Practice Spotlight 9

March 28, 2014

Spanning four counties in the Capital District of upstate New York, CapitalCare Medical Group serves nearly 165,000 patients through 28 clinical sites offering primary care in family practice, internal medicine and pediatrics. Its speciality services include endocrinology, pulmonary and sleep medicine, developmental-behavioral pediatrics, pediatric and adult neurology, nephrology, medical nutritional therapy and an ADA-recognized Diabetes Self-Management Education program. The physician-owned group employs more than 120 prescribing practitioners and 110 nurses among a staff that numbers about 600.Ten practices are enrolled in CPC (seven family practice, three internal medicine) with 58,000 empanelled patients.

"Which would you choose," asked **Kathleen Mattice**, BSN, RN, PCMH-CCE, director of clinical services for Capital*Care*, "to be a partner in planning the future of health care or to respond to a future designed by others? CPC puts us on the practice transformation design team."

Why is CPC right for this medical group? The multi-payer engagement ensured they could offer services to all patients in their CPC sites with payer type essentially "invisible" to the patient. Having colleagues in the region working on the initiative with them was another plus. They also were attracted to the Milestone structure, which they called a critical roadmap for success.

During the medical group's earlier experience with a single-payer PCMH initiative, they realized the potential of transformation as well as how overwhelming the range of tasks could be. The CPC Milestones provided direction and targets.

Left: Kathleen Mattice, director of clinical services. Group from left: Julie Adamec, manager of clinical quality initiatives; clinical quality analysts Brian Litz, MBAH; Christina Shephard, MPH; and Brittany Bardin, MBAH.

*Louis Snitkoff, MD, FACP, medical director for Capital*Care *Medical Group*

Julie Adamec, manager of clinical quality initiatives, said, "For the first time a roadmap was delivered and we could say, 'Follow this.' The Milestones gave us the timeframes for the work and held us accountable."

She continued, "We have highly motivated individuals here who want to do *everything* to the best of their abilities. Having a clear direction and specific goals built confidence that we could meet expectations in CPC."

Kathleen agreed, "CPC allowed us to focus on what we needed to do. As a large group, we had robust financial information that we knew how to use. We learned how to use the EHR in the same way: to mine the data, set priorities and move forward."

Medical Director **Lou Snitkoff**, MD, FACP, found another aspect of CPC compelling. "CPC enhanced our understanding that many factors contribute to process improvement in primary care and that tapping into our patients' experience in a more systematic way could provide us with their valuable perspective on how to make the most of our efforts to care for them."

Quality (kwäˈ - lə - tē): *n.* < L. *qualitas, qualis*, of what kind > how good or bad something is

Capital*Care* is a highly structured, well-organized group whose teams had successfully completed other quality improvement (QI) work. Despite that, Kathleen was surprised when she used terms like "practice transformation" or "QI" and found that definitions varied among the clinical staff. That insight led to a powerful project planning component.

"Familiarity assumes everyone thinks the same thing," Kathleen commented. "Not so. We spent more time to create operational definitions and a level setting so we all started at the same spot and moved forward together."

Julie had a similar experience during a planning meeting for the Capital*Care*'s patient engagement work.

"We're at the table and we realized we had been defining quality by the health care industry's standards," she recalled. "Quality for the patient is really about the patient's perception of the care they received in the office and *what mattered to them*. We learned to shift our momentum from measuring numbers to look at what patients told us was important." That shift led Capital*Care* sites to opt for creating Patient and Family Advisory Councils (PFAC) in PY 2013.

Capital*Care's* PFAC journey began with CPC

As a PY 2013 Milestone 4 activity in CPC, practices had the option of choosing to survey patients or creating PFACs as a way to understand the patient perspective and engage patients and families as partners in improving care.

In contrast to most CPC practices, all 10 of Capital*Care*'s CPC sites opted for creating Patient and Family Advisory Councils.

