Patient and Family Engagement: A Key to Health Care Improvement

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Group Senior Vice President
Vizient members represent the leading health care providers in the nation

- Honor roll of best hospitals
- Honor roll of best children’s hospitals

- Academic medical centers: 95%
- Acute care hospitals: >50%
- Ambulatory market: >20%

Top 20

- U.S. News & World Report 2018-2019
Our integrated solutions drive sustainable performance improvement and innovation
Built upon the scale of our data, expertise and volume

Advisory Expertise
Accelerate improvement in member performance through the transfer of knowledge and expertise

5th largest health care consulting firm as ranked by Modern Healthcare
700+ engagements in last four years
550+ experts, 360 with advanced degrees

Data and Analytics
Be members’ trusted source for clinical, safety, supply, financial and operational decision-making across the care continuum

~$140B of supply spend data
10M patient records
6.3M patient encounters
91M outpatient encounters

Collaboration Networks
Connect members to enable learning, improving and building together

90+ community-based networks
~30 academic medical center networks
~1,200 hospitals in performance improvement offerings

Sourcing and Supply Chain
Elevate members’ supply performance by leveraging scale, workflow automation and expertise

~$100B in annual purchases
>1,200 awarded suppliers
>7,100 awarded contracts for more than 779,000 product line items
What’s in a name
Patient and family engagement defined

“Patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system—to improve health and health care.”

- Shared decision-making in care
- Organizational design and governance
- Policy making

Patients and families can engage at many levels

<table>
<thead>
<tr>
<th>Levels of engagement</th>
<th>Continuum of engagement</th>
<th>Partnership and shared leadership</th>
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</thead>
<tbody>
<tr>
<td>Direct care</td>
<td>Consultation</td>
<td>Involvement</td>
</tr>
<tr>
<td>Patients receive information about a diagnosis</td>
<td>Patients are asked about their preferences in treatment plan</td>
<td>Treatment decisions are made based on patients’ preferences, medical evidence, and clinical judgment</td>
</tr>
<tr>
<td>Organizational design and governance</td>
<td>Organization surveys patients about their care experiences</td>
<td>Hospital involves patients as advisers or advisory council members</td>
</tr>
<tr>
<td>Policy making</td>
<td>Public agency conducts focus groups with patients opinions about a health care issue(271,617),(368,675)</td>
<td>Patients’ recommendations about research priorities are used by public agency to make funding decisions</td>
</tr>
</tbody>
</table>

Factors influencing engagement:
- Patient (beliefs about patient role, health literacy, education)
- Organization (policies and practices, culture)
- Society (social norms, regulations, policy)

Vizient integrates PFE in all programming

- Hospital Improvement and Innovation Network (HIIN)
- Transforming Clinical Practice Initiative (TCPI)
- Network of Quality Improvement and Innovation Contractors (NQIIC)
- Vizient Improvement Collaboratives
Patient’s tell their stories and provide guidance

Patients serve as advisers for Vizient performance improvement programs
  • Participate as equal partners with national subject matter experts
  • Help develop and deliver of PI collaboratives
  • Dispense advice and coach health care organizations keeping the voice of the patient front and center

Patients attend national conferences and speak alongside Vizient staff
Vizient developed a compilation of PFE best practices from site visits of nearly a dozen diverse hospitals

Change package released in 2019 as part of Patients First project

Common themes observed at the high-performing PFE hospitals delineates a road map of leading practices and innovative approaches hospitals and health systems use for quality, safety and operational improvements
PFE-integrated Quality & Safety Change Package
Three Primary Drivers

1. **PFE programs are managed as a strategic priority with board oversight.**
   Executive leadership and staff manage high-performing PFE programs as a part of quality, safety and operational improvement, and report outcomes to the board of directors.

2. **Patients and families are embedded in quality, safety and operational improvement efforts.**
   Organization trains and educates PFAs to partner with clinical and operational staff and leaders to achieve quality, safety and operational improvement goals.

3. **PFE programs are leveraged to foster continuous learning and innovation.**
   PFAs engage broadly throughout the organization; learnings further implementation of PFE practices that impact outcomes.
Note: Vizient found a correlation between PFE being fully implemented using the best practice and lower rates of readmissions and falls (with injury)
Hurdles to Overcome

Myths
- They want to tell us everything we’re doing wrong, especially if they’ve had a bad outcome.
- They will have unreasonable demands for things we can’t change even if we wanted to.
- They are unable to understand the complexities of issues related to hospital operations, procedures, or policies.
- They will not be able to handle the confidential information about hospital operations and could hurt our reputation in the community.

