A National View of How Patient Engagement and Business Intersect

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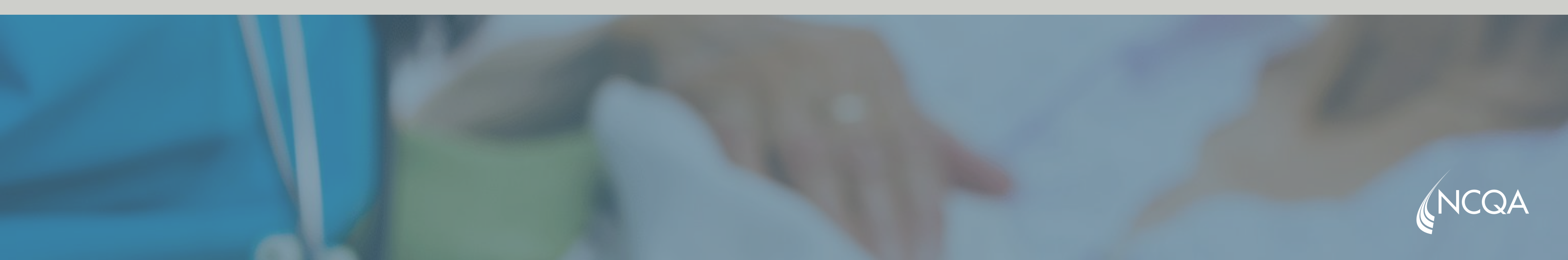
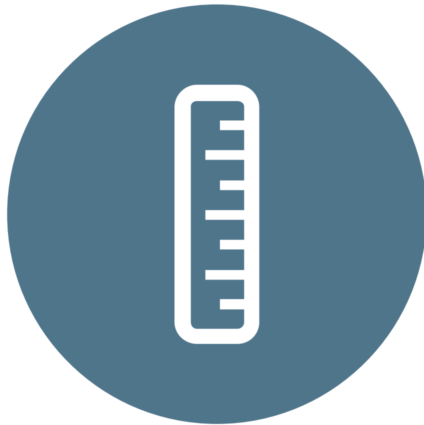
Session Objectives

- Identify why active patient engagement should be a priority for your practice
- Let patients inspire and energize your clinicians, staff, and leaders
- Establish patients as “experts by experience”, focused on the “right” solutions
- Improve patient outcomes by engaging them and their families in their care and their care delivery system
- Learn where different program requirements align and support business goals

About NCQA



About



Measure

Clinical quality, consumer experience, resource use

Accredit

Health plans, ACOs, etc.

Recognize

Physician practices

What we do, and why

OUR MISSION

To improve the quality of health care

OUR METHOD

Measurement

We can't improve what we don't measure

Transparency

We show how we measure so measurement will be accepted

Accountability

Once we measure, we can expect and track progress

Recognition programs

Identifies providers and practices delivering superior care

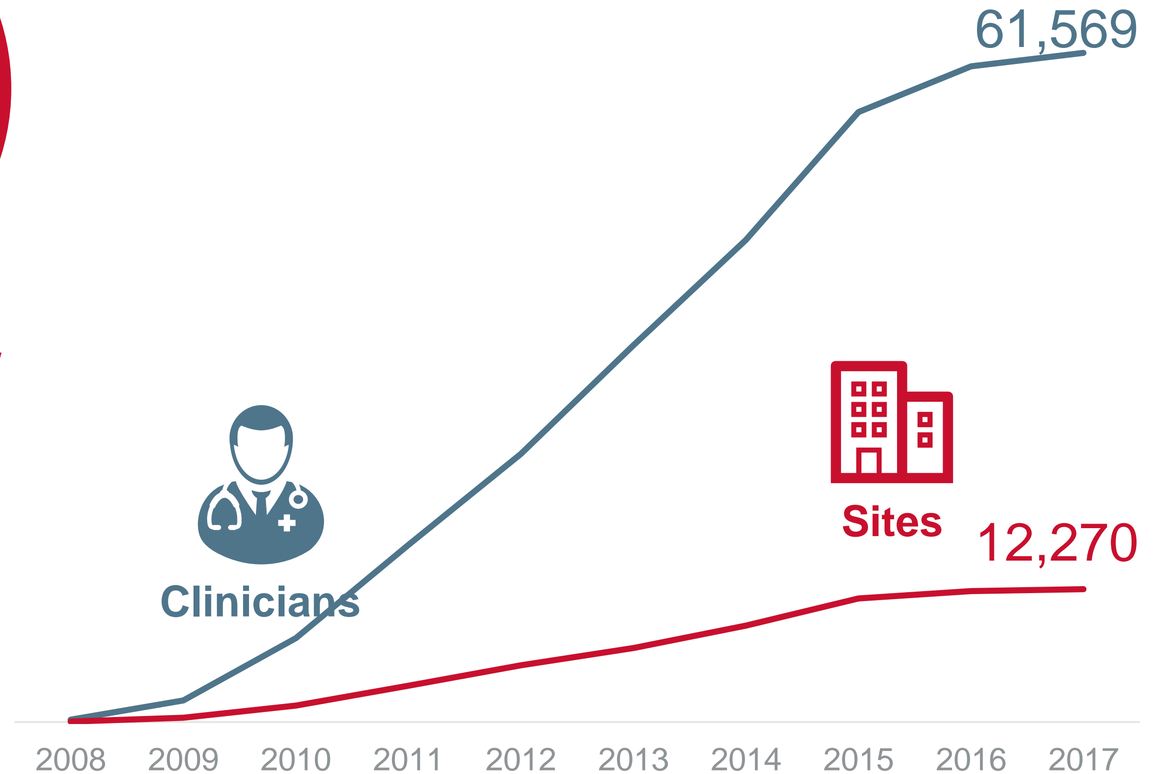
>73,000
clinicians at

>12,000
practice sites

About NCQA

The fastest-growing delivery system reform:

