Patient-Centered Primary Care Home Program Update

February 2020

Why include patients, families and caregivers in quality improvement?

Standard 2.C in the PCPCH model encourages clinics to involve patients, families, and caregivers in their quality improvement efforts. While it's no secret that new perspectives can lead to better ideas, an increasing body of research is highlighting just how big of an impact this practice can have on care. Below is a list of benefits (along with examples) highlighted in a 2018 meta-analysis of patient advisory council evaluations:

Improved patient satisfaction: One hospital system invited patients who had submitted complaints to participate in regular meetings to brainstorm improvements, resulting in a decrease in complaints from 117 to 48 in one year.

Reduced medical errors: Patient advisors were involved in the redesign of a hospital which resulted in a reduction in medical errors by 62%.

Increased access to appointments: One patient and family advisory council recommended a change to their hospital's appointment scheduling process which reduced the number of rescheduled appointments.

Benefits to patient advisory council members: Those participating on a teen advisory council for a children's hospital experienced increased organizational skills and professional development. Meanwhile, a panel of service users for a psychiatric institute described improved mental health, enhanced education about services, and reduction of perceived stigma due to their involvement.

Improved staff culture: Multiple studies described an increase in hospital or clinic staff awareness of the patient perspective and patient-centered care as a result of patient advisory councils.

Primary care that is more patient-centered: A cluster-randomized RCT found that regional primary care staff leaders that worked with patients to identify priorities ended up with goals that were more aligned with components of PCMH and Chronic Care Models than primary care staff leaders who did not include patient input.

More effective community outreach: One community advisory council helped to "translate" health care promotions into relevant public services messages which resulted in increased self-reported intention to engage in colorectal cancer screening, increased use of asthma inhalers and asthma action plans, and improved blood pressure control rates.

Broad applications: In addition to the examples above, the analysis found a broad array of uses for patient advisors including the development of patient education or self-management materials, physical healthcare settings (waiting rooms, physical disability accommodations, special layout, etc.), workflow changes, staff trainings, web portal improvement, and conference attendance.

Full Publication: Sharma, A., Knox, M., Olayiwola, J., etc. (2018). The impact of patient advisors on healthcare outcomes: a systemic review. BMC Health Services Research, 18: 437.

Getting started with Electronic Health Records (EHRs)

EHR adoption has more than doubled since 2008, with 79% of office-based physicians having adopted a certified EHR by 2017 according to the *Office of the National Coordinator for Health Information Technology*. As this trend increases, small and rural-based clinics may be looking for guidance on how to select the right EHR and transition away from paper-based records. The following two resources are a great place to start:

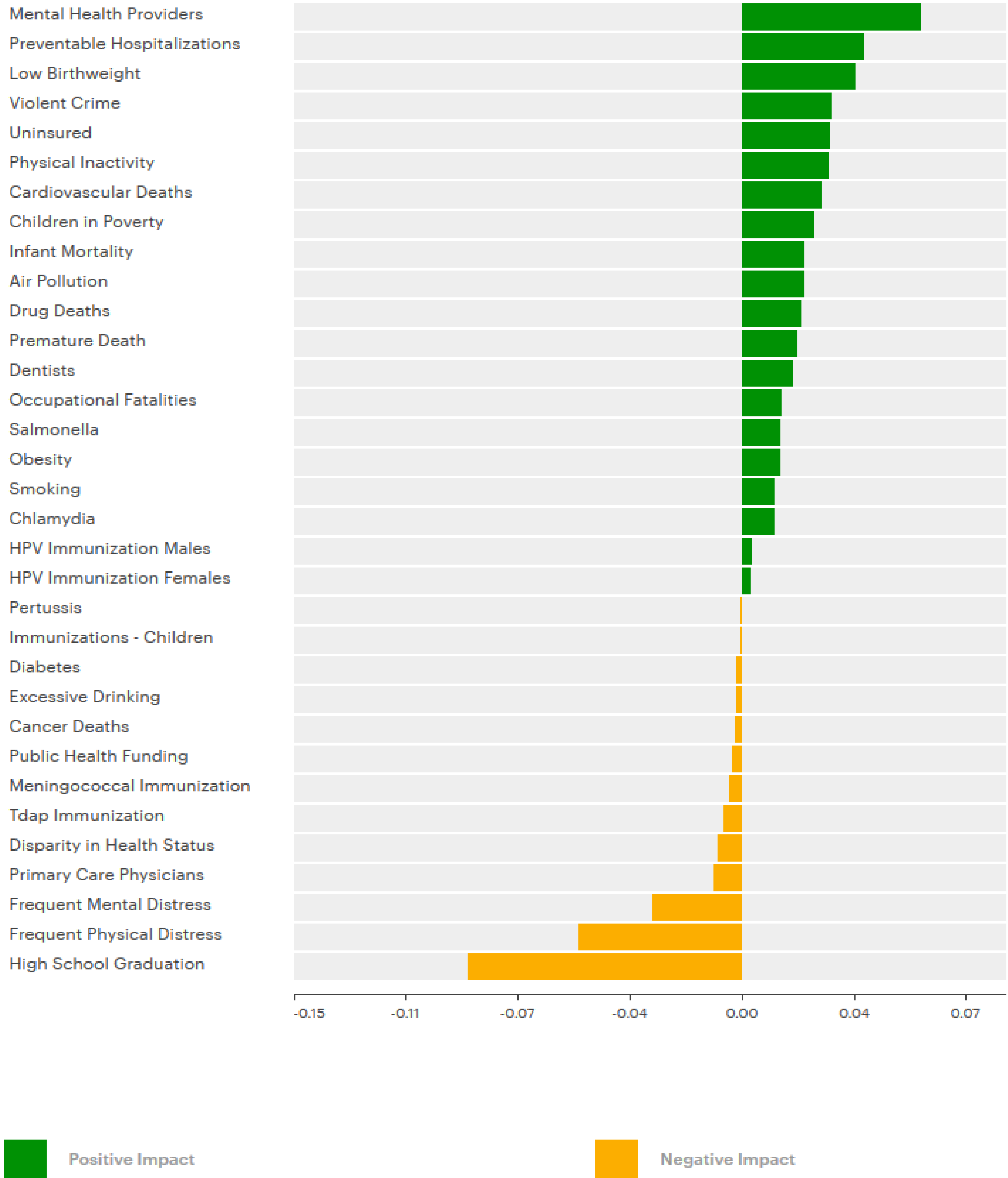
CMS-certified EHRs: Not all EHRs are certified by the Centers for Medicare & Medicaid Services, which is an important requirement for many health care quality programs. The Certified Health IT Product List contains an updated list of all EHRs that are certified by CMS. Simply search for the EHR developer or product for information about its status.

