



Advancing Health in America

Beyond the Assessment: Communicating and Addressing Patient and Family Engagement (PFE) and Health Equity Needs

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AHA Center for Health Innovation

June 12, 2019, 10-11 am MT/11 am – 12 pm CT

In the Chat Box...

Please share your:

- Name
- Title
- Facility



Do this for everyone in the room with you!



Objectives

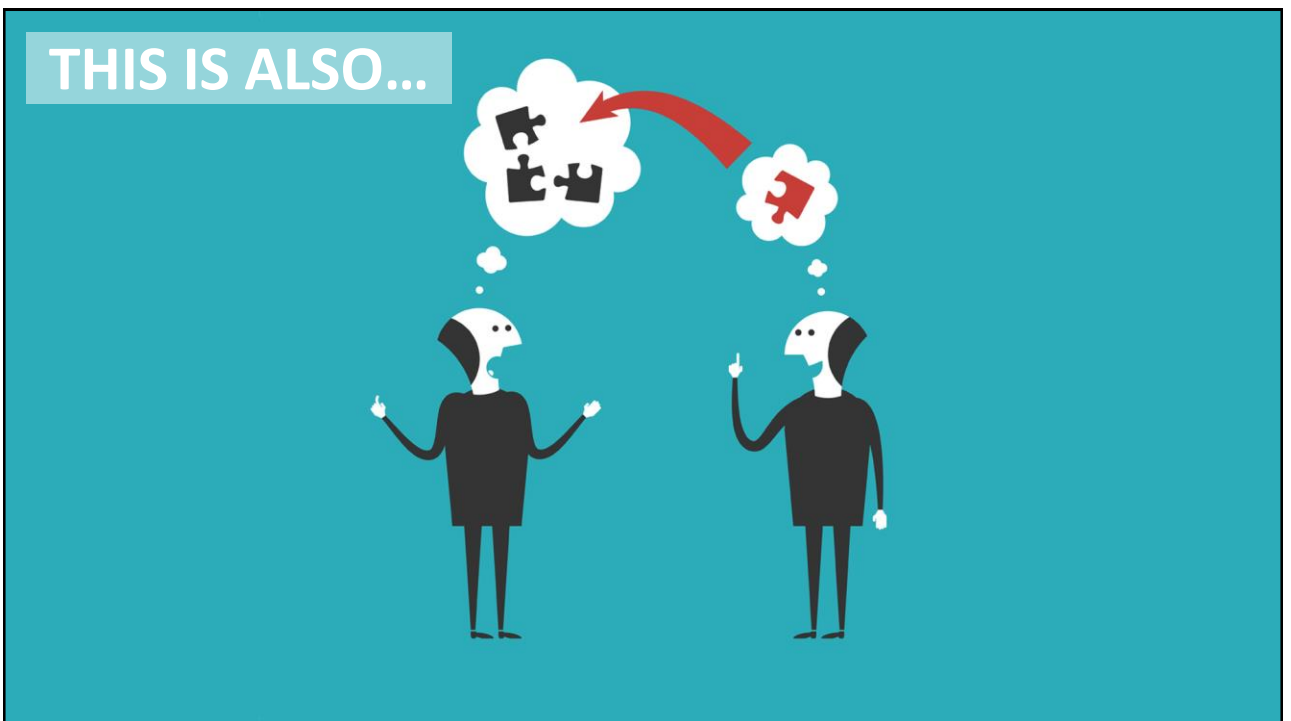
After this session, you will be able to:

- Describe how PFE intersects with health equity
- Discuss common challenges related to communicating health equity findings in partnering with the patient and family in quality improvement efforts
- Identify strategies and tools that can be used to address both PFE and health equity as part of your current quality improvement efforts



WHAT THIS IS NOT

101 class



In the chat box,
share at least one
thing you're
struggling with
related to today's
objectives.