Patient-centered medical home (PCMH)



Patient-Centered Care

Overview

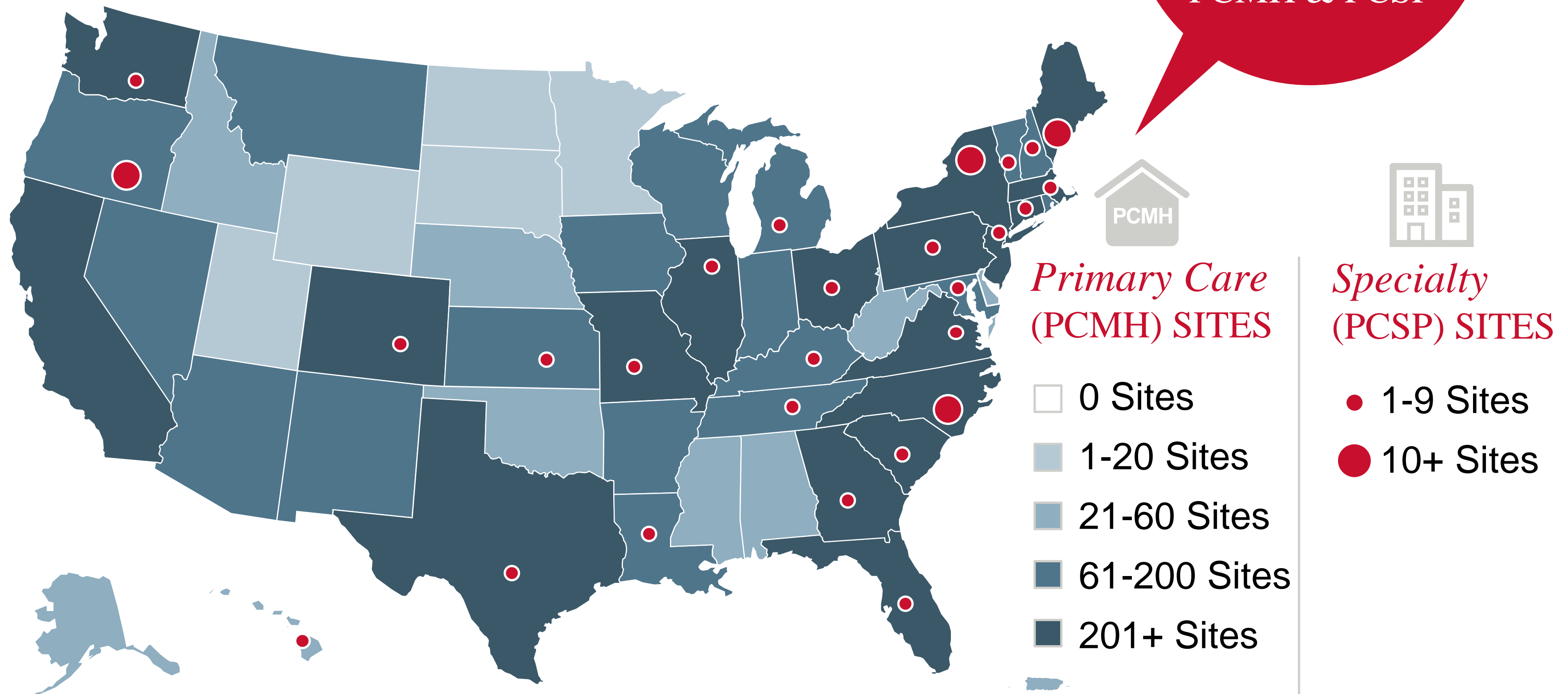
NCQA Recognition Program

- Patient-Centered Medical Home
- Patient-Centered Specialty Practice
- Patient-Centered Connected Care

