Rapid Learning Workshop (RLW) 3B: How to Use PFs to Engage Patients (and Communities) in Improving Primary Care
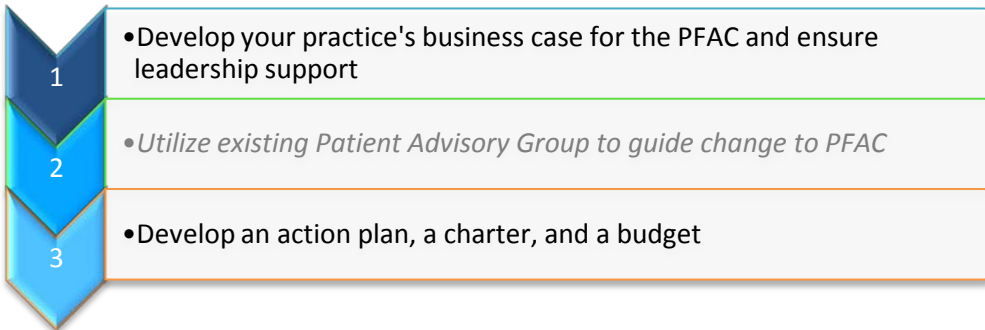
Small Group Discussion Guide

Group 1

- 1 •Develop your practice's business case for the PFAC and ensure leadership support
- 2 •*Utilize existing Patient Advisory Group to guide change to PFAC*
- 3 •Develop an action plan, a charter, and a budget

Step 1

1.1.1   How can you make sure that the practice has a clear idea about the specific purpose of the PFAC and what clinician/staff expectations are regarding how PFAC might help improve the practice?

1.1.2   How could practice leadership and staff inform the process of creating a PFAC?

1.2.1   How can practices leverage ongoing "umbrella initiatives" to create a robust patient-engagement activity (e.g., pay-for-performance or value-based purchasing programs)? What about those who are not yet participating in such initiative?

1.2.2   What are the immediate and longer-term practice benefits of a PFAC?

1.2.3   What specific resources will be needed to implement the PFAC? How could practice facilitators (PFs) help position resources? How about change in practice culture regarding patient engagement? How could PFs influence practice attitudes?

Step 2 [*Optional*]

2.1-3   If you have an existing (but not effectively functioning) patient group, how could this group be revitalized to transition to a PFAC or support the development of a PFAC?

Step 3

3.1   What instructions and resources may be needed to develop a preliminary mission and goal statement for the forming PFAC? Who should participate in this activity?

3.2   What may be an optimal governance model for a PFAC? How might this develop over time?

3.3   What practical resources and effort should be in place to sustain the operation of a PFAC (logistical, infrastructural, human, and financial)? How can these be secured? How can PFs equip the practice to help them sustain their PFACs?

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Small Group Discussion Documentation Sheet

Group 1

Step & Section	Discussion Notes
1.1.1	
1.1.2	
1.2.1	
1.2.2	
1.2.3	
2.1-3	
3.1	
3.2	
3.3	

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Group 2

- 4 • Invite, interview, and select new PFAC members to join existing group
- 5 • Provide an orientation for new members
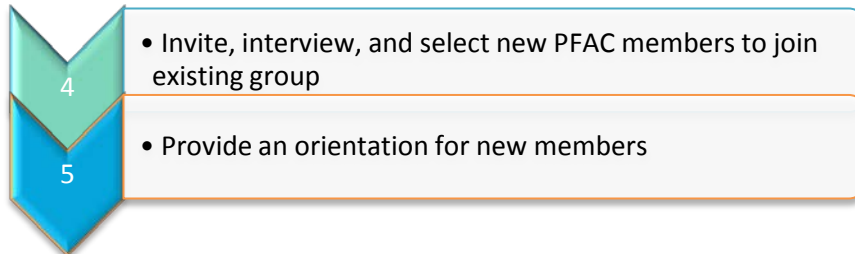
Step 4

4.1   Who should be recruited into a PFAC and how? What critical areas of information should be communicated at recruitment?

4.2   How can practices identify patient and family leaders? What do practices have already that could help them or what new functions/roles may be needed? How can practice facilitators (PFs) help put a process in place to select patient representatives?

4.3   What are the steps of PFAC member recruitment? How to make sure that each member is a good fit for being a patient advisor?