WORD OF THE DAY

candor

noun | KAN-der

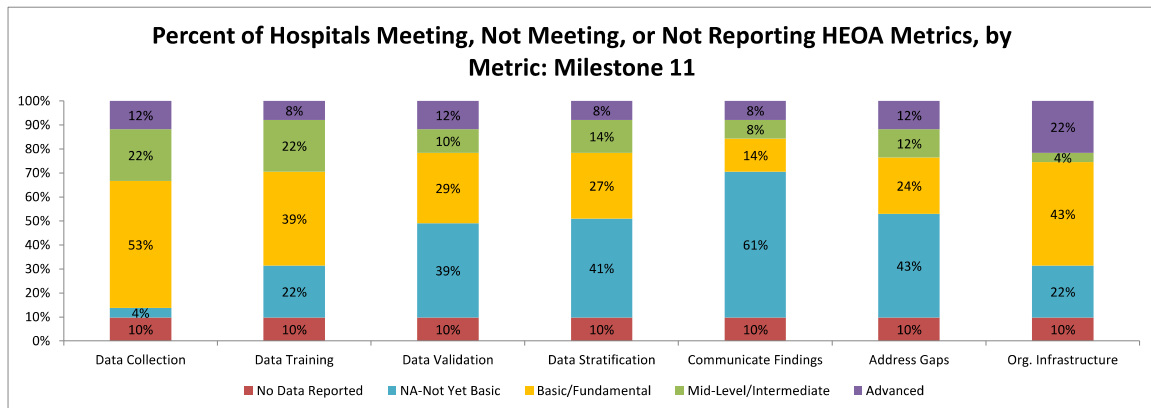
open, honest, or sincere expression



m-w.com/word-of-the-day



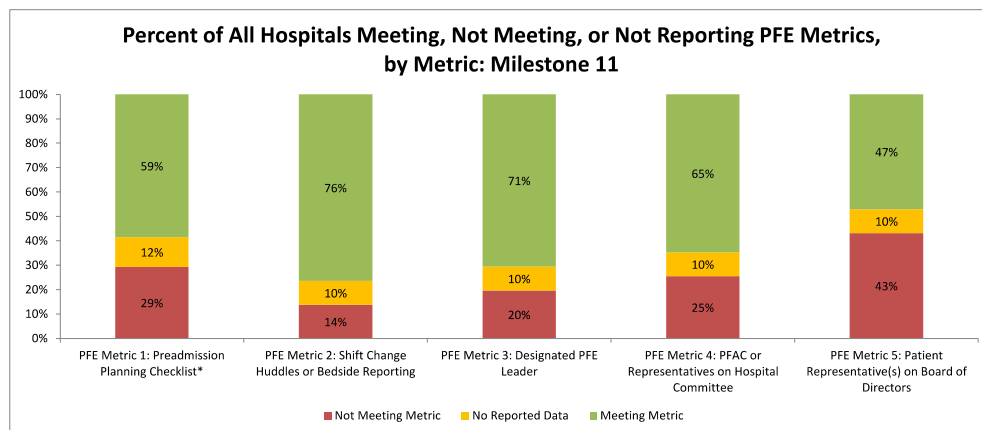
Where Are We Now? Health Equity



Colorado



Where Are We Now? Patient and Family Engagement



*Hospitals that have no scheduled admissions (exempt) and are thus excluded from the PFE1 denominator



Colorado





What is health care quality?

- *“The degree to which **health care** services for individuals and populations increase the likelihood of desired **health** outcomes and are consistent with current professional knowledge.” **
- Quality domains include:
 - **Safety** (actual or potential harm)
 - **Timeliness** (reducing waits and harmful delays)
 - **Effectiveness** (care supported by scientific evidence)
 - **Efficiency** (avoid waste of supplies, ideas, energy)
 - **Equity** (quality is equal even when there are differences in personal characteristics)
 - **Patient centeredness** (respectful, responsive care that meets needs and preferences)

