

# Advancing Health Equity in Population Health

Learning Collaborative Session 3

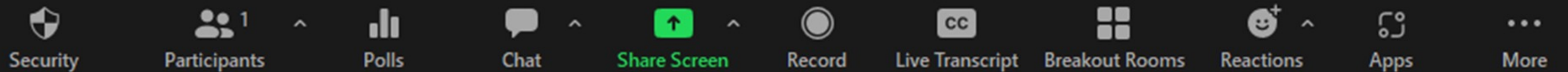


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University of California, San Francisco

# Live Captioning

To enable live captioning:

- Go to the Zoom toolbar at the bottom of your screen
- Click on "Live Captioning"
- Select "Show Captions"



Icebreaker! As folks settle in, please share in the chat...

What activities help energize you?



# Housekeeping



**Please turn your cameras on!** We'd love to hear your voice and see your face. We will be successful today if everyone is able to contribute at least once.



**Use the chat liberally** to ask questions, make comments, indicate agreement.



**Take care of yourself.** Take breaks, stretch, and let us know if you need support.



# Map of our learning collaborative

1: Primer on healthcare equity + population health

2: Data-driven improvement

**3: Developing Interventions I:  
Who's at the table?**

4: Developing Interventions II: Getting to the deep causes

\*Office hours & virtual colloquium



# Agenda

- Welcome + Overview
- Patient Engagement in QI: Using an equity lens
- Case Study: QI project for Latinx patients in FHC
- Project ECHO: Community/clinic partnerships for CRC equity
- Breakout: Goal setting for patient/community engagement
- Bring backs
- Wrap Up + Closing



# Introductions

- Anjana Sharma
- Maribel Gonzalez
- Cecily Blackwater

# Learning Objectives

By the end of the session, participants will be able to...

1. Define patient/community engagement in healthcare
2. Understand examples of engaging and building collaborative relationships with patients and community members in co-designing interventions
3. Start to assemble your Quality Improvement (QI) team: identifying necessary stakeholders and potential collaborators based on panel learnings today







# Patient and Family Engagement in Healthcare

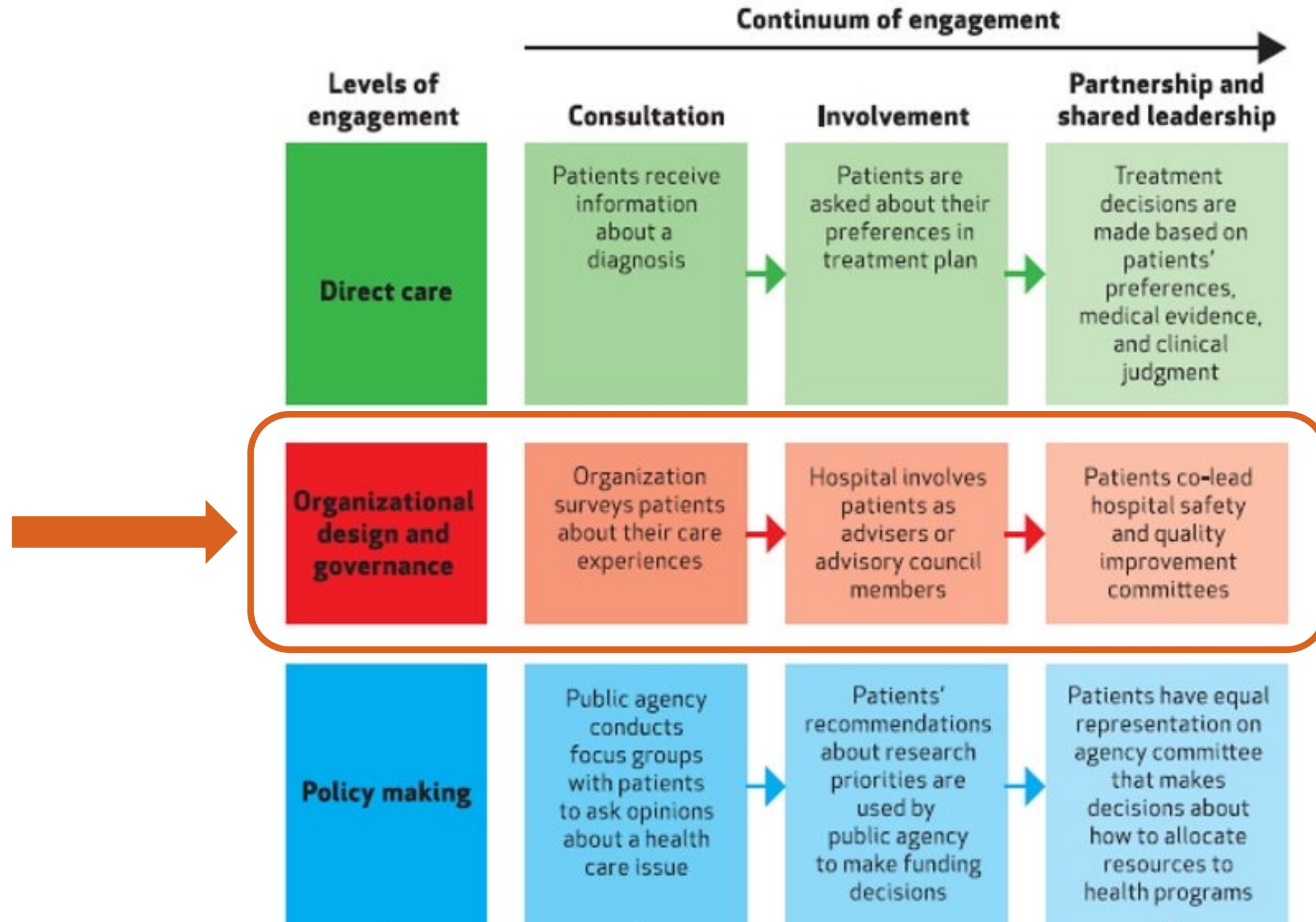
“Patients, families, their representatives, and health professionals working in active partnership at various levels across the healthcare system – direct care, organization design and governance, and policy making – to improve health and health care.”