NCQA medical neighborhood recognitions

Closing the Loop Between Primary & Specialty Care

Over *12,500* Total Sites Recognized
PCMH & PCSP



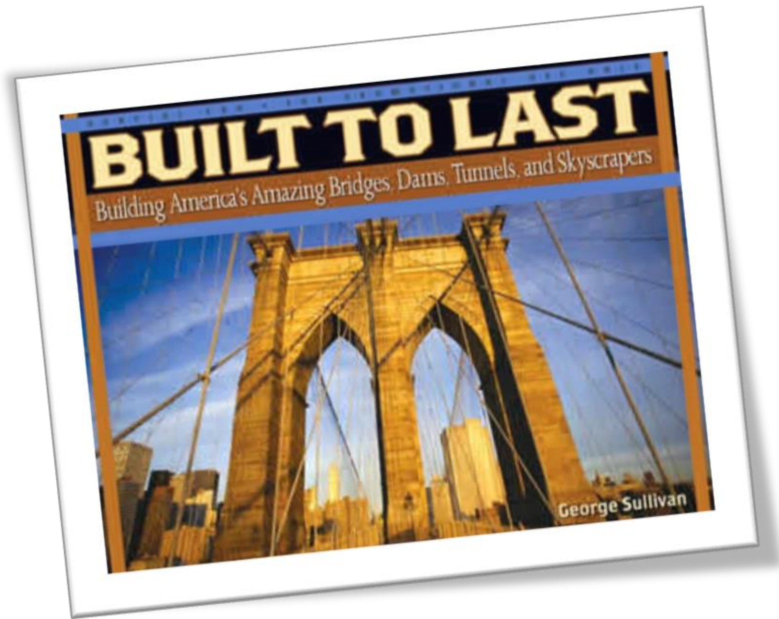
Current Landscape

Rewarding Value

Improving Quality

Move towards PCMH and Better Integration

A "2020" Vision of Patient-Centered Primary Care



Superb access to care

Patient engagement in care

Clinical information systems that support high-quality care, practice-based learning, and quality improvement

Care coordination

Integrated and comprehensive team care

Routine feedback to clinicians

Publicly available information

(Davis, et al, 2005)

Expanding the Patient Engagement Concept

Quality Improvement and Health System Redesign

Several Levels

Patients engage with their providers on treatment decisions and self-management

An active partnership in direct care

Patients engage with leaders and staff on organizational and governance issues

System redesign to improve care processes, outcomes, and patient experience

Patients engage more broadly in councils addressing system policy issues

Involvement with policy makers/community leaders to solve problems

Carman KL, Dardess P, Maurer M, et al. Patient and family engagement: a framework for understanding the elements and developing interventions and policies. *Health Aff*. 2013;32(2): 223-231

Engaging the Patient/Family/Caregiver in Their Own Care

The Self-Management Shift

Patient-Centered Care

Tasks traditionally performed by professional health care providers

Shift from giving the patient a self –management plan

The patient/family/caregiver chooses goals

They have to be reasonable and within the scope of the patients abilities

Provided in a variety of forms for a variety of conditions and behaviors

In a culture of Patient and Family Engaged Care (PFEC), patients are not merely subjects of their care; they are active participants whose voices are honored.

National Academy of Medicine's (NAM's) Leadership Consortium for a Value & Science-Driven Health System

Is the Patient Ready for this Change?

Ask them…

- *Have the patient rate their confidence level if achieving a specific goal*
- *Have the patient identify potential barriers for achieving their goal*
- *What are the alternatives if the patient isn't successful?*
- *Explore the barriers the patient is experiencing*
- *Go to another goal that is more attainable for the patient*
- *Provide resources, perhaps outside resources, that will insure the patients success*

Can the Practice Predict Patient Involvement

In their own care

- Patient Activation Tools[1]
- How's Your Health[2]
- Patient's Perspective
  Caregiver's Perspective[3]

1. Judith Hibbard, University of Oregon
2. Wasson JH, Benjamin R, Johnson D, Moore LG, and Mackenzie T. Patient Use the Internet to Enter the Medical Home. *J Amb.Care.Mgmt.* 2011; 34:38 – 46
3. TED Talk Radio Hour

What is the Evidence for This Engagement?

Nearly half **(47 percent)** of patients bring family/ friend to clinician's appointments to help ask questions & understand information from clinician

About **three in five patients** take a list of medications to a clinician's appointment

Goals are reached? Outcomes improved?

– Which are we measuring?

Robert Wood Johnson Foundation Quality Field Notes Issue Brief "What We're Learning: Engaging Patients Improves Health and Health Care, No. 3, March 2014

http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf411217

Research and Policy Needs

- What is the impact of shared decision making on costs of care?
- Does engaging patients and families in safety initiatives reduce the incidence of medical errors or adverse events, avoid waste, and improve patient experiences?
- Carefully designed evaluations that provide information about what works, what doesn't, and how much it costs; and a deliberate plan for incorporating the best knowledge of effective methods for patient engagement are needed.

The Evidence Thus Far

Observational research suggests that mutual recognition by the patient and physician of an ongoing relationship is related to better patient experience.

Patients who received coaching tailored to their activation level had greater improvement in their biometrics and their adherence to recommended regimens, and showed greater reductions in hospitalizations and in emergency department use than did patients coached in the usual way.

Hibbard et al. (2009)

Moving to the Next Level

- Healthcare systems remain largely run by providers to suit their needs
- Patient-centered care remains valued but dependent on individual practice styles
- Patients are expected to accept the care delivery processes designed by staff
- Gaps exist between the perspectives of leaders and frontline staff

Berwick DM. What "patient-centered" should mean: confessions of an extremist. *Health Aff.* 2009;28(4):293-295

Engaging Patients in Practice Improvement

Patients and families can provide unique perspectives and enhance the ability of the practice to make improvements.

Practices that seek patient participation in quality improvement may respond more effectively to patient and family needs, and policy can promote practice features that support patient engagement in their own care and in practice design.

Potential Areas for Patient Input

- **Review/analyze/prioritize results**
  - Patient survey
  - Clinical data
  - Focus group
  - Comment cards
- **Develop tools/educational materials**
  - Shared decision-making tools
  - Condition specific materials
  - Patient information about practice responsibilities to patients
  - Review/redesign patient care plan templates
  - Medication reconciliation
- **Education for patients/staff**
  - Serve as facilitator for patient-led group, e.g., diabetes
  - Patient perspective for staff training

Practice Benefits of This Level of Engagement

Health care costs are up to **21 percent** higher among patients who lack knowledge/ability to manage their own care compared with highly engaged patients.

