Patient and Family Voices

Lessons Learned

Establishing a process for patient and family input supports engagement in care and quality improvement.

Performance Challenge

A lack of patient input negatively impacts patient and family engagement, as well as access and quality of care. Integrating the perspective of patients and families through a formal Patient Family Advisory Council (PFAC) is not always feasible for many practices, especially smaller ones.

Practice Solution

Actively listening to patients and families is the first step to learn about their experiences with the practice and non-clinical needs impacting health outcomes. Patient and family engagement requires a commitment from practice leadership to communicate the value of input, allocate resources, and ensure that the information received informs service design and guides quality improvement.

Change Steps

Build on existing opportunities and establish systematic processes to learn from patients, families, and relevant stakeholders:

- Utilize informal conversations with clinical staff, focus groups, or satisfaction surveys to discover opportunities for improvement.
- Involve community partners for non-clinical needs, like transportation and food, especially in rural or underserved areas.
- Review issues and needs identified in surveys, focus groups, and other platforms.
- Convene a small planning group that includes patients, families, and local community stakeholders.
- Design and implement feasible and measurable interventions and sustain improvement through ongoing evaluation.

Practice Spotlight

Located in the rural community of Ajo, Arizona, about 43 miles north of the Mexican border, Desert Senita is a Federally Qualified Health Center (FQHC) and part of the Arizona Alliance for Community Health Centers. DSCHC has 12 providers including physicians, nurse practitioners, behavioral health counselors, pharmacists, and a registered dietitian. It provides a variety of services to more than 75% of the population of Ajo—or over 2,500 residents. Over one third of the practice's patients live below the federal poverty line.

Challenges to Meet: DSCHC's population had a high incidence of overweight and obese patients, as reported by Uniform Data System (UDS). In addition, the highest number of visits by adults to the practice were for hypertension and anxiety disorders. Patients were often unable to attend appointments because of work hours, limited transportation, or inadequate knowledge of health needs. Due to high rates of poverty, stress, domestic violence, and substance abuse, DSCHC focused on children and adolescents to improve immunization rates and dental exams, as well as health outcomes and youth safety.

Engagement in Care: In a small community like Desert Senita, personal stories make an impression and inspires creative solutions to addressing challenges. DSCHC implemented "Ask Me Three," a program that encourages patients and families to ask three specific questions during visits in order to gain a better understanding of patients' needs, interests, and values, and to help patients become more active in their own care. In addition, the practice offered outreach customer service calls, in English and Spanish, and annual patient satisfaction surveys that also incorporate the "Ask Me Three" model. The practice fully integrated the model into their quality improvement strategies, with care access and healthy lifestyles as key focal points.

Systematically Gathering Patient Input: Use of "Ask Me Three" led to more involved conversations with patients and families, providing critical information for internal quality improvement discussions. Informal conversations were conducted by staff in the waiting room and at community activities, highlighting what worked and what could be improved. The input was shared among patient community representation to key decision-makers, such as the Board of Directors—51% of whom are patients at the practice.

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Lessons Learned

Change Tactics

Successful practice transformation tactics fall under the priority area of Person- and Family-Centered Care:

- *Patient and family engagement* – Incorporate critical information reflecting patient preferences and needs into individual patient care, and practice-wide improvements.
- *Team-based relationships* – Patients and members of the care team recognize each other as partners and communicate openly for improved care quality and service delivery.
- *Practice as a community partner* – Collaborate with community agencies and organizations to identify health needs and existing resources, especially in rural or other underserved areas.
- *Enhanced access* – Use technology, such as patient portals or conference platforms, to improve quality improvement programs and increase engagement in individuals with communication- and transportation- related challenges.

Resources

PCPCC's Bite-Size Learning Modules: Tactical Ways My Practice Can Effectively Engage Patients and Families features a 10-minute video for clinicians and practice staff.

Improving Primary Care's Team Guide presents practical advice, case studies, and tools from primary care practices that improved care, efficiency, and job satisfaction through team-based care delivery.

TeamSTEPPS for Office-Based Care assists Practice Facilitators and other staff in improving the quality of care and patient safety at their organization.

Practice Tools for Primary Care Practices helps clinical staff implement practice improvements and evidence-based approaches.

Practice Spotlight

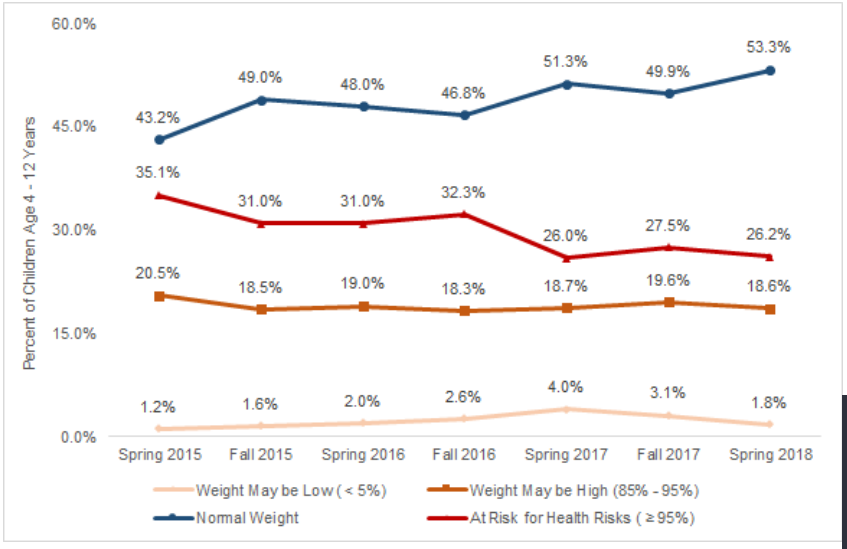
The Board identified opportunities for improvement and required the practice to report on the results of any changes made.

Partnerships for Youth Programs: DSCHC worked with community organizations to implement programs to encourage healthy lifestyles in youth. Through these partnerships, Desert Senita developed education and outreach programs like Edible Ajo School Yard (EASY) and Bike AJO:

EASY–A school garden program growing food for the cafeteria in partnership with Ajo Community Garden. Students in pre-K to sixth grade participate in mandatory, weekly gardening classes. Families are connected to the program through Family Nights. Students' weight and height, blood pressure, and dental screenings are tracked. Since garden activities began, Body Mass Index (BMI) declined in age groups between 4-12 years of age and overall obesity rates for those at "High Risk" or "At Risk" dropped between one and 11 percent.

Bike AJO – This is a coalition formed through a Plan4Health grant, an initiative of the American Planning Association, to increase community access to physical activity by creating a sustainable cycling hub. Forty bikes and helmets were provided for a weekly bike class for sixth graders. The program, in its third year, now includes middle and high school students in an afterschool program.

Chart 1: Changes in BMI for Children Age 4—12 Years



Data collected at Health Safari, a school event tracking student height and weight, show a gradual decline in BMI, as demonstrated in Chart 1. The number of students in the "At Risk for Health Risks" category decreased from 35.1 to 26.3 percent from Spring 2015 to Spring 2018. In that same time period, the overall number of students in the "Normal Weight" category increased from 43.2 to 53.3 percent.

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