ENHANCING CLINICIAN PATIENT/FAMILY COMMUNICATION FOR IMPROVED OUTCOMES

IAHQ ANNUAL CONFERENCE AGENDA: INCREASE YOUR IMPROVEMENT QUOTIENT

May 5, 2017

PROJECT PATIENT CARE.ORG

OBJECTIVES

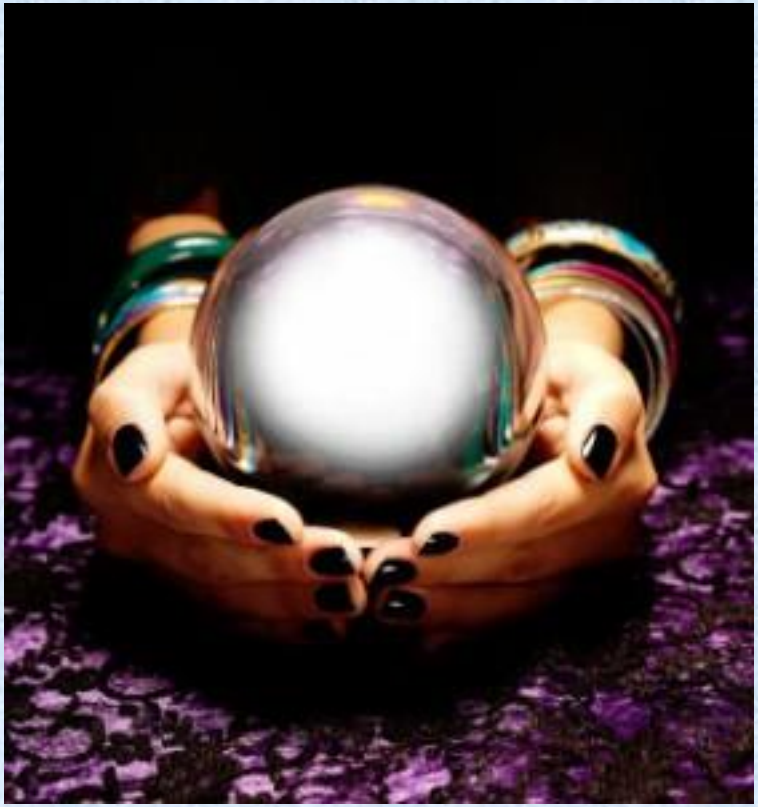
- ✓ Understand the role persons and families have in health care
- ✓ Impact of patient – clinician partnerships
- ✓ Changing from person and family engagement to partnerships
- ✓ Moving to a state of co-design
- ✓ Care for the caregiver
- ✓ Start with “what would you like the future to be”

THE WHY?

BOB AND BARB MALIZZO AT QUALITY CONFERENCE 2016 — VIEW VIDEO

HTTP://H2PI.ORG/MALIZZO/MALIZZO-720.MP4

THE FUTURE IS IN YOUR HANDS



LOOKING BACK…..

- Remember when……..
  - Patients were not told they were seriously ill or dying – only some family members knew…..
  - Patients couldn't get their medical records
  - Patients and Families did not know much about a hospital except to pass by it…..
  - If a patient had an infection, it was referred to as a staph infection and something that just happens
  - Patients were afraid to ask too many questions

NEED FOR PRACTICE TRANSFORMATION

- PRESSURES ON AMBULATORY CARE
- MANAGING CHRONIC ILLNESS AND COMORBIDITY AS BOTH GROW W/IN US POPULATION
- FRAGMENTATION/LACK OF COORDINATION AND SHARING OF HEALTH INFORMATION
- PROVIDER BURNOUT (RELATED TO LOSS OF AUTONOMY/CONTROL, TIME SPENT ON ADMINISTRATIVE RATHER THAN CLINICAL MATTERS)

CURRENT PAYMENT MODEL – EMPHASIZES VOLUME NOT VALUE, DEVALUES PREVENTIVE CARE AND PATIENT MANAGEMENT

- POOR PATIENT EXPERIENCE AND SUBOPTIMAL HEALTH OUTCOMES
- HIGH COST (INCLUDING DEDUCTIBLES, OUT OF POCKET COSTS)
- EXCESS SERVICES/DUPLICATION/ OVERUSE/ MEDICAL ERRORS
- REFLECTS SYSTEM PREFERENCES/INCENTIVES, NOT PATIENT PREFERENCES

AT WHAT COST IS THIS HAPPENING…..