Research links the level of activation with health care costs

For patient engagement in care of the individual, there is good evidence that specific interventions can improve patient knowledge, self-efficacy, and some outcomes, and reductions in utilization or costs of care have been reported in some studies

Robert Wood Johnson Foundation Quality Field Notes Issue Brief "What We're Learning: Engaging Patients Improves Health and Health Care, No. 3, March 2014
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf411217
Activation Source: Judith Hibbard, University of Oregon

Potential Areas for Patient Input

Input on practice operations

- Wait times
- Medication refill processes
- Timely access to appointments & clinical advice during/after hours
- Modifications to patient portal
- Process & communication mechanisms for care transitions to specialists, facilities
- Letter to patients notifying them of test results & pop health reminders

What Are We Asking of Patients?

Orient towards decisions, not just interactions

Participate in quality improvement activities

Participate in patient/family advisory councils or other regular meetings

Provide feedback through surveys

Help in development of patient materials

Participate in focus groups

Do “walk-through” to give staff a patient perspective of practice workflow

What Do Patients and Practices Need To Do This?

Tactics for recruiting and preparing patients

Orientation sessions

Peer mentors

Multiple participating advisors

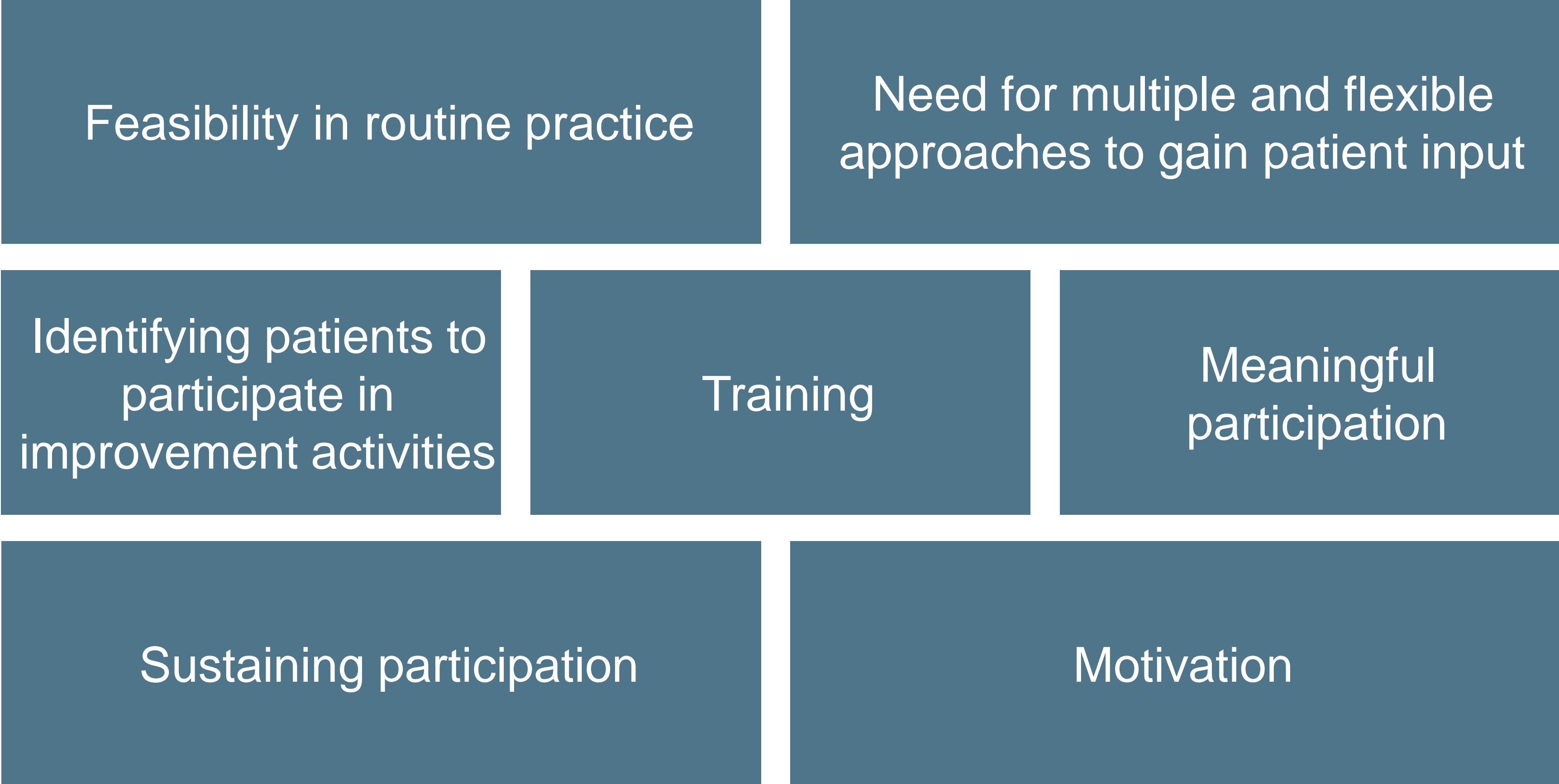
External facilitators for events

Leadership support and role modeling

Offering opportunities for patients and staff to learn and work together

Meaningful engagement requires reflection on the rationale and goals for patient involvement and the preparation and support necessary for successful change

Issues on Engaging Patients in Quality Improvement



Engaging Patients and Families in Policy

How is this different?