Carman KL & colleagues. Health Affairs. 2013;32(2): 223-231.

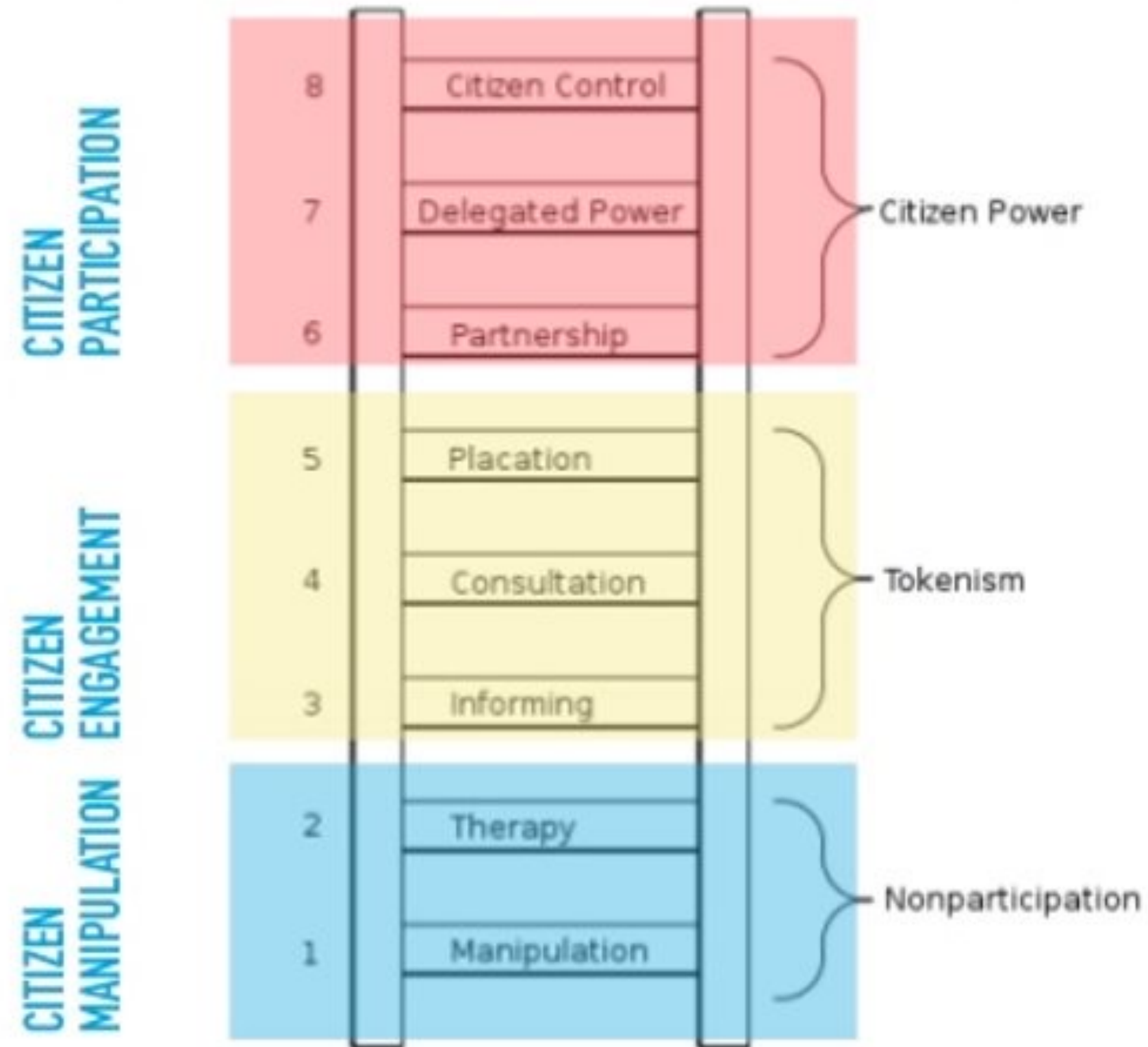
# National Institute on Minority Health and Health Disparities Research Framework

