - Yes, but we don't include BH/BHI
  - No
  - No, but we are interested
  - I'm not sure

# No Formal Advisors? Start Here

Identify Informal Ways to Solicit Input

Keep It Simple and Easy for Patients/Families

Ask Questions for Understanding and Ideas  
for Improvement

Listen, Listen, Listen

Utilize resources to build more formal ways to receive ongoing input/participation

Create Formal Advisory Structures

See “Got Advisors” for Next Steps

# Got Advisors? Start Here

Prepare Advisors to Contribute



Ask Questions for Understanding



Listen, Listen, Listen



Collaboratively Identify Opportunities



Create Potential Solutions



Implement Ideas

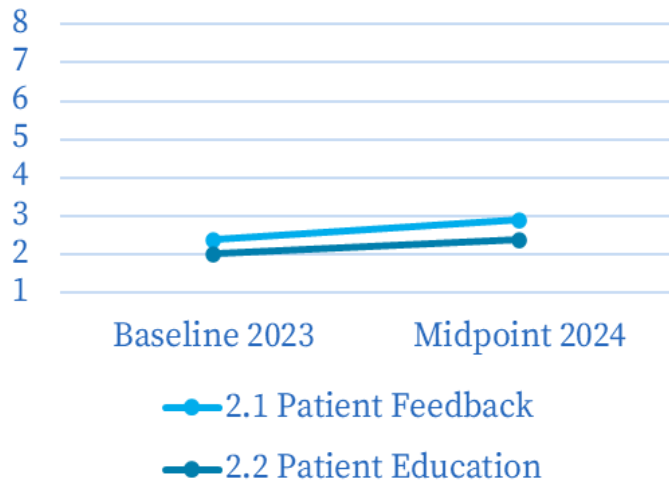


Monitor Changes - Results

# IMAT Domain 2: Patient Family Engagement

## PO Examples

### Patient Family Engagement



**Patient and Family Engagement is defined as patient/family satisfaction with BHI and educational resources supporting BHI. Currently, POs are in the planning stage**

- 2.1 Patient Feedback average is 2.88
- 2.2 Patient Education average is 2.38

### Chinese Hospital

- Providers are beginning to ask for feedback from patients and family around BHI
- Plans are being developed but there is not yet a formalized process

### CMHS

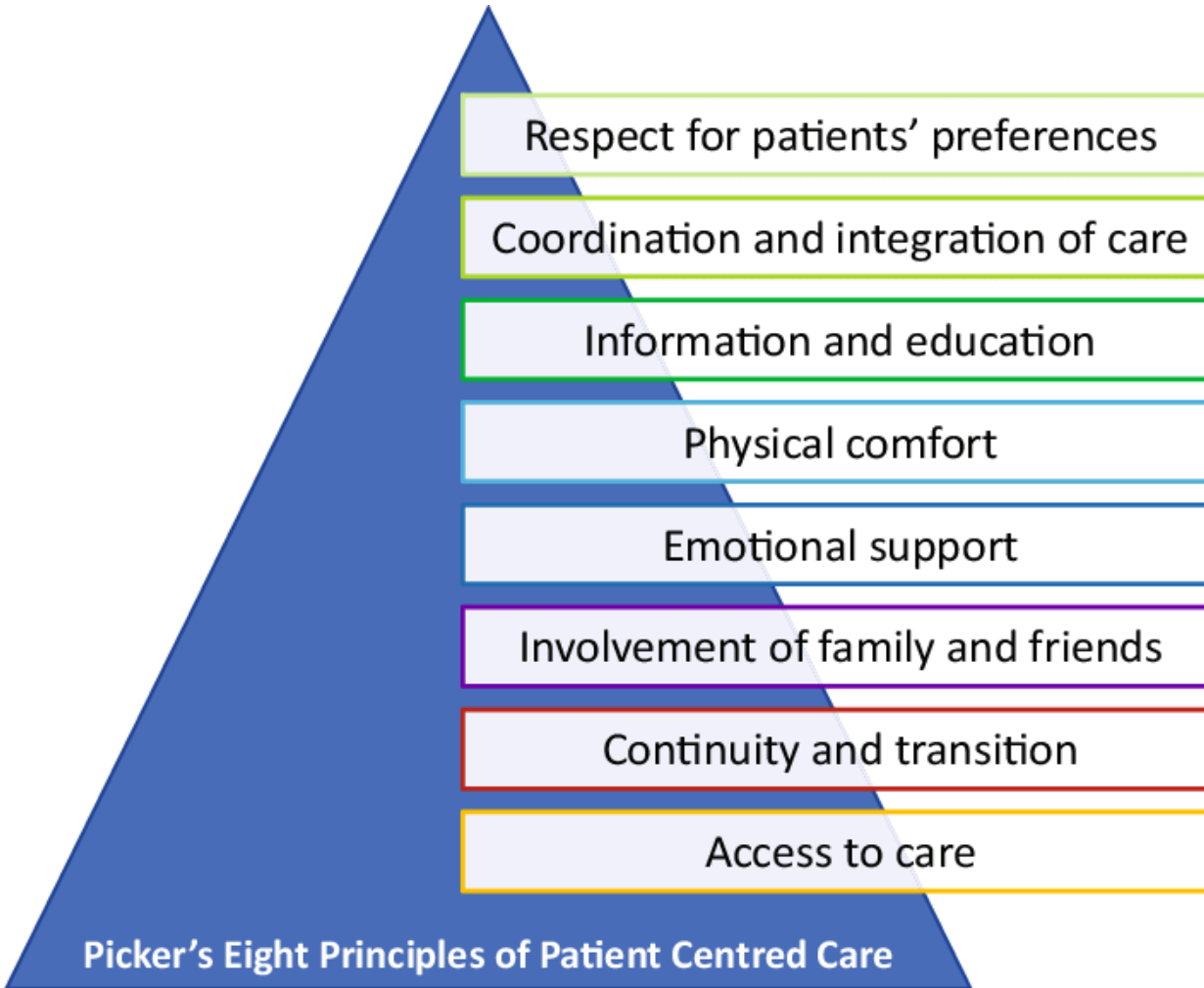
- There are several processes in place to obtain patient and support system/family feedback
- In April, they launched a BH specific patient satisfaction survey and have a plan to review and analyze

