

- ▼ *This short guide is adapted from work done in the Michigan Primary Care Transformation Project. It is meant as a “quick start” guide for practices who are interested in beginning or refining their approach to incorporating perspectives and input from patients, their family members and others who are caregivers or supportive to the care process.*
- ▼ *It is meant to be informational and viewed as a supplement to the many other materials and publications on this important topic. It is provided in the spirit of advancing work that incorporates the values, needs, and preferences of patients and those that support them into care decisions and design.*
- ▼ *For more information about this guide, please contact Diane Marriott (dbechel@umich.edu).*



What is a Patient and Family Advisory Council (PFAC?)

There are many articles about what PFACs do but little about what a PFAC is meant to be.

A PFAC is a group of patients and people who support them in their care and practice team members who have agreed on a way to collaborate, brainstorm and discuss change ideas and issues of importance to patients and/or their care teams.

PFACs can help practices to:

- *Get feedback on new tools, scripts, or surveys under consideration (e.g., customized survey questions, etc.)*
- *Help the practice to overcome challenges related to low patient response or receptivity (e.g., previsit lab orders being filled, etc.)*
- *Review practice performance information to address improvement opportunities from the patient perspective*
- *And so much more!*



Why Patient and Family Advisory Councils are Helpful: CoDesign in Practice!

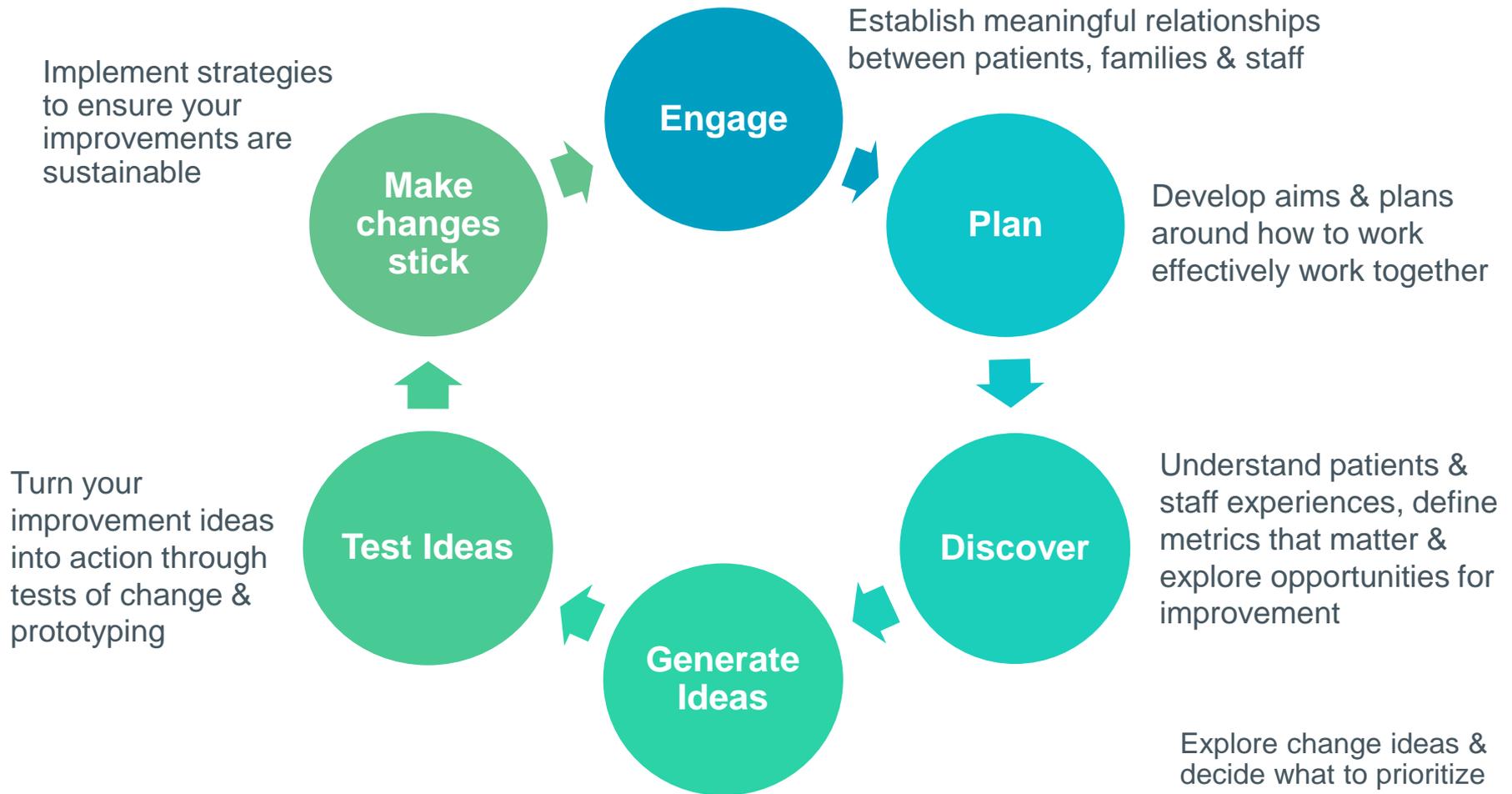
*“**Co-design** is a process and mindset that brings together patients & families, staff & clinicians, performance improvement experts & other improvement stakeholders to design new care and service offerings or improve existing ones.”*

Kaiser Permanente

PFACs offer an opportunity for patients, family members or other caregivers, and the practice team to come together to discuss innovation and improvement ideas. This is an example of “co-design” in action.