		Levels of Influence*			
		Individual	Interpersonal	Community	Societal
Domains of Influence <i>(Over the Lifecourse)</i>	Biological	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies
Health Outcomes		 Individual Health	 Family/ Organizational Health	 Community Health	 Population Health

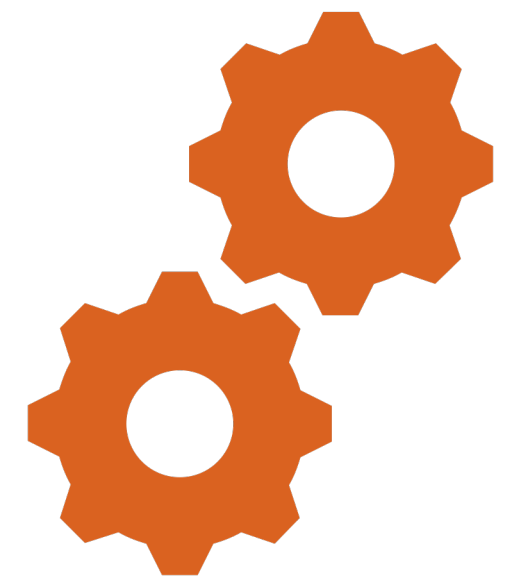
# Patient engagement has three levels



# The Ladder of Participation



Examples of engaging and building collaborative relationships with patients and community members in co-designing interventions



# Qualitative Study of Patient Advisory Councils

## Patient Advisory Councils (PACs)

- Representative group of patients who partner with staff to improve a clinic's care delivery
- What are key features of successful PACs?



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# Key Ingredients of Effective PACs

## 1. Thoughtful recruitment

“I think once we’re established and solid and work out all the processes I’m going to focus on what groups are we not representing.”

## 2. Dedicated leadership/facilitation

“...I see the facilitator as a conductor and we are the musicians. One plays cello, one plays violin, one plays the piano. We all play our own music, everybody does, and the conductor is to synchronize and harmonize.”