Not in terms of dollars, but in terms of clinicians and other health professionals….

Numerous survey, publications, and presentations have been noted on the loss of "Joy in Practice"

"Physician burnout is associated with making mistakes, scoring lower on scales measuring empathy, reduced patient satisfaction and reduced patient In Search of Joy in Practice 2 adherence to treatment plans….." ABIM

TODAY…..MANY INNOVATORS

- Patients and families are engaged in death and dying discussions if they wish to and the provider is engaged
- Through HIPAA, patients have access to their medical records --- and many can access through patient portals
- Information on hospital performance and characteristics are on-line at national and many state levels
- Patients are told specifically what type of infection they have, treatment plans, and cautions for family members
- Patients go in with their checklists – See AHRQ on 'Being Prepared to be a Patient" https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/interventions/index.html

TRANSFORMATION SUPPORT

- HOSPITAL IMPROVEMENT INNOVATION NETWORKS – ENROLLED 4011 HOSPITALS!

- PRACTICE TRANSFORMATION NETWORKS (PTNS - 110,000 CLINICIANS)

- SUPPORT ALIGNMENT NETWORKS (SANS – 500,000 CLINICIANS)

- SERVING UNDERSERVED AND RURAL CLINICIANS (QPP-SURS)

- QIN-QIOS – 14 COVERING ALL STATES AND TERRITORIES

- BFCC QIOS – 2 COVERING ALL STATES AND TERRITORIES

WHAT DO YOU SEE IN THE FUTURE?

- Re-engineering of our care delivery designs for persons, patients, families, and caregivers
- Patients and Families in Shared Decision-Making with clinician about patient wishes, care plans
- All patients have access to medical records on phone or other electronic means
- Patients have all the info they need to choose a hospital – medical errors, infection rates, nurse staffing, cost of care
- Hospitals and nursing homes are near zero infection rates, patients do not have to worry
- Patients complete an electronic survey on their reported outcomes, disease knowledge, and issues and concerns prior to the appointment

LET'S TAKE THIS FURTHER

- Patients select providers based upon value – quality and cost of care (out of pocket costs)
- Patients complete information and send in advance questions and concerns they want addressed on a visit
  - Oh, and all of the patient visits are on same day and grouped together to reduce time spent on healthcare visit
  - For a single office visit, it might be a virtual visit
  - Patients are fully informed and in decision-making mode as they are engaged with the physician and other office staff
  - Physicians are joyful as they spend more time practicing medicine with their patients as partners
  - Care design is co-created by persons and clinicians
  - Care coordination is the mode of operation
  - All people have access to high quality, affordable care
  - Social determinants are addressed as part of the care process

