



# **Fostering Partnership**





## **MEMBER ADVISORY COUNCIL**

### ***THE HISTORY, THE STORY, THE PURPOSE***

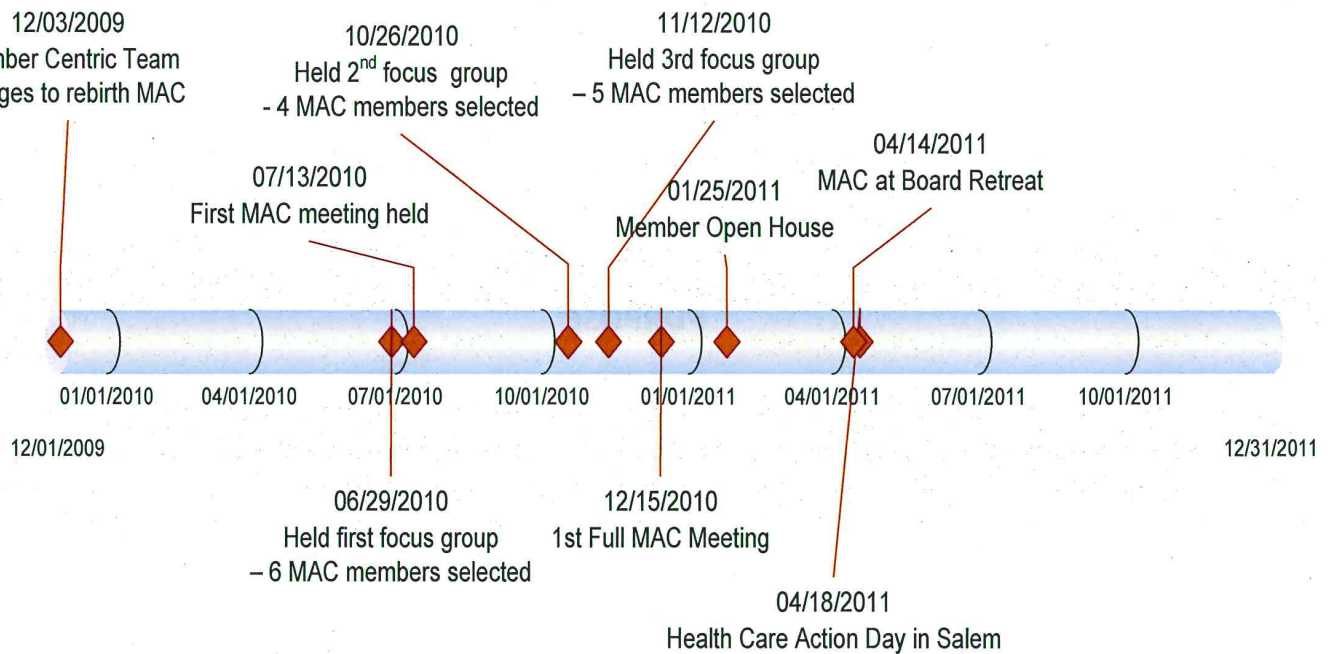
#### **PURPOSE**

The Member Advisory Council (MAC) takes an active role in improving the CareOregon member experience. The council identifies improvement opportunities, provides general feedback and ideas about CareOregon department plans/activities/programs and works to engage fellow CareOregon members and the community on health care issues.





## TIMELINE



## MAC MEMBER BIOS

1. Maria Morrow – Chair – Maria was one of the original members to join the MAC in July 2010 to advocate for members with mental illness. She was elected Chair by her fellow council members in March 2011.
2. Diane Myers –Vice Chair – Diane joined the MAC in July 2010. She brings with her experience as a member of the Health Services Advisory Council at Central City Concern.
3. Judy McClenny –Scribe – Judy is a wife and mother. Her two teenage daughters, husband and she are covered by CareOregon.
4. Kevin Rouse – Kevin joined the MAC in Dec. 2010 and has been a CareOregon member for 3 years.



5. Mahin Asagari Sereshki – Mahin is from Iran and joined the MAC in Dec. 2010 so that she could help others receive health care.
6. Charles Robertson – Charles volunteers with Janus Youth to create the Village Market, a non-profit grocery store that will provide health food from local farmers and vendors to residents in North Portland.
7. Sele D'Amato – Sele joined the MAC because she wanted to help other members with their health care issues.
8. Madeline Mettler – Maddie serves on the MAC to educate herself and the public about health care issues.
9. Brenda Berger – Brenda is a CareOregon Advantage STAR member and joined the MAC in Dec. 2010.
10. Annette Parker – Annette is a long-time CareOregon member wanted to join the MAC to improve the CareOregon and OHP member experience.
11. Edilberto Pulanco – Edilberto joined the MAC in Dec. 2010 and is also on the Board at the OHSU Richmond Clinic.
12. Santiago Gomez – Santiago was recruited through his involvement with Central City Concern. He joined the MAC in July 2010.
13. Michael Morgan – Mike was one of the original six members of the MAC and brought with him years of experience in radio communications.
14. Nancy Judkins – Nancy has been with the MAC since its inception in July 2010.



## **THE MAC'S VISION FOR THE FUTURE**

- Member Leader Development through leadership, advocacy & media training
- Work with CareOregon & providers to improve population health and experience of care
- Develop Community Health Liaisons program that enable members to reduce costs of care through improved self-help and social care





# Patient & Family Advisory Council

All Sites



Advanced

Patient-Centered Medical Home

Access

Behavioral Health

Care Transition

Chronic Care

eHealth

SPCCT

Patient & Family Advisory Council

Transformation Project

Site Ac

View All Site Content

Home

Meet the Patient  
Advisors

Documents

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Lists

Calendar

Tasks

Results

Discussions

■ Patient & Family  
Advisor Program

Sites

People and Groups

Recycle Bin

Patient-Centered Medical Home > Patient & Family Advisory Council

## Patient & Family Advisory Council

Providence Medical Group's Patient & Family Advisory Council represent the patient and family voice, and together with PMG leadership, providers, and staff, help to improve the health care experience for our patients and families.



## Patient & Family Advisory Information

Subject

What questions do you have for the Patient & Family Advisors?

What are Patient & Family Advisors?

What does a Patient & Family Advisor do?