This puts your practice “ahead of the curve” in ways to solve problems and plan for the future.

The IHI Co-design Method



How Can Patient and Family Advisors Benefit Our Practice?

Role of patient and family advisors:

- Serve as sounding board for initiatives to establish balance with priorities of patients and families
- Generate new ideas to drive initiatives at all levels
- Decrease barriers to patient engagement
- Share best practices across regions
- Participate in program planning and evaluation
- Provide input on policies, programs, and practices
- Evaluate and give input on PCMH transformation and QI activities

Advisor Selection

Characteristics of Great Patient/ Family Advisors:

- ▼ Comfortable speaking publicly with candor
- ▼ Able to use their own experience constructively
- ▼ Able to see beyond their own experience; concerned about more than one issue or agenda
- ▼ Able to listen and hear differing opinions

Best Practices to Support Members

- ▼ Convene in-person meetings where possible to build relationships
- ▼ Use social networking web-based applications
- ▼ Train advisors and “train the trainer” partners
- ▼ Provide committee members with a contact list
- ▼ Provide committee members with advisor to orient them

Remember, this type of collaboration is new for many people so preparation and orientation is important for care teams, as well as patients and family members.

Getting Started: Preparing Your PFAC Approach as a Team

- Step One – Think about how your practice will support PFAC formation and operation
 - Which team members will coordinate planning and communication? Which will be regular members of the PFAC?
 - How can we get a standard process in place to identify items that would benefit from PFAC discussion and learning?
 - Will you reimburse mileage for PFAC members, offer snacks or a dinner during meetings, etc.?
- Step Two – Recruit patient and family advisors
 - Develop a one-page handout that can be distributed to recipients of care management and coordination services who align with advisor selection guidelines?
 - Can your PCP reach out to invite their consideration?
 - What expectations will you have of members (participate in quarterly meetings, etc.?)
- Step Three – Plan the first meeting agenda
 - Establish a charter, guidelines, how PFACs work, etc.
 - Which issues