Barriers
- Uncertainty by leadership about how PFE adds value
- Insufficient financial and personnel resources for PFE
- Finding patients and families who want to participate
- Staff resistance due to lack of information about or experience with PFE
Recommendations

Measure PFE as part of CAHPS program
  • Include questions regarding patient involvement in their care;
  • “Did you, your family or caregiver representative participate in the development of your plan of care?”

Require health care organizations to have a Patient and Family Advisory Council (PFAC)
  • PFACs have a charter documenting its purpose, policies and procedures
  • PFAC membership includes both health care staff and PFAs (equal or majority patient and family adviser members).

Invite patients and families to participate in policy making
  • Use the power of patient stories to influence policy making
  • Give patients and families a seat at the table and use their experiences to shape future health care policy
Appendix: Patients First Project
Examined the relationship between PFE and clinical outcomes using:

1) PFE index
   - Ninety-eight Vizient HIIN hospitals answered questions (via a gap assessment) regarding the level of PFE implementation in their organization
   - Responses were scored and hospitals were ranked from low to high (scores ranged from 0 to 89 out of a possible 100).

2) Quality integration index
   - Top, mid- and low performers were evaluated during phone interviews regarding PFE and quality and safety integration
   - Invited 29 organizations to participate in extended interviews; completed 16 interviews

3) Site visits
   - Nine organizations hosted site visits, plus two pilot site visits
Findings include:

- Correlation between PFE being fully implemented and lower rates of readmissions and falls (with injury)
- Specific activities and processes that most impact those improvements
- Little to no financial investment (excluding staff time and resources)
## Results: outcomes measures

### Quantitative analysis

<table>
<thead>
<tr>
<th>Outcome measures</th>
<th>Number of hospitals</th>
<th>Correlation of performers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lowest 25</td>
</tr>
<tr>
<td>Falls*</td>
<td>79</td>
<td>+0.09</td>
</tr>
<tr>
<td>Readmissions*</td>
<td>69</td>
<td>+0.23</td>
</tr>
<tr>
<td>SSI hip and knee**</td>
<td>59</td>
<td>+0.25</td>
</tr>
<tr>
<td>Sepsis**</td>
<td>90</td>
<td>+0.12</td>
</tr>
<tr>
<td>Iatrogenic delirium**</td>
<td>75</td>
<td>+0.01</td>
</tr>
<tr>
<td>Ventilator-associated events**</td>
<td>67</td>
<td>+0.17</td>
</tr>
</tbody>
</table>

A negative correlation indicates that the higher the PFE implementation, the lower the outcomes measure (rate of adverse or harmful events).

*study variables  **control variables
This change package synthesizes the common themes observed at high-performing PFE hospitals and delineates a road map of leading practices and innovative approaches hospitals and health systems can use for quality, safety and operational improvements.

1. PFE programs are managed as a strategic priority with board oversight.
   Executive leadership and staff manage high-performing PFE programs as a part of quality, safety and operational improvement, and report outcomes to the board of directors.

2. Patients and families are embedded in quality, safety and operational improvement efforts.
   Organization trains and educates PFAs to partner with clinical and operational staff and leaders to achieve quality, safety and operational improvement goals.

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PFE = person and family engagement; PFAs = patient and family advisers; PFAC = patient and family advisory council
PFE-integrated Quality & Safety Change Package

1. **PFE programs are managed as a strategic priority with board oversight.**
   Executive leadership and staff manage high-performing PFE programs as a part of quality, safety and operational improvement, and report outcomes to the board of directors.

   - Executive leaders leverage the power of the patient voice to validate that strategic decisions serve the concerns of patients.
   - Leadership demonstrates an eagerness to learn and improve PFE utilization by engaging with PFAs on strategic planning or improvement committees, regularly attending PFAC meetings as executive champions, and promoting PFE as an organizational improvement strategy.
   - Organization formally recognizes PFAs externally (e.g., on organizational websites, in patient informational materials, in organizational annual reports, in community relations activities, etc.).
   - All employees understand the relationship between PFE and outcomes improvement.
   - Organization integrates PFE staff into quality, safety and operational improvement and provides PFE staff direct access to executive leadership.
   - PFE program includes at least one PFAC.
PFE-integrated Quality & Safety Change Package

2. Patients and families are embedded in quality, safety and operational improvement efforts.

Organization trains and educates PFAs to partner with clinical and operational staff and leaders to achieve quality, safety and operational improvement goals.