Add new discussion

## Engaging with our patients

Edit

Description

Results : Developing an Effective Council (4)

Results : Improving the Patient Clinic Experience (1)

Results : Participating in PMG Meetings (4)

Results : Patient Education Review (4)

Results : Program Development (3)

Results : Providing Input on PMG Websites (2)

Add new item

## Meet the Patient Advisors

Click here to learn more about each member on the Patient & Family Advisory Council.

## Shared Documents

Type Name

Modified By

Info Sheet NEW

Mitchell, Angela

PMG PFAC  
Charter\_FINAL NEW

Mitchell, Angela

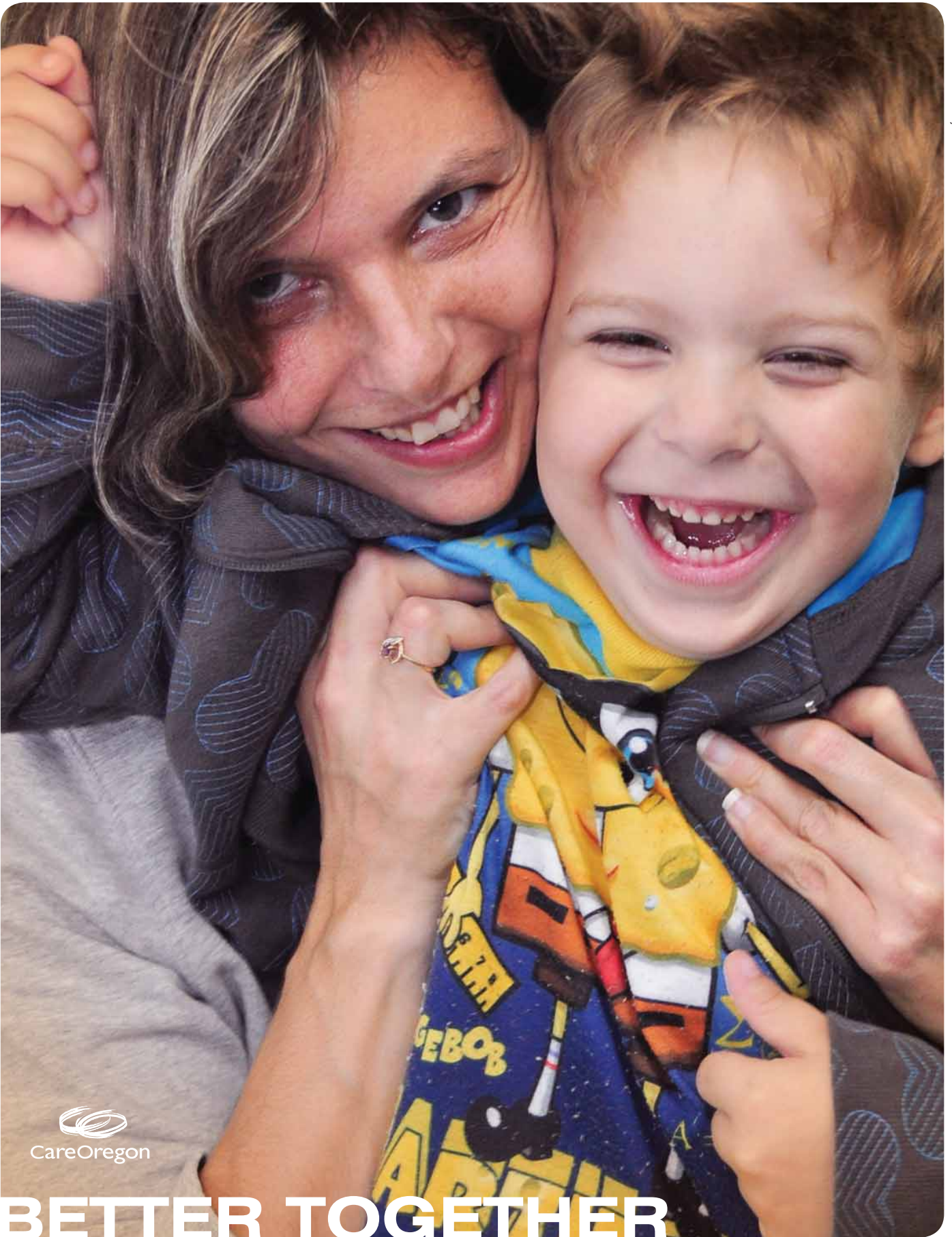
accomplishments

Mitchell, Angela

Add new document

## Council Meeting Calendar





# BETTER TOGETHER

CareOregon 2010 Annual Report



*"I'm one of those people who has tried to correct the hardships in my childhood by raising my children—giving them everything I didn't have," says Member Advisory Council chair Maria Morrow. "So stability has been a big, big thing." Maria says she has been on CareOregon for more than 10 years, and her children have always had the same pediatrician. "When you are raising children there is nothing scarier than not having medical coverage... knowing they are covered is such a good feeling, because then you don't worry if someone gets a fever or they seem to be getting sick...If you have to take them to the doctor you can, and that's really important."*

BETTER CARE  
BETTER HEALTH  
BETTER TOGETHER

## GETTING THE RIGHT CARE AT THE RIGHT TIME

Margaret Wright, like 262,000 other adults in Oregon, has diabetes. She eats healthily, exercises religiously and makes taking care of herself a priority. But this wasn't always the case. Like an estimated 76,000 Oregon adults, there was a time when she was living with undiagnosed diabetes. Once Margaret was diagnosed, she received great training about controlling her diabetes.

"Doctors now are very good; the medical profession is excellent," Margaret says. "They can pick up these things if you are there. If you aren't there, they can't pick them up...Most things would be better if you catch them in the early stage."



Margaret Wright,  
former member

At CareOregon, we believe everyone deserves access to the right care at the right time. Accomplishing this takes our collaboration with an entire community. That's why in 2007 we joined the Institute for Health Care Improvement (IHI) with 14 other organizations to implement the Triple Aim. The goals:

- Improve the lifelong health of the whole community
- Enhance every patient's experience of care (including quality, access and reliability)
- Reduce, or at least control, the cost of care so it is affordable for everyone

In 2010, as with the last three years, every strategic goal and all our operational efforts supported one of these three aims. With the state facing major budget constraints, never before has the need for an innovative, collaborative, community-wide effort been greater.

Come share our journey toward better care and better health—because we're better together.





