Orientation and Training
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
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<tbody>
<tr>
<td>8:30-9:00 am</td>
<td>Welcome, Registration, Materials, Badge Pictures</td>
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<tr>
<td>9:00-9:30 am</td>
<td>Introductions</td>
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<tr>
<td>9:30-9:45 am</td>
<td>Introduction to Aligning Forces for Quality</td>
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<td>- Organizational Stakeholders</td>
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<td>- A patient perspective</td>
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<td>9:45-10:00 am</td>
<td>Introduction to Health Care Transformation</td>
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<td>- Acute Care vs. Chronic Care</td>
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<td>- Triple Aim</td>
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<td>10:00-10:30 am</td>
<td>Introduction to Quality Improvement</td>
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<td>- Definition of Quality</td>
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<td>- Cost</td>
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<td>10:30-10:45</td>
<td>Break</td>
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<td>10:45-11:15 am</td>
<td>Quality Improvement Methodology</td>
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<td>- PDSA, Aims, Tracking and Measuring</td>
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<td>- Measures</td>
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<td>11:15-11:30 am</td>
<td>Introduction to PCR</td>
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<td>- PCR 1.0</td>
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<td>- PCR 2.0</td>
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<td>- Meeting structures</td>
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<td>11:30 am- 12:00 pm</td>
<td>Introduction to the Patient Partner Role</td>
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<td>- Brainstorm: What does being a patient partner mean?</td>
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<td>- Identify and Problem-Solve common challenges</td>
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<td>- A patient perspective</td>
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<td>12:00-12:15 pm</td>
<td>Introduction to the Curriculum</td>
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<td>- Access</td>
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<td>- Empanelment</td>
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<td>12:15-12:30 pm</td>
<td>HIPPA and Confidentiality</td>
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<td>- Sign the confidentiality form</td>
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<tr>
<td>12:30-1:00 pm</td>
<td>Lunch</td>
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<tr>
<td>1:00-1:30 pm</td>
<td>Introduction to the Rapid Cycle Survey Process</td>
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<tr>
<td>1:30 pm</td>
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Patient & Family Advisors

Richard M Brand, MA, MPH

17 December 2010
Institute for Patient- and Family-Centered Care

- Individuals and families receive care that affects the care and services that families to have direct input and influence

Any role that enables patients and
Family-Centered Organization

• Allows us to truly be a Patient and make a difference
• Resources used for things that actually inspire and energize providers/staff
• Experience of care

Patients/Families are experts in the

Why Patient & Family Advisors?
Family Advisor Project Roles/Responsibilities:

- Help develop and review patient decision-making
- Participate in policy and program development
- Membership in workgroups
- Membership in quality committees
- Participate in quality improvement projects

Potential Patient & Family Advisory Council
Family Advisor Projects/Roles

- Intern/resident education
- Staff education
- Curriculum development/teaching
- Staff education, presentations, etc.
- Sharing personal stories in orientation,
- Potential Patient &
Dedicated staff support / Liaison
Culture change

Potential Barriers to Success
- Initial project (PCHM)
- Charter
- Include leadership and staff

PAC meeting

- Interview, orientation
- Recommendations from providers/staff
- Recruit patients/family members

Getting Started
What makes a good advisor?
What Makes a Good Advisor?

- Has passion for improving the health care experience
- Appropriately assertive
- Able to ask questions and be able to connect with people
- Reflects the diversity of our patient population
- Respects and Reflects the diversity of
Recommend 3 patients / family members as potential advisors.
Key Terms

- OHP – Oregon Health Plan
- OHA – Oregon Health Authority
- CMS – Centers for Medicare & Medicaid Services
- DHSS – Department of Health and Human Services (US)
- DMAP – Division of Medical Assistance Programs
- CareOregon Advantage
- DHR – Department of Human Services (Oregon)

† Same as “Medicare Advantage”

† Same as “Medicaid”
What is CareOregon?

CareOregon is a Medicaid managed care plan that provides health care services to its members through a network of community and private medical providers throughout the state. The State of Oregon contracts with CareOregon to manage the health care services of people enrolled in the Oregon Health Plan (Medicaid). The U.S. government contracts with CareOregon to manage the health care services of people enrolled with CareOregon Advantage (Medicare).
So how does that work?
There are about 500,000 Oregonians currently enrolled in OHP statewide. Currently enrolled in: Pregnant Women, Children under age 19, People on TANF (Temporary Assistance for Needy Families), People receiving SSI, Dual Eligibles – age 65 or older, blind, or in long term care, income at or below SSI, disabled and receiving income at or below SSI (temporarily assistance for needy families), People on TANF, Children under age 19, Pregnant Women

OHP Standard: Adults who qualify based on income level capped at a total of 60,000. There is a lottery to fill available slots on Standard.