### SFDPH

- There is a robust system in place in primary care
- Team obtained patient and support system/family feedback and is following up with feedback to incorporate in BHI

# Sharing Patient/Family Engagement Opportunities

## Breakout Group Sharing



- Break out into small groups of 4
- Thinking of your team's SMARTIE Aim Statement or Pilot Measure for Patient Engagement
- Brainstorm 1-2 opportunities to incorporate patient and family engagement and experience into your goal/measurement

Source: [Picker's 8 Elements of Person-Centered Care](#)

# Takeaway





# Q&A





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# Closing

# Feedback please!

1. Today's webinar was useful for me and my work *[select one]*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

2. Of the topics we covered today, what was especially helpful? *[select multiple]*

- Highlight key components of Patient/Family Centered-Care, Engagement, and Experience
- Identify how BHI can support Patient/Family Centered Care
- Reflect on internal opportunities to improve Patient and Family Engagement



# Q3 2024 Sprint: Implementation Go-Live!

## JULY

### Improvement Advising

- Review CalHIVE BHI individual data trends
- Collect questions around BHI billing and coding

### Tues. 7/16 (11-12) CalHIVE BHI Commons

#### Patient/Family Engagement for BHI

- Highlight fundamentals of patient family engagement for BHI
- Prioritize opportunities for education, including surveys, resources, brochures, handouts

### Fri. 7/19– Cycle 1 Data due

- Measurement reporting periods:
- 2/1/2023 – 1/31/2024; 3/1/2023 – 2/29/2024; 4/1/2023 – 3/31/2024

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

## AUGUST

### Improvement Advising

- Access CalHIVE BHI self-service data analytics
- Review and update Section 6 & Section 7: BHI Workflows for improvements

### Tues. 8/13 (11-12) CalHIVE BHI Commons Virtual Site Visit

- Hear from operational leader experienced in BHI
- Review lessons for improving culture and buy-in for BHI, including staff development
- Identify takeaways for BHI spread and sustainability

### Tues. 8/27 (11-12)

#### [OPT] CalHIVE BHI BeeHIVE: Model Office Hours

- Host peer connections around integration model (PCBH/CoCM)

## SEPTEMBER

### Improvement Advising

- Review and update Section 6 & Section 7: BHI Workflows for improvements

### Tues. 9/10 (11-12) CalHIVE BHI Commons

#### External Pathways and Partnerships for BHI

- Analyze possible improvements for external care pathways for BH referrals
- Hear opportunities to strengthen partnerships

