

Patients and Families as Partners in Quality Improvement Efforts

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Group



What We'll Cover:

- Case Study on Community Collaboration involving patients and families and healthcare professionals
- PeaceHealth Medical Group Improvement Efforts Enhanced/Led by Patients and Family Members
- Examples of recent impact of Patient and Family Advisors
- **Clip from** *“Your Health Care and Safety - The Team Approach at PeaceHealth”* Video
- Question and Answer Period



How a Community Came Together to Transform Healthcare





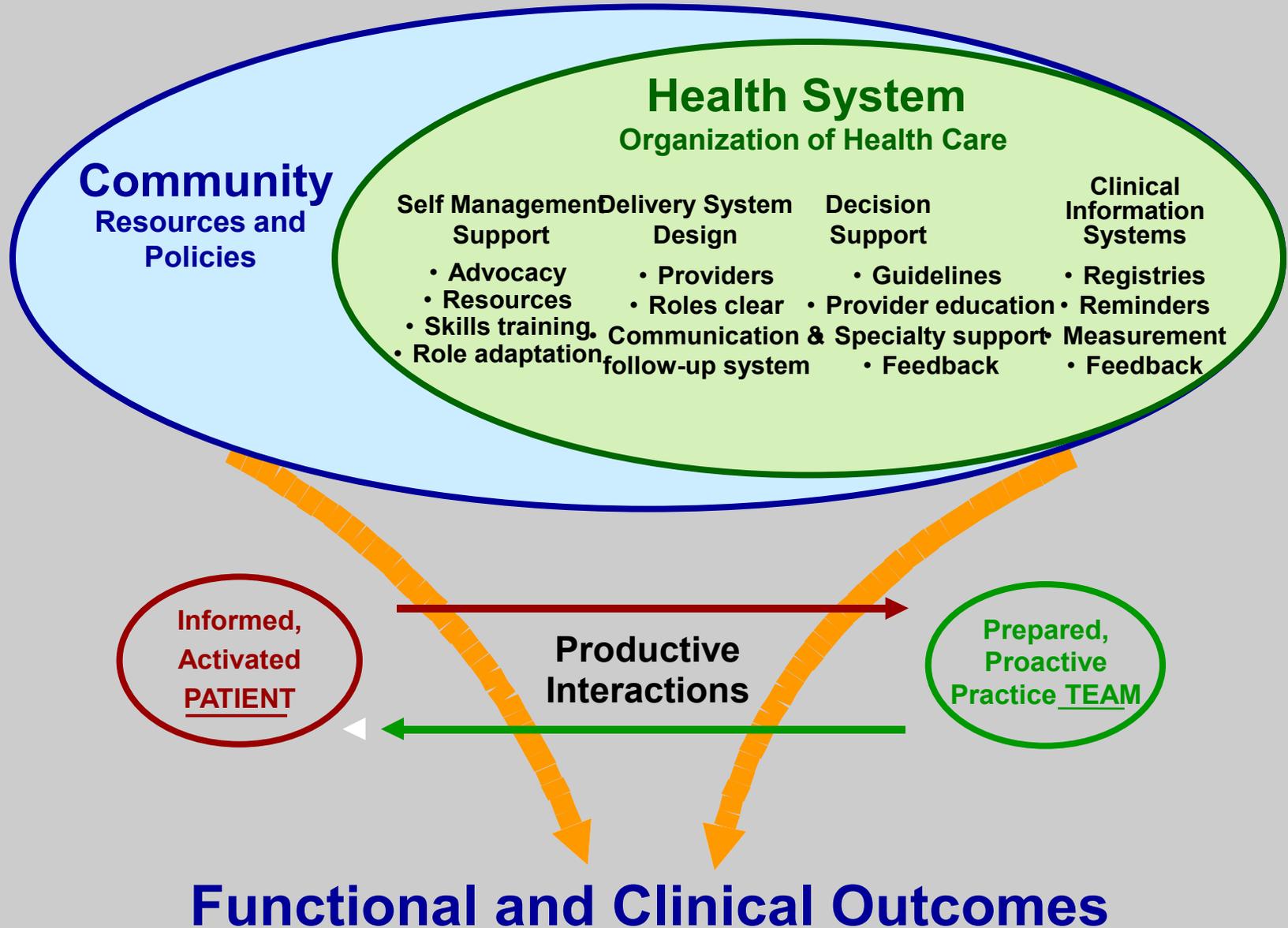
What is Pursuing Perfection [P2] ?

We are building a *patient-centered*
community wide chronic care
management **system** in Whatcom County

IOM Aims: Patient-centered, Safe, Effective, Efficient, Timely, Equitable

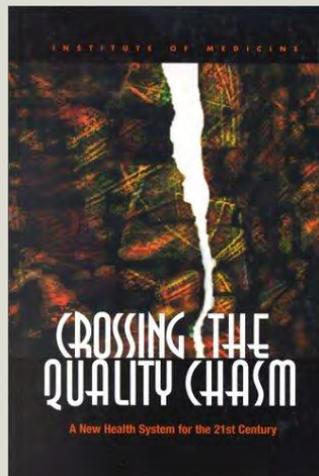
Overview of the Chronic Care Model

Robert Wood Johnson Foundation/Sandy MacColl Institute



How Whatcom County Got Here...

Community Health Improvement Consortium, HInet,
Whatcom Integrated Delivery Systems, Community
Health Record





Change The Assumptions

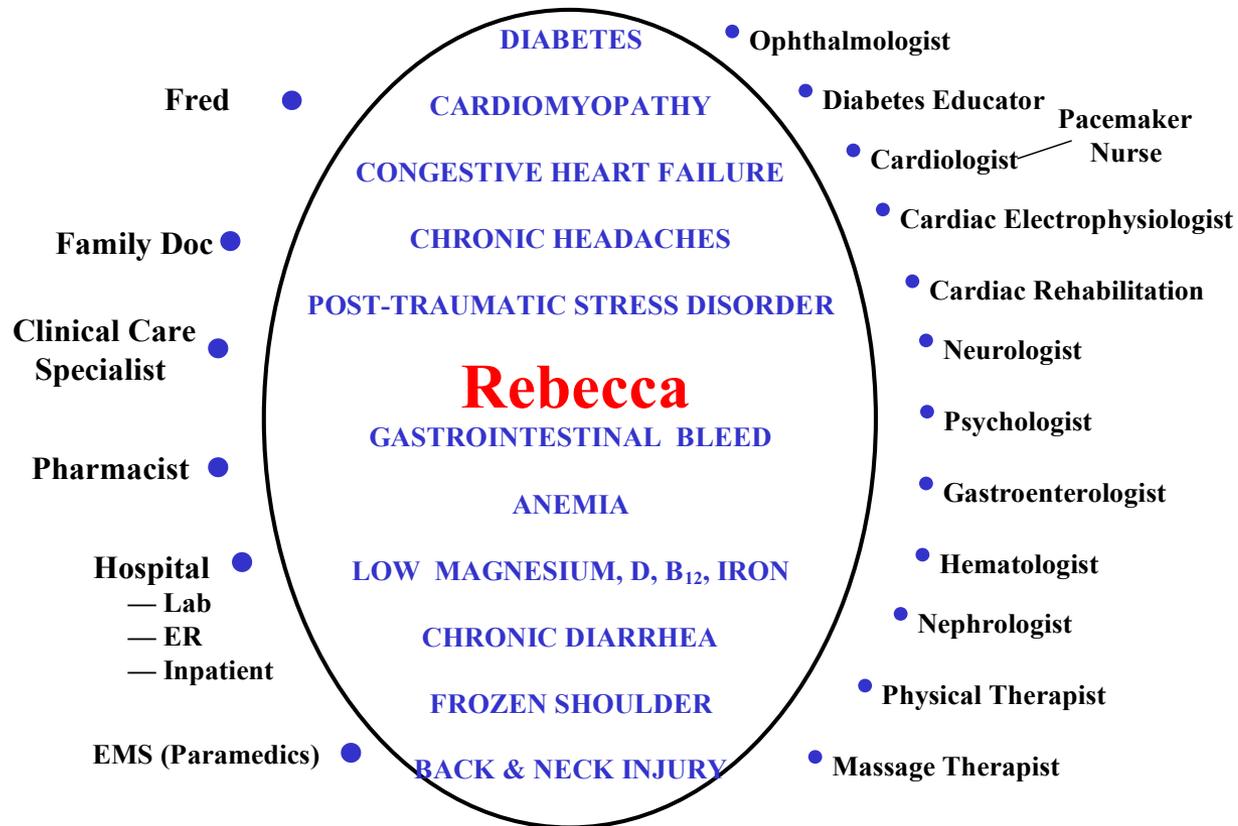
Assume *patients* are the *experts* on their own experience and that they have information *you need to hear and act on.*