OHP Plus: Adults who qualify based on income level and dual eligibles – age 65 or older, blind, or in long term care, income at or below SSI, disabled and receiving income at or below SSI (temporarily assistance for needy families), People on TANF, Children under age 19, Pregnant Women.
Percent of CareOregon members who are 19 or younger

66%

Number of counties where CareOregon operates

14

CareOregon members

14

Total number of non-English languages spoken by CareOregon members

57

Total number of CareOregon Advantage members

6,000

Total number of CareOregon OHP members

135,000

CareOregon by the Numbers
CareOregon's Vision

Healthy Oregonians, regardless of their income or social circumstance

How do we do that?

What guides us?

SPIRIT values

Social circumstance

Healthy Oregonians, regardless of their income or

The Triple Aim

Cost

Experience/Member

Per Capita

Population Health
How is CareOregon Organized?
How does the MAC fit into that?

Learn more about CareOregon, you will find others.

These are just the ones that we thought of. As you

Customer Service

Human Resources

CareSupport & Medical Management

Medicare Sales

Communications

Public Policy & Member Centricity

Just to name a few...

†
Patient and Family Advisors
Frequently Asked Questions

What is the Purpose of Patient and Family Advisors?
- To offer a safe venue for patients and families to provide input in a setting where they are receiving care.
- To promote improved relationships between patients, families, and staff.
- To open lines of communication between patients, families, and staff.
- To offer an opportunity for patients and families to provide input into policy and program development and actively participate in the development of new facilities and programs.

What is a Patient and Family Advisor?
- Someone who volunteers their time to work with a healthcare organization to share their insights, thoughts, and opinions about what works and doesn’t work for people receiving services.
- Someone who can provide fresh insights on what it’s like to receive services from the healthcare delivery system.
- Someone who can bring not only their own ideas, but the thoughts and ideas of others within their network.

What do Patient and Family Advisors do?
- Advisors bring diverse ideas and experiences to conversations about ways to improve healthcare programs, policies, services, communication and tools that might be used.
- Talk about and help others talk about ideas so that Oregon Medical Group and other healthcare providers in our community can make healthcare better.
- Work together with Oregon Medical Group staff and physicians in planning programs.
- Think beyond what happened to them or their family members to help others have an improved experience.

What qualifications or qualities does an advisor need?
An advisor is someone who can:
- Share insights and experiences in ways that others can learn from them.
- See beyond his/her own personal experiences.
- Show concern for more than one issue or agenda.
- Respect diversity and differing opinions and perspectives.
- Listen well.
- Speak comfortably in a group with candor.
- Enjoy working together with others on solutions.

(Continued on back)
Type of participation we are seeking at Oregon Medical Group:

- **Focus Groups:** Provide feedback in a group format with other patients/family members. Usually a one time or intermittent commitment with a changing group of advisors.
- **Participate on Committees:** Bring the patient/family perspective to committee meetings.
- **Story Sharing:** Share your health care experiences with care providers and other patients.
- **Short Term Projects:** Be a partner in making improvements to specific healthcare services.
- **Ongoing Patient or Family Council Member:** Attending monthly meetings with providers to review overall program/services.

If you are interested in learning more about how you can get involved, please fill out the attached interest form and we will contact you to set up an informal interview session.
Dear CareOregon’s newest Member Advisory Council (MAC) member,

Welcome to the team! We are so glad you have decided to join other CareOregon members in representing your community, to directly inform the service you receive from CareOregon and to influence the type of care and services your entire community will benefit from.

As part of the MAC, your voice will be heard throughout CareOregon. You will meet once a month with the other members of the council to discuss issues related to delivery of and access to care for CareOregon members, as well as targeting specific issues that only you as a member can provide feedback on. This is an opportunity for you to speak from your individual and diverse perspective, but also to represent other members and their needs and wants. Your perspective, along with the others on the council and CareOregon staff, will have direct impact on changes and improvements that have the potential to help all Care Oregon members thrive.

This notebook is a tool for you to learn more about the history and purpose of MAC, the projects they have been working on, educational materials on past trainings, importance of confidentiality, your role on the council, and other important documents that will assist you as you transition onto the council!

We thank you for this important commitment you have made to Care Oregon and your community. We hope you will enjoy being an important leader and member of this team!

Sincerely,

The Care Oregon MAC and Staff
December 19, 2007

Dear

Congratulations, you are now “officially” a member of the PeaceHealth Medical Group’s first Patient Advisory Council. Next year promises to be one of exciting changes for us and a time of tremendous learning. We cannot imagine embarking on this journey without your input, ideas and perspective. We have a wonderful balance of experienced Patient Advisors and new Patient Advisors coming together to form the Council. You are one of 10 people selected to serve so far. In early January, I will be meeting more patients representing pediatrics, specialty and some other clinic locations. I am hopeful they will be join us in time for the first meeting.