## 3. Clear workflows for projects

# PACs at the FHC





# Family Health Center Patient Advisory Councils



# PACs at the FHC

**Leads: Adriana Cabrera and La'Jae Loville**

## **Spanish-language PAC**

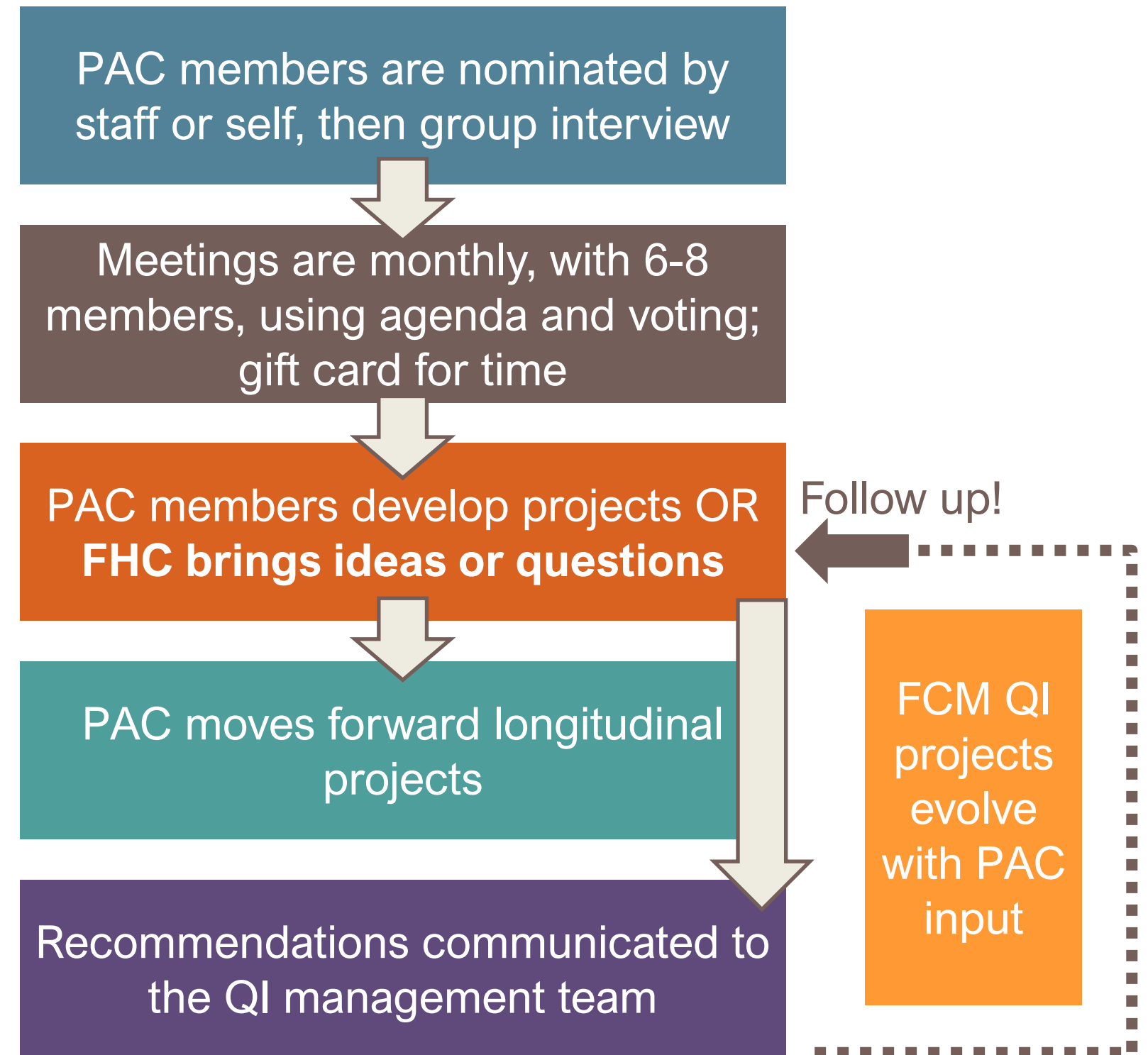
•1st Tuesday of month 2:30-4 pm

## **English-language PAC**

•4th Tuesday of the month 1:30-3 pm

\*might change to Thurs\*

## **TBD – Chinese language PAC**



# PACs at the FHC: Outcomes

## English-language

- Chairs for para-transit waiting area
- Waiting room improved chairs and toy installation for children
- “De-cluttering campaign”
- Patient newsletter
- Patient planners/calendars
- **2022-23: Wellness video and Opioid Safety**

## Spanish-language

- Spanish translation for late-time policy
- Mammogram outreach pilot project
- Pap smear campaign
- **2022-23: Meditation video and mental health flyer**



All-team meetings, retreats, safety committee, residency interviews

# Spanish-language PAC 2021-2023 priority: Mental Health

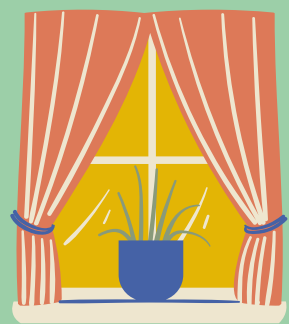
- We regularly review QI data stratified by race/ethnicity looking for where we are falling behind for Spanish-speaking patients.
- We observed higher rates of depression among Latinx/Latine patients at the Family Health Center
- We discussed the many stressful experiences faced during the COVID pandemic
- We brainstormed solutions with our medical directors and behavioral health team