### Thurs. 9/12 (12-1) – Data Webinar: Cycle 2

### Tues. 9/24 (11-12)

#### [OPT] CalHIVE BHI BeeHIVE: BHI Implementation Reality Check

- Hear peer updates on two CalHIVE BHI pilot sites, including training, education, addressing staff barriers

### Wed. 9/18 (12-1)

#### [OPT] CFHA/CQC Cal-IN Meeting

- Connect and learn from integrated peers

### By Mon. 9/30

#### BHI Implementation Plan: Section 6 & 7 – Updates & Improvements

- Due to IA

# Thank you!

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# Appendix

# Definitions: Health Equity, Health Disparities, Health Inequities

## Health Equity:

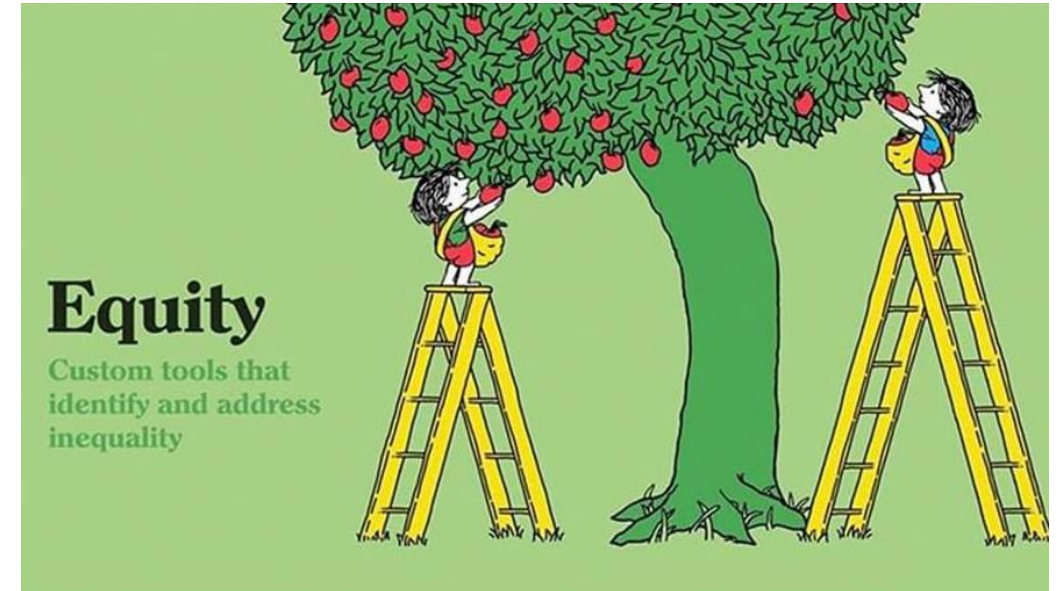
- Achieved when everyone has the opportunities and resources they need to be as healthy as possible, and no one is disadvantaged due to **social drivers** or policies. Because structural racism has systematically denied opportunities and resources based on race, health equity is inextricably linked to racial equity.

## Health Disparities:

- Differences in health status rates between population groups.

## Health Inequities

- Health disparities that are due to differences in access to social, economic, environmental, or health care resources. Simply put, health inequities are health disparities that are unfair and unjust.