Our first official meeting of the Patient Advisory Council is Thursday, January 24, 2008 from 5:30 – 7:30 pm in the PHMG Downtown Clinic at 1162 Willamette Street. We will convene on the 4th floor of the clinic in the PHMG Board Room. About a week before the meeting, you will receive an agenda and some materials to review.

**Special Invitation -----Meet and Greet Your Patient Advisory Colleagues**

As I interviewed the patients/family members in this past 6 weeks, I suggested it might be fun and worthwhile to have a “Meet and Greet” get-together prior to our first “official” business meeting. Based on your enthusiastic response, we are planning a fun, social time together. While you do not need to attend, I hope you will join us for this informal conversation.

When: Monday January 14th, 5:00 – 6:00 pm  
Where: PHMG Downtown Clinic  4th Floor PHMG Board Room  
What: Opportunity to meet other Patient Advisors and PHMG Leaders  
For: Fun, Snacks, Questions and Discovery  
RSVP: Sheila Miller, Administrative Support to PAC  687-6203 by January 10th

Sincerely,

Mary Minniti, Quality Director

*PHMG Vision: PeaceHealth Medical Group will be the best integrated multi-specialty clinic for our patients. We collaborate in our commitment to provide our community with accessible healthcare that is patient-centered, safe, timely, efficient, effective and equitable.*
WELCOME

Winthrop Patient and Family Advisory Council

December 16, 2010
AGENDA

Welcome 
Katie (5 min)

Introductions 
Katie (10 min)

Role/Purpose of council projec 
Katie & Betty (10 min)

Potential council projects 
Katie & Betty (30 min)

Meeting Logistics 
Betty (10 min)

Patient centered medical home state pilot project 
Darcy Shargo (10 min)

Katie & Betty (30 min)

Katie (10 min)

Katie (5 min)
MEETING GOALS

Overview of Patient and Family Centered Care

What is the work/role of Patient & Family Advisory Councils

Scope and expectations of the Winthrop Patient & Family Advisory Councils

Best meeting times and places
Oregon Medical Group
Patient/Family Advisory Council Interview Questions

Name: _______________________________________

Date of Interview: ______________________

Give us a snapshot of your medical experiences at OMG (usually seen by PCP/specialist, frequency of visits, etc.).

What are some specific things that health care professionals did or said that was most helpful to you and your family?

What are some specific things that you or your family would like health care professionals to do differently in order to be more helpful?

If you had a magic wand and could change and improve health care for you and your family, what changes would you want to make?

If you have served as an advisor, been an active volunteer committee member, or done public speaking for other programs or organizations, please briefly describe this experience.

What interests you about becoming a Family Advisor?

Would you be interested in presenting your medical experiences to staff?

Would you be able to commit to at least a year-long term on the council, meeting at least once a month for about 1.5-2 hours per meeting?

Tell us about your interests, skills, and talents.

Would you be interested in being at least?

Yes/No

What interests you about becoming a Family Advisor?
The goal of patient and family-centered care is to integrate the patient's and their families' perspective into the planning, delivery, and assessment of healthcare towards improved quality, safety, and satisfaction outcomes.
CORE CONCEPTS

- Partnership & Collaboration
- Participation
- Information Sharing
- Dignity and Respect
An advisory council serves as a formal mechanism for involving patients and their families in policy and program making in healthcare settings.
BENEFITS OF AN ADVISORY COUNCIL

Results in more efficient planning to ensure that services really meet consumer needs and priorities

Leads to increased understanding and cooperation between patients and families and staff

Promotes respectful, effective partnerships between patients and families and professionals

Supplies a link between the practices, their surrounding communities and community groups

Oﬀers a forum for developing creative, cost-effective solutions to problems and challenges faced by the practices
GETTING STARTED
– SCOPE

Minimum of one two-hour monthly meeting, for the 2011 calendar year.

Council Agendas

Identify specific projects and priorities

Orientation/Education

Develop a governance model and permanent council structure

AND COMMITMENT

GETTING STARTED – SCOPE
Patent & Family Advisory Council Composition

- Built around an emerging issue
- Staff and Senior Management participate
- Reflect constituencies
- Guests and other staff are encouraged to attend as guests.

*Patient Centered Medical Home*
ADVISOR QUALITIES

- Represent the patient population
- Work in partnership with others
- Speak comfortably
- Respect other perspectives
- Show concern for more than one issue or agenda
- See beyond their own personal experiences
- Listen well
- Share insights and knowledge from their experience
- Share insights and knowledge from their experience
- Listen well
Possibilities for 2011

- Phone and appointment access
- Volunteer program in Winthrop
- Patient satisfaction survey process - on-going
- How we communicate about your care
- New brochure materials
- New patient orientation packets and process
- How we share information
- Your ideas!!!
MEETING LOGISTICS

NEXT STEPS & WRAP UP

Meeting preferences

• Time of day?