# ¿ COMO MEJORAR TU ESTADO DE ANIMO ?



Abre las cortinas para que entre luz en tu casa



Decora tu casa con articulos que brinden positividad



Encontrar nuevos pasatiempos



Saca a tu mascota a caminar



Meditar



Recitar afirmaciones positivas

*buen trabajo*

*Estoy Bien*

*Yo tengo fuerza*

*tú puedes hacerlo*

*Tengo voluntad*

Hable con su médico para una referencia o llame directamente al departamento de Salud Mental para una evaluación.

**CENTRO DE SALUD MENTAL**  
**(628) 206-5252**

# ¿ COMO MEJORAR TU ESTADO DE ANIMO ?



Salir a caminar con amigos



Almorzar con compañeros de trabajo



Jugar deportes de equipo



Unirse a nuevos clubes o clases



Ir a bailar



Pasa tiempo de calidad con las personas que amas



Hable con su médico para una referencia o llame directamente al departamento de Salud Mental para una evaluación.

**CENTRO DE SALUD MENTAL**  
**(628) 206-5252**

# Mental Health Video

<https://ucsf.box.com/s/o3qm7o8shu7ab83hgt8a6ol981nrzadz>

# Resident QI Projects & PAC

## Nursing visits for BP checks

- “We don’t know who the RNs are or their expertise”

## After Visit planning

- “My doctor personally walks me out of the appointment”

## Peds Interpreter project

- “I prefer my own English and the doctor’s cr\*ppy Spanish”



An integrated patient/community QI infrastructure:  
What will it look like?