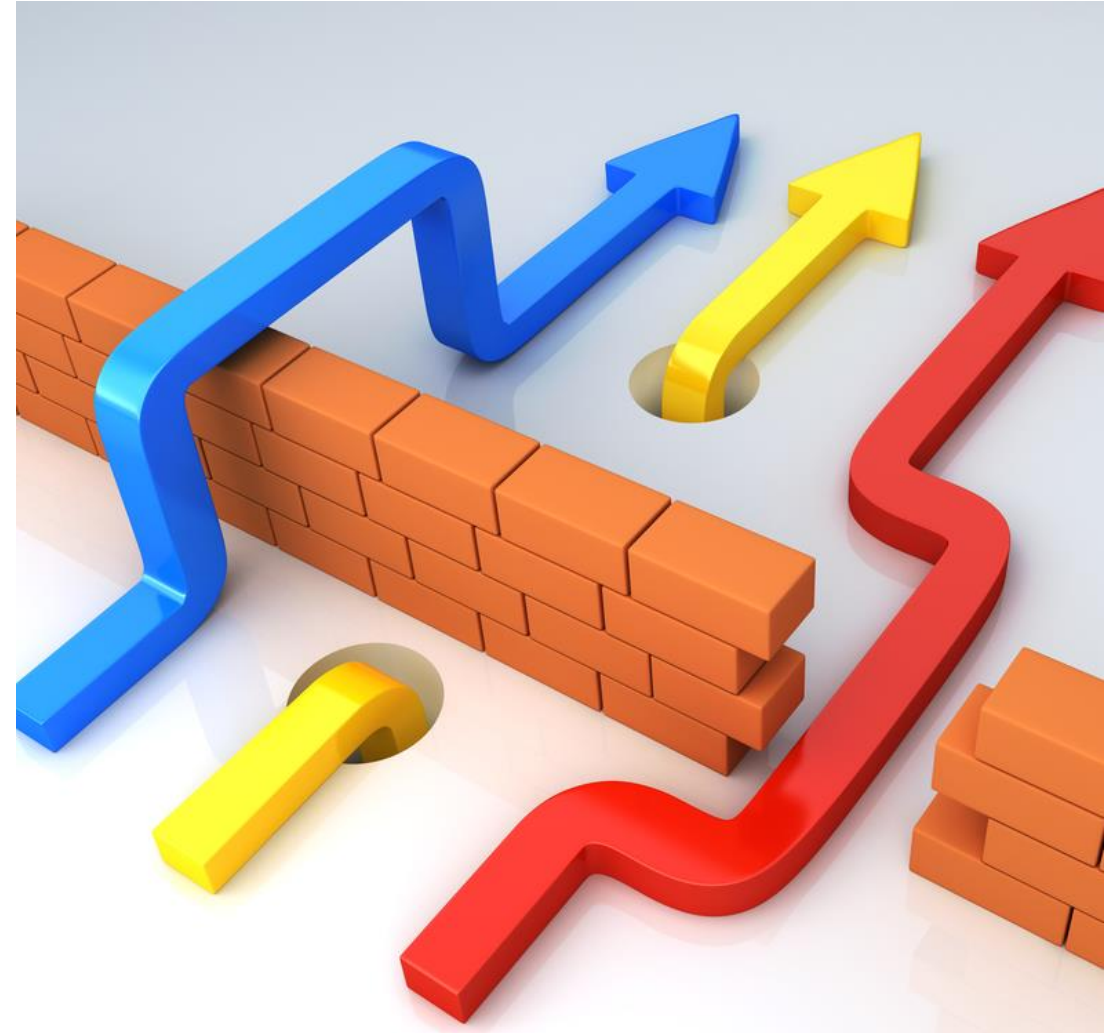


## Sources:

1. Rishi Manchanda, Roza Do, and Nasaura Miles. [A Toolkit to Advance Racial Health Equity in Primary Care Improvement](#). California Improvement Network, California Health Care Foundation, Healthforce Center at UCSF, April 2022
2. [Tony Ruth's Illustration in Design in Tech Report, 2019](#)