* Institute of Medicine

Definition of PFE in the Partnership for Patients

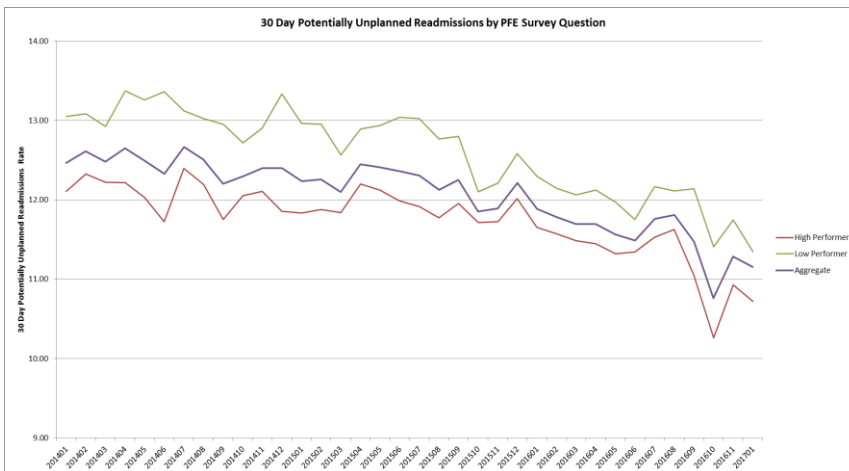
Persons, families, their representatives, and health professionals (clinicians, staff, leaders)

- working in **active partnership**
- at **various levels** across the health care system—point of care; organizational design, policy, and procedure; organizational governance; and community/policymaking
- **to improve** health, health care, and health equity



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PFE and Readmissions



- N = mean of 98 hospitals
- High PFE performers meet 4 or 5 of the PFE metrics
- Low PFE performers met 3 or less of the PFE metrics



Vizient, 2017 – Confidential Information





HEALTH EQUITY AND PATIENT AND FAMILY ENGAGEMENT

What are health disparities?

- Inequalities that exist when members of certain population groups do not benefit from the same health status as other groups
- Disparity affects the health of individuals and communities

EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

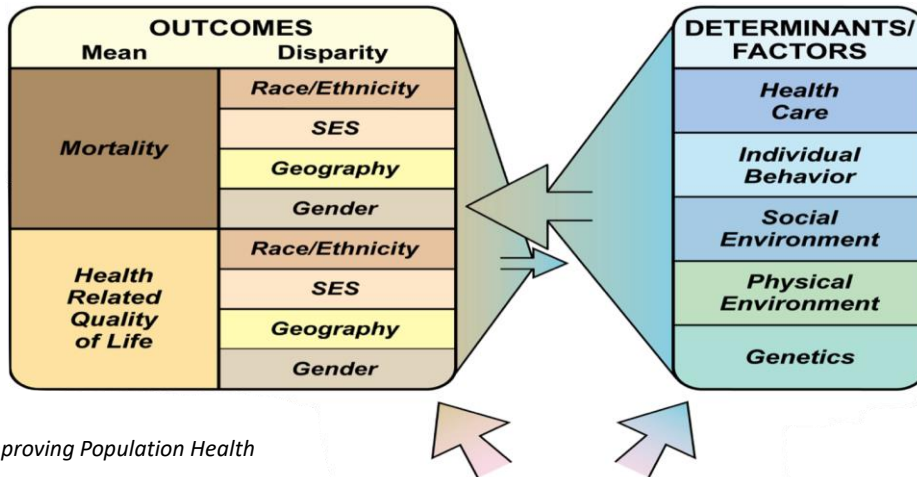


In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

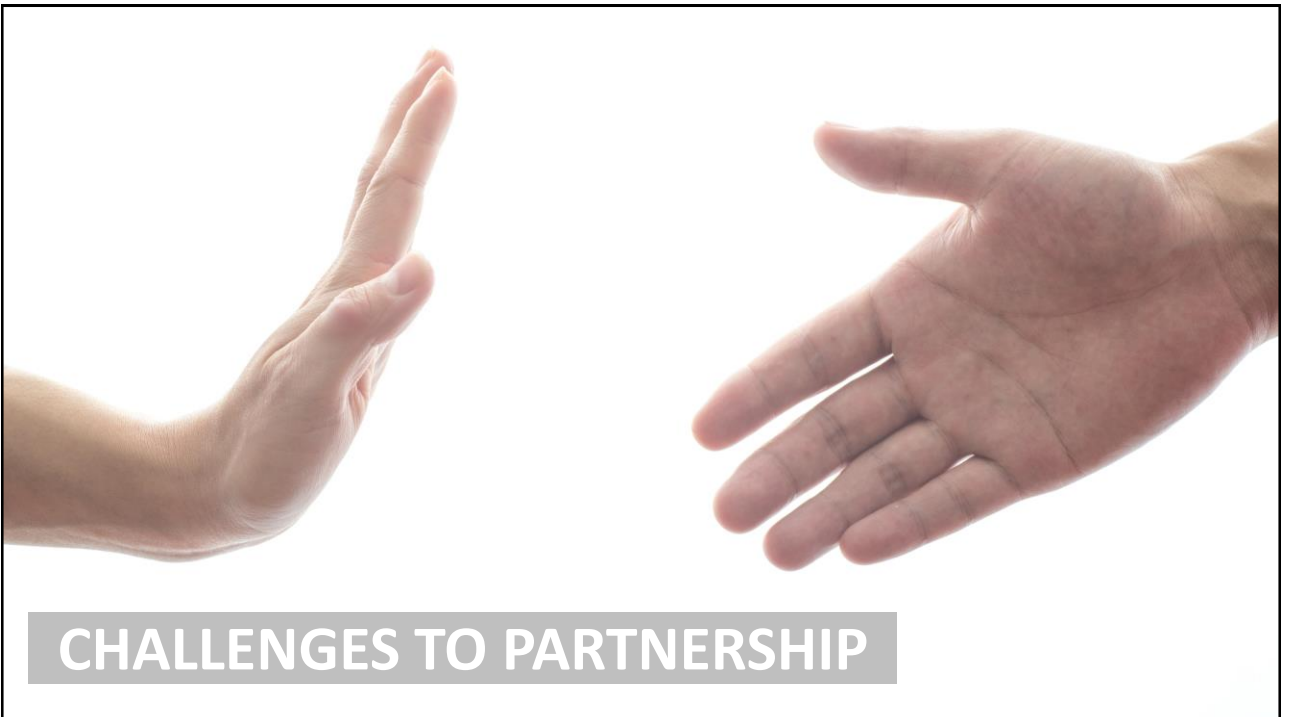
Outcomes Tell the Story



Source: *Improving Population Health*



CHALLENGES TO TRANSPARENCY





Appendix B. Sample Role Description: Patient or Family Representative on the Board of Directors

Person and Family Engagement in Partnership for Patients

PFE Metric 5: Patient or Family Representative on the Board of Directors - Sample Role Description

To support hospitals in their efforts to meet PFE Metric 5 (Patient Representative(s) on Board of Directors), the Patient & Family Engagement Contractor (PPEC) for Partnership for Patients (PfP) has developed the following sample language.⁴ This language is intended to help hospitals understand and communicate desired characteristics, qualifications, and responsibilities of individuals who will represent patient and family interests on the Board. Additional strategies and tactics to meet PFE Metric 5 are included in the [PfP Strategic Vision Roadmap for PFE](#).

Important Notes: How to Use this Role Description

- **Begin with your hospital's existing position description for Board members.** Then include language specific to the patient or family representative role to meet the intent of this metric. Although these members will represent the patient and family perspective, this position should serve in the same capacity as all other full voting Board members.
- **PFE Metric 5 is intended to ensure that a Board member has the specific responsibility of representing and/or presenting the patient and family perspective in governance decisions.** However, hospitals may vary in how this perspective is incorporated into its existing Board structure. The requirements, duties, and qualifications outlined below may inform a hospital's approach, but should be adapted to fit the structure and format of the Board's unique configuration. For example, you may add a seat to your existing Board or delegate a current position on the Board to focus solely on representing the patient and family perspective.
- **As with any role description, the below example outlines an idealized candidate.** Hospitals should be flexible and realistic as they consider potential candidates for the position. Ideally, the position should be filled by a patient or family member who has received services from the hospital, but this individual also should meet all other qualifications required of other Board members.

Board Member Position: Patient or family representative on [insert Hospital/Medical Center name](#) Board of Directors

⁴ Much of this language draws from the following sources: (1) [American College of Healthcare Executives \(ACHE\) Basic Responsibilities of a Board and Its Members](#), (2) [PfP Annual 2017 PFE Learning Event](#), featuring St. Francis Medical Center (Health Services Advisory Group HSN), and (3) The Valley Hospital (New Jersey Hospital Association HJN) Patient and Family Advisor job description.





Confidentiality Statement for [insert hospital name] Advisors

As a patient and family advisor at [insert hospital name], you will be trusted with information about our hospital and the patients we serve. This may include information about patient care experiences, diagnoses, hospital quality and safety, and other sensitive information. It may also include **protected health information** about patients.