If you want to define the problem, listen to patients and community.

GIVEN ONE HOUR TO SAVE  
THE WORLD, I WOULD SPEND  
**55 MINUTES** DEFINING THE  
PROBLEM, AND **5 MINUTES**  
FINDING THE SOLUTION.



# Your Turn!

## STEP 1: Describing your landscape

- What is unique about your practice? What is unique about the patient population you serve?
- What are some unique challenges that your practice is currently experiencing? (*ex. specific health disparities, local economic or political barriers/challenges, linguistic barriers, public health challenges, access challenges*)

*What are gaps in racial, ethnic and/or linguistic equity at your site?*

## STEP 2: Defining patient engagement at your site

- How does your clinic leadership currently gain patient input? (*ex. surveys, informally, advisory groups*)
- What community groups/local networks does your clinic currently community with?
- What is helpful about this patient input? What is lacking?

*What voices, leaders, partners are currently missing?*

## STEP 3: Developing an action plan

### Patient Role

- How could patients be involved in the specific challenge/opportunity that your site is currently facing?

### Staff Engagement

- Who would be your champions at your site?
- How would you get leadership support?

### Recruitment

- Where will you recruit patients? (*ex. waiting room, community centers, survey, clinician/staff nomination*)
- Where can you develop a community relationship?
- What languages can you accommodate?

### Resources

- What resources could be leveraged to support this?

*What incentives can you provide to recognize partner time?*

### Set a SMART goal

- By \_\_\_\_\_ date
- We will have engaged \_\_\_\_\_ patients through \_\_\_\_\_ activity
- We will have met \_\_\_\_\_ times
- We will present our findings to \_\_\_\_\_
- We will know it is a success because \_\_\_\_\_

# Bring backs

- Where did you focus your planning?
- Where did you find a barrier or get stuck?
- What questions do you have now, going back to your community?

# What did we learn?

1. You have learned 3 conceptual frameworks involving LEVELS of health and how patient/community engagement connects to each level.
2. You have discussed multiple examples of how patients or community members co-designed quality improvement and research projects.
3. You've made a road map for how to think about patient and community engagement in your QI infrastructure at your site for enhancing equity.



Thoughts, Questions, Comments?



THANK YOU!



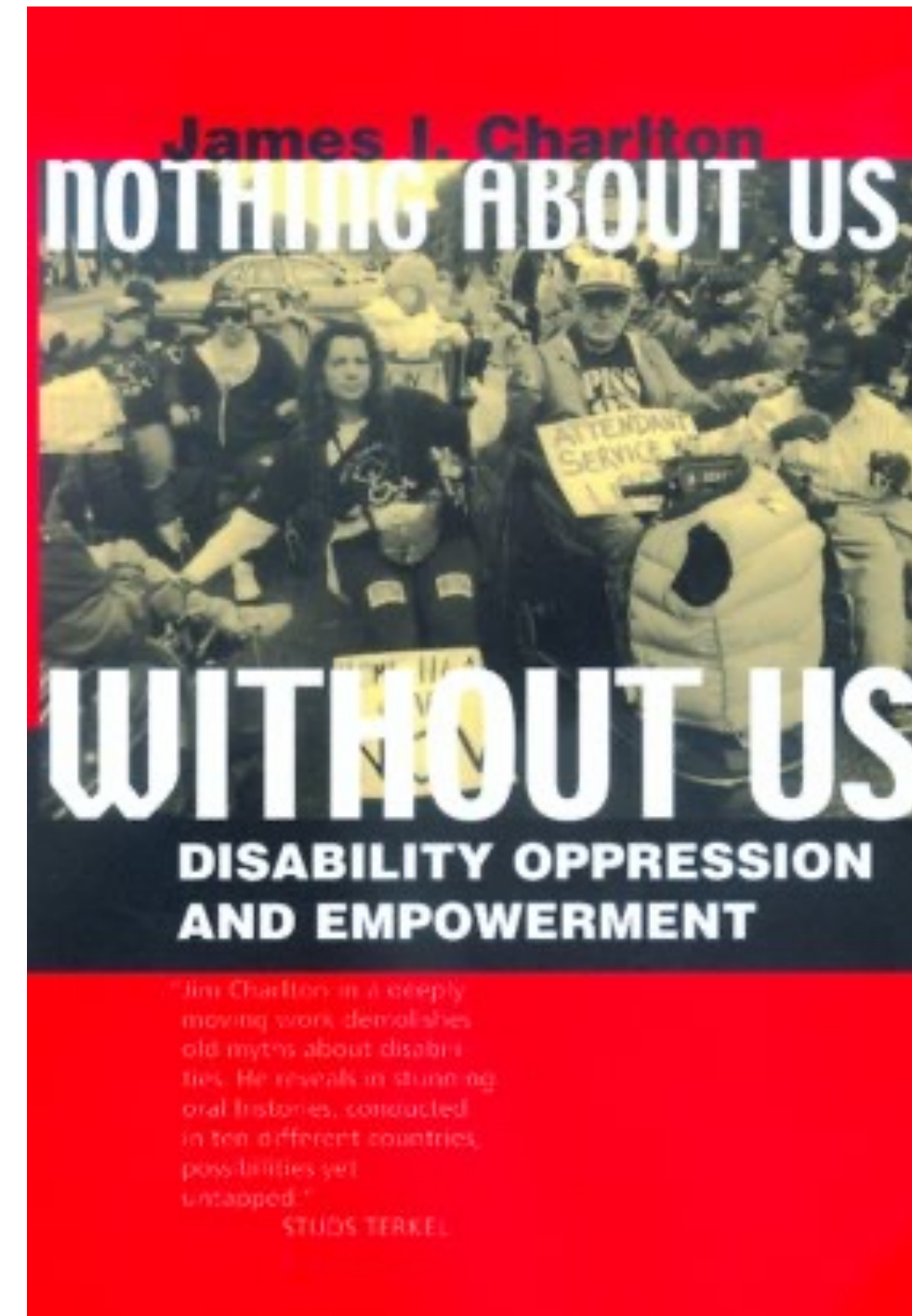
What is patient engagement?