Serve on policy and quality improvement committees for various private and public initiatives

Gather input from other consumers

Participate in design of medical home or other demonstration projects

Participate in training for practice teams

Issues in Engaging Patients in Policy

- Selection, training, and preparation
- The messenger matters
- Role of patients and consumers
- Time and resources

Where Will This Effort Lead Your Organization?

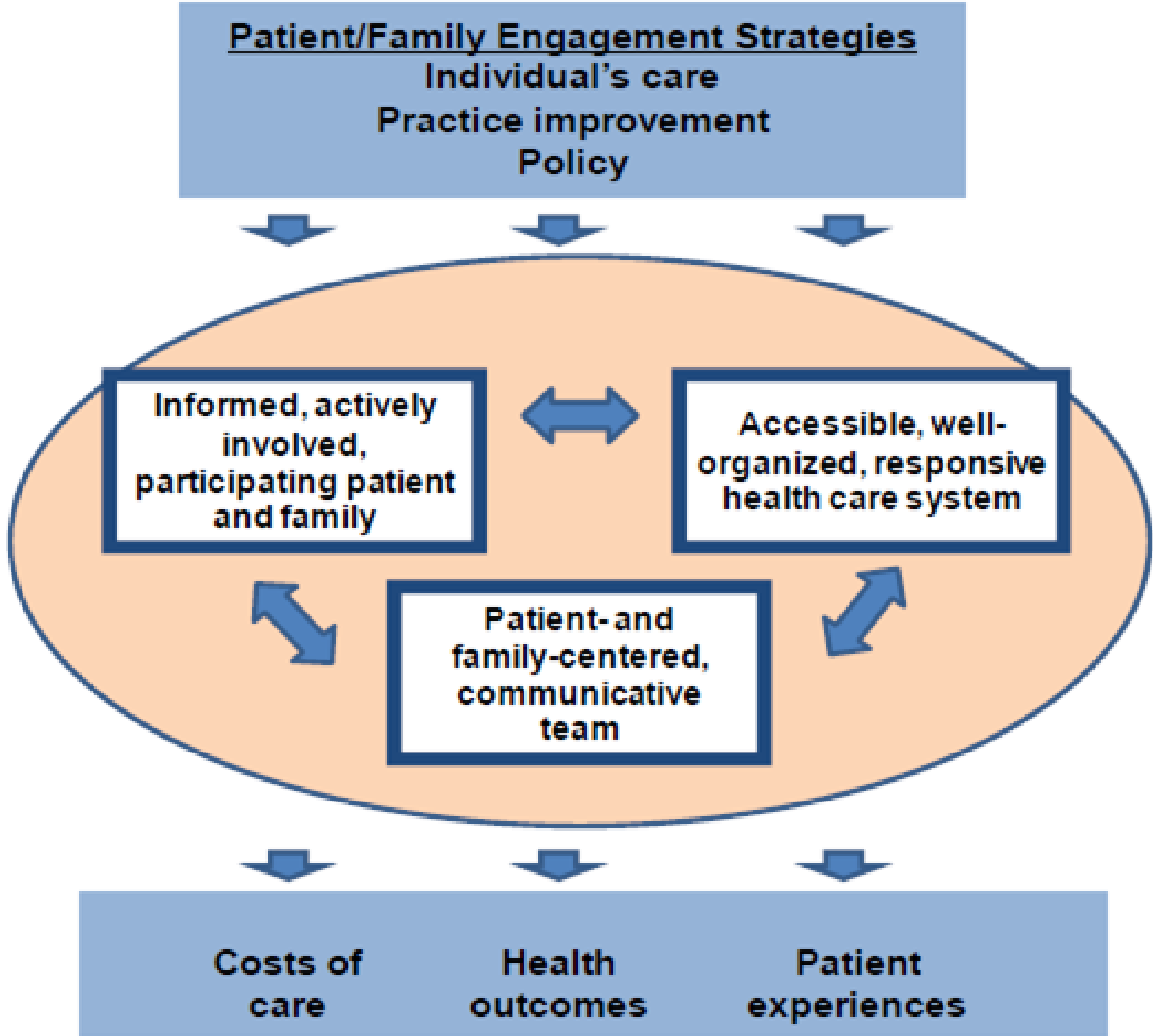


Figure 1. Logic Model for Conceptualizing the Impact of Patient Engagement
(Adapted From Epstein and Street, 2008)

Meaningful Engagement

Demands preparation and support necessary for successful change

Bringing staff and patient together to work towards tangible goals

Leaning and doing together

Define priorities for improvement

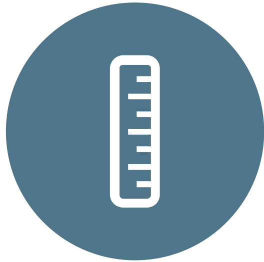
Develop and co-design solutions for identifies gaps

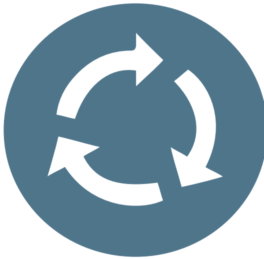
Provide them with the tools and skills needed to make change

Requires reflection on the rationale and goals for patient involvement

International Association for Public Participation. Core Values for the Practice of Public Participation. 2008. Web site. http//www.iap2.org/?page=A4.