Virtual Care Teams- A New Frontier

- Geography no longer need dictate that the physician be the center
- Role clarity (dynamic) and role training will be key for high functioning team
- Chronic care is different from acute care episodes (where the system supports the experts at the center)
- Essential role of the ombudsman, navigator, negotiator (CCS or others)
- Technology becomes an enabler [eSCP, phone, email]
- Out of the box, not mainstream, a possible solution of the coming demographic bulge
 - *Action research needed & in planning stage*
 - *Payment will likely only follow proven value in this approach*

Virtual Care Teams

Rebecca's Conditions and Virtual Care Team

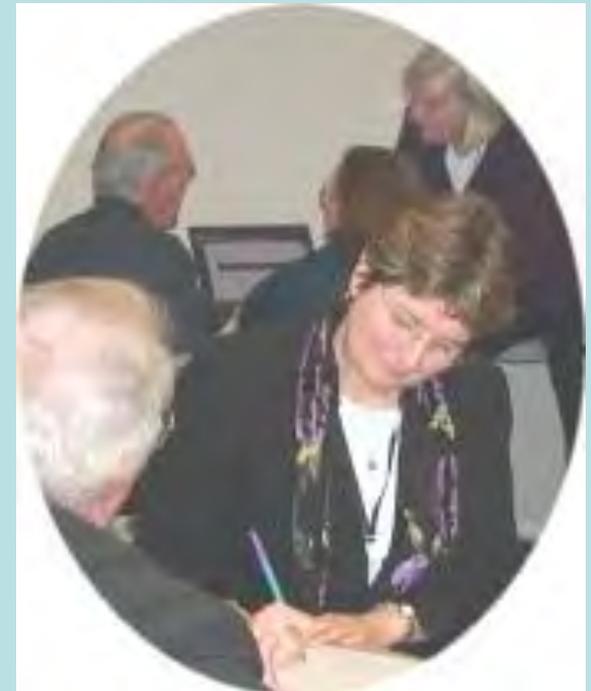


- Patients with multiple conditions are often left at the center by default
- Resources surrounding and supporting are necessary

Some Results When the Rules Change:

- Patient-Centered = Patient is the *most important* member of the **CARE TEAM**
- People with chronic conditions manage their illness 24/7. Other team members “come off the bench”.
- 1st Priority: changing the experience for patients
- Involve families [however patients define family]
- Create tools that support patients in self-management and help those who only play part time.

Involving Patients in the Process





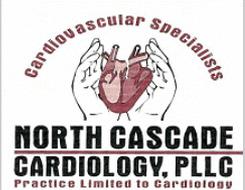
What Did the Community Promote?



We are supporting each patient and their virtual care team with:



- A **secured electronic shared care plan**
- A shared, single, accurate medication list
- Access to clinical information at all times
- Idealized design of clinical office practice (IDCOP), including group visits and telephone/e-mail visits and alignment of hospital to support this system and patient self-management
- Evidence-based guidelines
- A **clinical care specialist** when needed



Clinica de la comunidad

We will promote cost-effective screening, preventive education, and risk management



Inviting Patients As Partners



You have control....

You have options....

You have help....

- On all teams: as designers, on governance
As Motivators
- Re-establishes meaning in health care
- Provides hope and dampens cynicism/skepticism
- Perhaps the most important learning
- Their compassion for healthcare professional will help *heal* us.

The Clinical Care Specialist: Partnering with the Patient

- Develop Relationship
- Holistic Approach
- Advocacy
- Evidenced-based
Medicine



The Clinical Care Specialist: Partnering with the Patient



- Understanding all aspects of their condition
- Empowerment for self-management
- Providing support and tools

Patients as Partners in Care

- Expanded role:
 - *Be a full member of the team: your perspective and experience are important – share them*
 - *Ultimate manager of chronic condition- active participation in making decisions and sharing information is critical to success*
 - *Ask questions, seek out information, be involved in decisions about your treatment*
 - *Identify what you will do to promote and improve your own health*
 - *Share with other care team members what support or resources you will need to be an effective member of the team*