• Day of the month?

Contact information

Next meeting/agenda items

•
August 25, 2009

Patient name
Mailing address
City State zip

Dear name,

On behalf of Eastern Maine Medical Center, and Husson Internal Medicine we would like to welcome you to the Husson Internal Medicine Patient Advisory Group. The primary function of the PAG will be to develop and improve mechanisms for patients/families to provide input to administration, department leadership, primary care clinics, etc., so that services are reflective of the values inherent in the core expectations of the Patient-Centered Medical Home model. The PAG will actively promote patient/family-centered care across the continuum by developing and promoting partnerships between primary care providers, patient/families, and the community.

The Patient Advisory Group (PAG) will be made up of people, like you, from the community who receive care through Husson Internal Medicine as well as different members of the staff here at Husson Internal Medicine. We look forward to hearing about your experiences and are excited to have you participate in this group.

The next meeting of the Patient Advisory Group is scheduled on September 17, 2009 at 5:30 in the evening. We ask that you park out front where you would normally park if you were to be coming for an office visit and check in at the window as you would normally do for an appointment. Light refreshments will be served at the meeting.

Attached to this letter you will find an agenda for the next meeting, as well as more specific information about the group. If you have any questions at all about this group please feel free to contact Michelle Theriault at 942-4401 extension 164.

We look forward to working with you to make a difference.

Thank You

Michelle Theriault
Office Supervisor

**Property of Husson Internal Medicine**
Aligning Forces Humboldt
Primary Care Renewal 3.0
Patient Partner Roles and Responsibilities Agreement

Overview

Congratulations! You have been identified as a valuable stakeholder in improving the quality of healthcare. Your perspective as a consumer of health care will be a powerful part of the Primary Care Renewal process.

The Primary Care Renewal (PCR) is a collaborative of local primary care medical offices that are committed to improving the quality of healthcare, patient experience, and ensuring that high quality care is delivered at reasonable cost. Many of the practices involved in the Primary Care Renewal collaborative have been working towards achieving these aims since 2009. This collaborative year will focus on working to improve the quality of health care in the arenas of helping patients receive the care they need, when they need it, and a way that works for them. Specifically, the PCR collaborative will focus on “Access and Continuity of Care” and “Care Coordination.” The nuances of these focus areas will be explained in-depth to Patient Partners throughout the PCR collaborative year.

Last year, participating PCR teams were joined by Patient Partners (individual patients recruited from each practice to share patient insight and feedback on team quality improvement efforts). Because Patient Partner team members proved to be such vitally important members of the PCR 2.0 collaborative, practices will recruit two Patient Partners for each team in PCR 3.0.

Patients are the consumers of health care and so your perspective is critically important to include in any group working on health care issues. Your perspective can make PCR efforts more reflective of patients’ needs. You may encounter times when you and the other Patient Partner on your team do not share the same perspective. That’s okay! Each of your observations have tremendous value and the diversity of opinions shared will give added riches to the team’s understanding of the patient experience of care. As a Patient Partner, your impact on a medical office practice team will be greater if you are able to understand the viewpoints of team members who are around the table and work collaboratively with them.

You will not be alone. Medical teams will each have two patient partners, which will provide you with built-in peer support. In addition, you will be attending meetings designed and held solely for Patient Partners immediately prior to PCR meetings to prepare you for upcoming meeting topics, provide a supportive environment in which to ask questions, and give you another forum to share your perspectives and insights as a patient. Additionally, Betsy Stapleton and Jessica Osborne-Stafnes from Aligning Forces Humboldt (a local organization devoted to supporting patients in their health and health care) will be on hand throughout the collaborative year to provide you support, guidance, and training to assist you in becoming an effective spokesperson for patients.

Role of the Patient Partner:
You have been selected by your medical practice to serve as one of the two Patient Partners on their PCR team. Your role will be to share your patient perspective as your PCR team works towards improving the quality of their care through measurement, improvement methods, managing change and developing "best practices.” The following recommendations and responsibilities will clarify the objectives of patient partners and support your role in the PCR team.

- **Advise, consent, and confirm:** You have a responsibility to share your perspectives to shape efforts to be most effective for other consumers.
- **Participate Fully:** Patient Partners will be asked to attend at least 5 of 6 PCR meetings, with the expectation that Patient Partners support meetings will be attended as well.
• **Be informed and empowered:** Healthcare issues can be complex and it’s important to be informed. Ask questions and for help when information isn’t clear. Aligning Forces Humboldt wants to support you in your understanding of health care quality and related issues.