Determine Degree of Patient Involvement





Assess organizational commitment: leadership & resources (personnel, financial)

Evaluate type/extent of patient involvement desired, e.g., QI team, patient survey, focus groups, comment cards, PFAC

Create business case for patient involvement to convince organization of value

Enlist leadership support

Build dedicated team to develop/implement patient voice

Develop goals, written plan with timeline, time commitment of clinicians/staff, budget

Implement plan

Evaluate

Modify approach

Steps in Establishing a PFAC

Solicit organizational support

Identify clinician champion; ensure clinician participation in development & management

Define roles & responsibilities for clinicians, staff & patients

Recruit practice staff

Create mission, vision, goals, realistic timeline

Recruit patients; promote value/perks

Invite patients/staff & prepare for meeting

Hold orientation for staff/patients

Plan & hold first meeting with clear agenda

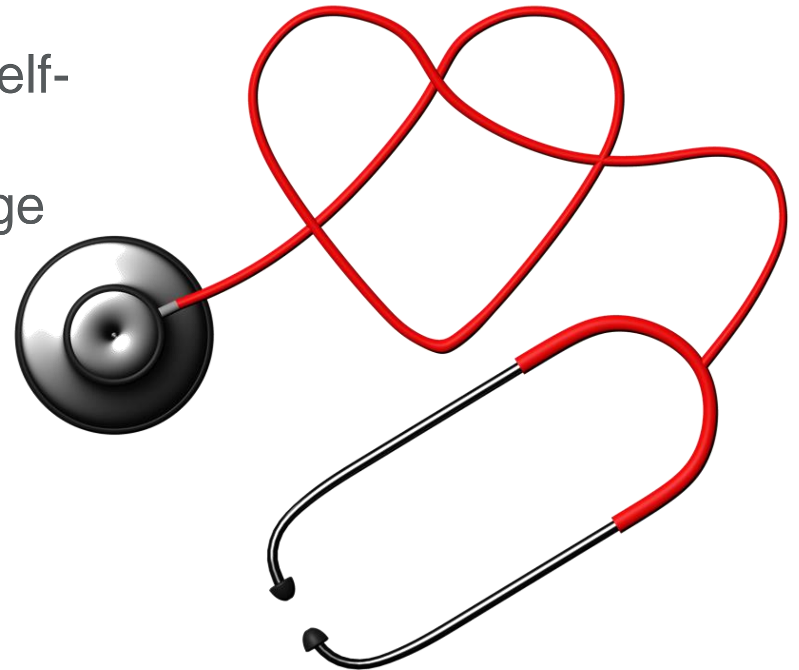
AHRQ “Guide for Developing a Community-Based Patient Safety Council”
National Partnership for Women & Families “Key Steps for Creating Patient & Family Advisory Councils in CPC Practices”, April 2013

NCQA

Benefits of Patient Partners

Patients provide

- Unique perspective of practice function & care delivery
- Help improve quality, efficiency, self-care management
- Impetus for practice culture change



Benefits to patients

- Improved understanding of the healthcare system
- Better able to navigate system, manage own care

Aspden P, Wolcott JA, Bootman L, Cronenwelt LR. eds. Institute of Medicine, Preventing Medication Errors, Quality Chasm Series. Washington, DC: The National Academies Press, 2007.

Benefits of Patient Partners

Clinician benefits

- Awareness of patient perspective, barriers, opportunities
- Improve the quality of work life for clinicians & staff

Organization benefits

- Mechanism for receiving/responding to patient input/priorities
- Ensure that services meet patient needs
- Improve patient satisfaction, clinical outcomes
- Reduce medical error
- Change culture about patient-centered care
- Improve quality metrics, e.g., preventive care measures
- Better patient experience results

Aspden P, Wolcott JA, Bootman L, Cronenwelt LR. eds. Institute of Medicine, Preventing Medication Errors, Quality Chasm Series. Washington, DC: The National Academies Press, 2007.

Lessons Learned

Use good marketing strategy to recruit

- Establish "why"
- Use perks for patients, e.g., food at meetings, parking, childcare

Plan well & create structured framework

- Create mission, vision, goals, guidelines & agenda templates
- Establish clear rules for participation
- Orient & train patients & staff
- Get a signed agreement/confidentiality statement from each PFAC member
- Build clinician members into the group; rotate clinicians & don't discuss medical issues

Act on patient recommendations

- Provide feedback on progress/accomplishments

Anticipate barriers

- Learning curve to engage patients meaningfully

Does This Strategy Bring Value?

And what else?

Patient engagement strategies seek to support patients and families to be activated and informed participants in their own care, to encourage practices to adopt and sustain proactive efforts to partner with patients, and to shape, at the system and community levels, policies and programs that are responsive to patient and family needs.

This, as the IOM has articulated, is an aim of the health care system, but it can also lead to improved quality and reduced costs of care.