# Why should we promote patient engagement?

Justice

Ethics

Improved outcomes





# Some history of FQHCs

- Federally qualified health centers were mandated to have community representation on their governing boards since the 1970s
  - Still required 51%, otherwise no funding
- However, these boards have been found to not be representative of the communities they serve
- Role of governing boards tends to be very high level and recruit more highly educated members of patient community

# Patient Engagement in the 10 BBs



# Does Patient Engagement Affect Outcomes?

- Stronger evidence for **individual** patient engagement
  - Patient Activation Measure (PAM): improved A1c, decreased ER
  - Shared Decision Making: improved asthma QOL
  - Motivational interviewing: BMI, cholesterol, BP, alcohol
  - Health coaches: hypertension, diabetes and hyperlipidemia
- Evidence for **clinic-level** patient engagement?
  - We are working on it....

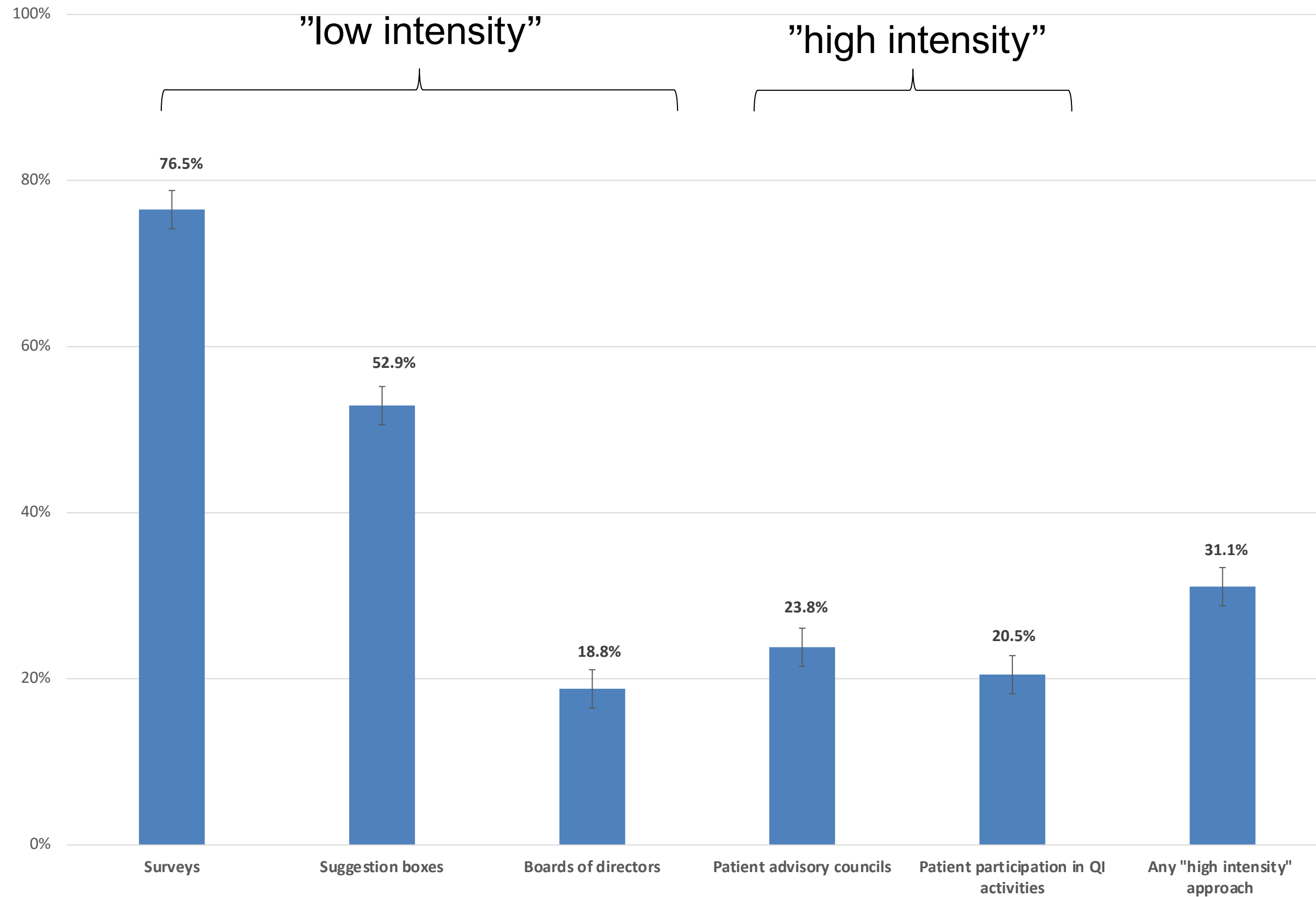
# National Survey of Family Physicians

- Question: What is national prevalence and practice-level predictors of patient engagement?
- Methods: ABFM 2016 National Board Certification Survey
  - Individual demographics
  - Practice-level features
  - Patient Engagement question
  - PCMH questions for random subsample



# ABFM Survey on Patient Engagement

Results: Family docs (1,368) practicing in ambulatory setting



# ABFM Survey on Patient Engagement

- Notables:
  - Patient experience surveys are highly prevalent
  - Of all practices, 31% have high-intensity patient engagement
  - Of all PCMHs, 58.5% have high-intensity patient engagement
- What predicts HIGH-INTENSITY Patient Engagement (patients in QI or patient advisory councils):
  - Large practice size: aOR 3.30, 95% CI (1.96, 5.57)
  - Certified PCMH: aOR 2.19 (1.62, 2.97)
  - % Vulnerable populations served: aOR 1.83 (1.18, 2.84)

# Systematic Review of Patient Engagement

- Question: What is the impact of patient advisors on clinical quality metrics, patient safety, or patient experience of care?
- Methods: Systematic review using PubMed, SCOPUS, CINAHL and Google Scholar for English language publications between November 2002 to August 2015



# Systematic Review: Results

**Results:** 639 articles found, 32 selected for final review

17

Case studies/anecdotal impacts on patient satisfaction, reduced falls, improvements to clinic and hospital layouts

