



Patient Advisory Councils and the CAHPS Survey Tool for satisfaction of PCMH Standards

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The Problem

- The Triple Aim Initiative and the Patient Centered Medical Home (PCMH) were created in response to an ailing population served by an inefficient system.
- **PCMH** is intended to deliver “whole person” coordinated care to transform primary care into “what patients want it to be”.
- **The Problem** is we have “fragmented and inconsistent care” that seldom takes into account what patients want from their healthcare providers.
- PCMH also aligns use of IT to help providers support the **Triple Aim Initiative** (lower cost, improve quality, and enhance the patient experience) and improve population health.

Our Population



- Primarily minority patients
- Primarily low-income and uninsured
- DCPCA is a non-profit health action and advocacy organization that works to connect and support several Community Health Centers (CHCs) and FQHCs in the district including:
 - Planned Parenthood of Metropolitan Washington
 - So Others Might Eat (SOME)
 - Bread for the City
 - Unity Health Care
 - Whitman Walker Health
 - Many more...



Methodology

- *January 2015* – Meet with Site Coordinators and become familiar with staff operations and skills
- *February 2015* – Discuss and research the use of the CAHPS tool and meet with vendors regarding its implementation
- *March 2015* – Research Patient and Family Advisory Councils and use needs assessment to gauge CHC interest.
- *April 2015* – Interview Patients, Health Care Employees, and Primary Care Associations regarding the implementation and continued use of Patient Advisory Councils
- *May 2015* – Identify PCMH Standards and Guidelines that are satisfied by both PFACs and the CAHPS Survey Tool.

Results



Findings

PCMH Standard 6, Element C (1-4)

Measure Patient and Family Experience

- Element C.1 requires the practice conduct a survey to evaluate patient and family experiences on 3 of the following categories: Access, Communication, Coordination, Whole person care/self-management support.
- Element C.2 requires the use of the CAHPS tool.
- Element C.3 requires the practice to obtain feedback on experiences of vulnerable patient groups
- Element C.4 requires that the practice obtain qualitative feedback from patients and families.

PCMH Standard 4, Element C (4-5)

Medication Management

- Element C.4 requires practices assess understanding of medications for more than 50% of patients, families, and caregivers.
- Element C.5 requires practices assess response to medications and barriers to adherence for more than 50% of patients.
- The use of a PFACs will allow room for feedback regarding medications. This may elucidate both the patients mis/understandings as well as any barriers to adherence.

Findings

PCMH Standard 2 Element C (1-4)

Culturally and Linguistically Appropriate Services

- Element 2.1 requires an assessment of the diversity of its population
- Element 2.2 requires an assessment of the language needs of its population.
- The CAHPS tool may create an item regarding the ethnicity, cultural identity, and language of patients.
- A PFAC can help bridge patients and providers by discussing cultural nuances in practice. The provider demographics may not match patient demographics. An advisory council can better reflect the patient population.

PCMH Standard 3 Element D (1-5)

Use data for population management

- Element D requires a practice to annually and proactively identify populations of patients and remind them of “needed” care based on information, clinical data, health assessments, and evidence based guidelines
- Patient Advisory Councils will help identify those patients as well as streamline the most efficient way to “remind” patients of on issues:
 - Preventative Services
 - Immunizations
 - Chronic/Acute Care Services
 - Medication Monitoring

Discussion

PCMH Standard 6, Element C (1-4) - Measure Patient and Family Experience

- **The Colorado PCA** used minimal grant funding to implement a PFAC at 4 sites.
- Not only were patients able to implement important adjustments to their care and the health care environment, but they also learned enough about the system to sit on boards that are required to be made up of at least 51% patients.
- PFACs served as a stepping stool for patient leadership.

PCMH Standard 6, Element C (1-4) - Measure Patient and Family Experience

- **Christine Abbott, Chairperson of the PFAC at MCG's Children's Hospital** used the council to measure patient experience qualitatively. Early led to fast food services, bed-to-room size ratio, and holiday decorations.
- Element C.3 of Standard 6 requires identification of vulnerable populations. Ms. Abbott and the council implemented more accommodating visitor hours and extra bed requests for the family of patients receiving long-term care. Prior to the council's consultation, there were no beds or trundles and visiting hours were limited to 10am-6pm.

Discussion

PCMH Standard 4, Element C (4-5) - Medication Management

- At the CPCA, the use of PFACs allowed room for feedback regarding medications. This elucidated both the patients mis/understandings as well as any barriers to adherence.
- Element C.4 of Standard 4 requires an assessment of patient understanding regarding their medications. At MCG's Children's Hospital, if a patient's medication is changed and the patient portal is updated, a notification is sent to the nurse/physician to educate the patient on what new considerations are necessary for the altered medication.

PCMH Standard 4, Element C (4-5) - Medication Management

- Element C.5 of Standard 4 requires an identification of barriers to adherence. At MCG, it was obvious that ever-changing formularies, on account of an ever-changing insurance landscape, was inhibiting some patients from either taking or affording their medications.
- The PFAC utilized electronic bulletin boards and the patient portal to educate patients on prescription "tiers" and how to advocate, or help their physician advocate, for a more cost coverage.

Conclusion and Future Considerations

- Patient/Family Advisory Councils and the CAHPS survey tool satisfy many of the PCMH Standards and support the Triple Aim Initiative. PFAC's, especially, can be tailored to meet the specific needs of a diverse set of populations around the nation.
- The CAHPS tool takes an objective approach to gathering data regarding the patient experience, but also satisfies less PCMH Standards than Patient Advisory Councils.
- *In the future*, it would be prudent to analyze the health benefits provided patients who are actively involved in the delivery of their care.

Acknowledgements

- *AETNA/NMF Primary Care Fellows*
- *Georgetown University School of Medicine*
- *Jim Costello – Director of HIT Operations at DCPCA*
- *Victoria Gersuk – Quality Improvement Specialist at Colorado PCA*
- *Christine Abbott – Chairperson of PFAC at Medical College of GA (MCG) Children’s Hospital*