**BETTER CARE**







*Roberta McClenathan is a survivor. She was diagnosed with cancer at age 55. Now at 75, she's still going strong with the help of her son William and her home health aide and friend Eileen. Roberta works hard at managing her diabetes and other health issues. Her son William says, "I love my mother and want her quality of life to be as good as it can be, but I can't do it alone." Roberta adds, "I'm very much alive and I'm thankful for the help CareOregon has given me."*

BETTER CARE  
BETTER HEALTH  
BETTER TOGETHER

## WORKING TOGETHER FOR A HEALTHIER COMMUNITY

"It's so much about communication with your doctor... But the doctors, the programs, the hospitals, the health plan providers all have to work together," says William McClenathan, who serves as a caregiver for his mother CareOregon member Roberta McClenathan.

According to William, Roberta is now doing so well with her diabetes that she may be able to come off her insulin soon. "The doctors are thrilled, but it didn't come just from her trying..." says William. "It took an entire group of people working together to bring that around. Which in the long run saves money, and she's healthier."

### **How do you support Community Health?**

At CareOregon, we agree with William. As part of the community, our role is to partner with others to support better health for all. First and foremost is making sure patients can get appointments with providers when they need them. To combat this issue, in 2010 we collaborated with several communities to open four new health clinics.

In Beaverton and Milwaukie, CareOregon Community Health clinics now serve anyone in need of care. We also partnered with the Multnomah County

Health Department (MCHD) to create the Rockwood clinic, designed to serve 8–10,000 low-income patients in one of Portland metro's most underserved neighborhoods. CareOregon purchased and renovated the building, which is staffed by the MCHD.

The Gladstone Center for Children and Families takes inter-agency cooperation further, signaling the wave of the future in which multiple agencies group together to meet families' overall needs. The center, which also includes a relief nursery and Healthy Start program, was converted by Gladstone School District from an old grocery store in 2007. And in 2010, Clackamas County Health Department and CareOregon Community Health joined the team by creating the Gladstone community health clinic.



Member Roberta McClenathan  
and her son William



*Charles Robertson has a talent for bringing people together. A member of CareOregon's Member Advisory Council, for the past year he also has been an integral part of the team organized to establish a non-profit grocery co-op in his neighborhood. He's all about making connections and community, which is why he spends time with the local boys and girls club. "I've always been inspired to work with kids. I like to teach them that you get out of life what you put into it. That's life."*

**BETTER CARE  
BETTER HEALTH  
BETTER TOGETHER**

## CARING FOR THE WHOLE PERSON

Charles Robertson, a strong community advocate, knows health care is a collaborative effort. When he became a CareOregon member, Charles was suffering from infections as a result of severely decayed teeth. He says, "CareOregon gave me my smile." But actually it was a joint effort, with CareOregon supporting the attendant health issues, and dental care offered through a partnering Oregon Health Plan dental care organization. Charles' experience provides a great example of why caring for the whole person and the whole community is critical.

Both state and national health reforms are presenting new collaborative opportunities. In 2010 and 2011, CareOregon joined the Oregon Health Authority, other health plans, the legislature and advocacy groups to

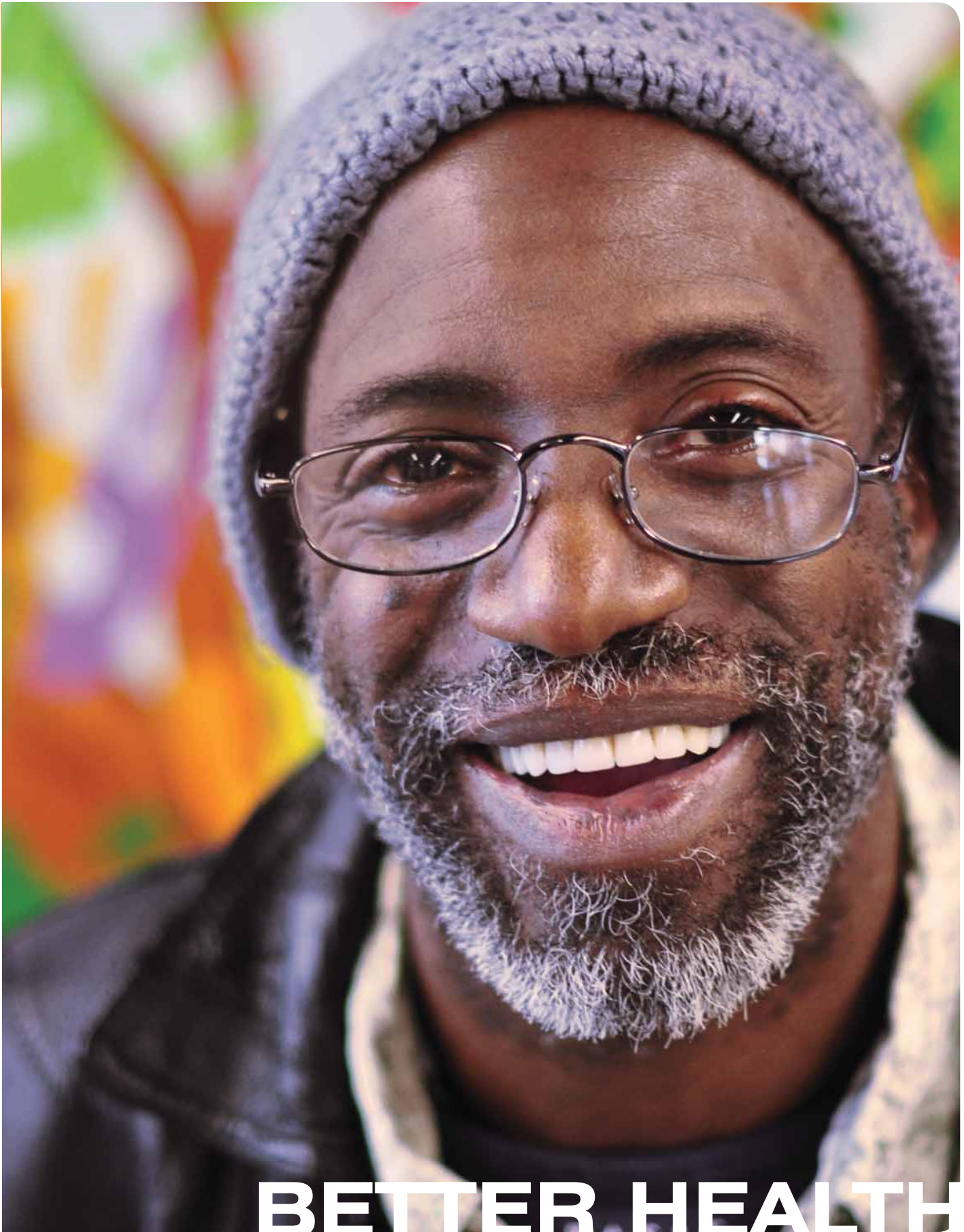
brainstorm about how health care entities can combine to meet needs in a more collaborative fashion. As part of this effort, CareOregon agreed to begin offering mental health services directly to our Medicare patients in 2011.