Health IT Playbook: The Health IT Playbook provided by the *Office of the National Coordinator for Health Information Technology* offers a step-by-step guide on how to select and effectively implement an Electronic Health Record system at your clinic. It includes strategies, recommendations, and best practices — extensively researched and gleaned from a variety of clinical settings — to help you find the support you need.

Oregon's State Health Rankings

The Patient-Centered Primary Care Model is just one of the ways that Oregon works to improve primary care. But where does Oregon stand compared to other U.S. states? Well according to the United Health Foundation's *2019 America's Health Rankings*, Oregon ranks **3rd** in the country in clinical care measures. And according to the *Commonwealth Fund*, it ranks **11th** on overall State Health System Performance. Oregon's clinics, hospitals, CCOs, and other health system partners certainly have a lot to be proud of!

That being said, there are several health outcomes and areas of care that can use some extra attention in the coming years. Below are a few highlights of Oregon's 2018 State Health System Performance Scorecard and americashealthrankings.org.



Ranking Highlights

	2018 RANK	CHANGE FROM BASELINE
Overall Ranking	11	+10
Access and Affordability	19	+17
Prevention and Treatment	36	+1
Avoidable Hospital Use and Cost	4	-2
Healthy Lives	13	-2
Disparity	15	+17

Coming up: events and trainings

Patient education and engagement in diabetes care (CME-accredited Webinar)

When: February 28th 12-1pm

Join the Transformation Center for this CME-accredited webinar focused on the HbA1c incentive metric. This webinar will be presented by Dr. Andrew Ahmann, director of the Harold Schnitzer Diabetes Health Center and recipient of the 2018 Outstanding Physician Clinician in Diabetes Award from the American Diabetes Association.

Register here: https://attendee.gotowebinar.com/register/1321879457698122765
Contact: Sarah Wetherson (sarah.e.wetherson@dhsoha.state.or.us)

Free, quick online tobacco cessation counseling training (with CME)

What: This short online course will improve your care team's ability to help patients quit tobacco. The course focuses on Brief Tobacco Intervention and Motivational Interviewing techniques.
Who: All members of the care team committed to supporting their patients to quit tobacco.
When: The course is self-paced and takes approximately 45 minutes. The course can be started, paused and resumed later as needed.
CMEs: This training has been reviewed and is accepted for up to 1.0 prescribed credit from the American Academy of Family Physicians (AAFP). For other licensing boards that may not pre-approve continuing education credits (for example, the Board of Licensed Professional Counselors and Therapists), please submit the certificate of participation to your accrediting body.
Access the training: https://tcrc.rapidlearner.com/3462253711
Questions? Please contact Anona Gund (Anona.E.Gund@dhsoha.state.or.us or 971-673-2832)

Free hypertension-focused webinars and technical assistance

Oregon Rural Practice-Based Research Network is hosting a series of 4 tailored Hypertension-focused webinars and offering 1-1 technical assistance to 50 primary care practices across Oregon in 2020. Webinars will involve instruction from Subject Matter Experts, facilitated interaction with other clinics and quality improvement training. Participating practices will also have the opportunity to enroll in a diabetes-focused quality improvement series that starts in early fall.

Webinar topics will be tailored to practice interest, but may include:
- QI Concepts Refresher
- Reminders/ Recall
- Workflows and Team-based Approach
- Monitoring for pre-hypertension
- Medication and Pharmacology
- Lifestyle Considerations, including component on arthritis interface

Webinar Dates:
Webinar 1: March 10, 2020, 12:00 – 1:00 PM
Webinar 2: March 31, 2020, 12:00 – 1:00 PM
Webinar 3: April 21, 2020, 12:00 – 1:00 PM
Webinar 4: May 12, 2020, 12:00 – 1:00 PM

If you or your practice may be interested, please contact Lindsey Shankle, shanklel@ohsu.edu to reserve a spot for your team!

Questions?

We are here to help! Contact us at PCPCH@dhsoha.state.or.us.

About the Patient-Centered Primary Care Home Program

Patient-Centered Primary Care Homes (PCPCH) are health care clinics that have been recognized by the Oregon Health Authority (OHA) for their commitment to providing high quality, patient-centered care. The PCPCH Program administers the application, recognition, and verification process for practices applying to become Patient-Centered Primary Care Homes. The program is also working with stakeholders across Oregon to support adoption of the primary care home model. For more information visit www.PrimaryCareHome.oregon.gov.

The mission of the PCPCH Program is to be a trusted partner in primary care, collaborating with stakeholders to set the standard for trans formative, whole-person, and evidence-based care.