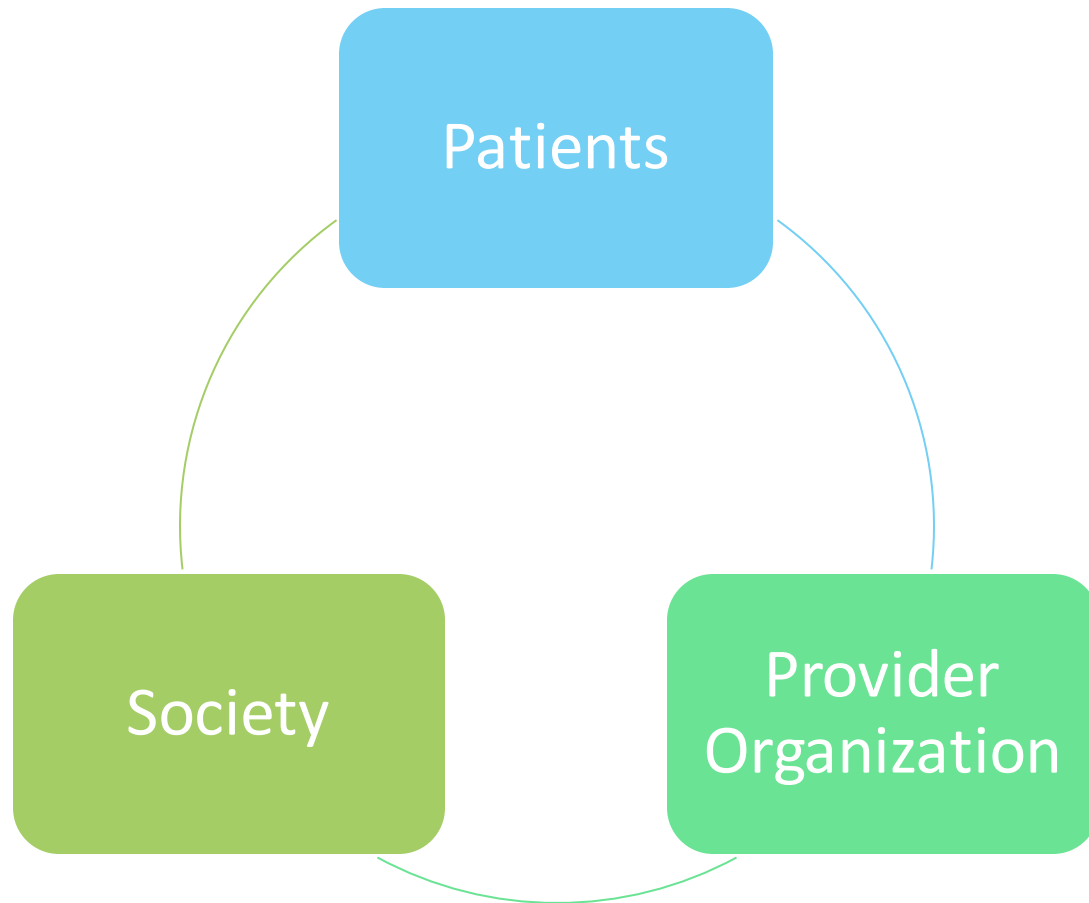
# Reduce Barriers to Patient and Family Engagement

- Provide patients with a positive experiences with the health care system
- Support their self-efficacy by listening to their voices
- Share in care; understand to build capacity
- Engage patient's family with patient's agreement
- Create opportunities for patients & families to serve as advisors and decision makers





# Patient and Family Engagement Influencing Factors



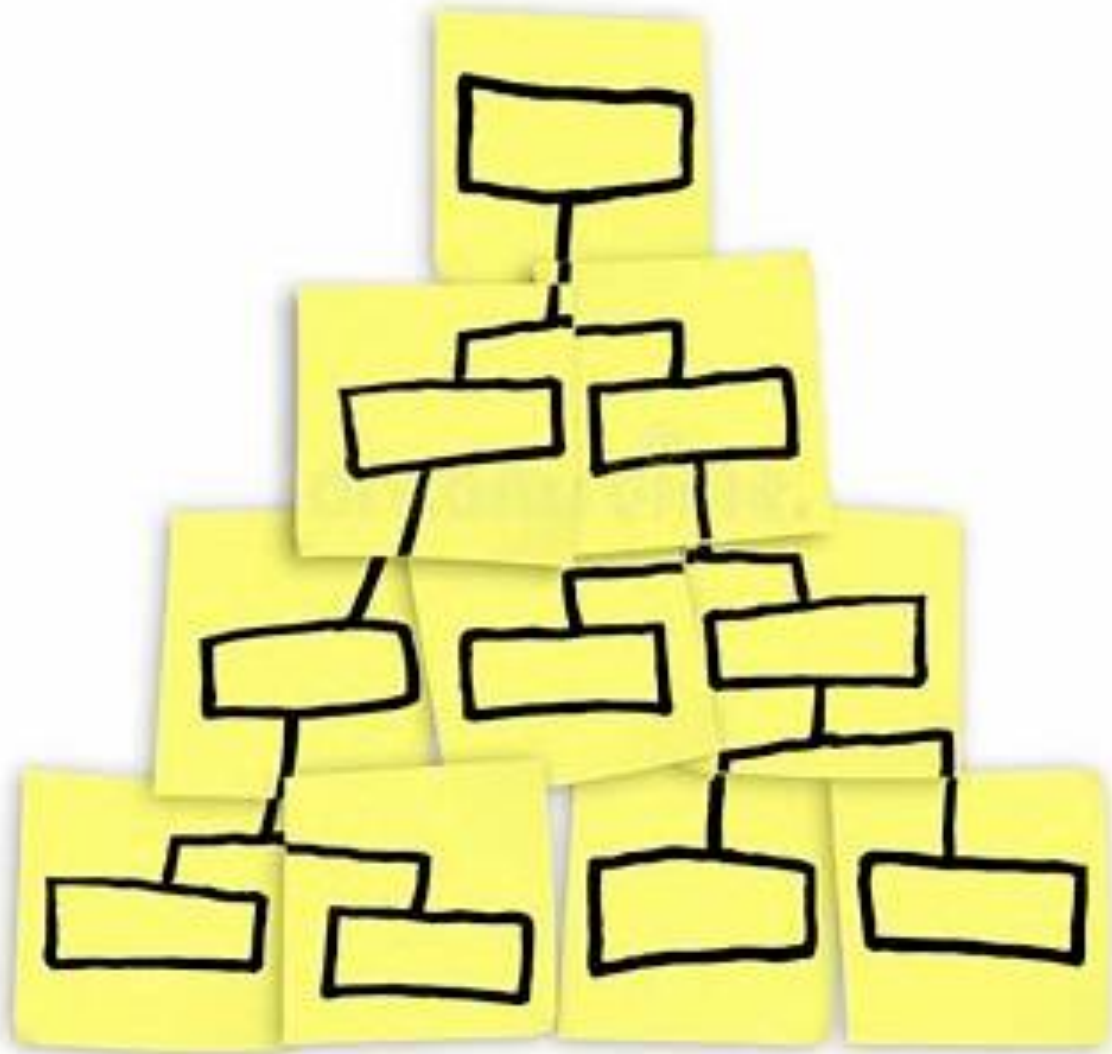
- **Patient, family and caregiver**
  - What are their beliefs about patient roles?
  - What is their health literacy?
  - What is their education?
- **Provider Organizations**
  - What are your organization's policies and practices?
  - What is the culture of your organization?
- **Society**
  - What are the social norms?
  - What regulations are in place?
  - How does legislation impact social policy?