4

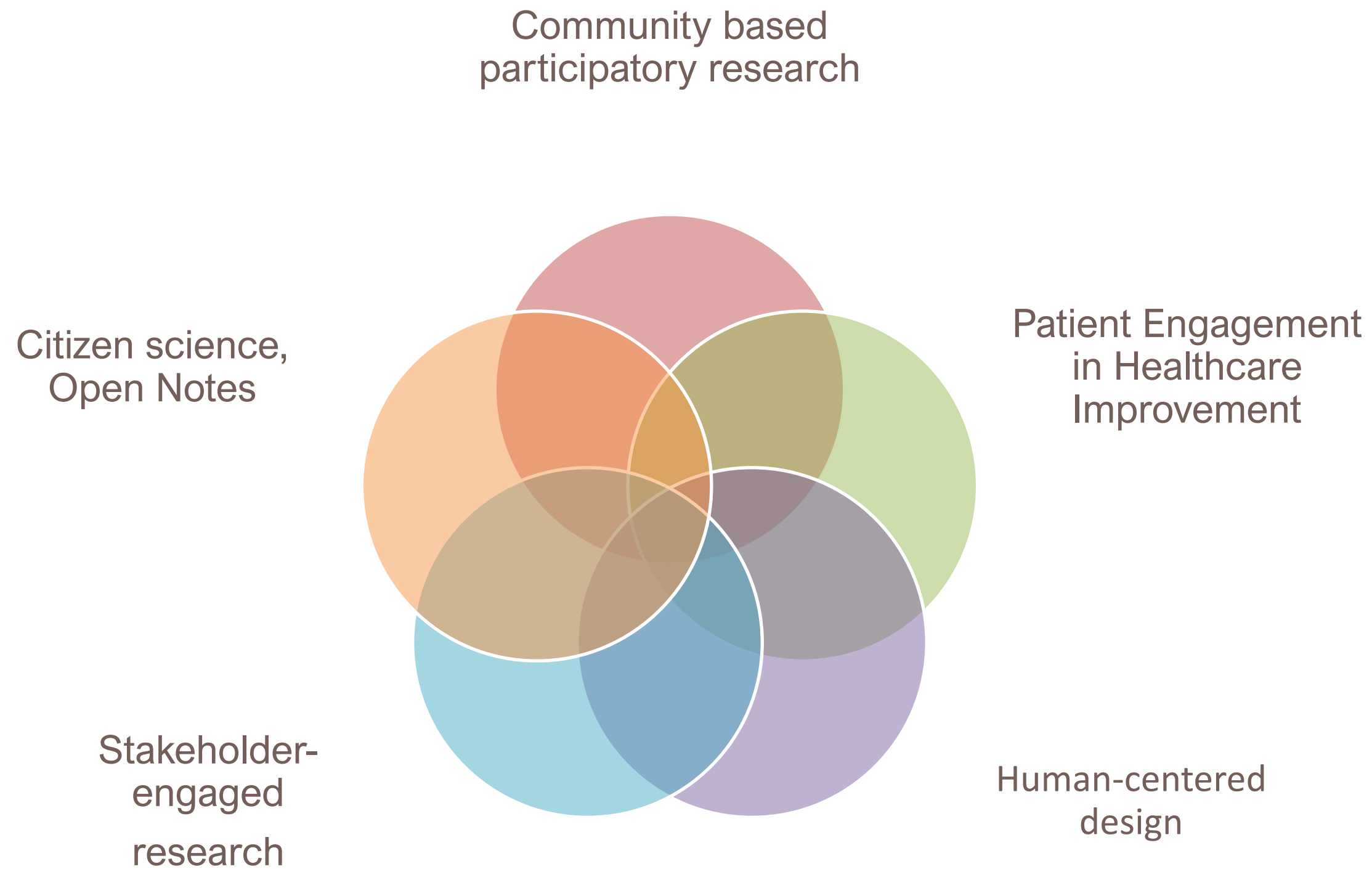
Community-based studies: improved colorectal cancer screening, inhaler use, BP control

1

Cluster RCT: patient advisors identified priorities more aligned with the PCMH and Chronic Care Model



# Systematic Review of Patient Engagement



# Your turn!

- What QI projects are you thinking about implementing at FHC?
- How can the PAC, or patient input, help you develop your project?

## During idea exchange activity..

- Residents: What project ideas are you passionate about? What options are you considering?
- PAC Members: What improvements do we need at the clinic? What are some recent care experience issues you've observed?
- Facilitators: Try to help guide conversation from a topic/care experience issue into a feasible, discrete project



# Neighbor Health Program: Group conversation

1. How do you think the NeighborHealth model impacts individual clinic-level care as well as community or population-level care?
2. How does governance/participation/governance work in the NeighborHealth program?
3. What is your vision for how community advisory boards will participate within the program?



# Complete References

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- Boivin, A., et al. (2014). "Involving patients in setting priorities for healthcare improvement: a cluster randomized trial." Implement Sci 9: 24.

# Patient Engagement in Safety

- Self-monitoring of anticoagulation reduces mortality
- “Open Notes” correct documentation errors
- Next steps: can patients and families help us to improve how we monitor and address safety events in primary care?

By Arjana E. Sharma, Natalie A. Rivadeneira, Jill Barr-Walker, Rachel J. Stern, Amanda K. Johnson, and Urmimala Sarkar

## Patient Engagement In Health Care Safety: An Overview Of Mixed-Quality Evidence

**ABSTRACT** Patients and caregivers play a central role in health care safety in the hospital, ambulatory care setting, and community. Despite this, interventions to promote patient engagement in safety are still underexplored. We conducted an overview of review articles on patient engagement interventions in safety to examine the current state of the evidence. Of the 2,795 references we evaluated, 52 articles met our full-text inclusion criteria for synthesis in 2018. We identified robust evidence supporting patients' self-management of anticoagulation medications and mixed-quality evidence supporting patient engagement in medication and chronic disease self-management, adverse event reporting, and medical record accuracy. Promising modes of patient engagement in safety, such as anticoagulation management and patient portal access, are not widely implemented. We discuss major implementation priorities and propose directions for future research and policy to enhance patient partnership within safety efforts.

Thoughts, Questions, Comments?



# Impact on Primary Care

- 1: Primer on healthcare equity + population health
  - 2: Data-driven improvement
  - 3: Developing Interventions I: Who's at the table?
  - 4: Developing Interventions II: Getting to the deep causes**
- \*Office hours & virtual colloquium



# Wrap Up

Please remember to complete the post-session survey.