"We didn't mandate this; it's not part of our culture to prescribe activities for each site," Dr. Snitkoff pointed out. "They chose it because they wanted a more meaningful way to engage and learn from their patients."

"The sites felt a patient council allowed for deeper insight," Julie said. "They recognized that only a certain subset will respond to the paper surveys, and what they tell you may not be actionable."

"Our patients also have survey fatigue," Kathleen added. "We know they are getting surveys from everyone about health care. We wanted an up-close and personal interaction with more open communication."

In the next Spotlight: Capital*Care *shares how it operationalized 10 PFACs in Program Year 2013.

How PFACs Are Shaping Change

Input from Capital*Care*'s PFACs have prompted a variety of changes in the practices:

- User-friendly changes to the phone system – including not signing out to the answering service at lunchtime
- All staff wear name tags
- Created site-specific brochures with information about office procedures and providers
- White board updated daily with names of the providers seeing patients that day and other timely/seasonal information
- Bulletin board with prescription discounts and general health information
- New walk-in hours for same-day visits
- Expanded evening hours
- One-on-one assistance for patients who need help registering, logging in or using the patient portal
- Improved and more timely communication with patients if providers are running behind schedule

TMF Health Quality Institute

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CPC Comprehensive Primary Care

An Initiative of the Center for Medicare & Medicaid Innovation

Practice Spotlight 10

April 11, 2014

*Capital*Care *Medical Group of upstate New York has 10 CPC sites that all chose to pursue the* ***Patient and Family Advisory Council*** *option for Milestone 4 (Improve Patient Experience). In this week's Spotlight,* *Capital*Care *shares how they planned and recruited for the councils as well as how insights gleaned from council input have sparked a range of changes in their practices.*

"We've been working so long at putting the patient at the center," said **Kathleen Mattice**, BSN, RN, PCMH-CCE, director of clinical services for Capital*Care* Medical Group, "but we've been doing it *around* them through processes and outcomes. The councils are our way of saying 'You are our partner. We want to hear the good and the bad.'"

> **"Participating in PFAC fosters harmony between the patient and caregiver visions for compassionate and comprehensive therapeutic relationships, which motivate us to seek out one another in the first place."**
>
> *Cindy Chan, MD*
> *Internal Medicine Nott Street*

The concept of engaging patients and families wasn't new to Capital*Care*. During its previous work in a PCMH project, the medical group had used survey data to shape some aspects of the medical home. While the information was generally useful, all 10 CPC practices agreed the surveys only skimmed the surface of patient engagement needs. The practices collectively decided the PFAC approach would provide up-close and actionable feedback that was specific to their sites, staff and workflow. Additionally, the council approach could foster an ongoing conversation about patient care as the practice continued its path toward comprehensive primary care.

Capital*Care*'s 10 CPC sites all held initial PFAC meetings in the third quarter of 2013 and successfully repeated meetings for all sites in the fourth quarter. During each site's weekly CPC meeting, PFACs are a standing agenda item for ongoing planning for the quarterly meetings. This timing ensures all team members are aware of the process and can contribute as well as make decisions as needed. This lessens the burden on individual members and spreads the work over several weeks.

"The PFAC has given us specific ideas of how to improve our care, "said **Carol Braungart**, FNP-BC, from the Internal Medicine Nott Street site. "Our patients provide us with their perceptions and ideas of what they want from their health care provider, enabling us to move health care to a higher level."

"Of all our CPC work, the value from the outcomes with the PFACs is obvious," said **Brittany Bardin,** MBAH, clinical quality analyst. "We can plainly see how we directly and indirectly

From left: Cindy Chan, MD, and Brittany Bardin, MBAH, clinical quality analyst

CPC practices are encouraged to refer to the* Program Year 2014 Implementation and Milestone Reporting Summary Guide, *pages 21–22 and 49–52, to review the options for Milestone 4, including Patient and Family Advisory Councils.

affect patients and what specifically we do that meets our patients' needs."