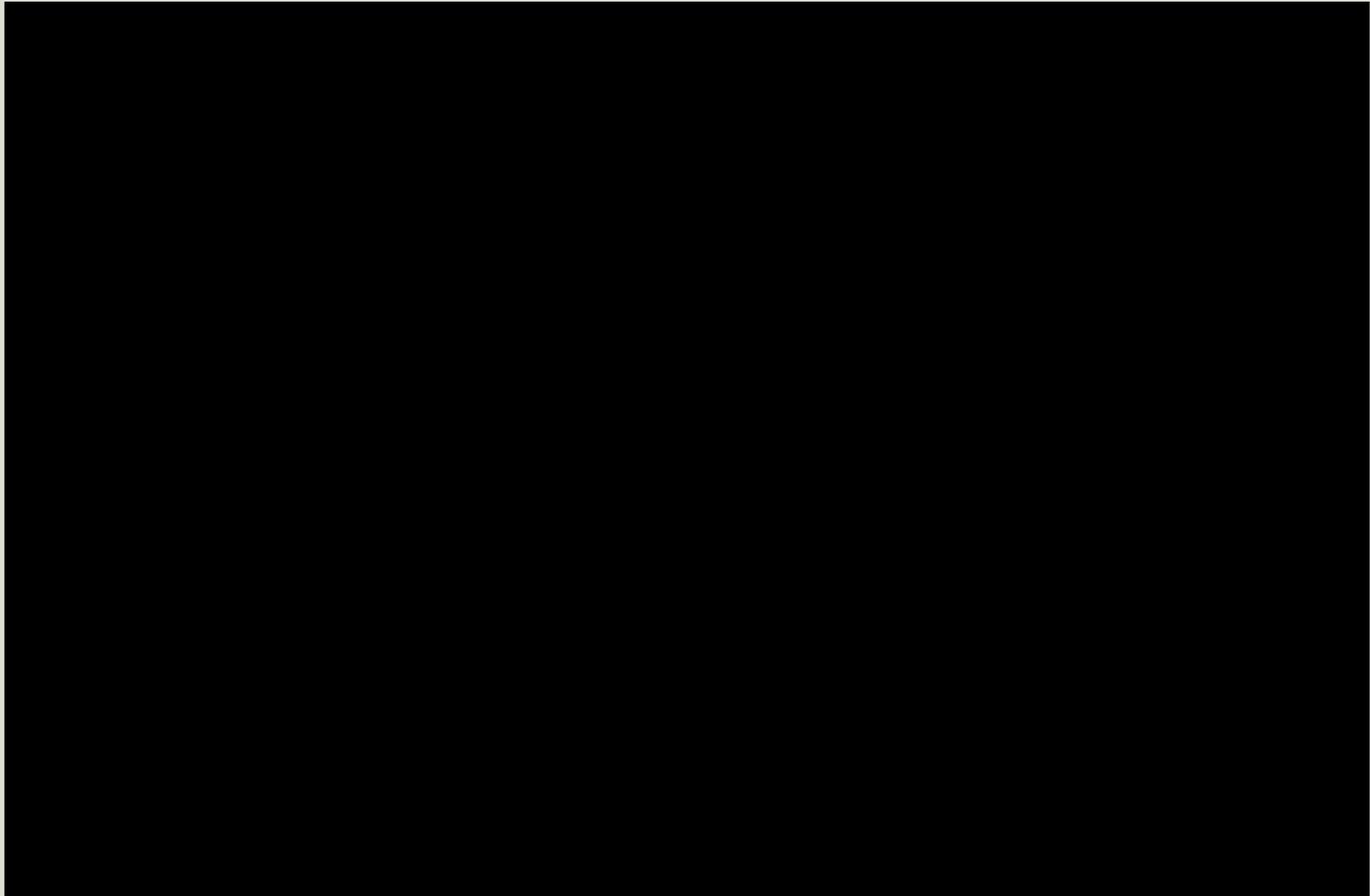
- **Goal:** Support planned care and ensure “nothing about me without me”
- A tool for self-management- producing activated, engaged patients.
- Facilitate communication between patients and healthcare professionals
- Provide healthcare professionals timely information across organizational boundaries
- Built through iterative patient input on paper then moved to electronic

A Surprising Outcome



- A Patient Self-Management Tool
- Facilitates information flow across org. boundaries and care team members
- Has generated intense positive interest
- Improved safety and accuracy between patient/healthcare team
- Improvised through iterative use/feedback
- Like a developing blueprint between the owner and architect and builders
 - *More Discussion*
 - *More Design*
 - *More Learning*
 - *More Expertise*
 - *More Involvement of family members*
 - *Much more than a record, a symbol and artifact for cooperation and shared responsibility*

Prevention and Networking with Natural Networks





Health Summary View



Important: Do not use your browser's back or forward buttons, as this may cause unusual results.



Summary



Althea Johnson

12/4/1940, 69 years old, female

About Me

Most Important Info:

My family is very important and I would like them to be included in any major health decisions.

Blood Type: A-

Allergies/Intolerances

weqrwr

Reaction: retreyrthkjhjk

Emergency Contacts

Maria Antoine

Phone: 360-555-9988

Alt Phone:

Jonathan Coneram

Phone: 360-555-9874

Alt Phone: cell 360-510-9123

Insurance Information

Carrier Name (Delta)

Policy #: 610546

Group #: 4568

Phone: (800) 360-3225 ext 555

Carrier Name (Aetna)

Policy #: 333-22-5555

Group #: 263539

Phone: 800-322-1254

Care Team

Althea Johnson

Phone: 360-555-2365

Role: Patient

Kristyana Johnston

Phone: (360) 510-7592

Role: Primary Care Physician

Mary Minniti

Phone: (541) 520-3655

Role: Cardiologist

Linda Center

Phone: 541 914-3498

Role: Friend

Stacey Pruim

Phone: (360) 738-2200

Role: Other

Amery Priestman

Phone: 360-715-4186

Contraindications

Green Bell Peppers

Reason: Bad Heartburn.

Grapefruit

Reason: Deactivates my blood pressure medication

Documents

Document Name: Other - see comments

Date Signed: 2/8/2008

Document Name: Advance Directive

Date Signed: 1/24/2008

Document Name: Advance Directive

Date Signed: 1/25/2005



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The Tabs: Medications

Important: Do not use your browser's back or forward buttons, as this may cause unusual results.



Last verified on 11/23/2009 by Kristin Creasey

Verify

Prescribed Medications [\(Help\)](#)

These are medications that you are currently taking that a healthcare professional has advised you to take, including vitamins and supplements available over-the-counter. When you remove a medication you are no longer taking, it will still be visible on the My Discontinued Meds page.

Add New

Start Date	Rx By	Brand(Generic)Name & Strength	Directions	Use	B	L	D	N	Source	Action
1/12/1984		FLUOXETINE HCL 20MG TABLET (FLUOXETINE HCL 20MG TAB PO)	Take 2 tablet(s) by mouth daily in the morning under the tongue.	For depression	2					Edit Remove
↳ Comments: Take with food.										
12/12/2004	Lombard	ISOSORBIDE MN 30MG TAB SA (ISOSORBIDE MONONITRATE SA 30MG TAB PO)	Take 1 tablet(s) by mouth once daily.	Prevent chest pain, angina, and dilate coronary arteries.	1					Edit Remove
12/3/2004	Johnston	RISPERDAL 0.25MG TABLET (RISPERIDONE 0.25MG TAB PO)	Take 1 tablet(s) by mouth daily at dinnertime.	anxiety or restlessness in early evening			1			Edit Remove
↳ Comments: May give medication earlier than dinner time if anxiety occurs sooner. May repeat one time each evening if anxiety or wondering is persistent or uncharacteristic/hostile behavior.										
1/1/2001	Johnston	EXELON 3MG CAPSULE (RIVASTIGMINE TARTRATE 3MG CAP PO)	Take 1 tablet(s) by mouth twice a day.	Sustain memory	1		1			Edit Remove
↳ Comments: Take with meals										
12/1/1999	Johnston	LIPITOR 20MG TABLET (ATORVASTATIN CALCIUM 20MG TAB PO)	Take 1 tablet(s) by mouth daily in the evening.	Lowers cholesterols, prevents atherosclerosis			1			Edit Remove
↳ Comments: May be taken with food if desired.										
9/1/1998	Johnston	GLIPIZIDE 10MG TABLET (GliPIZIDE 10MG TAB PO)	Take 1 tablet(s) by mouth daily in the morning.	lowers blood sugar	1					Edit Remove
5/2/2005	Lombard	FS-K-DUR 20MEQ TABLET SA (POTASSIUM CHLORIDE 20MEQ TAB PO)	Take 1 capsule(s) by mouth twice a day.	To replace potassium that lasix removes	1		1			Edit Remove

Direct Links to Healthwise



Shared Care Plan
Your Health Record Bank

Go back to...

