

**SAMPLE Emerging Patient and Family Engagement (PFE) Story Template**

Briefly tell us your story of patient and family engagement and how it helped improve outcomes in health, safety, quality, and patient-centered care in your practice.

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<b>PTN/SAN:</b> PBGH	

**Emerging Story Information**

**1. Your Story: The what, the why, the how, the who, and the impact:**

Palo Alto Medical Foundation (PAMF) has worked with their parent organization, Sutter's PFAC to better understand the areas where they are strongest in delivering care, and the areas where they have opportunities to improve. Inspired by feedback from the PCAF, PAMF had a solid understanding that they had an important opportunity to *reduce physician burnout and improve the patient experience*. They selected a pilot clinic with a strong physician champion, with whom they worked to recruit patient co-designers, and together developed a new team based care model called the Care Model Transformation. This new model redistributed care responsibilities across an integrated team, alleviating the load from the MA and MD, which resulted in **reduced burnout** (Physicians from 67% in 03-2016 to 44% in 05-2017; Staff from 50% to 33% during same time period), decreased **staff stress (from 50% to 29%)**, **improved patient satisfaction** incrementally for Care Coordination, Provider Communication, Provider Rating, and Would Recommend. The project team is still analyzing and expects to see other improvements in areas including **cost savings** associated with hiring additional pod support (reducing staff turnover), and **access**.

**What was the change?**

The practice - with the help of their patient co-designers - designed and implemented a team-based care-inspired Care Model Transformation. A dyad structure of MD/MA was replaced with a pod structure, which added (1) an NP or PA, (2) a part-time LVN, and (3) part-time social worker to better distribute the care being delivered. Not only were the MA and MD's workload alleviated, they implemented a (4) new Cell Lead role who served as a float manager and coordinator of the clinic, and provided additional support to execute some of the administrative tasks.

**Why did you initiate it, i.e., the need for the change?**

Providers and staff were experiencing burnout and providers were reducing their FTE status to alleviate their load. Because of this, patient panels were growing, exacerbating the problem and impacting access and patient satisfaction negatively.

**How did you implement it: key steps and strategies?**

**Step #1 Understand the issue from the perspective of clinic providers and staff.**

Based on feedback from providers and staff as to the reason they were reducing their hours, it was clear that burnout was the main driver and that too much was being asked of the MD / MA team.

**Step #2 Understand issues from the patient/family perspective.** An analysis of the patient satisfaction survey scores and verbatim comments lead the practice to analyze how the burnout of their providers and staff were impacting the experience and care of their patients. Access was a particular concern - panel sizes had grown larger, and next available appointment got further out.

**Step #3 Develop a new team-based care model.** In partnership with patients identified by the clinic and Care Model Management team, the practice developed a new team model that brought in additional team members to "share the care." The initial MD/MA dyad was expanded to a pod, which included a full-time NP or PA, a shared LVN, and a shared social worker. A Cell Lead (MA) was also added to the clinic to manage the clinic operations and provide some administrative support to alleviate the MA and MD.

**Step #4 Implement the change.** The clinic implemented this new model last year, resulting in improved patient experience, reduced provider burnout, and increased staff satisfaction. Also, with the reduction in provider burnout, the clinic has gotten back to full staffing and reduced cost of turnover.

**Step #4 Analyze results.** The practice continues to track quantitative metrics, provider and staff satisfaction, and semi-structured interviews with all project participants.

**Who was involved?** Vice President of Family/Internal Medicine; Medical Director of Family/Internal Medicine; Director of San Carlos Family/Internal Medicine; Manager of San Carlos Internal Medicine; Project Director; Department Chair of Internal Medicine (MD); San Carlos Physician Champion; Senior Investigator of PAMF Research Institute; Patient Advisors; Recent Addition: Project Manager of Practice Transformation

**How has your work helped to improve patient-centered safe, quality care in your practice?**

By reducing burnout and implementing a strong team-based care model, the quality of care delivery was improved, and the time that providers had with their patients increased, giving them more time to understand and meet their needs. Patients' experience of their care was improved as well which is expected to lead to better patient engagement and activation.

