PATIENT-CENTERED CARE DEVELOPMENT FUND GRANTEES
LESSONS LEARNED
AF4Q National Meeting, May 2011

MAINE

- **Inspiring a shared vision is hard**. Defining the focus of our efforts around patient engagement has proven a challenge, especially as the consumers we work with become more savvy. The more educated and empowered they become, the harder it is to focus on one thing or a few things—like many impassioned people, they (and we!) want to tackle it all. At the same time, getting patients to take on work beyond meetings or ad hoc committees has been challenging because we have struggled to define a vision and direct all the passion that exists to some purposeful end. You have still got to frame the value proposition for patients and consumers—what do they get out of this work?
- **There is never enough time to care for the volunteer patients/consumers to the extent they deserve.** Staff your efforts appropriately. We have found that having the equivalent of 1.5 days a week of staff time is just not sufficient to provide the support and focus that is needed to make substantial change.
- **It is okay to change course mid-stream.** We are at a pivot point in our own work in terms of how we work with consumers in a way that is most impactful. We have come to a place where we know that it's not useful to keep going upstream when we could double back and chart a new course. Stay tuned!

MINNESOTA (ICSI)

- Patients and Providers learn from each other – bring them to the same table
- They both have a responsibility in the process and they both need to know the other party accepts their own responsibility
- Leadership must fully support the project for it to be sustained
- Inter-professional approach with all team members vested in the process works best
- Get care team involved immediately and move it along to maintain engagement
- Let care team develop their own approach – they know what works best for them
- Patient centeredness can't be dictated – it needs to be embraced by those who give care
- This requires changes in behavior – that's hard and takes time
- Concrete tools to guide behaviors streamline implementation and normalization
- These tools can be applied across the care continuum

OREGON

- **Physician leadership and participation is crucial**. One way to recruit in a medical group is for the Medical Director to ask providers to submit names of patients who might be interested in joining an advisory council during a clinic meeting. At the beginning of the meeting, give each provider an index card to write names and collect the cards at the end of the meeting. It helps to notify providers via email prior to the meeting that they would be asked for names so they could think in advance.
- **Inviting organizational leaders to attend advisory council meetings** is a great way to educate them about patient-centered care, spread the work of the council and nurture a new champion. After the Quality Improvement Director of an integrated health care organization attended a meeting, she sent the clinic administrator the following email: "Thank you SO much for inviting me to your Board Meeting. I can't begin to tell you how awed, inspired and hopeful I feel about your endeavors. It's exciting to see the clinic blaze new trails and have such energy and enthusiasm pushing them forward. Wow!"
- **Having a dedicated staff person** with time at the beginning to manage recruitment makes establishing an advisory council much easier. Starting with a small number of participants on the advisory council is also an effective strategy to get started.
- **Establish a meeting schedule early.** Scheduling meetings is a challenge, but establishing the meeting schedule in advance of recruitment is one strategy to ensure patients interviewed are available at the selected time.
- Holding a "Meet and Greet" luncheon for patient advisors prior to the first official advisory council meeting was a great way for people to get to know each other and start gelling as a group.