Protected health information includes any information about a patient's visit at [insert hospital name]. This information includes, but is not limited to, a patient's name, address, phone number, date of birth, financial information, diagnosis, and treatment.

A Federal law called HIPAA (pronounced "hip-uh") explains what health care providers must do to safeguard protected health information. HIPAA stands for the Health Insurance Portability and Accountability Act. The law requires us to define the minimum necessary information to which employees, volunteers, contracted agencies, and other individuals can have access.

As a patient and family advisor, you may have access to protected health information about our patients. It is important for you to know that protected health information can only be used and disclosed as permitted by law. This means that protected health information cannot be shared outside the hospital or health care facility, and it cannot be shared in any written, verbal, or email communications with friends or family unless specifically permitted by law.

The easiest way to remember what this law means is the saying, "What you hear or see here must remain here." We require your cooperation in following these rules.



Sample Confidentiality Statement,
Strategy 1: Working with Patients and Families as Advisors,
AHRQ Guide to Patient and Family Engagement in Hospital Quality and Safety



CROSS CUTTING STRATEGIES

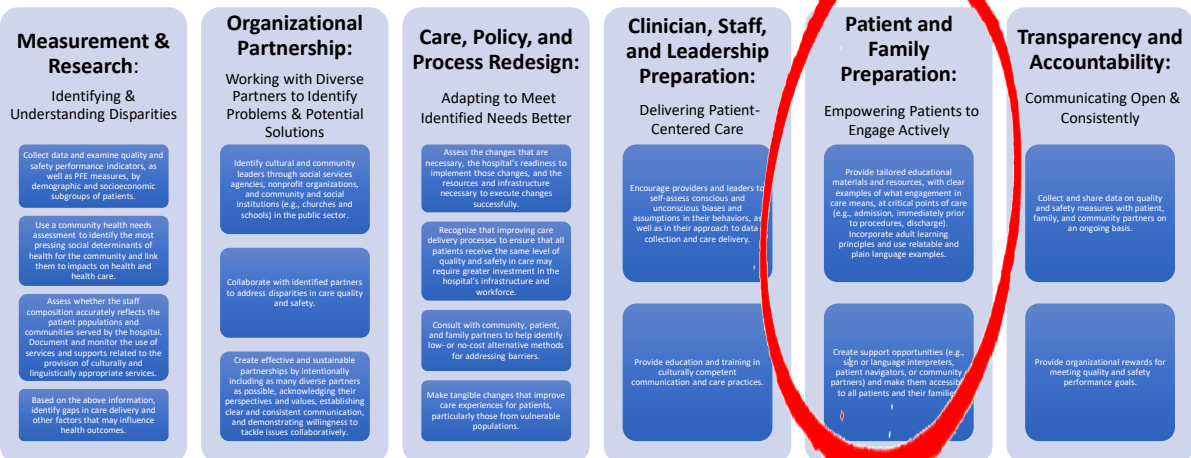
PFE Strategies for Achieving Equity of Care



How Person and Family Engagement (PFE) Can Help Hospitals Achieve Equity in Health Care Quality and Safety.
American Institutes of Research (AIR)
March, 2017



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Example Tactics: Patient and Family Preparation

PFE Metric	Patient and Family Preparation Tactics
1. Planning checklist for scheduled admission	<ul style="list-style-type: none"> Inform patients and families of any services available at the hospital that will help them participate in the planning checklist review (e.g., sign or language interpreters, patient navigators, community partners, peer mentors) and how they can access them. Educate patients and families on the types of questions they can ask during the checklist review that can help improve quality and safety.
2. Shift change huddles/bedside reporting	<ul style="list-style-type: none"> Inform patients and families of any services available at the hospital that will help them participate in bedside shift reporting (e.g., sign or language interpreters, patient navigators, community partners, peer mentors) and how they can access them. Educate patients and families on the types of questions they can ask during the bedside reporting and shift change huddles that can help improve quality and safety.
3. PFE leader or functional area	<ul style="list-style-type: none"> Inform patients of the PFE leader and how they can contact him or her to provide feedback; provide examples of the types of information they should report regarding their quality and safety experiences. Have the PFE leader conduct PFE rounding to reinforce the importance of their engagement and confirm that communications and education efforts were successfully understood by patients and family members. Consider preparing a PFAC member to participate on these rounds.
4. PFAC or representative on quality improvement team	<ul style="list-style-type: none"> Hold information sessions in various areas to expand reach to diverse patients who may be interested in serving on the PFAC. Leverage peer-to-peer support programs and connections to help recruit members from vulnerable patient populations to serve on the PFAC. Promote the achievements of the PFAC related to addressing disparities and equity widely (e.g., community meetings, health fairs, hospital and public media).
5. Patient(s) and family members on hospital governing and/or leadership board	<ul style="list-style-type: none"> Leverage peer-to-peer support programs and connections to help recruit members from vulnerable patient populations to serve on governing or leadership boards. Provide culturally and linguistically appropriate educational tools, materials, and resources with examples of how to engage as a representative on governing or leadership boards.