- Organization teaches PFAs quality and safety improvement methodologies (e.g., rounding procedures, Lean, Six Sigma, root cause analysis, high reliability organization approaches).
- PFE staff meets with committee, department and unit leaders to explore opportunities to collaborate with PFAs.
- PFAs serve on quality and safety committees or participate in operational improvement activities (e.g., patient rounding, serious safety event review and root cause analysis), advancing a culture of transparency and trust.
- PFAs serve on new facility design and redesign committees to influence design decisions or raise concerns that arise from their experience as users of care.
- Ideas or suggestions from PFAs are duly considered and explored, especially when conveying a sense of urgency about quality and safety matters.
- Presentations regarding improvement work note PFA contributions.
PFE-integrated Quality & Safety Change Package

3. PFE programs are leveraged to foster continuous learning and innovation. PFAs engage broadly throughout the organization; learnings further implementation of PFE practices that impact outcomes.

- Stories about game-changing insights or recommendations from PFAs (those that produce better outcomes, such as reduced falls, hospital acquired infections, readmissions, etc.) become part of the narrative that is shared broadly throughout the organization.
- Organization explores and tests implementation of additional PFACs and virtual PFE options, such as e-advisory programs.
- PFE staff works with ambulatory staff and leaders to coach and guide development and implementation of PFE practices.
- PFE staff reassesses and refines PFAC engagement annually, as well as PFA skills and interests.
- Organization integrates PFE staff with employee engagement activities regarding quality, safety and satisfaction.
Appendix: Vizient PFE Tools & Resources
Proven Implementation Process

Assessment & Planning (1 - 3 months)
- Get Leadership Support
- Form a Project Team
- Assess Opportunities for PFE
- Orient hospital leaders and board

Building (3 - 6 months)
- Develop Charter & Covenants
- Invite Applications
- Interview & Select

In action (6 - 9+ months)
- Orient & Train Council
- Track Results
EPISODES OF CARE

The State of Value-Based Care in 2018
A Signature Research report commissioned by Change Healthcare

February 2019
Payers Finding Value in Value-Based Programs

- Episodes of care models deliver medical savings as high as 7.5%
- 77% of respondents report improvement in care quality plus improvements in provider relationships
- Commercial LOB leading VBC program adoption
- 10.9 months – Average time needed to launch an episode of care program
- Over half dissatisfied with their current analytics, automation & reporting

Research Methodology

ORC fielded a 15-minute online survey of 120 payers, targeting a mix of:

- Plan sizes
- Regions
- Job functions
  - Finance/Ops
  - Network Management
  - Medical Management
  - Technology
  - Strategy/Innovation/Planning
  - Analytics
- Lines of business covered

Screening Criteria

- Title of Associate Director level or above
- Is knowledgeable about value-based care strategies, bundled payment, and/or episode-of-care strategies at their organization
- Health plan covers 250K+ lives
Respondent Profile

Size of Company

- 23% 250-499K Lives
- 44% 500K-2 Million Lives
- 15% 2-5 Million Lives
- 18% 5 Million Lives Or More

Businesses Covered

- Commercial: 89%
- Public Exchange: 53%
- Medicare Advantage: 72%
- Managed Medicaid: 56%

Region/Market

- Payer-Centric: 24%
- Provider-Centric: 24%
- Fragmented: 29%
- Collaboration: 21%
- Don't Know: 2%

Location

- Northeast: 44%
- West: 36%
- Midwest: 28%
- South: 38%
Compelling Cost Savings

Impact on Medical Costs from Value-Based Care Strategies

All respondents reported medical cost savings

Average Medical Cost Savings

5.6%
Big Shift Towards the Triple Aim

Impact on Care Quality from Value-Based Care Strategies

- **Care Quality**:
  - Greatly Improved: 44%
  - Slightly Improved: 33%
  - No Change: 18%
  - Negative Impact: 6%