Long-term care is another part of this equation, and CareOregon participated this year in a pilot project with the Department of Human Services' Seniors & People with Disabilities Division. The pilot involved members in Washington County assigned to the Virginia Garcia Beaverton clinic. Preliminary results are very good. By bringing both medical care and social services into the home, participants had fewer hospitalizations and felt their needs were being met. We anticipate expanding this pilot in the future, providing services to patients with complex health conditions who need long-term care services in a community based setting.

We also expanded our collaborative efforts when Medicare members let us know that long-term relationships with specific providers helped ensure continuity of care. In 2010, CareOregon made the decision to move to a Point of Sale (POS) HMO structure for CareOregon Advantage. Now, CareOregon Advantage members can see any doctor who accepts CareOregon patients, whether or not they are part of our network.

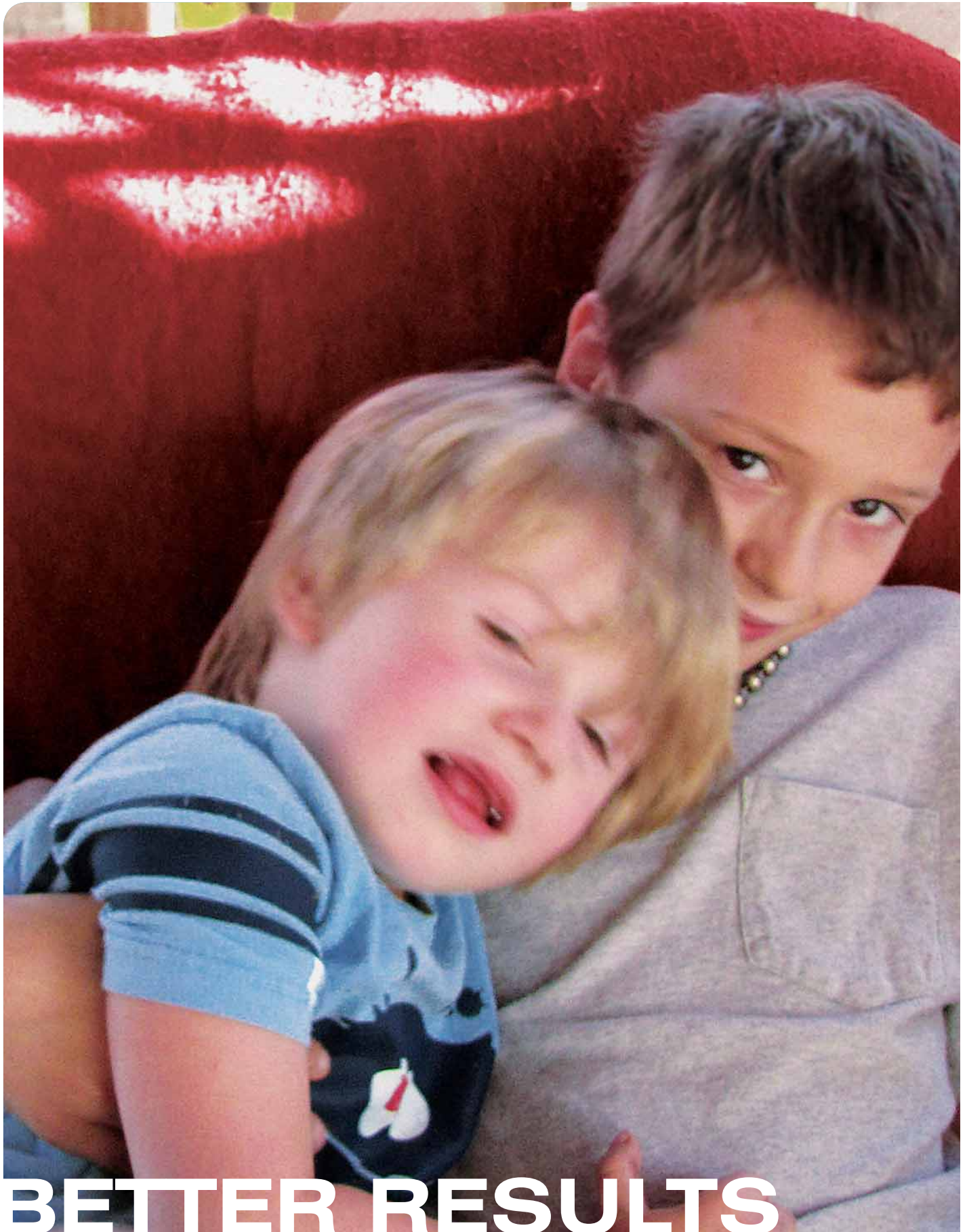






**BETTER HEALTH**





# BETTER RESULTS



*"CareOregon, as far as I'm concerned, is awesome," says Bertha Downing. One of her sons suffers from autism. Bertha credits the autism therapists and occupational therapists that visit them regularly with the great strides her son is making. "If we didn't have CareOregon, we wouldn't get those services... Without that...he still wouldn't be talking."*

BETTER CARE  
BETTER HEALTH  
BETTER TOGETHER

## INVOLVING EVERYONE IN HEALTH CARE TRANSFORMATION

As Bertha's family knows, therapists, specialists, PCPs, hospitals and health plans must all work together to meet families' needs. In 2010, CareOregon recognized hospitals' unique role in the community by organizing an improvement training program called Releasing Time to Care for front-line nurses.

Hospitalization is the largest part of the health payment mix and is at the center of health care cost reform. Many Oregon hospitals already participate in Triple Aim innovations, and in 2010, CareOregon invited Britain's National Health Service Institute for Innovation and Improvement (NHSI) to meet with Oregon's hospitals.