Step 5

5.1   What may be the expectations of PFAC members about their role and participation? How these might differ from the expectations of the practice team about the PFAC? How can they address discrepancies between the two perspectives?

5.2   Similarly, what can be said about differing ideas about the goals of the PFAC? If the goals develop over time, who drives the development of goals (e.g., patient members, practice teams or both)?

5.3   What should be in place to ensure that participant and patient confidentiality is maintained across the multifaceted activities of the PFAC? What about confidential practice-operation information being shared with PFAC members? How can PFs promote a patient-centered culture of confidentiality in patient-engagement?

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Group 2

Step & Section	Discussion Notes
4.1	
4.2	
4.3	
5.1	
5.2	
5.3	

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Group 3

> **6** • Initiate improvement projects with PFAC members

Step 6

6.1   Who identifies and brings practice improvement (QI) priorities to the PFAC? How are these priorities identified? What is the role of practice facilitators (PFs) in this process and how can they collaborate with the PFAC?

6.2   What is the larger context of the PFAC in a robust practice improvement program? What "spin-off" groups could serve and extend the operations of the PFAC in QI activities? How do these groups provide various options for different types of patients to participate? How can the PFAC hold these groups and activities together?

6.3   What are the steps of identifying and implementing the first small projects to get patient engagement going? How much education and preparation new PFAC members may need? Who leads or co-leads these projects? How "close" patient members could/should get to the inner workings of the practice ("pulling back the curtain") through these projects? What may be the role of PFs in working with PFAC and other patient members on practice-level QI? How can they balance their work and responsibilities between the practice and its patient representatives?

6.4   How can PFs help the PFAC scale up QI operations after they have learned how to do it? What is different for the PFs from working only with practices on QI projects? What does deep patient-engagement bring into the process of practice improvement? What are the advantages and the challenges compared to working with the practice alone?

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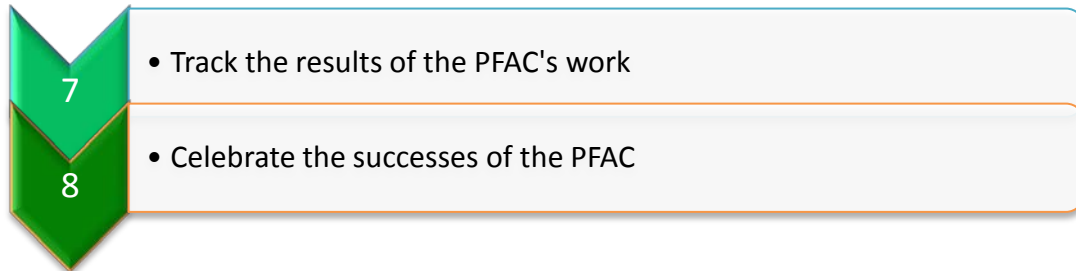
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Group 3

Step & Section	Discussion Notes
6.1	
6.2	
6.3	
6.4	

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Small Group Discussion Guide

Group 4

- 7 • Track the results of the PFAC's work
- 8 • Celebrate the successes of the PFAC

Step 7

7.1   What may be the desired outcomes for measuring the effect of the PFAC on the practice and the quality of care? Who should be involved in developing or selecting these measures? How practice facilitators (PFs) could inform this process?

7.2   What are the characteristics of good patient ambassadors? Is it best to select them from patient peers or from practice staff? What are the roles of patient ambassadors? How do they interface with the PFAC? How do they keep in touch with and "feel the pulse" of the patients in the practice? How often and what do they report back to the practice and PFAC leadership?

7.3   What may be the best ways to monitor the progress of projects led by the PFAC? How much patient members could be involved in project tracking? What is success in patient-led practice improvement and how it is determined? How can PFs contribute to the tracking of PFAC-driven projects?

Step 8

8.1   How much and how far should the work of the PFAC be publicized? What is the right balance between maintaining privacy regarding sensitive practice information and community-level transparency?

8.2   How can the work and the members of the PFAC (and linked patient groups) be meaningfully honored and rewarded without dedicated financial resources?

8.3   What can be done if the PFAC is "not working" in terms of practice outcomes and/or its own operations? How can stakeholders identify specific barriers? How can the practice and PFAC work together to change the course? What may be the role of PFs in helping them through the difficult time?

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Group 4

Step & Section	Discussion Notes
7.1	
7.2	
7.3	
8.1	
8.2	
8.3	