[Printer-Friendly](#)

Rheumatoid Arthritis

Overview



Is this topic for you?

There are many types of [arthritis](#) (disease of the joints). This topic is about rheumatoid arthritis. If you are looking for information about how juvenile rheumatoid arthritis affects young children, see the topic [Juvenile Rheumatoid Arthritis](#). If you are looking for information on the most common form of arthritis in older adults, see the topic [Osteoarthritis](#).

What is rheumatoid arthritis?

Rheumatoid arthritis (RA) causes tissues lining the [joints](#) to become [swollen, stiff, and painful](#)  (inflamed).

Over time, this inflammation may destroy the joint tissues. This can limit your daily activities and make it hard for you to walk and use your hands.

Rheumatoid arthritis is 2 to 3 times more common in women than in men. It often begins between the ages of 40 and 60.

What causes rheumatoid arthritis?

The exact cause of rheumatoid arthritis is not known. But rheumatoid arthritis is an [autoimmune disease](#). This means that the body's natural defense system attacks the joints. The disease also runs in some families.

What are the symptoms?

The main symptoms of rheumatoid arthritis are pain, stiffness, and swelling in the joints of the hands, wrists, elbows, feet, ankles, knees, or neck. The disease usually affects both sides of the body at the same time. In rare but severe cases, it may affect the eyes, lungs, heart, nerves, or blood vessels.

See a picture of the [most commonly affected joints](#) .

Sometimes rheumatoid arthritis can cause bumps called nodules to form over the elbows, knuckles, spine, and lower leg bones.

How is rheumatoid arthritis diagnosed?

There is no single test for rheumatoid arthritis. Your doctor will look at your joints for signs of swelling or tenderness. He or she will also ask about your symptoms and past health.

You may have blood tests, [X-rays](#), and other tests to find out if another problem is causing your joint pain.



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Topic Contents

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- [What Happens](#)
- [What Increases Your Risk](#)
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- [Exams and Tests](#)
- [Treatment Overview](#)
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Track and Chart Your Progress



Line Chart Point Chart

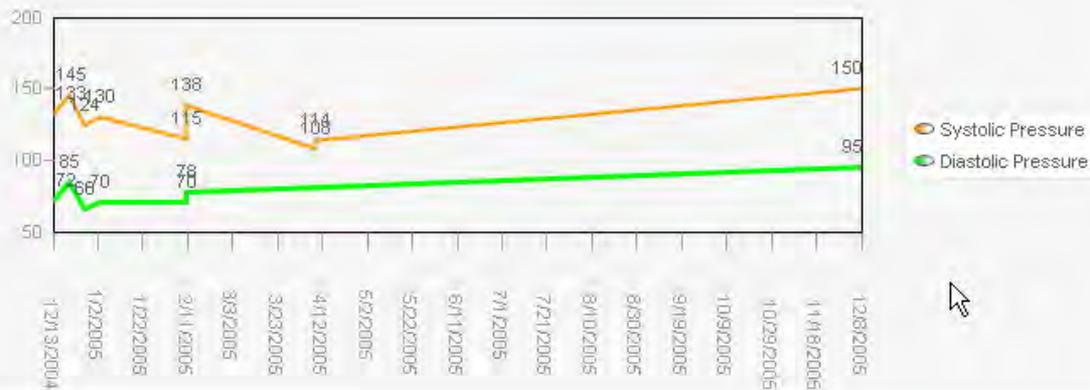
Result:

Date:

Comment:

Hint: Click on a value of the Chart to show details here

Blood Pressure (pressure in arteries)