# Acknowledgment

Content developed and presented by Institute for Patient- and- Family-Centered Care for CalHIVE Telehealth Improvement Collaborative for the California Qualify Collaborative



INSTITUTE FOR PATIENT- AND  
FAMILY-CENTERED CARE



“Structure Drives Behavior”

## Organizational Design and Governance



# Systemic Barriers to Engagement

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- Health system communication, care coordination, transparency and accountability is fragmented.
- There is a traditional culture of disrespect among staff & clinicians that is visible to patients & families, and breeds mistrust.
- Organizational leadership does not always support PFE culture and frequently does not allocate resources to support PFE models.
- Policies, workflow and time constraints do not support partnerships models with patients and families.
- Patient education materials are not meaningful, memorable nor effective with respect to health literacy, cultural needs, and length of documents.
- Systems fear the vulnerability that comes with commitment to transparency.

# Creating Systems to Support Partnership

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- What are you trying to achieve?
- How can you sustain your commitment?
- Who do you need to involve?
- How can you measure the impact?



# Offer Many Choices for Participation

Easy	Moderate	More Complex
Providing input on way-finding to practices, offices, exam rooms	Mentoring other advisors and recruiting for diversity within council	Participated in content and filming of a new patient experience model of care
Review of health information and media materials	Participating in organizational learning opportunities	Designed and produced DVD on patient safety that was used as a model of the impact of advisors
Artwork selection for lobbies and waiting rooms	Establishing PAC award to providers/departments who embrace PFCC Principles	Patient Centered Medical Home transformation
Providing feedback on Patient Portals	Participating on New Nurse Panels on chronic illness from a patient's point of view	Service for Excellence Plan - Agenda Setting - piloted with new Medical Home In Adult and Family Medicine
Participating in Employee and Provider Appreciation Days	Sharing personal stories on experience of care	Collaborated in designing course content for front office staff training
Feedback on surveys	Serving on organizational committees - Clinical Councils, Quality Councils, Patient Safety Councils	Participate in interview panels for new Adult and Family Medicine Chief (key physician leader)
Promote visibility of PAC partnerships by random site visits to thank staff	Collaborated on Welcome Brochures	Help mentor and orient new physicians and managers to the practice
Advisor Walk-Abouts - different practices-Report out on patients' impressions and experience	Partnered with Diabetes Outreach Program on experience of care and patient communication	
	Redesigned Medication "Opioid" Contract using Language of Caring Principles	
	Process Design Improvement projects: Patient Discharge	