Engagement Outcomes

Better Culture

- Joy in practice
- Inclusive culture
- Increased compassion
- Improved experience
- Improved staff retention
- Reduced burnout/stress

Better Care

- Care plans match patient goals
- Improved symptom management
- Improved safety
- Improved transitions
- Decreased readmissions
- Reduced disparities

Better Health

- Improved patient-defined outcomes
- Increased patient self-management
- Improved quality of life
- Reduced illness burden

Lower Costs

- Appropriate utilization and length of stay
- Improved efficiency
- Appropriate spending
- Better value for patients and families

Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care (2017)

National Academy of Medicine's (NAM's) Leadership Consortium for a Value & Science-Driven Health System

Resolving Barriers to Creating & Sustaining Patient Involvement

Lack of guiding vision	Plan well; establish clear purpose
Inadequate organizational leadership	Gain organizational support before beginning; present business case
Lack of clinician involvement	Solicit organizational support to find strong clinician champion
Difficulty finding patients	Use marketing strategy that includes value to patients
Scarce resources & insufficient commitment	Begin with small steps
Difficulty keeping patients	Clear expectations; promote successes; aim for actionable, "do-able" goals

Is Patient Engagement Only for Primary Care?

Interaction with and applicability to specialty care

Do the strategies for engaging patients apply equally well in specialty care settings?

What are the relative roles of primary care and specialty practices in patient engagement, and how can these entities work together?

The PCMH/PCSP value proposition

NCQA PCMH & PCSP IA auto-credit

- Largest PCMH program to qualify
- No other PCSP programs qualify
- Others must be national programs or state/commercial programs with at least 500 practices meeting specific criteria

100% automatic credit for IA

PCMH/PCSPs within non-qualified APMs bring auto Credit and boost overall scores

PCMHs/PCSPs also should have:

- Higher quality scores
- Lower resource use
- Higher ACI scores

PCMH/PCSP are solid foundations for APMs

Promoting Joint Accountability in APMs

The More PCMH/PCSPs, the Higher Score for All

Clinicians in APMs not meeting Advanced APM thresholds are scored collectively for MIPS…

- Each is scored individually
- Individual scores are averaged across the APM
- Average score applied to all clinicians in the APM

PCMH & PCSP clinicians can expect to have higher MIPS scores

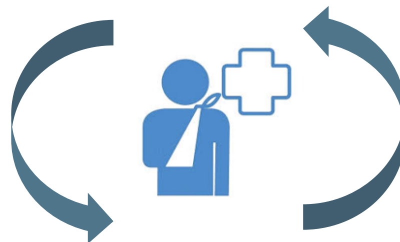
…so, the more PCMH & PCSPs an APM has, the higher the average MIPS score for all clinicians in the APM

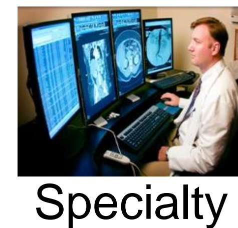
NCQA Patient-Centered Specialty Practices

Complements Patient-Centered Medical Homes, Builds "Medical Neighborhoods"

Agreements with primary care clinicians on exchanging info	Timely access Same-day appointments
Coordinate care transitions and post-discharge follow-up	Managing care for individuals & populations

Primary





Specialty

Behavioral

LTSS

NCQA PCMH 2017 Redesign

3 Parts

Commit

Practice completes an online guided assessment.

Practice works with an NCQA representative to develop an evaluation schedule.

Practice works with NCQA representative to identify support and education for transformation.

New NCQA PCMH online education resources support the transformation process.

Transform

Practice submits initial documentation and checks in with its evaluator

Practice submits additional documentation and checks in with its Evaluator.

Practice submits final documentation to complete submission and begin NCQA evaluation process.

Practice earns NCQA Recognition.

Succeed

Practice is prepared for new payment environment (value-based payment, MACRA MIPS/APMs).

Practice demonstrates continued readiness and high quality performance through annual check-ins with NCQA.

NCQA PCMH 2017 Standards

Concepts

Team-Based Care & Practice Organization

Practice leadership

Care team responsibilities

Orientation of patient/families/caregivers

Knowing &Managing Your Patients

Data collection

Medication reconciliation

Evidence-based clinical decision support

Connection with community resources

Patient-Centered Access and Continuity

Access to practice and clinical advice

Care continuity

Empanelment

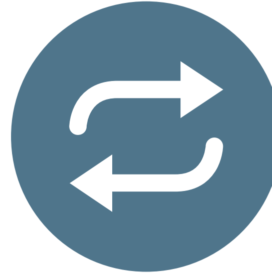
NCQA PCMH 2017 Standards

Concepts

Care Management & Support

Identifying patients for care management

Person-centered care plan development



Care Coordination & Care Transitions

Management of lab/imaging results

Tracking and managing patient referrals

Care transitions

Performance Measurement & QI

Collecting and analyzing performance data

Setting goals

Improving practice performance

Sharing practice performance data

Patient Engagement in the PCMH

NCQA incorporates specific elective credits

Aligned with CPC+
Function 4:

Patient & Caregiver Engagement, Change Concept B; Integrate self management support into usual care across conditions

NCQA

TC 04: Patient/Family/Caregiver Involvement in Governance (2 credits)

- The practice gives patients and their families a role in their governance structure or on the practice's patient and family advisory council.

QI 17: Patient/Family/Caregiver Involvement in Quality Improvement (2 credits)

- The practice has a process for improving patients and their families in its quality improvement efforts or on the practice's patient advisory council.