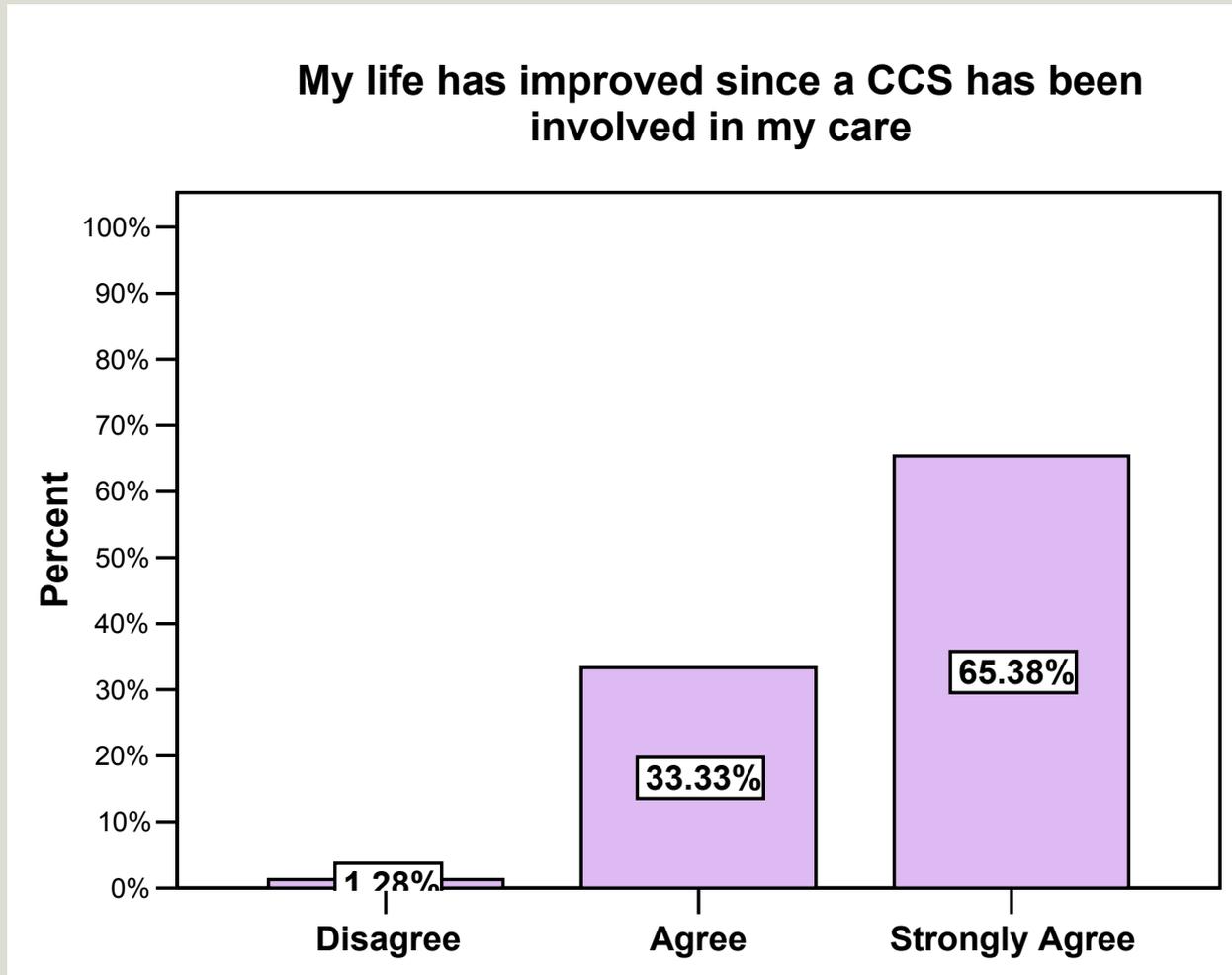


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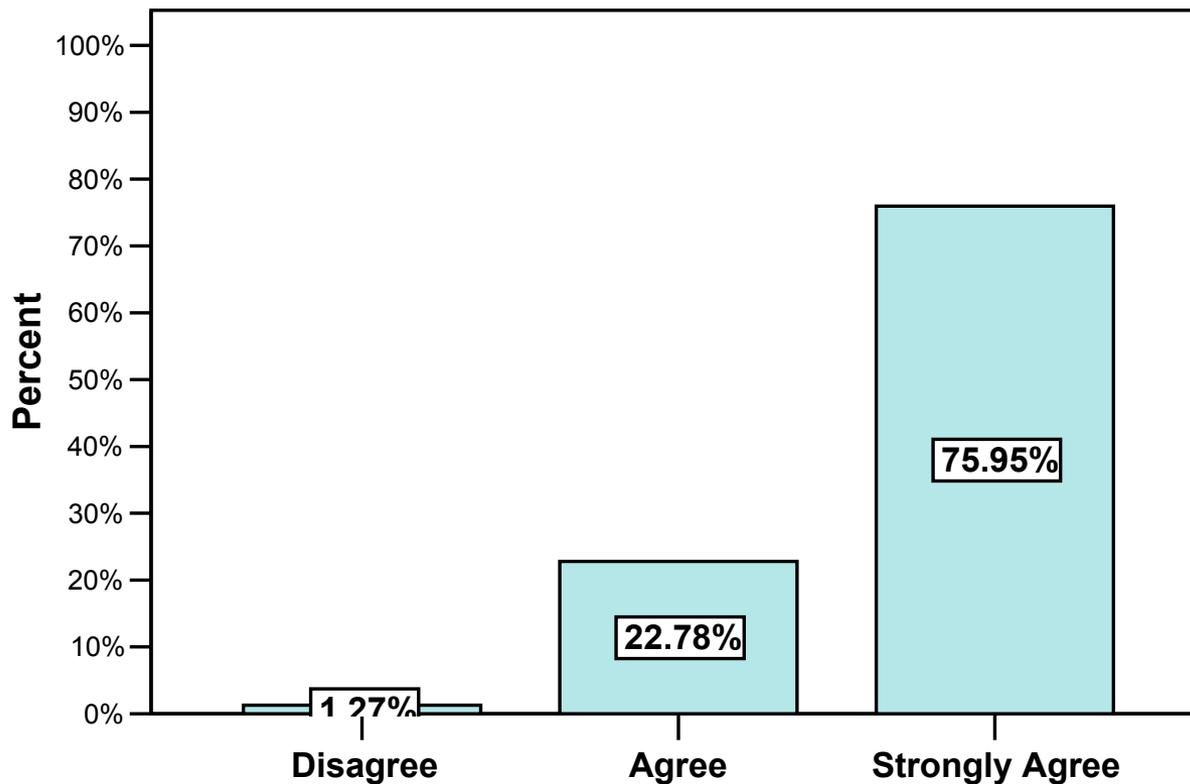


“My CCS has helped me in too many ways to comment. She has improved both the safety of my care and my ability to care for myself. She has been an educational resource for both me and for my family. I don't even want to think about coping with heart failure without her”.

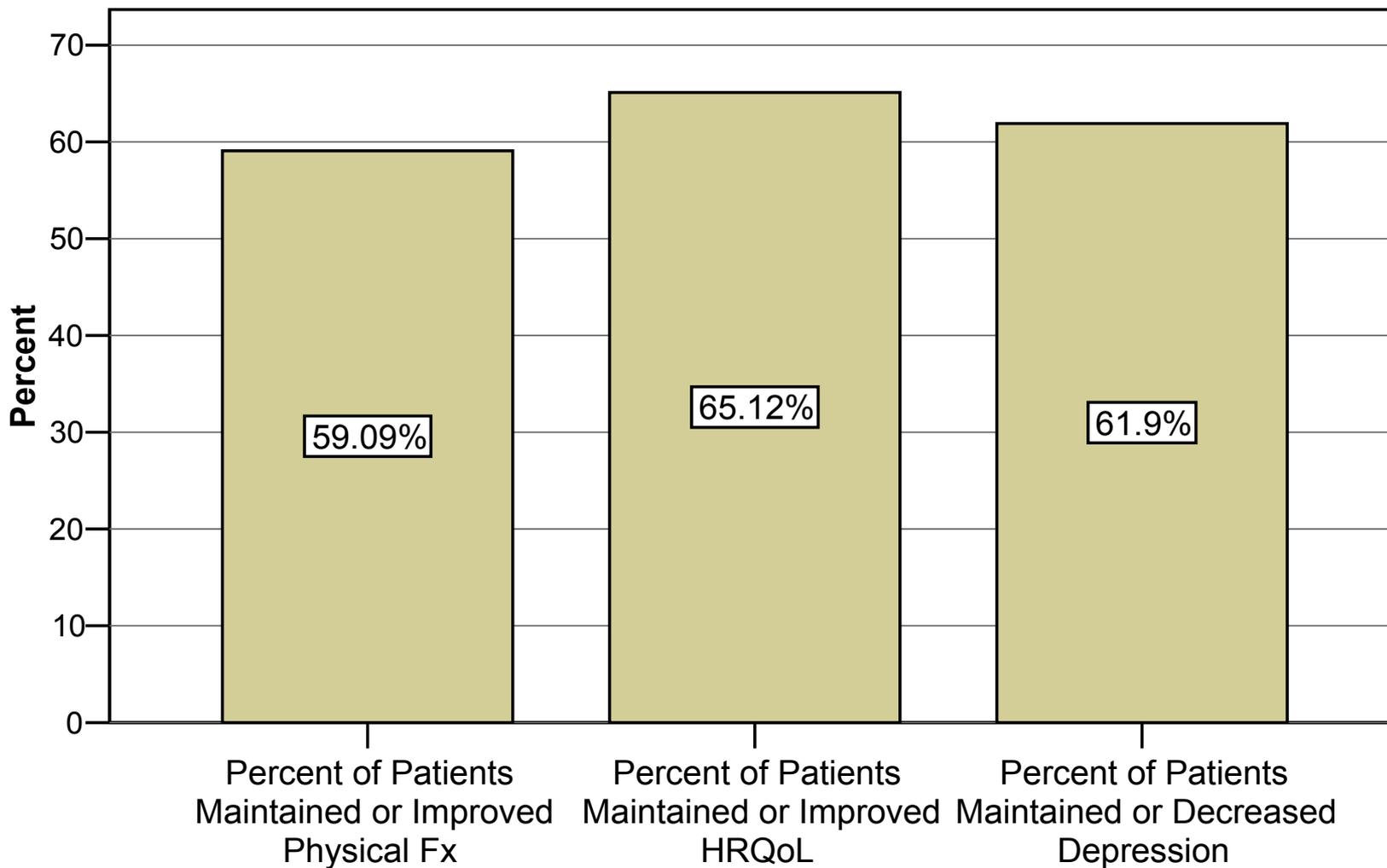


My P2 team has brought a new quality of health care into my life. Through a series of surprise health issues, their consistent concern and care, I am well and enjoying good health. I am so thankful for the opportunity of being part of this fabulous program.