Along with other community supporters, such as the Oregon Nurses Association, CareOregon established the Releasing Time to Care learning collaborative. In mid-2010, it began with four hospitals: Providence Portland Medical Center, Oregon Health and Science University (OHSU), Tuality Healthcare, and St. Charles Health System. This program puts change improvement in the hands of front-line nurses. And in its first six months, the participating hospitals had already begun reporting reductions in the number of falls, as well as increased savings and efficiencies in supply inventories.

"Minimizing interruptions to my workflow so that I have more quality opportunity to spend with the patient—

really that's what it's all about," said Kelly Hyde, one of the participating nurses from OHSU. The positive results encouraged the four hospitals to spread Releasing Time to Care to all units in 2011.

CareOregon also helped the community develop capacity in 2010 by providing care management training on depression and diabetes to the Primary Care Clinic teams. Members of the CareOregon network participating in our Primary Care Renewal (Medical Home) project have begun providing the one-on-one support and coaching for these health issues that CareOregon's own CareSupport teams offer for complex and chronic conditions.

In addition, we continued our Care Support and Systems Innovation (CSSI) program in 2010, funding process improvement projects in hospitals and clinics that improve care not only for our members, but the whole community. One example is Silverton Hospital, one of the more than 75 percent of Oregon hospitals that are adopting the Surgical Safety Checklist developed by the World Health Organization (WHO). At Silverton Hospital, CSSI helped fund their transition to the checklist. This year, seven hospitals are completing improvement projects through CSSI. Three—Silverton, Willamette Falls and Tuality—are working on surgical checklists.



*Tommy Dickerson has been a fireman, a police officer, a lineman and an alligator wrestler. He grew up in New Orleans, and lived there until he and his wife Kay lost their home to Hurricane Katrina. They've lived in Portland for five years now. Kay and Tommy both take an active role in their own health care. "I may be handicapped," says Tommy, "but this [his mind] ain't."*

**BETTER CARE  
BETTER HEALTH  
BETTER TOGETHER**

## **MAKING YOUR VOICE HEARD**

In 2010, CareOregon partnered with advocacy groups, such as Community Health Advocates of Oregon (CHAO), to bring community members together with legislators. We recognize that the legislature must make choices as we face a severe recession, and we believe health care recipients should have a say in the decision-making process.

Kay Dickerson, a Hurricane Katrina survivor, attended one of the CHAO/CareOregon meetings to share her views. She and her husband, whose severe health issues made the loss of home and livelihood even more difficult, keep positive attitudes. "We're doing really well, as compared to what we were," says Kay. According to Kay,

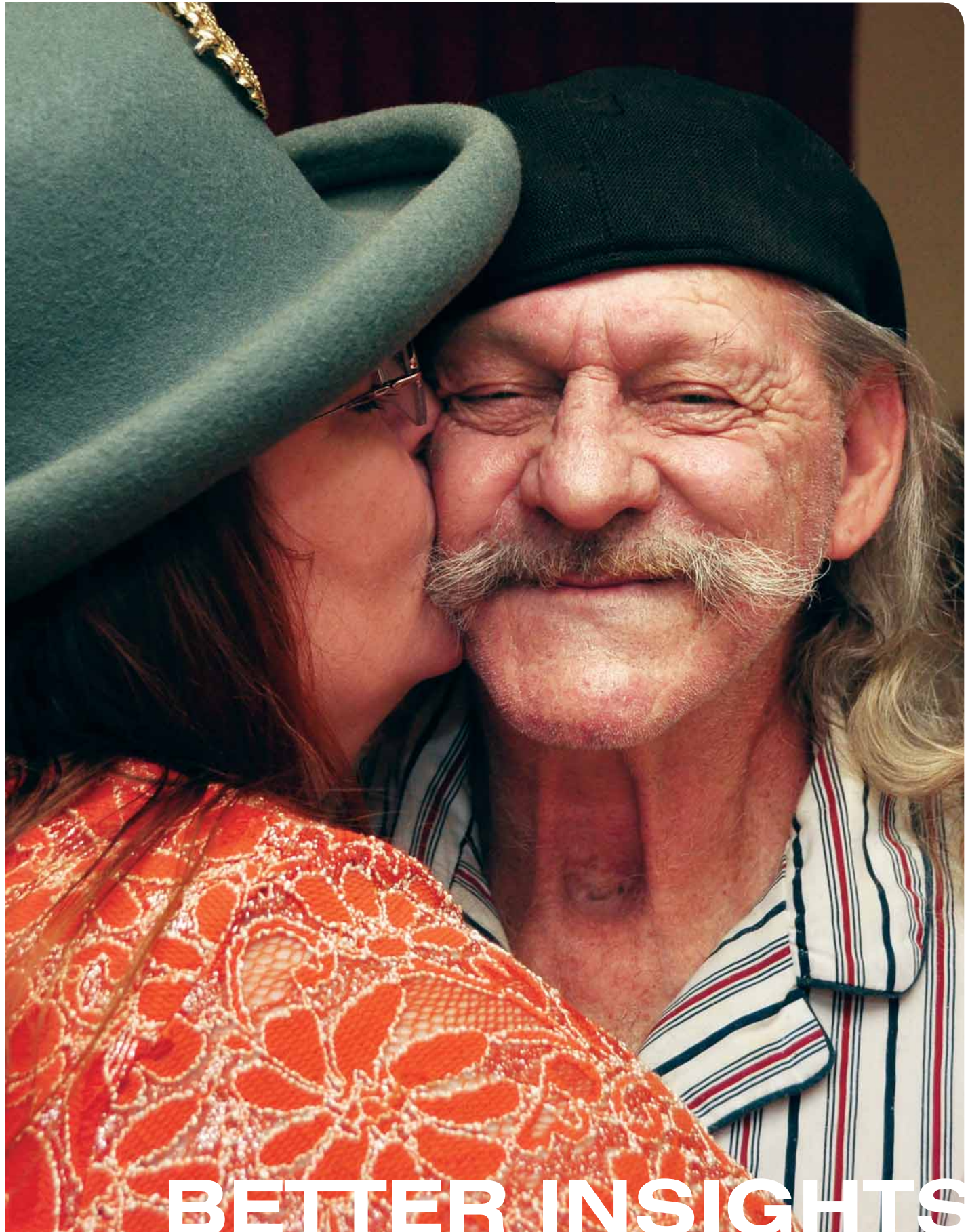
CareOregon has played an important role in their transition to the Pacific Northwest. "They've always been good to us. They're good listeners."