Getting Started: Inviting Patients and Families

Physicians at each CPC site drew up a list of candidates who would be willing and appropriate to invite to the PFAC. Qualifying criteria were that participants would be a mix of new and long-standing patients and family members. Some long-standing patients were also the parents of pediatric patients, which provided a multi-generational perspective to the care experience. Candidates needed to provide their own transportation to meetings. Physicians didn't shy away from inviting the "grumbler" patients either. All perspectives were welcome.

To ensure 10 to 15 participants in each site, invitation letters signed by physicians were sent to about 25 patients per site. Everyone who responded was asked to participate; a few respondents were designated as back up.

The resulting dynamics of Capital*Care*'s councils vary by site. Council participants at the three internal medicine sites are slightly older than those at the seven family practice sites. Council sizes range from six to 12 participants.

"We gave the sites free range to build their own agendas," **Julie Adamec,** manager of clinical quality initiatives said. "Our only guidelines were that staff should have defined roles and responsibilities, and they would make sure the participants in the meetings clearly understood the parameters of the council."

Capital*Care* site managers have been directing the meetings, borrowing guidelines the group has used with support groups for patients with diabetes. Their tasks include timekeeping, explaining the privacy of health information and defining the topics that pertain directly to the practice site. This helps the discussion stay on track and generates feedback that is pertinent to the site. Meetings generally last one to two hours.

Where to Meet

Some councils meet at the practice site after hours in the waiting area or meeting rooms if available. One practice with extended evening hours takes the participants out to dinner rather than meet on site while the office is busy.

What to Talk About

Physicians drop in at the start of meetings to thank participants and to encourage them to provide frank input. Knowing that their presence can be distracting or intimidating, physicians then leave to allow the site managers to run the rest of the meeting.

To kick-start conversation at the initial meetings, site managers opened discussion with lines such as "this is what we have heard in the past" and then let council members expand on that. Generally these starters came from previous survey responses.

*Louis Snitkoff, MD, FACP, medical director for Capital*Care *Medical Group, and Alicia Sikora, director of marketing and communications*

"Sure, this can feel like heading off into the unknown," medical director **Lou Snitkoff**, MD, FACP, admitted. "We know we're not perfect, but the feedback to date has been thoughtful, fair, constructive and actionable."

> **"It makes such a difference to have new walk-in hours in the morning where I can come in and get a flu shot or been seen for a sick visit. I really feel like you are accommodating your patients' schedules and varying needs."**
>
> *PFAC participant*

A patient at an internal medicine site PFAC broached a difficult topic: how to complete Advance Directives paperwork. Surprisingly, the entire council was interested, prompting Capital*Care* to bring in a subject matter expert from the community to discuss this at an upcoming meeting.

At a family practice PFAC, a care manager nurse described her role in the practice's approach to comprehensive care. Participants were impressed and appreciative but also unaware that these services were available to help patients. The other CPC practices are now interested in slating a care manager to present at their upcoming PFAC meetings.

Subsequent meetings have included discussion about the launch of Capital*Care*'s patient portal and how to communicate this new feature to the patient population. Members of Capital*Care*'s Information Services (IS) department attended these meetings to demonstrate the portal, explain the technical aspects and answer questions about capabilities.

"I was really impressed with the level of engagement," **Alicia Sikora**, director of marketing and communications said. "We understand that patients have trepidation about using portals, but it was great to hear their suggestions and then see how we could put those suggestions into action."

To date, PFAC feedback has influenced changes ranging from all staff wearing name tags to new walk-in hours for same-day visits. Comments garnered from the patient portal rollout led to provision of one-on-one tutoring on how to use the new features. *(See March 28, 2014, Spotlight article for a complete list of changes.)*

"Don't hesitate to try a PFAC," Kathleen advised. "People tend to expect the worst, but the positive far outweighs the negative. It's been fulfilling to take the constructive comments and do something meaningful for our patients that they have asked for and can appreciate."

Would your practice shine in the Spotlight? Please email Belinda McGhee, belinda.mcghee@tmf.org, with your story suggestions.

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