2. Improvement Measures: Please provide any specific measurements (esp. outcome measures or patient reported outcomes) that demonstrate care is safer, of higher quality and results in improved patient outcomes and reported patient satisfaction. [SEE CHARTS BELOW.](#)

- ✓  Burnout has been improved for providers and staff: Physicians from 67% in 03-2016 to 44% in 05-2017; Staff from 50% to 33% during same time period,
- ✓  Reported staff stress levels has decreased from 50% to 29%
- ✓  Patient satisfaction has been improved incrementally for Care Coordination, Provider Communication, Provider Rating, and Would Recommend.
- ✓  The project team is still analyzing and expects to see other improvements in areas including cost savings associated with hiring additional pod support (reducing staff turnover), and access.

3. **What worked: Please describe your greatest insights about what worked and what contributed to the success (i.e. changes in structure, process or outcome measures)? -**

Engaging closely with the practice manager and site director, who offered important insights in to the practice's staff and culture, was critical. They knew what would be feasible to implement and what would not work.

- Including patient advisors in the design session was a major contributing factor, as they had ideas about the model that the project team would not have considered.
- A strong physician champion was key to the practice's success.
- Creating a culture of transformation, the team was actively running PDSA processes, and learning and adjusting based on their findings. Specifically, daily huddles with the right people - with constant communication really made a difference in understanding what was working and what needed to be tweaked.
- MAs felt that their time was being better used, which engaged them more in their work.

4. **Challenges and/or Barriers: What challenges did you encounter and how did you overcome them while implementing the change?** It took a while to define new roles and clarify those roles for the person in the role as well as the team.

**How did you address this barrier?** The team was very flexible and open to testing out different approaches and making changes that would result in improvement. The team had a collectively innovative mindset and were comfortable with ambiguity.

- Having the operational team as part of the project team and in constant communication, we were always looking to understand where we could do better.
- Also, having a strong physician champion helped as he served as the voice of his provider colleagues as well as the voice of the project team, as which he was able to facilitate the changes with his colleagues. He was also an important driver for buy-in throughout the practice, and served as the point person for needs or concerns as changes were being implemented.

**5. Sustaining the Vision: What is the practice’s vision for sustaining improved patient reported outcomes and patient satisfaction based on your insights of what worked.**

With the success of the first pilot, PAMF has been approved to spread this model to other clinics. They will continue monitoring the San Carlos site to make sure they have the resources they need, and continued improvement responsibilities have been handed off to the operations team and cell lead.

**6. PTN/SAN Assistance: How did the Transforming Clinical Practice Initiative prompt your practices to initiate/enhance the PFE effort you are describing?** This care model work started before joining PTI, but PAMF management team has seen that their goals are aligned with TCPI goals, and will be leveraging support and training on PFE and team based care to enhance their efforts to role out the Care Model of Transformation in more clinics.

**7. Through what means did the PTN or SAN prompt your practice to strengthen the PFE effort?**

- ✓ Webinars: Learn & Share Webinars on PFE; PFE Collaborative with Planetree
- ✓ Resources: Repository of evidence-based articles and resources on Team-Based Care and PFE
- ✓ In-person event: Attended PTI quarterly convenings which focused on TBC and PFE.

**8. PFE Metrics: Does your story link directly to any of the Transforming Clinical Practice Initiative Patient and Family Engagement (PFE) metrics? Please check all that apply.**

Metric 1. Patient & Family Voices in Governance & Operational Decision: There policies, procedures, and actions taken to support patient and family participation in governance or operational decision-making of the practice (Person and Family Advisory PRACTICE has advisory council.

Metric 2. Shared decision making: Does the practice support shared decision-making by training and ensuring that clinical teams integrate patient-identified goals, preferences, concerns and desired outcomes into the treatment plan (e.g. those based on the individual’s culture, language, spiritual, social determinants, etc.?

Metric 3. Patient Activation: The practice utilizes a tool to assess and measure patient activation.