• **Listen, speak-up, and collaborate:** Listen to the perspectives shared in your PCR team. Speak up when you can provide insights from the patient perspective. Collaborate with your team members to work towards improving the quality of care. Don’t be afraid to share your insights!

• **Be respectful and maintain confidentiality:** Be sensitive to the vulnerability of the PCR teams as they honestly and openly discuss areas of strengths and weakness in their medical office practice.

**Activities and Meetings**
Major activities required of the participating Patient Partners will include:

• Attending and participating in PCR Meetings
  6 meetings per year; typically held from 6-8pm in Eureka. Catered dinner included before meeting from 5-6pm.

• Attending Patient Partner Orientation
  One-time, half day, mandatory orientation to the PCR process for Patient Partners. Tentatively scheduled for February 11, 2012.

• Attending Patient Partner Support Meetings
  6 two hour support meetings held throughout the PCR calendar year, to support Patient Partners, provide a space for questions or clarification, introduce quality concepts, etc. These meetings are held the day before each PCR meeting.

• Attending 50% of in-office Team Meetings
  These meetings are scheduled by your practice team to discuss their quality improvement goals and work. Please consult with your team for dates and times.

Additional Activities:
Throughout the course of the collaborative year, there will be additional voluntary opportunities for engagement such as focus groups, consumer trainings, and quality improvement events. We will keep you abreast of these opportunities as they arise.

**Benefits of Participation:**

• The opportunity to provide crucial perspective as medical office practices improve the quality of their care.

• Free admission to Quality and Consumer Leadership Events

• Development of understanding of Quality Improvement and related consumer health issues through customized support meetings.

At the completion of the collaborative year, Patient Partners who have attended at least five out of the six PCR meetings and 75% of the Patient Partner meetings will receive a $300 stipend.
Changes in Patient Partner Participation

Staff from Aligning Forces Humboldt and your PCR team want to support you so that your experience as a Patient Partner is a valuable and positive one. If you have concerns about your experience please contact Jessica at Aligning Forces Humboldt and she will work with you (and your PCR team as necessary) to work through any challenges.

Both you, and your practice team, have the right to terminate your participation as Patient Partner, should efforts to resolves challenges be unsuccessful. Any changes in your status as a Patient Partner should be communicated to Aligning Forces Humboldt within 3 business days.
Patient Partner Confidentiality Agreement

In your role as a patient partner on your medical offices PCR 3.0 team you will hear confidential and privileged information about not only your Medical Home, but others. It is vitally important that you not share this information outside of the PCR meetings and Patient Partner Support Meetings. All the medical groups participating in PCR 3.0 are committed to improving the quality of care that they deliver to the consumer of their services-patients. In order to improve, areas of less than ideal performance must first be identified. Just like you need to feel confident that your health care provider will keep personal information private for you to be willing to share areas of concern, medical groups must have the same assurance from you.

The Patient Partner Support Meetings will offer you a place to discuss any issues of concern with your peers, other patient partners, and Aligning Forces Humboldt Staff.

Therefore, we ask you to sign the following agreement:

I, ____________________________, agree to keep confidential any information I obtain in the course of my participation in the PCR 3.0. I will not discuss any such information outside of the Patient Partner and PCR 3.0 meetings without the express permission of the involved parties. If I have any concerns about information obtained by my participation in the process I will bring them to the attention of the Aligning Forces Humboldt staff who will work with me and the Humboldt Del-Norte Independent Practice Association to resolve them. This confidentiality agreement remains in place after the end of my participation in the collaborative.

Signature: ____________________________ Date: _______________

Patient Partner

Signature: ____________________________ Date: _______________

Representative of Medical Practice

Practice Name: ____________________________
Aligning Forces Humboldt
Primary Care Renewal Collaborative 3.0
Patient Partner Role and Responsibilities Agreement

Patient Partner Information

Patient Partner Name: ____________________________________________
Practice Name: _________________________________________________
Primary Contact Name: __________________________________________
PR Address: _____________________________________________________
City: __________ Zip: __________
Email: __________________________ Phone: _________________________
Fax: _________________________

Commitment

As a Patient Partner, I commit to:

• Attending and participating in PCR Meetings
• Attending and participating in Patient Partner Support Meetings
• Maintaining confidentiality of matters discussed during PCR 3.0
• Working collaboratively with team members, other patient partners, and support staff from Aligning Forces Humboldt

Signatures

Name: ____________________________ ____________________________
Signature: __________________________ Date: ______________________
Name: ____________________________ ____________________________
Signature: __________________________ Date: ______________________
Name: Jessica Osborne-Stafsnes __________________________
Signature: __________________________ Date: ______________________

For additional information, contact Jessica Osborne-Stafsnes at Jessica@communityhealthalliance.org or 707.445.2806 ext. 2.

