Advancing Health Equity in Population Health

Learning Collaborative Session 3

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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?
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
"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."

### National Institute on Minority Health and Health Disparities Research Framework

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<tr>
<th>Domains of Influence (Over the Lifecourse)</th>
<th>Levels of Influence*</th>
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<td>Biological</td>
<td>Individual</td>
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<td>Biological Vulnerability and Mechanisms</td>
<td>Family Microbiome</td>
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<td>Caregiver–Child Interaction</td>
<td>Herd Immunity</td>
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<td>Sociodemographics Limited English</td>
<td>Community Environment</td>
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<td>Cultural Identity</td>
<td>Resources</td>
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<td>Response to Discrimination</td>
<td>Societal Structure</td>
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<td>Physical/Built Environment</td>
<td>Interpersonal</td>
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<td>Household Environment</td>
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<td>School/Work Environment</td>
<td>Community Functioning</td>
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<td>Sociocultural Environment</td>
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<td>Insurance Coverage</td>
<td>Societal Structure</td>
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<td>Health Literacy</td>
<td>Rights and Policies</td>
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<td>Treatment Preferences</td>
<td>Community Health</td>
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<td>Health Care System</td>
<td>Quality of Care</td>
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<td>Patient–Clinician Relationship</td>
<td>Health Care Policies</td>
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<td>Medical Decision-Making</td>
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<td>Availability of Services</td>
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<td>Safety Net Services</td>
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<td>Health Outcomes</td>
<td>Health Status</td>
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<td>Individual Health</td>
<td>Population Health</td>
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<td>Family/Organizational Health</td>
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<td>Community Health</td>
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Patient engagement has three levels

The Ladder of Participation

http://Lithgow-Schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html
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

Follow up!

PAC members are nominated by staff or self, then group interview

Meetings are monthly, with 6-8 members, using agenda and voting; gift card for time

PAC members develop projects OR FHC brings ideas or questions

PAC moves forward longitudinal projects

Recommendations communicated to the QI management team

FCM QI projects evolve with PAC input
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**
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

1. Abre las cortinas para que entre luz en tu casa
2. Decora tu casa con artículos que brinden positividad
3. Encontrar nuevos pasatiempos
4. Sacar a tu mascota a caminar
5. Meditar
6. Recitar afirmaciones positivas
7. 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

1. Salir a caminar con amigos
2. Almorzar con compañeros de trabajo
3. Jugar deportes de equipo
4. Unirse a nuevos clubes o clases
5. Ir a bailar
6. Pasar tiempo de calidad con las personas que amas

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 engage 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

1. Engaged Leadership
2. Data-Driven Improvement
3. Empanelment
4. Team-Based Care
5. Patient-Team Partnership
6. Population Management
7. Continuity of Care
8. Prompt Access to Care
9. Comprehensiveness & Care Coordination
10. Template of the Future
Does Patient Engagement Affect Outcomes?

• Stronger evidence for *individual* patient engagement
  o Patient Activation Measure (PAM): improved A1c, decreased ER
  o Shared Decision Making: improved asthma QOL
  o Motivational interviewing: BMI, cholesterol, BP, alcohol
  o Health coaches: hypertension, diabetes and hyperlipidemia

• Evidence for *clinic-level* patient engagement?
  o We are working on it....

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
Results: Family docs (1,368) practicing in ambulatory setting
ABFM Survey on Patient Engagement

• Notables:
  o Patient experience surveys are highly prevalent
  o Of all practices, 31% have high-intensity patient engagement
  o Of all PCMHs, 58.5% have high-intensity patient engagement

• What predicts HIGH-INTENSITY Patient Engagement (patients in QI or patient advisory councils):
  o Large practice size: aOR 3.30, 95% CI (1.96, 5.57)
  o Certified PCMH: aOR 2.19 (1.62, 2.97)
  o % Vulnerable populations served: aOR 1.83 (1.18, 2.84)
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

Community based participatory research

Citizen science, Open Notes

Patient Engagement in Healthcare Improvement

Stakeholder-engaged research

Human-centered design
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
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

- Millenson, M. Will the Affordable Care Act Move Patient-Centeredness to Center Stage? Timely Analysis of Immediate Health Policy Issues. March 2012. RWJF.
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?
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.