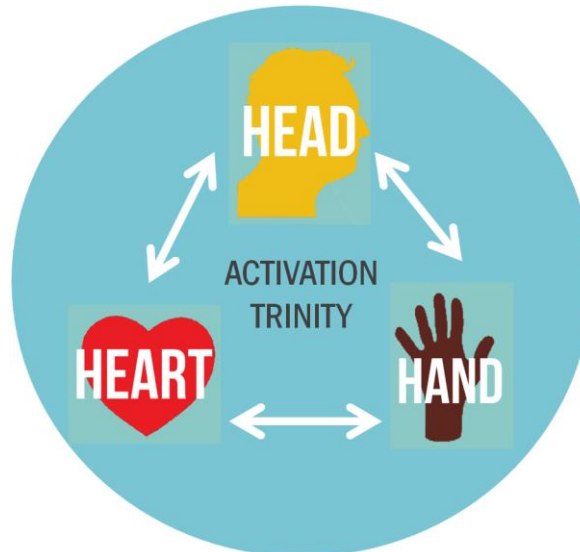
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Questions & Feedback



Resources and Tools

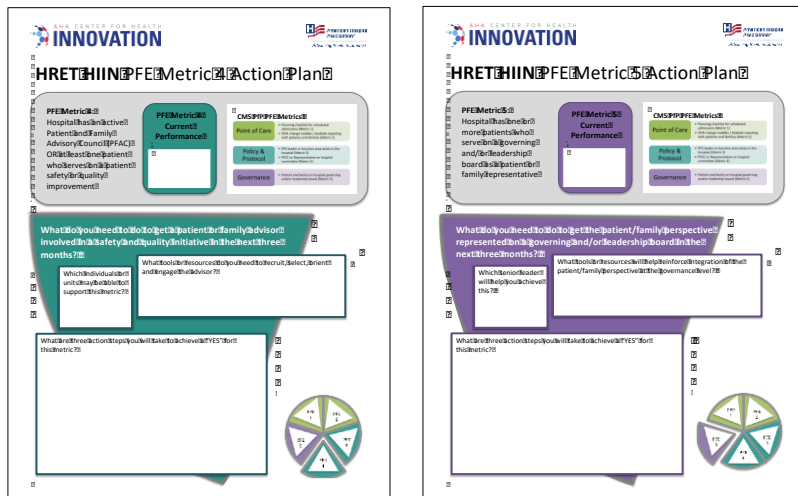
Questions to Consider

- How does your organization connect health care equity and patient safety?
- How can your leadership and board reflect the people/community served?
- How do you engage the diverse voices and input of the patients and families you serve?
- What is your organization doing to meet the changing needs/expectations of the people/communities served?
- How will your organization gauge progress on diversity, equity, and patient safety and quality efforts?



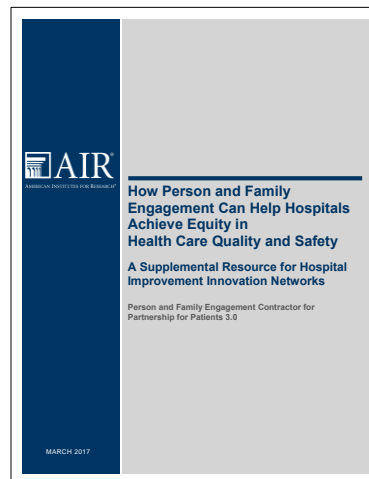
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Moving Forward with Intention