Metric 4. Patient Connection to the Information They Need: The practice uses an e-tool (patient portal or other E-Connectivity technology) that is accessible to both patients and clinicians and that shares information such as test results, medication management list, vitals and other information and patient record data. Patient portal at PRACTICE has 96% sign up rate. Will be implementing a way that email messages can go directly between patient and provider. Summer 2017

Metric 5. Health Literacy: A health literacy patient survey being used by the practice (e.g., CAHPS Health Literacy Item Set). We review the patient satisfaction survey with the oncology questions about providers explaining information in ways patient can understand. Patient and Family Advisors review some materials for readability and clarity as we provide many of our resources on the website. We provide information on how to do different things and interact with another provider is part of that website.

Metric 6. Medication Management: The clinical team works with the patient and family to support their patient/caregiver management of medications?

**9. Patient and Family Engagement Concepts: How did your practice incorporate at least one of the 4 PFE Change Concepts?**

- ✓  Listen to patient and family voice: Implement formal systems for hearing the patient and family voice and using this input for strategic, quality, and business planning and performance success - Patient feedback was the key driver in this effort, and the changes implemented were a direct response to issues they raised.
- Respect values and preferences: Respect patient and family values, preferences, and expressed needs
- Collaborate with patient and families: Actively engage patients and families to collaborate in goal setting, decision making, health-related behaviors and self-management
- Be aware of language and culture: Assess and communicate in the preferred language, at an appropriate literacy level, and in a culturally appropriate manner

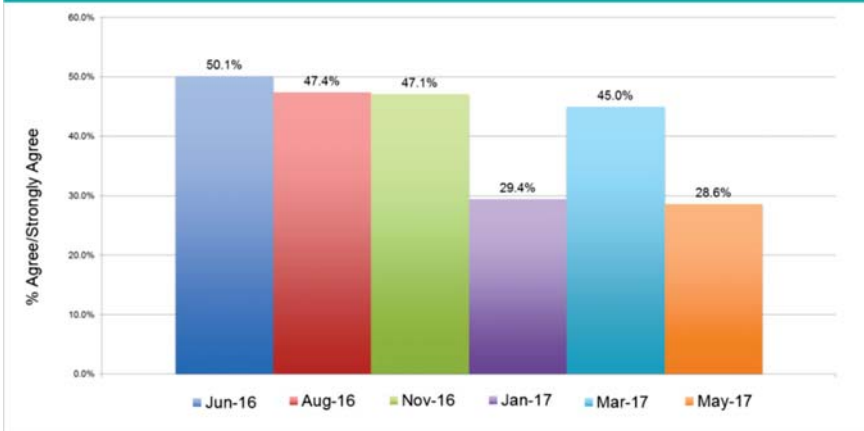
Supporting Information

Resources and Tools: Please provide examples or attach copies of tools or other materials that you used to bring about change in your practice.

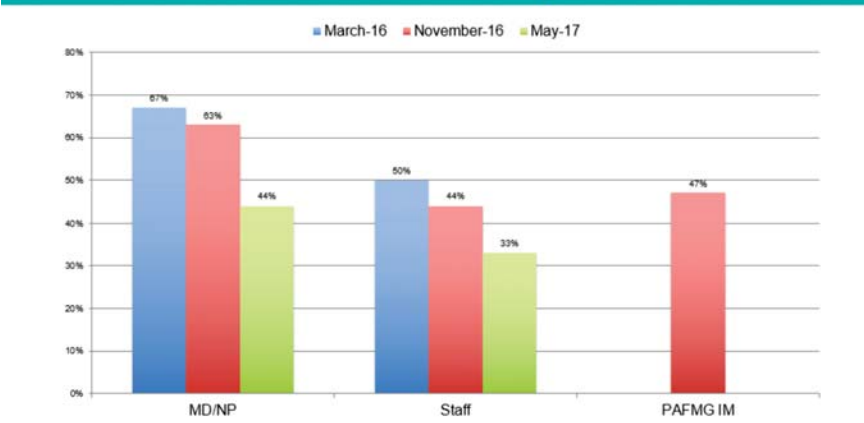
- ✓  Our practice is willing to share our story on a webinar or a recorded podcast or some other media if contacted by the program
- ✓  We give our permission for the information to be shared on <http://www.healthcarecommunities.org> or within the TCPI community

## Appendix: Results to Date

### I feel a great deal of stress because of my job



### Burnout Survey



### Patient Satisfaction