Starting Off: A Sample Agenda



Patient Advisory Council

June 17, 2016

1:00 PM

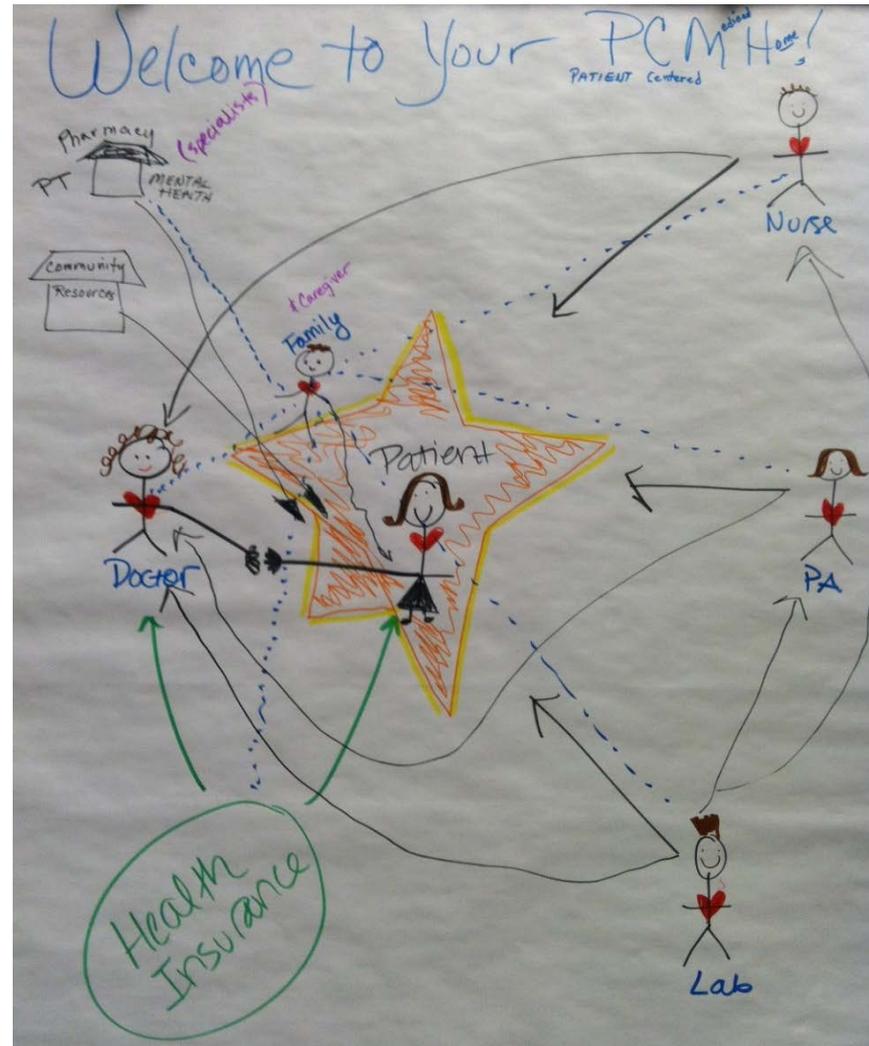
Dial 888 330-1716; Access 7403249

Agenda

- ▼ The MiPCT Demonstration used a PFAC at a project level
- ▼ Here are examples of issues we discussed at our PFAC:
 - Patient experience survey question review
 - CAHPS-CG aggregate findings review
 - Community Health Worker integration
- ▼ All patients and family members had experience with care management servicing

1:00-1:05	Welcome
1:05-1:10	Minutes and Agenda Review
1:10-1:20	MiPCT National Evaluation Results: Good news for Michigan! <ul style="list-style-type: none">a. Michigan led the other states in success for cost savings for Medicareb. Michigan and Vermont are the best performers of the eight states overallc. Key stakeholders interviews in the reports reflected themes that were consistent with expectations, including:<ul style="list-style-type: none">○ Successes in embedding Care Managers within practices; diabetes self-management education initiatives and preventive care; and providing Admission, Discharge and Transfer (ADT) notifications to primary care practices.○ Observations about the importance of sustained multipayer support, the time required to change practice patterns and workflow and embed Care Managers in practices to generate improvements in patient outcomes, and the key role of the Physician Organization in implementation.○ Challenges noted in interviewee responses included desires for growing participation to include all payers and to increase the number of care management services delivered to patients who would most benefit.
1:20-1:30	Transition of MiPCT from a demonstration to an ongoing program <ul style="list-style-type: none">• Partnership with the State Innovation Model (SIM) and SIM "101" for PAC Members at next meeting• Expansion to 100 to 150 additional primary care practices in 2017!
1:30-1:40	ICAN Tool (I Can!) reviewed at the last PAC and the challenge to try it out for yourself! (It is attached below for easy reference) <ul style="list-style-type: none">• What did you think of the tool?• How could it be used to help patients establish a relationship with providers?• Are there other tools that you or your family members use to prepare for a medical appointment?
1:40-1:50	Upcoming Opportunities for Patient Advisory Council input <ul style="list-style-type: none">• Your favorite user-friendly websites (we are on the hunt as we are redesigning and refreshing the mipct.org website and would love your suggestions)• Summit agenda design• Medication reconciliation project• Medicaid Health Plan/MiPCT Care Manager coordination• Growing Patient input within practices, the MiPCT design and State policy
1:50-2:00	Other Patient Advisory Council Sharing

Fun, Ice-Breaking Starting Point: As a Team, Draw Your Vision of the PCMH



What We Learned Along the Way

- ❑ Starting a Patient and Family Advisory Council requires some work – and a continued commitment. If you give up too soon, you “throw the baby out with the bathwater”. The value that a council can return value to the practice builds over time.
- ❑ Use your advisors to get a sense from a patient’s perspective when your practice struggles with an area of patient engagement, or with a pattern of feedback/complaints from patients
- ❑ Tools provided to practices should be sculpted to the beginning small practice. Often many tools are geared toward large systems or inpatient environments.

Supporting Practices for PFAC Success

- Are you also a CPC+ practice? PFACS are a CPC+ requirement
- Prepare and position for success
 - Collect patient/practice interaction “frustration points” for a week or two
 - From the practice perspective (“I don’t know why patients can’t...”; “We have done all we can”; “patient won’t comply”; etc.)
 - From the patient perspective (what do you hear the most concern about from patients? What annoys them? Catch yourself saying “that is just the way we do it”, etc.)
 - Talk about the big “why”, “what” and “how”
 - Recruit (staff, prospective patient reps)
 - Plan the agenda and logistics for the first meeting
 - Incorporate things that advisors want to discuss
 - Repeat again, review and improve, adjust if necessary
- Find early “quick win” areas that allow practices to reap benefit from patient and family input as a hook for expansion and greater adoption and let members see how their input becomes action that benefits other patients

Other PFAC Resources

- ▼ The AMA Steps Forward site below provides helpful material authored by Martin J. Hatlie, JD, CEO Project Patient Care and Knitasha Washington, DHA, MHA, FACHE, Executive Director, Consumers Advancing Patient Safety
 - https://www.stepsforward.org/Static/images/modules/37/downloadable/patient_family_advisory_council.pdf
- ▼ The Institute for Patient and Family-Centered Care (www.ipfcc.org) also has helpful information about PFAC formation and operation.