Please return the completed form by February 1st 2011 to Jessica Osborne-Stafsnes by fax to 707.822.0755 or via mail:
Aligning Forces Humboldt
Attn: Jessica Osborne-Stafsnes
1125 16th Street, Suite 204
Arcata, California 95521
Practice Guidelines for Patient Partner Engagement in PCR 3.0

Background:
Patient Partners were an integral component of PCR 2.0. In building upon the patient engagement successes from last year’s collaborative, PCR 3.0 will place added emphasis on integrating the patient viewpoint throughout practice quality improvement work. This year, the participation in the collaborative requires the recruitment of 2 Patient Partners per practice team, and Patient Partner participation in 50% of PCR in office “team meetings.”

Patient Partner Role:
The role of the Patient Partners on your PCR practice team is to advise, confirm, and collaborate on team designated goals. Patient Partners are encouraged to share their own opinions and expertise, as well experiential knowledge from personal, family member, or friends’ encounters with the health care system. Examples of this engagement include: having patient partners to pilot PHR patient portals or other new products, asking patient partners for their experience of care around specific treatments or care delivery systems, engaging your patient partners in patient outreach strategies, and vetting the design and delivery of new documents or materials through your Patient Partners. Patient Partners will receive support and training from staff at Aligning Forces Humboldt to ensure they can participate in team activities in a meaningful way. Additionally, Jessica from Aligning Forces Humboldt (AFH) will function as a “Patient Partner Practice Coach” to help support the relationship between Patient Partners and practices, and support the team in meaningful patient engagement.

Patient Partner Expectations:
- Patient Partners will attend PCR Meetings (to receive a stipend, Patient Partners must attend 5 of 6 PCR meetings) and at least 50% of in office “team meetings.”
- Patient Partners will attend an orientation meeting and additional “Patient Partner” meetings (held exclusively for patient partners) throughout the collaborative year.
• Patient Partners will offer insights and share recommendations based on the PCR team goals.
• Patient Partners will maintain open communication with a key contact from their practice team to keep the team abreast of any scheduling conflicts, concerns, etc.
• Patient Partners will complete confidentiality training and maintain confidentiality at all times during the PCR collaborative.

Practice Expectations:
• Practices will recruit and retain two Patient Partners to participate on their PCR team.
• Practices will ensure that at least one Patient Partner should be present at all PCR meetings (though it is highly encouraged that both patient partners attend all PCR meetings).
• Practices will coordinate with Patient Partners to arrange that a Patient Partner is present at 50% of practice “team meetings."
• Practices will maintain ongoing connection and communication to their Patient Partners to keep them abreast of team meetings, team goals, etc.
• Open and timely communication with Jessica from Aligning Forces Humboldt to address any Patient Partner challenges that may arise.

Support:
Patients and practices will receive ongoing support from staff at Aligning Forces Humboldt throughout the PCR year.

Support for Patients:
• Orientation to the PCR project, quality improvement, and working in a multi-stakeholder team.
• On-going patient partner meetings throughout the collaborative year (6 meeting total). These patients-only meetings provide an introduction to topics addressed at upcoming PCR meetings and offer a supportive environment for asking questions, gaining clarification, etc.
• Resource binders with information about PCR focus areas, commonly used language and acronyms, and general information about quality improvement.
• Priority invitation to quality improvement or consumer engagement events offered by Aligning Forces Humboldt.

Support for Practices:

• Assistance from AFH staff in recruiting Patient Partners who are ideal fits for your team (please see recruiting document).
• Assistance from AFH staff in mitigating any challenges or problems that arise with your patient partner.
• Patient engagement practice coaching from Jessica from Aligning Forces Humboldt to help facilitate patient participation in practice meetings.
• Additional support from AFH staff as requested by practices.

Contact:

Thank you for your enthusiastic participation in this project! At any time, please feel free to contact Jessica at Aligning Forces Humboldt with any questions, clarifications, or concerns:

Jessica Osborne-Stafnes

(707) 445-2806 ext. 2.

jessica@communityhealthalliance.org
MAC CODE OF CONDUCT

- Treat others with dignity and respect

- Make every effort to come to meetings and events on time

- Come prepared for meetings and ready to participate

- No interrupting or “cross talking”

- Refrain from cursing, swearing or using derogatory language

- Listen to each other
# AGENDA

**Leading the Way: Patients and Families as Leaders in Health Care Transformation**

**Date:** January 19, 2012  
**Time:** 8:15am – 4:00pm  
**Location:** Ambridge Event Center, 1333 NE MLK Jr. Blvd, Portland, OR 97232