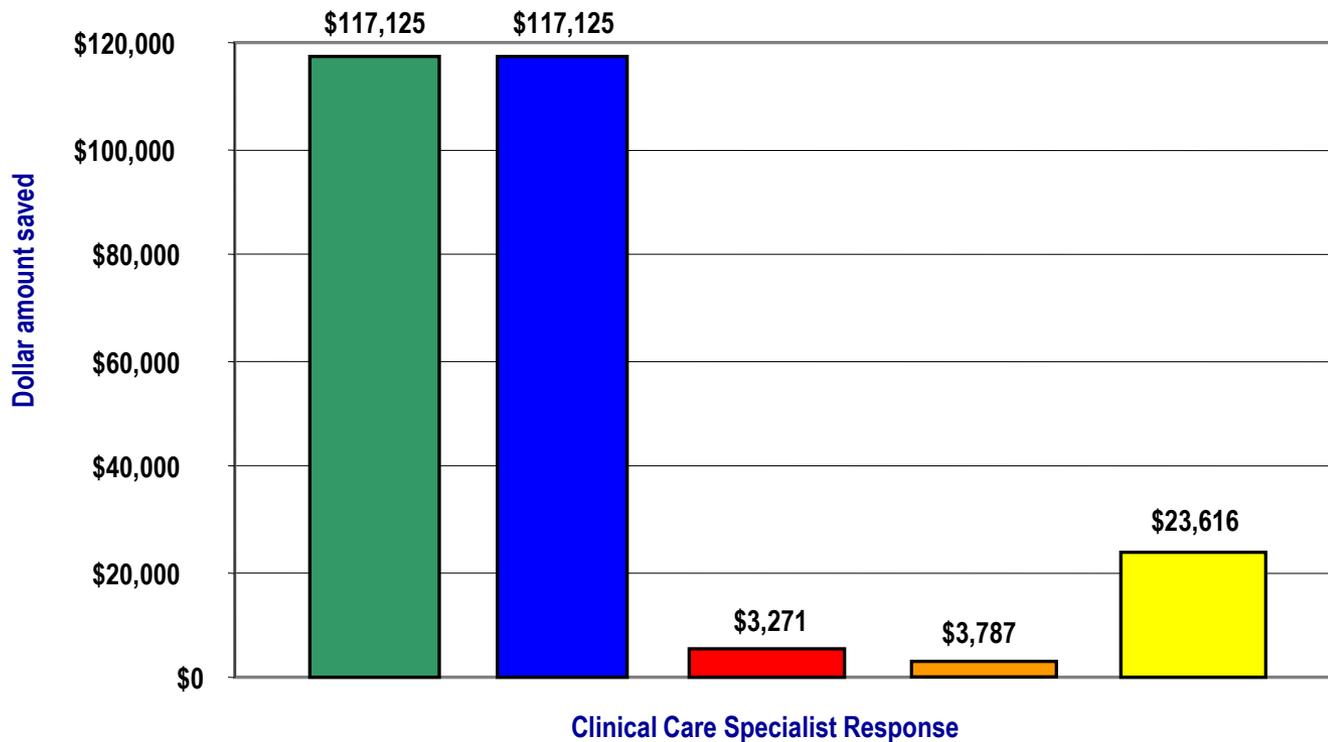
My CCS explains or interprets my doctor's instructions, lab tests, or other medical information in a way that is easy for me to understand



Percent of Patients Maintaining or Improving in Health Status



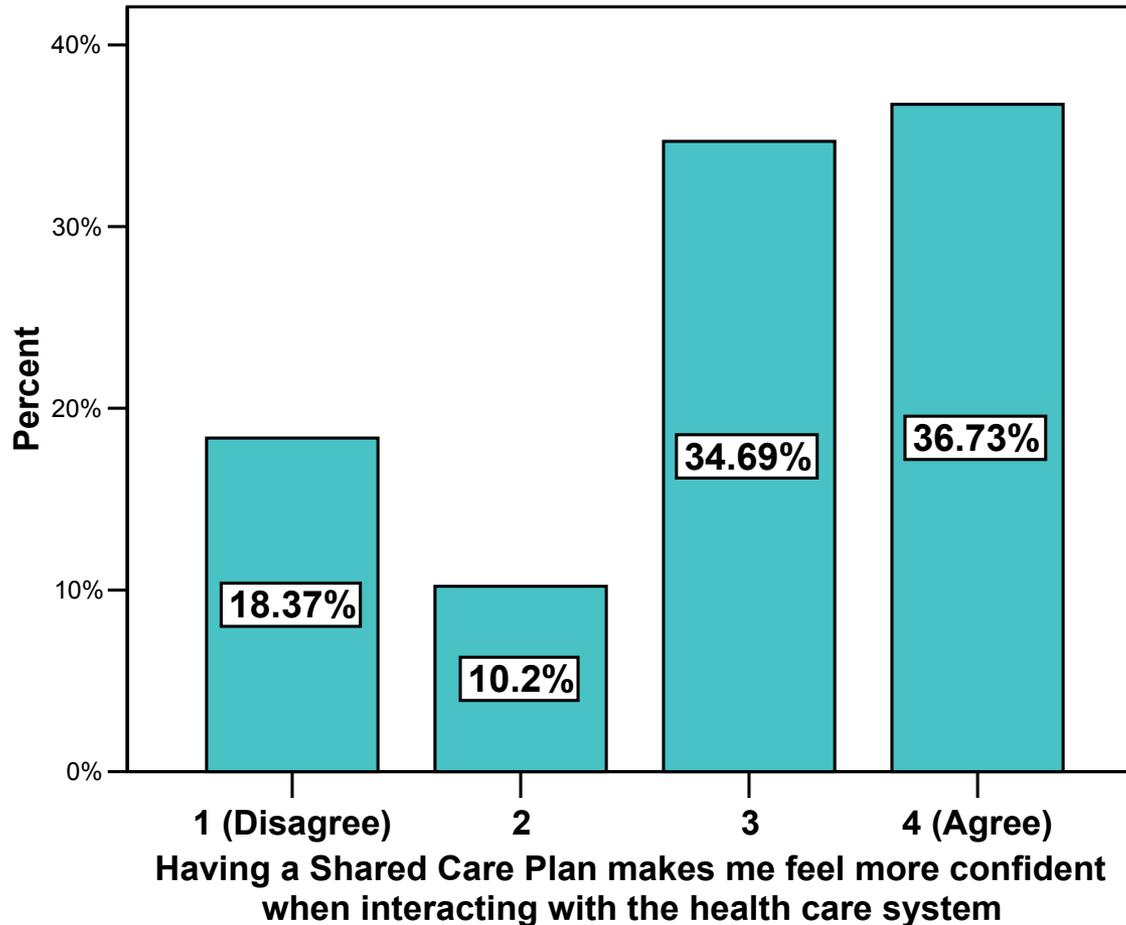
Cost Savings estimated due to response of CCS January-September 2004 70 patients