CMS QUALITY STRATEGY

UP UNTIL RECENTLY HEALTHCARE WAS DESIGNED BY…

CLINICIANS AND ADMINISTRATORS

HEALTH PLANS

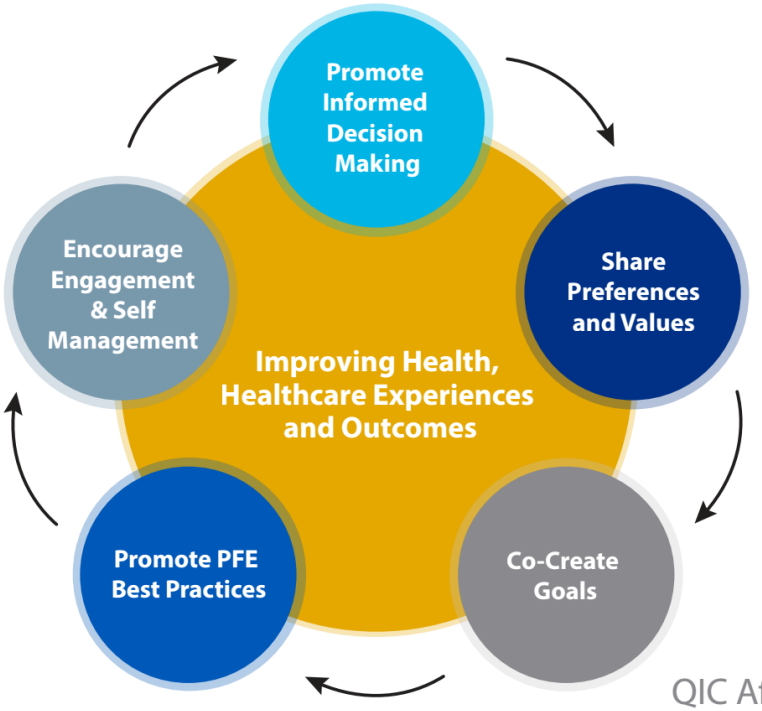
GOVERNMENT

CMS PERSON AND FAMILY ENGAGEMENT STRATEGY

HTTPS://WWW.CMS.GOV/MEDICARE/QUALITY-INITIATIVES-PATIENT-ASSESSMENT-INSTRUMENTS/QUALITYINITIATIVESGENINFO/PERSON-AND-FAMILY-ENGAGEMENT.HTML

November 2016

Foundational principles guide CMS' actions in achieving its goals for PFE.



QIC Affinity Group

NEW TRENDS IN ENGAGING PATIENTS AND FAMILIES IN RESEARCH

Stakeholder	Co-Commission	Co-Design	Co-Delivery	Co-Assessment
Patients and Families	• Needs assessment • Application development • Application review	• Gap Analysis & topic identification • Curriculum design • Curriculum review and revisions • Developing a common language	• Co-facilitation of Academy events • Patient and peer mentoring	• Evaluation design • Co-facilitation of focus groups • Co-writing evaluation reports • Co-presenting results
Researchers				
Health Professionals				

16 HIINS ACTIVELY ENGAGED WITH 4011 HOSPITALS ON PFE

"PFE is the concept of engaging patients and their families both at the bedside and within the organization, utilizing many different strategies."

- **PTNS**
  110,000 CLINICIANS IN OVER 20,000 PRACTICES THROUGH PTNS

  SANS
  500,000 CLINICIANS

TRANSFORMING CLINICAL PRACTICE INITIATIVE

Assisting clinicians and practices to be ready for MACRA --- MIPS and APMs (QPP)

Merit Incentive Based Payment System (VBP)

- Quality Performance Measures
- Efficiency
- Improvement Initiatives

- QPP - https://qpp.cms.gov/

TCPI Aims

1. Support more than 140,000 clinicians
2. Improve health outcomes for millions of patients
3. Reduce unnecessary hospitalization for 5 million patients
4. Generate $1 to $4 billion in savings
5. Sustain efficient care by reducing unnecessary tests and procedures
6. Transition 75% of practices completing the program to participate in Alternative Payment Models (APMs)
7. Build evidence based on transformation

PFE PROGRAM – 6 KEY COMPONENTS

Metric 1: Are there policies, procedures and actions taken to support patient and family voices in governance or operational decision-making of the practice (Person and Family Advisory Councils, Practice Improvement Teams, Board Representatives, etc.)

Metric 2: Does the practice support shared decision-making by training and ensuring that clinical teams integrate patient-identified goals, preferences, outcomes, and concerns into the treatment plan (e.g. those based on the individual's culture, language, spiritual, social determinants, etc.)? As the field progresses in its usage of innovative approaches, the metric has expanded to include Patient Reported Outcomes (PROs) and Patient Reported Outcome Measurements (PROMs) as acceptable approaches to meeting this metric.

Metric 3: Does the practice utilize a tool to assess and measure patient activation?

Metric 4: Does the practice use an e-tool (patient portal or other E-Connectivity technology) that is accessible to both patients and clinicians and that shares information such as test results, medication list, vitals and other information and patient record data?

Metric 5: Is a health literacy patient survey being used by the practice (e.g., CAHPS Health Literacy Item Set)?

Metric 6: Does the clinical team work with the patient and family to support their patient/caregiver management of medications?

TCPI PFE IN SUMMARY

- Person and Family Voice in provider practice – advisory group, committee, council, board
- Shared Decision Making – Teachback, motivational interviewing, patient reported outcomes, patient reported outcome measures
- Patient Activation – Understand disease condition, preparation to be a patient
- E-Tool – medical records, tests, prescribing, scheduling, communication
- Health Literacy – CAHPS Health Literacy set
- Medication Management – Support management of meds through education, understanding patient patterns, coordination of meds, dangers of medication

THE WHY……

THE WHY

Empathy all around…..it goes a long way…..

https://www.youtube.com/watch?v=cDDWvj_q-o8

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