Listening to our members is crucial, so in 2010 CareOregon established a Member Advisory Council (MAC) and Member Leadership Program. We started with focus groups to learn how members thought the MAC should be organized. Focus group members not only told us how to organize the Council, 15 became the inaugural Council. They provide advice to CareOregon about how to improve service and communications efforts, and have established an improvement agenda for the year ahead.

The MAC sponsored its first Member Summit in January 2011, inviting members in the metro area to share their views. Going forward, they will have an advocacy role in Salem, listen to other members to identify needs, and participate on staff committees.

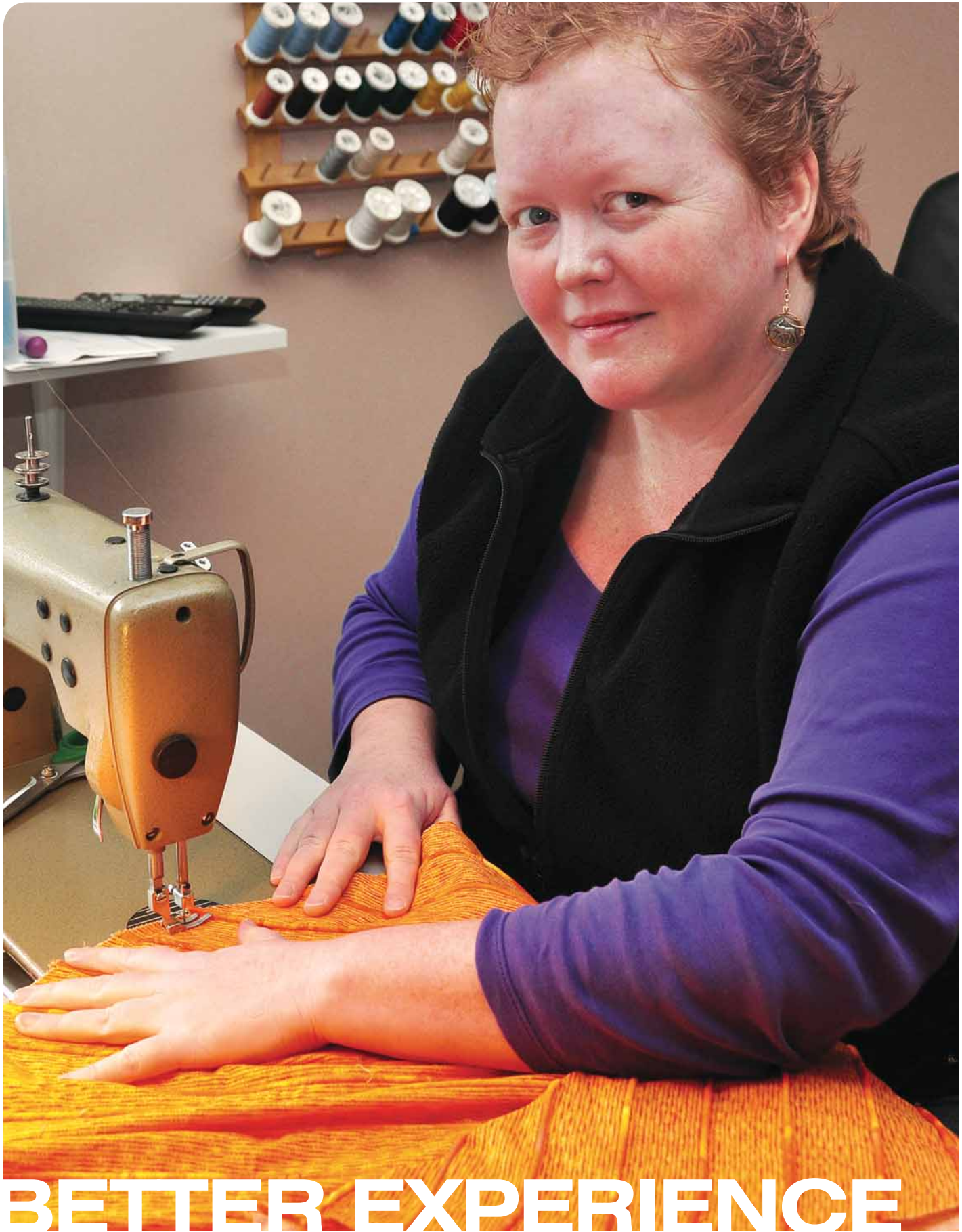






**BETTER INSIGHTS**





**BETTER EXPERIENCE**



*Dagny Haug's name was chosen in the OHP Standard lottery in May 2010, and she became a CareOregon member. A June visit to her primary care physician about redness in her left eye disclosed a brain tumor. "CareOregon has been a big part of the landscape of my health. They were there doing their job of making sure that all the pieces came together for my care. I'm incredibly grateful for that."*

**BETTER CARE  
BETTER HEALTH  
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## **MAKING SURE EVERY VOICE IS HEARD**

To make sure that members throughout the state can share feedback, in 2010 we contracted with a non-partisan group to conduct an annual member survey. In the past, CAHPS surveys were done every two to three years by the state. By increasing frequency, we can be sure of hearing members' perspectives in a timely manner.

Community members can also be heard through a 2010-11 videography project. Oregon Center for Christian Values and CareOregon received a grant from the Northwest Health Foundation. Together, we've scoured the state to talk to insured and uninsured citizens about the importance of access to health care professionals and services when and where they are needed. The project, which can be seen at [www.thesestorieshavefaces.org](http://www.thesestorieshavefaces.org), gives citizens the opportunity to be heard by legislators and other community leaders throughout Oregon.

Finally, we've included many member stories on our new web site—[www.careoregon.org](http://www.careoregon.org)—designed to provide a more interactive, user-friendly experience for members, providers and community partners.

Among other innovations, the new web site has a section devoted to Health Care Transformation. It provides readers with greater detail about the innovations and collaborative efforts described in this report, and the opportunity to become more involved in transformation efforts. In April 2011, the site will also include a new provider portal, CareOregon Connect, which will connect providers with critical information about patients and services.

Our goal, as with all CareOregon efforts, is to support members, providers and community members as we collaborate to ensure better care and better health.

Because we really are better together.