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter(s)</th>
<th>Objective(s)</th>
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<tbody>
<tr>
<td>8:15-8:30</td>
<td>Registration/ Check In</td>
<td></td>
<td>Gathering the tools for the day</td>
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| 8:30-8:40 | Welcome                                    | Mylia Christensen  
Executive Director, Quality Corp  
David Shute, MD  
Medical Director, Quality Corp | Learning from the *Patients and Families as Leaders* initiative:  
Where have we been and where do we go from here? |
| 8:40-8:50 | Review of Agenda  
Call to Action                         | Mary Minniti, CPHQ  
Project Director,  
*Patients and Families as Leaders*  

Moderator: Mary Minniti | Call to Action: Identify 3 actions you can take to engage patients and families in your organization. |
| 8:50-10:00| Panel Discussion  
*Patients and Families as Leaders*: What have we learned and why is this important? | Leaders and Advisors from:  
- CareOregon  
- NW Primary Care  
- Oregon Medical Group  
- Providence Medical Group  
- St. Charles Family Care-Redmond  

Moderator: Mary Minniti | Understand key learning about:  
- The importance and benefits of integrating patients and families as leaders into your organization  
- Why patients and families want to partner with their health care organizations  
- The benefits of participating as a patient/family advisor within your organization |
| 10:00-10:15| Break                                       |                                                                             |                                                                            |
| 10:15-11:30| Sustaining and Spreading  
Patient and Family Centered Practices  
- National Context Driving Forces  
- The Leadership Imperative | Bev Johnson  
President and CEO,  
Institute for Patient- and Family-Centered Care |  
- Understand how and why patient and family centered care is being implemented nationally.  
- Understand the important role of organizational leaders for long term success. |
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<th>Details</th>
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<tr>
<td>11:30-12:00</td>
<td>Patient and Family Centered Care: The Right Thing to Do</td>
<td>Cindy Klug, Director of Education, Providence Medical Group</td>
<td>Learn from Providence Medical Group's successful effort to gain leadership support as the crucial first step in implementing a successful advisory council.</td>
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<td>12:00-12:30</td>
<td>Lunch</td>
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| 12:30-1:00   | The Role of Payers in Patient and Family Centered Care                   | Martin Taylor, Director of Public Policy and Member Centricity, CareOregon |  • Learn how members and staff are working together to improve the health care experience for all.  
  • Learn how staff can be most supportive of advisors.                                         |
| 1:00-2:15    | Breakout Sessions: How did they do it?                                  | Leaders, coordinators and advisors from: CareOregon, NW Primary Care, Oregon Medical Group, PeaceHealth Medical Group, Providence Medical Group, St. Charles Family Care - Redmond |  • Gain ideas about how to begin or expand partnerships with patients and families in your organization.  
  • For consumers: Identify ways that you can be a partner in creating a more patient-centered health care experience for all.  
  • Gather great tools to use in your own action plan.                                             |
| 2:15-2:30    | Break                                                                   |                                               |                                           |                                                                                                                                       |
| 3:15-3:45    | Panel Discussion: The keys to successfully partnering with patients, families and members | Patient/Members Advisory Council representatives from: CareOregon, NW Primary Care, Oregon Medical Group, PeaceHealth Medical Group, Providence Medical Group, St. Charles Family Care - Redmond | Understand what organizations can do to retain and motivate patient and family advisors as true partners in change. |
| 3:45-4:00    | Call to Action and Evaluation                                           | Mary Minniti                                  | Spread the learning and develop new partnerships with other organizations.                                                             |

**OREGON HEALTH CARE QUALITY CORPORATION**
Table of Contents

1. Project Information:
   - Key Contact Information
   - PCR Teams and Patient Partners
   - Meeting Dates
   - Patient Partner Role Agreement
   - Flow Chart
   - Aligning Forces for Quality Community Snapshot

2. Orientation:
   - Orientation Slides
   - Health Care Quality Glossary

3. Health Care Quality:
   - Health Care Quality 101
   - ABC’s of QI
   - CAHPS: Assessing Health Care Quality from the Patient’s Perspective