- Found and corrected medication error (25 cases)
- Prevented medication error (25 cases)
- Prevented out-patient visit (23 cases)
- Prevented ER visit (7 cases)
- Prevented hospitalization (2 cases)
- Discrepancy in what PT is doing and what Dr. ordered and directed PT appropriately (33 cases)
- Intervened to promote evidence-based standards (13 cases)

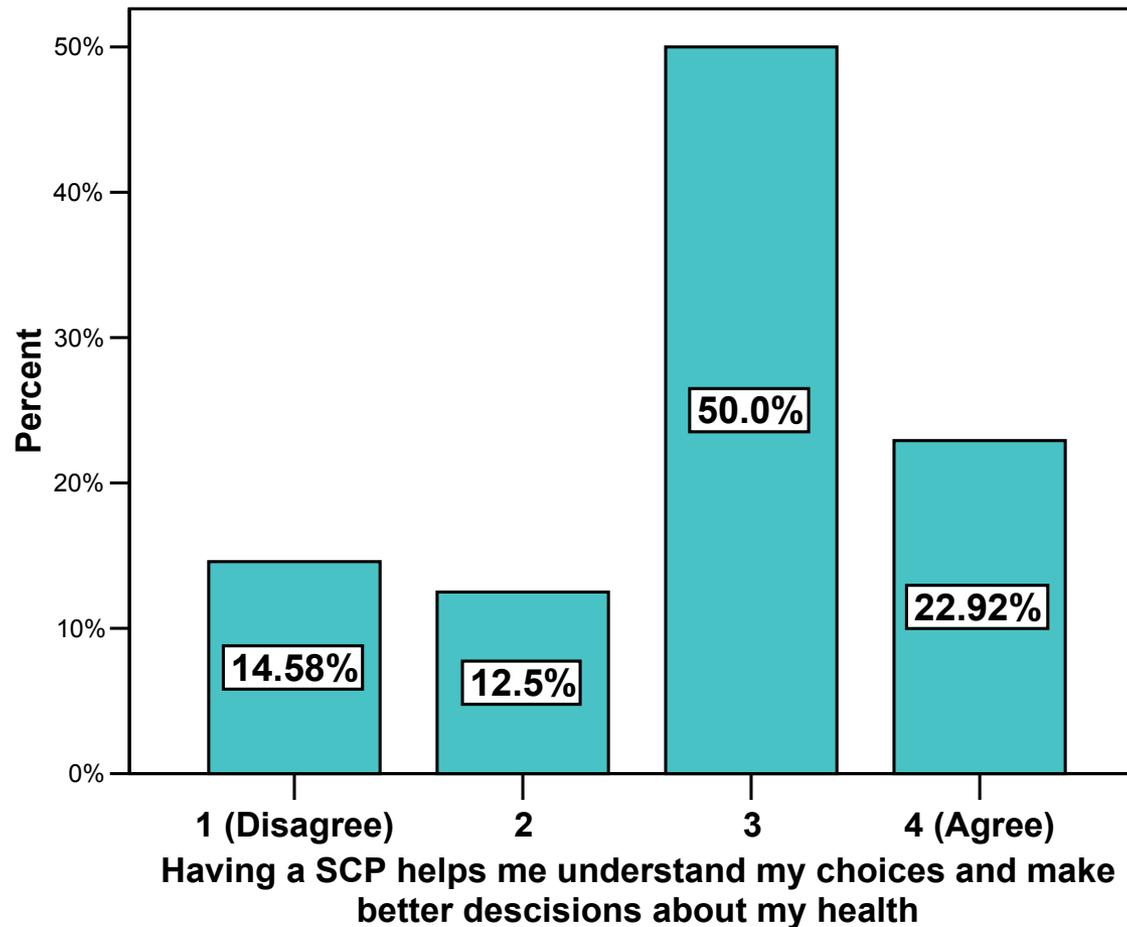
Patients Experiences with SCP

Percent Giving Each Answer



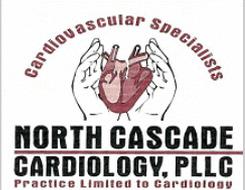
Patients Experiences with SCP

Percent Giving Each Answer





What Does It Take?



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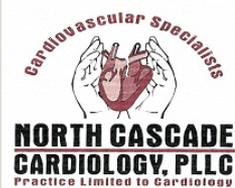
Clinica de la comunidad



- Relationships
 - *The glue*
 - *The source of meaning*
- Community Focus
 - *Scale and scope*
 - *More assets and accountability*
- Virtual Care Teams
 - *New way of working?*
 - *Much to try and much to learn*



Keeping the End in Mind



Clinica de la comunidad



- Quality care can be achieved and cost less
- Conversations on the many levels are bringing together diverse perspectives and there is hopefulness

We can demonstrate a new way that reduces burdens for patients, physicians and staff....by working together on systems issues.



PeaceHealth Medical Group

- Multi-specialty Group in 9 sites
 - Eugene, Springfield, Junction City
- 130 physicians in a multi-specialty practice:
 - Primary Care (70+)
 - Specialty Services (60+)
- 383,000 outpatient visits/yr; ~ 125,00 patients



Progression of Patient- Family Involvement

- **Breast Cancer survivors**
- **Ortho patients/families**
- **Sacred Heart Medical Center at RiverBend Design**
- **Pursuing Perfection**
- **PeaceHealth Medical Group**
 - *Identifies Patient-Centered Care as a major strategic Initiative.*
 - *Leaders utilize patient & family advisors in creating framework for “Idealized Patient Experience”*

Patient-Family Advisors Influence on Physician Leaders

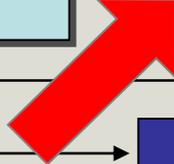
- Recommendation to create Patient Advisory Council [PAC] to Quality Committee
- ADVANCE! Panel of Patients/Families Engage physicians in partnership
- PAC recommendation to add Patient Advisor(s) to Quality Committee

PHYSICIAN COUNCIL
 Chris Bolz, MD, Family Medicine John Lipkin, MD, Behavioral Health
 Frank Littell, MD, Hospitalist Rick Kincade MD, Family Medicine Chair,
 John Dunphy, MD, Pediatrics

Henry Veldman, FACHE
PHOR Regional Vice President

Rick Kincade, MD
Physician Council Chair

- Quality Committee ~ Tamara Barstow, MD, Chair
- Finance Committee ~ Chris Miles, Interim Chair
- **Patient Advisory Council ~ Patty Black & Deleesha Measintubby Chairs**



Chris Miles, MHA
Chief Operating Officer

Tom Ewing, MD
Chief Medical Officer

Kathi Levell, FACMPE
Executive Director Planning

Mary Backus
Executive Director Gerontology

Jeff Larkin, MD
Med. Director Gerontology

Currently Vacant
Operations Director Adult & Family Med.