- **Patient Engagement**:
  - Greatly Improved: 53%
  - Slightly Improved: 20%
  - No Change: 21%
  - Negative Impact: 6%

- **Provider Relationships**:
  - Greatly Improved: 34%
  - Slightly Improved: 30%
  - No Change: 18%
  - Negative Impact: 18%

% greatly/slightly improved
Drill Down: Episode Intelligence

The State of Episodes of Care in 2018
Episodes of Care – Coordinating Complicated Care
### Episodes: Consistent Cost Savings

**Episode Impact on Medical Costs (% Decrease)**

<table>
<thead>
<tr>
<th>Category</th>
<th>5.0</th>
<th>5.3</th>
<th>5.3</th>
<th>5.0</th>
<th>5.0</th>
<th>5.4</th>
<th>Mean</th>
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<tbody>
<tr>
<td>Chronic Medical (n=91)</td>
<td>18%</td>
<td>26%</td>
<td>21%</td>
<td>19%</td>
<td>19%</td>
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<td>26%</td>
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<tr>
<td>Acute Medical (n=86)</td>
<td>26%</td>
<td>26%</td>
<td>26%</td>
<td>27%</td>
<td>19%</td>
<td>20%</td>
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<tr>
<td>Cancer Care (n=86)</td>
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<td>13%</td>
<td>12%</td>
<td>16%</td>
<td>17%</td>
<td>16%</td>
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<tr>
<td>Chronic Specialty (n=84)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity Care (n=96)</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

- **7.50+**
- **5.00-7.49**
- **2.50-4.99**
- **0.1-2.49**
- **Create A Negative Impact**
Episodes: Quality Improvement Across Programs

Effectiveness of Improving Care Quality by Episode Type

<table>
<thead>
<tr>
<th>Episode</th>
<th>Extremely effective</th>
<th>Very effective</th>
<th>Moderately effective</th>
<th>Slightly effective</th>
<th>Not at all effective</th>
<th>% extremely/very effective</th>
</tr>
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<tbody>
<tr>
<td>Acute Medical (n=86)</td>
<td>17%</td>
<td>31%</td>
<td>35%</td>
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<td>4%</td>
<td>49%</td>
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<td>Maternity Care (n=96)</td>
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<td>11%</td>
<td>6%</td>
<td>48%</td>
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<td>Procedural (n=93)</td>
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<td>17%</td>
<td>2%</td>
<td>46%</td>
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<tr>
<td>Chronic Specialty (n=84)</td>
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<td>2%</td>
<td>43%</td>
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<td>Cancer Care (n=86)</td>
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<td>6%</td>
<td>41%</td>
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<tr>
<td>Chronic Medical (n=91)</td>
<td>19%</td>
<td>19%</td>
<td>41%</td>
<td>21%</td>
<td>1%</td>
<td>37%</td>
</tr>
</tbody>
</table>
Episodes: A Need for Speed

Use and Time to Implement Groupers

### Episode Grouper Types

- **Custom (Internally Developed And Maintained)**: 39%
- **Bundled Payments For Care Initiative (BPCI) Advanced Episode Definitions**: 35%
- **Comprehensive Care For Joint Replacement (CJR)**: 30%
- **Custom (Externally Developed And Maintained)**: 18%
- **Prometheus Episode Definitions**: 12%
- **I Don't Know**: 25%

### Time Required to Roll Out New Episode-of-Care Programs

- 3-6 Months: 21%
- 6-12 Months: 34%
- 12-18 Months: 21%
- 18 - 24 Months: 9%
- 24+ Months: 10%
- Don't Know: 3%
Episodes: The Provider Engagement Challenge

<table>
<thead>
<tr>
<th>Difficulty with Provider Adoption</th>
<th>% extremely/very difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gaining agreement on contracted budgets and risk/gain sharing</td>
<td>58%</td>
</tr>
<tr>
<td>Gaining agreement on episode of care performance metrics/reports</td>
<td>51%</td>
</tr>
<tr>
<td>Engaging providers to consider participating in an episode of care contract</td>
<td>48%</td>
</tr>
<tr>
<td>Gaining agreement on episode definitions and inclusion criteria</td>
<td>43%</td>
</tr>
</tbody>
</table>

- Extremely difficult
- 4
- 3
- 2
- Not at all difficult