4. Empanelment and Access:
   - Empanelment Toolkit
   - Enhanced Access

5. Care Coordination:
   - Care Coordination: Reducing Care Fragmentation in Primary Care

6. Primary Care Renewal Meetings:
   - Place notes, agendas, handouts from PCR meetings here

7. Team Meetings:
   - PDSA and Idea Tracking Form
   - Place notes, agendas, handouts from PCR meetings here

8. Patient Experience Surveying Process:
   - Survey Introduction
   - Sample Survey
   - Survey Process
   - Scripts and tools
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<td>- Presenter(s): Oregon Health Care Quality Corp</td>
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<td>9:00</td>
<td>Welcome</td>
<td>Nancy Clarke</td>
<td>- Executive Director of Oregon Health Care Quality Corp</td>
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<td>David Shute, MD, MD</td>
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<td>Perfect Coordinator</td>
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<td>Patients and Families as Leaders:</td>
<td>- Perfect Coordinator of Oregon Health Care Quality Corp</td>
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<td></td>
<td>Review of Agenda</td>
<td>Mary Minniti</td>
<td>- Speech to introduce the agenda</td>
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<tr>
<td>9:05</td>
<td>Outline today's opportunities</td>
<td>Mary Minniti</td>
<td>- Schedule to discuss opportunities</td>
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<td>9:10</td>
<td>Patient-and Family-Centered Care: Partnerships for Quality and Safety</td>
<td>Bev Johnson</td>
<td>- President and CEO of Institute for Patient-and Family-Centered Care in Oregon</td>
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<td>Break</td>
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<td>10:30</td>
<td>State of the State Report: Patient-and Family-Centered Care in Oregon</td>
<td>Shari Wright</td>
<td>- Project Coordinator of Patients and Families as Leaders</td>
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<td>10:45</td>
<td>Panel Discussion: What Oregon Partnerships Work Well and Why</td>
<td>Mary Minniti</td>
<td>- Moderator: Mary Minniti of Patients and Families as Leaders</td>
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**Information for a Healthy Oregon**

**Partner for Quality Care**

**Wilsonville, OR**

**June 10, 2010**

**Health Care Improvement**

**Patients and Families as Leaders in Oregon**
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<tr>
<td>12:00-12:30</td>
<td>Lunch Buffet</td>
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<tr>
<td>12:30-1:00</td>
<td>Applications for technical assistance due June 30, 2010</td>
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<tr>
<td>1:00-2:45</td>
<td>Open Networking and Informational Sessions</td>
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<tr>
<td>2:45-3:00</td>
<td>Break</td>
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<td>3:00-3:45</td>
<td>Burning Questions &amp; Issues</td>
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<td>3:45-4:00</td>
<td>Next Steps</td>
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**Session Topics**
- Patient-Centered Medical Homes — Engagement in Care
- Patient-Centered Medical Homes — Transformation
- Patient-Family Advisors — Patient and Family Involvement
- Patient and Family Involvement
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**Applications for Technical Assistance**
- Patient-Engaged Patients and Families and What Resources are Available
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**Burning Questions & Issues**
- What is it and how to apply
- Patient-Engaged Patients and Families and What Resources are Available
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**Next Steps**
- Join the PFCC Oregon Collaborative Learning Network
- Evaluate the value of today’s workshop and our opportunities
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**PFCC Oregon Collaborative Learning Network**
- Patient-Engaged Patients and Families and What Resources are Available
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OMG Patient Advisory Council
Ground Rules for Council Members

Be Efficient and Engaged
- Agendas and announcements will be sent to the council in advance
- Members will make a commitment to attend meetings and be on time
- Leaders will ensure that meetings begin and end on time
- Group members will participate actively by learning and sharing
- Group members will stay focused and avoid getting off topic

Be Respectful
- Show respect for others opinions and differences
- Give feedback in a constructive manner
- Remember that all questions are good questions
- Use plain language and ask if you don’t understand something
- Be willing to compromise (“the wisdom of the group is sometimes better than that of an individual”)

Protect the Group’s Process and Confidentiality
- Every group member has a responsibility to help enforce the ground rules
- Sensitive or confidential information will not be repeated outside the meetings or entered into the minutes
- Voting will be by way of coming to a consensus

Council Member Signatures:
(Print/Sign/Date)

_________________________  _________________________  ___/___/___
_________________________  _________________________  ___/___/___
_________________________  _________________________  ___/___/___
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• Information that is shared in the room stays in the room.
• Stay focused on the topic/issue at hand – keep your eyes on the purpose (PAC).
• Stay positive
• Agree to disagree. All opinions are honored and valued.
• Do very best to do your homework.
• Be prepared to represent community and larger patient’s needs.
• Share airspace, everyone is heard.
• Review accomplishments- celebrate.
• Identify opportunities for improvement & change.
• Be on time, start & end on time.
• Let Sheila &/or others know when you can’t be there.
• If we reach agreements as a group, we support the group decision-democratic.
• Co-chairs take action if group will benefit.
• Coaching & support is provided to group to ensure success. People can ask for support openly.
• Give respectful feedback if a member strays from agreements.
• All opinions are honored and valued.
Primary Care Patient Advisory Group
Ground Rules

**Ground Rules for the Patient Advisory Group**

1. Begin and end on time.

2. Allow others to complete their comments before beginning yours.

3. No side conversations.

4. All ideas are valuable.

5. All cell phones are to be turned off at the beginning of the meeting

6. Keep discussion and comments relevant to the issues being discussed