Self-Management and Shared Decision-Making

CPC+ Function 4: Patient and Caregiver Engagement

CPC+

Function 4:

Patient & Caregiver Engagement, Change Concept B; Integrate self management support into usual care across conditions

"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

NCQA

KM 22: Access to Educational Resources (1 credit)

KM 24: Shared Decision-Making Aids (1 credit)

CM 08: Self-Mgmt. Plans (1 credit)

CC 13: Treatment Options and Costs (2 credits)

Criteria to Support Effective Patient Engagement

Topic areas for collaboration with the patient advisory council

TC 09: Medical Home Information (Core)

AC 01: Access Needs and Preferences (Core)

CC 07: Performance Information for Specialist Referrals (2 Credits)

KM 07: Social Determinants of Health (2 Credits)

KM 08: Patient Materials (1 Credit)

KM 21: Community Resource Needs (Core)

KM 25: School/Intervention Agency Engagement (1 Credit)

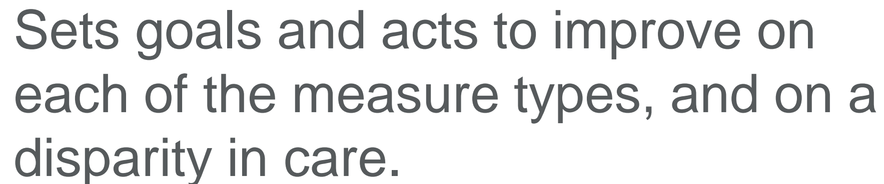
KM 27: Community Resource Assessment (1 Credit)

Performance Measures Provide the Evidence

Last, but never least, Quality Improvement

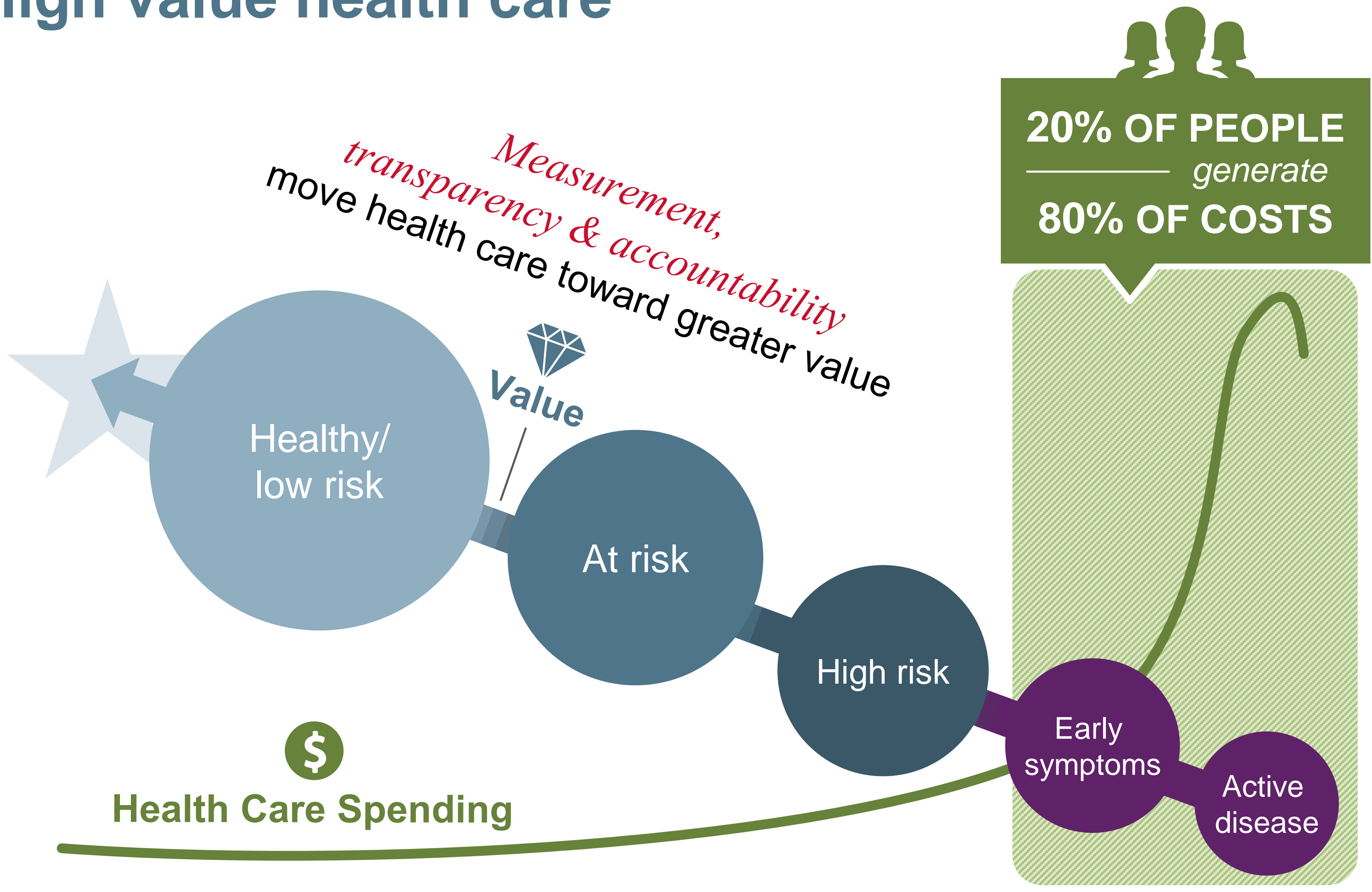
Measurement is across clinical measures, care coordination, utilization, patient experience and access, as core criteria, and stratified for vulnerable populations when possible (elective).

QI 08 (Core)
QI 09 (Core)
QI 10 (Core)
QI 11 (Core)
QI 13 (1Credit)



Goal

High value health care



NCQA
Thank you

Questions