Jill Chaplin, MD
Chief of Adult & Family Med.

Gay Wayman
Leadership Development

Tracy Ellis
Business Development

Ashlee Burnett
Manager Hospitalists

Frank Littell, MD
Regional Medical Director Hospitalists

Naomi Fish
Risk Management

Trish Litton
Professional Staff Services

Jennifer Potter
Manager Pediatrics

John Dunphy, MD
Chief of Pediatrics

Mary Minniti
Quality Improvement

Shannon Surber
Operations Director Specialties

David Lippincott, MD
Chief of Specialties

Terry Stimac
Operations Director Specialties

Bob Brasted, MD
Chief of Behavioral Health Services

Patient Advisor Charter

1. To assure alignment and integration of patient and family centered care within PHMG,
2. The PAC will serve as a formal mechanism for involving patients and families in policy and program decision making in our clinics.
Examples of PAC involvement includes but is not limited to:
 - *Champions of Patient- & Family- Centered Care*
 - *Input on Communication Materials*
 - *Identification of areas for improvement in service quality*
 - *Input on teams, project and recruitment of other patient advisors*

Membership of PAC

Sponsored by Leadership and Physician Council

Membership: 12-18 members

- 8 Members from the Adult and Family Medicine Division; 4 Members from the Pediatric Division
- 2-3 members from the Specialty Division
- 2 members from the Behavioral Health Division
- Geographic diversity – all locations represented

Recruitment and Selection of Advisors

- Broad engagement of physicians and staff to identify possible patient and families
- Put on the website; in the newspaper, on Craig's list - the recruitment image
- Written application process- simple and easy
- Individual interview of applicants with Current Chair of Council and Quality Director with standard questions
- Current advisors are partners in ongoing recruitment

Recruitment Tools

Patient & Family Advisors Needed!

I value your perspective and our partnership. I'd like you to consider becoming a Patient/Family Advisor. Advisors volunteer to help us with program/policy review, review education materials and forms, provide input on quality and safety efforts as well as facilities planning. We are also using patient advisors to help design better processes of care.

Would you be interested in volunteering to be on a Patient/Family Advisory Council? Please contact Sheila Miller at 687-6203 to get more information about this unique opportunity.

Sincerely,

Qualities of an Advisor:

- Shares insight and experience in productive ways
- Sees beyond his/her own personal experience
- Respects diversity and differing opinions
- Listens well
- Collaborates on solutions
- Has passion for enhancing the healthcare experience of all

Important Considerations:

- Current PeaceHealth Medical Group patient and/or family member
- Make commitment for 1 year at minimum
- Willingness to attend information session to learn more in mid-September
- Ability to attend monthly meetings on the fourth Thursday from 5:30 – 7:30 pm, starting in October



Formal Orientation and Mentoring of Advisors

- Orientation Session for All Advisors
- Orientation Manual:
 - *Advisor Role, Tips and Tools for Effectiveness, About PHMG Patient Centered Accountabilities, PeaceHealth-the Organization, Patient Experience of Care, Background [Jargon 101, QI Basics]*
- Succession Planning and Mentoring

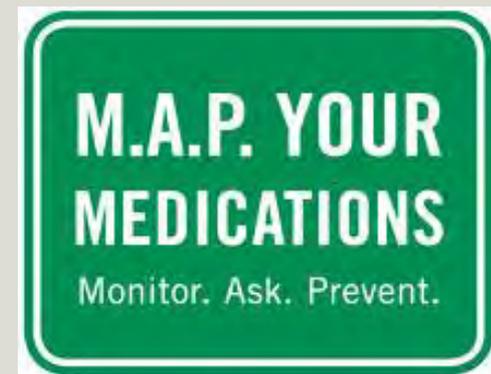
- Add a Patient Advisor to Quality Committee
- Communicate new insights through conversation in strategic meetings and through written materials [Power of Influence]
- Bring issues/current topics to PAC for input prior to decision making
- Integrate PAC into strategic ADVANCE! now and into future as well as All-Provider Meetings
- Input on budget; facilities standard appearance; begin conversation with other clinicians/leaders about learning

An Early Patient Advisor's Experience

- A Chance Meeting
- Working Within the Organization – Medication Oversight Safety Team
- Networking outside the Organization- Quality Corp/AARP Healthcare 101
- The “DVD Divas” – a Patient Advisory Council Project

Medication Oversight Safety Team

- Patient – Family Advisors joined QI Safety initiative to support medication reconciliation efforts underway
- Initiated patient education effort to improve medication partnership
- Advisors continue to do community outreach at senior centers and encourage sustained focus by the organization on this important topic



Improvement Initiatives of PAC

- The Patient- Family Experience at PHMG and across PH - Stories
- Questions That Matter Forum- Engaging the Community
- Consent to Treat Form Redesign
- Ethical Discernment Process Input
- Partnership with LCC Nursing Program
- Feedback and input on website, patient education materials and program outreach

“Your Health Care and Safety - The Team Approach at PeaceHealth”

**Film Clips-
Medication Safety
Health & Wellness**

<http://www.peacehealth.org/Oregon/PHMGClinics/PHMGVideos.htm>

This project was supported by grant number P20HS017143 from the Agency for Healthcare Research and Quality. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Agency for Healthcare and Research Quality.

Patient-Family Advisors Influence Board and PHOR Executive Team

- NICU Parent Advisor and Co-Chair of PHMG PAC present recommendations on spread of advisors to Regional Executive Team – all recommendations adopted!
- PAC Members showcase Patient Safety DVD to:
 - *PHMG Physician Council [Board for Medical Group]*
 - *Medical Affairs and Quality Committee of Oregon Region Governing Board*
 - *PeaceHealth System-wide Executive Team*

Broader Community Influence

- Provided information and language that was used in the Patient-Centered Primary Care Medical Home Standards for Oregon
- Worked with other patient advisors and healthcare organizations within the state of Oregon interested in creating patient and family advisory councils
- Our journey used as an example with the Institute for Patient- and Family-Centered Care

Oregon's Patient-Centered Primary Care Home Standards

- State-wide group recommended standards for medical home January – June 2010
- Cross section of healthcare stakeholders
- Created standards that inform the Health Fund Authority work on Incentives and Outcomes Committee
- Barbara Starfield, national expert, believes Oregon standards are most comprehensive and on-target to date [September 2010 Oregon AAFP Meeting]

PC-PC Home Core Attributes

The influence of Patient and Family Advisors

✓ PERSON AND FAMILY CENTERED CARE

Recognize that I am the most important member of my care team - and that I am ultimately responsible for my overall health and wellness.

Communication, education and self-management support, experience of care

Partnerships Really Matter

- What Patient and Family Advisors bring to the organization:
 - *Experience and Insight*
 - *Fresh eyes and enthusiasm*
 - *Interest in making it better for all*
- What Advisors need from the organization:
 - *Support ~ listening deeply, responsive, encouraging*
 - *Willing to change*
 - *Sharing of contextual information/knowledge in transparent way*

Q & A Time

- *Are there issues/concerns you wish the speakers to address?*
- *General questions?*