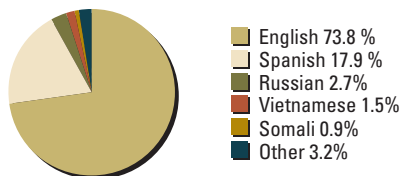
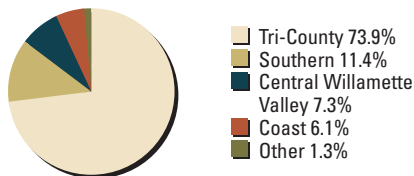
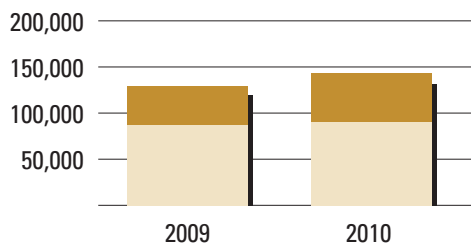




*"You don't plan on being a single parent...I actually had \$10,000 saved, which was supposed to carry us through until I went back to work [after the birth of twins]," says member Carisa Bohus. "And I ended up spending it all on health care. I should have applied for the Oregon Health Plan right way. I feel really lucky that my kids qualify for the OHP. We use CareOregon and that's been fabulous."*

## BETTER CARE BETTER HEALTH BETTER TOGETHER

■ Adults ■ Children



Carisa Bohus' children are all members, including Frank, Natalia (pictured right) and Antonio.

For years ended December 31, 2009 and 2010 (\$ in millions)

	2009	2010
Consolidated Revenue	\$ 461.4	\$ 547.7
Total Assets	\$ 208.9	\$ 231.3
Administrative Ratio	8.5%	8.1%
Medical Benefit Ratio*	87.7%	93.3%

Age			
Children		85,583	86,932
Adults		42,333	58,083
Total Membership		127,916	145,015
Geography			
Tri-County		101,291	107,156
Southern		13,120	16,511
Central Willamette Valley		7,161	10,629
Coast		4,039	8,794
Other		2,305	1,925
Total Membership		127,916	145,015
Primary Language			
English		92,001	107,078
Spanish		25,317	25,910
Russian		3,883	4,009
Vietnamese		1,983	2,167
Somali		1,156	1,259
Others (53)		3,576	4,592
Total Membership		127,916	145,015

\* Excludes estimated losses on future periods





**BETTER SERVICE**





CareOregon

315 SW Fifth Avenue  
Suite 900  
Portland, Oregon 97204

Member Annette Parker  
makes cooking nutritious meals  
part of her health routine.

Photography by  
Eleanor Gorman, CareOregon  
© 2011 CareOregon



**BETTER TOGETHER**

[www.careoregon.org](http://www.careoregon.org)



careNEWS  
January 19, 2012

NEWS FOR CAREOREGON'S CLINICAL AND PROVIDER COMMUNITIES

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## Advisory group CareOregon Member Advisory Council takes shape



Since last summer, a team of CareOregon members have been working with CareOregon staff to set up a Member Advisory Council. This council of volunteers will give members a way to help CareOregon improve service and communication.

"MAC members are committed to participating," says Martin Taylor, CareOregon's director of Public Policy and Member Centricity (see related story about this department). "They learn about CareOregon functions, decisions and operations and are giving input to us. Their help is invaluable for CareOregon to improve quality, access and service that all CareOregon members receive."

The MAC meets monthly and focuses on a topic that is relevant both to the members of the MAC and to CareOregon. Topic suggestions are generated by the MAC members and come from CareOregon departments, particularly CareSupport, Customer Service, Communications, Government Relations, Community Benefit, Pharmaceutical Management, Quality Improvement & Appeals, Medicare Marketing and Medical Management.

"The MAC members are developing their leadership skills so that they can take an active role in shaping our functions, decisions and operations," Martin says. "In addition, we hope to help with the community leadership skills, such as public speaking, so they can share their stories, and those of other CareOregon members, with the community and policymakers."

Right now the six active MAC members are from the Portland metro area. High on the group's agenda, however, is recruitment of additional members, and exploration of ways to bring in the thoughts, ideas and participation of members from different communities, both geographically and culturally.

Members have been recruited through CareLink, CareOregon's member newsletter. We would also welcome suggestions from our network of providers about members they believe would make a solid contribution to this group's important work.

**• If you would like to suggest a member, please contact CareLink at [carelink@careoregon.org](mailto:carelink@careoregon.org). Please be sure to provide your name and phone number so that we may call you and discuss further.**

**"The possibilities are inspiring"**

By Maria Morrow  
Member Advisory Council member

Member Advisory Council members (clockwise from top): Diane Myers, Maria Morrow, Michael Morgan and Nancy Judkins. Not shown: Jay Lance and Santiago Gomez.

Photo by Eleanor Gorman

**CareOregon's MAC and five other health care advisory groups given boost from grant**

CareOregon is one of six health care groups in Oregon to receive grants to start patient advisory councils.

The Patient Engagement Technical Assistance grants were funded by the Robert Wood Johnson Foundation and administered by the Oregon Health Care Quality Corporation.

The six organizations that have received technical assistance and start-up funding include:

- CareOregon
- Cascade Medical Clinic, Redmond
- Klamath Health Care Partnership
- Northwest Primary Care, Portland
- Oregon Medical Group, Eugene
- Providence Medical Group

Quality Corp has partnered with national patient engagement experts at PeaceHealth Medical Group in Eugene to help these medical groups and health plans engage patients and families in leadership roles in their organizations.

**Conference helps give kickstart to advisory group**

As part of the Patient Engagement Technical Assistance grant, two members of CareOregon's Member Advisory Council (MAC) traveled in early November to North Carolina for the four-day Institute for Patient and Family-Centered Care.

*The institute helps health care organizations develop their patient involvement.*

CareOregon's Member Advisory Council is shaping up to be an exciting opportunity to participate, as

CareLink newsletter :: Summer 2010 :: CareOregon - Windows Internet Explorer

<http://www.careoregon.org/carelink/2010/Fall/MAC.html>

CareLink

A newsletter for CareOregon members and friends


January 19, 2012


home  
inexpensive fun  
your health plan  
protect your health  
healthy eating  
staying well: flu season  
getting the most from health care  
making a difference  
contact us  
subscribe  
careoregon.org

**Making a Difference**

## Members sought for advisory group, video project

CareOregon is asking members for help. Two projects are under way to set the course for CareOregon services and to tell the story of health care in Oregon.

 This summer, a group of members have been working with CareOregon staff to set up a Member Advisory Council (MAC). This voluntary council will give members a way to help CareOregon improve service and communication. More members are needed.