Key Strategy and Implementation Resources

- PfP Strategic Vision Roadmap for Person and Family Engagement and Health Equity Addendum
 - <https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary/CatalogueID/836894/EntryID/107862>
- AHRQ Guide to Patient and Family Engagement in Hospital Quality and Safety
 - <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/guide.html>



Understanding Our Attitudes and Beliefs



<https://implicit.harvard.edu/implicit/takeatest.html>

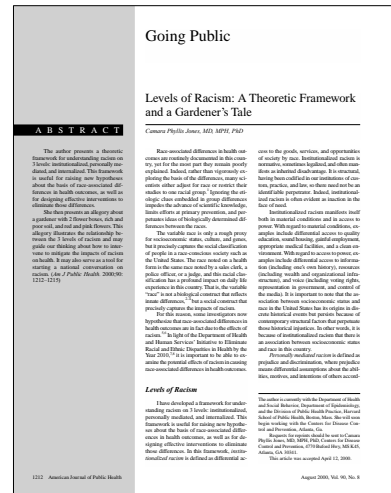
Arab-Muslim IAT	Arab-Muslim ('Arab Muslim - Other People' IAT). This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.
Native IAT	Native American ('Native - White American' IAT). This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.
Gender-Career IAT	Gender - Career. This IAT often reveals a relative link between family and females and between career and males.
Weight IAT	Weight ('Fat - Thin' IAT). This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.
Age IAT	Age ('Young - Old' IAT). This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.
Religion IAT	Religion ('Religious' IAT). This IAT requires some familiarity with religious terms from various world religions.
Disability IAT	Disability ('Disabled - Able' IAT). This IAT requires the ability to recognize symbols representing able and disabled individuals.
Presidents IAT	Presidents ('Presidential Popularity' IAT). This IAT requires the ability to recognize photos of Donald Trump and one or more previous presidents.
Race IAT	Race ('Black - White' IAT). This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.
Sexuality IAT	Sexuality ('Gay - Straight' IAT). This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.
Gender-Science IAT	Gender - Science. This IAT often reveals a relative link between liberal arts and females and between science and males.
Skin-tone IAT	Skin-tone ('Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.
Asian IAT	Asian American ('Asian - European American' IAT). This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.
Weapons IAT	Weapons ('Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.

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A Gardeners Tale – An Allegory of Racism

- **Institutionalized Racism**
Structural barriers, differential access, inaction in face of need, privilege
- **Personally-Mediated Racism**
Intentional or unintentional, commission, omission
- **Internalized Racism**
Erodes individual sense of value



Levels of racism: a theoretic framework and a gardener's tale.
C P Jones
Am J Public Health. 2000 Aug; 90(8): 1212–1215.



Resources to Support Improvement

RESOURCES TO SUPPORT PROGRESS ON HEALTH EQUITY METRICS	DATA COLLECTION AND TRAINING		DATA STRATIFICATION	COMMUNICATE	
	DATA VALIDATION	TAKE ACTION			
					INFRASTRUCTURE
RESOURCE	APPLICABLE TO HEALTH EQUITY METRIC				
Building and Organizational Response to Health Equity CMS Office of Minority Health					
Disparities Action Statement CMS Office of Minority Health					
Compendium of Resources for Standardized Demographic and Language Data Collection CMS Office of Minority Health					
A Practical Guide to Implementing the National CLAS Standards CMS Office Minority Health					
Guide to Preventing Readmissions among Racially and Ethnically Diverse Medicare Beneficiaries CMS Office of Minority Health					
Mapping Medicare Disparities CMS Office of Minority Health					

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	DATA VALIDATION			TAKE ACTION		
				INFRASTRUCTURE		
RESOURCE	APPLICABLE TO HEALTH EQUITY METRIC					
Providing Language Services to Diverse Populations: Lessons from the Field CMS Office of Minority Health						
Guide to Developing a Language Access Plan CMS Office of Minority Health						
Sexual and Gender Minority Clearinghouse CMS Office of Minority Health						
OMB Categories for Data Collection HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status						
7 Best Practices for Collecting REAL Data Using Patient Self-Reporting Methods Vizient & Multimedia in Healthcare, 2017						
8 Health Information Technology Best Practices for REAL Data Collection Vizient & Multimedia in Healthcare, 2017						