 CareOregon has also been asking members to talk on video about how health care has affected their lives or their children's lives. The project is to make these videos, telling members' own stories. That way, people who cannot testify in Salem can have their stories told and their voices heard when the state government works on new health care legislation. Members from across the state are needed.

If you would like to help with either of these projects, please contact CareLink at [carelink@careoregon.org](mailto:carelink@careoregon.org). Please be sure to provide your name and phone number.

English (printer-friendly PDF)  
Español (PDF para imprimir)  
Tiếng Việt (chưa có bản PDF)







aspix

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Transforming Health Care  
CSSI  
PCR  
CHCO CO-OP  
Learning Opportunities  
Program / Event  
Opportunities  
Presentations  
Global Partnerships  
Releasing Time to Care  
**Members**

- Member Advisory Council >
- Issues
- How to Get Involved


Health Policy

Learn about CareOregon's Involvement in health policy initiatives.

Your wellness is important to us!

Read one MAC member's road to advocacy

Home : Transforming Health Care : Members : Member Advisory Council



The member Advisory Council (MAC) works to improve the CareOregon member experience.

Thirteen CareOregon members are volunteering to serve as our Member Advisory Council. This group reflects the diversity of our membership, and they meet as a group monthly to talk about issues affecting CareOregon members. They also participate in additional activities such as focus group meetings, legislative visits and project work.

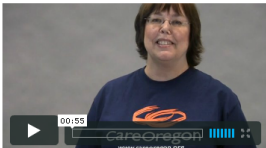
### Issues the Member Advisory Council Addresses

- Promoting health and wellness through preventive care, exercise and good nutrition
- Advocating for equitable, high quality health care for all Oregon Health Plan members
- Supporting CareOregon members' needs through peer to peer assistance
- Working with the State on Health System Transformation

### Interested in Sharing Your Opinion or Joining the MAC?

The advice from MAC participants comes from the personal experiences of individual members, though the MAC's goal is to reflect the views of the broad membership. To share your thoughts with the Member Advisory Council or get information about how to become more involved, **contact the MAC by e-mail at [mac@careoregon.org](mailto:mac@careoregon.org) or call us at 503-416-5758.**

As a CareOregon member having something very valuable to contribute to improving our health care system. Your Member Advisory Council is helping to improve the services of CareOregon and our provider network. Your opinions and volunteer time can both be important contributions to our efforts.



Meet Diane, a member of the MAC.

### Related Links

- E-mail Ellen Pinney, the State Medicaid Ombudsman at [ellen.pinney@state.or.us](mailto:ellen.pinney@state.or.us).





### **OMG Commons Article – Patient Advisory Walkthrough – July 12, 2011**

On July 12<sup>th</sup>, Sonnet Skaar took our Patient advisory Council members on a tour of the Northside clinic in an effort to gather feedback on clinic design and signage. Our Patient Advisory Council contains a handful of our patients that volunteer their time each month to meet and provide feedback on various topics. During the walkthrough, our Patient Advisors mentioned that one of their biggest challenges while at their clinic was determining where to go after they have completed their visit. As a result, additional exit signs were placed on the wall directly across from each exam room at the Northside Clinic. They also talked about the hallways looking similar and felt they would easily get turned around if they weren't paying attention when initially being 'roomed'. After kicking around a few ideas, they determined that 'themed' hallways would be beneficial to patients when they are trying to find their way around the clinic. Based on this feedback, Sonnet was able to put these ideas into action at the Northside Clinic, with various "earth element" hallways, including mountains, trees, and fishing.

Seeing through the eyes of the patient has helped us implement something that we hope will be helpful to all patients using Oregon Medical Group's services.

A huge 'thanks' goes out to our Patient Advisors for their time and effort in helping us make Oregon Medical Group a comfortable place to receive care! And, thank you to Sonnet Skaar for being open to using patient feedback to implement ideas at OMG's newest clinic!

Jill Rogers, Preventive Services Analyst





*Your resource for life.*

**MaineGeneral Health**



# Journey Towards Patient Engagement

## Dr. John Barnes, M.D.

### Dedicated Physician Leadership



# The Winthrop Patient and Family Advisory Council at Work

2





## Some of our accomplishments include...

3

- Developed council charter and elected chairperson.
- Input on several medication reconciliation projects.
- Participated in MaineGeneral Fall Retreat
- Council Chair invited to the New Regional Hospital Groundbreaking Ceremony.



# Input on system wide “Blue Folder Project”

4





# The Scribe Pilot

5





# Development and implementation of a patient satisfaction survey.

6

- The Maine General Patient Satisfaction survey developed, reviewed, revised and implemented by the council.
- used system wide in MaineGeneral Physician Practices and Specialty Practices.
- Used to provide patient feedback on a number of issues including wait times for phone call backs, appointments, and time spent with your provider.
- results are shared periodically with the council and are used to determine what projects and issues the council wants to work on.



Katie and Judy went on a site visit to Minnesota, out of that visit came the council asking that provider team pictures be hung in the waiting room and the council recruitment cards that they saw there are being revised to help to recruit new members for all of MaineGeneral Physician practices



**Site Visit to Minnesota.**



# Provider Team Pictures

8



Team Pictures  
of the  
Providers were  
hung in the  
lobby to allow  
patients to “put  
a face with the  
name” at the  
suggestion of  
Patient  
Advisors



# Recruitment of New Patient and Family Advisors

9

**You are invited! Partner with us in your care.**

Dear \_\_\_\_\_,

At MaineGeneral, we partner with our patients and families to improve your care. Listening to our patients and families and problem solving together leads to better care, which is why we're here.

I believe you have the qualities needed to work with us to make a difference as part of our Patient-Family Leadership Team.

If you are interested, it would be a pleasure to talk with you. Please contact:  
**Betty Girard**, MGMC Patient Family Advisory Council coordinator  
377-1408 or [betty.girard@mainegeneral.org](mailto:betty.girard@mainegeneral.org)

Sincerely,



Your resource for life.  
**MaineGeneral**  
Medical Center  
[www.mainegeneral.org](http://www.mainegeneral.org)



# IHI Summit May of 2012

10





# More to come...

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- The council is working on many new projects these include...
- New Patient Packet and Welcome Letter
- Artwork in the hallways at the Winthrop Commerce Center/a partnership with UMA
- Social worker Project/with UMA Social Services Students
- Community Care Teams/council member on Steering Committee
- Recent meetings with KVCAP to find solutions to patient and family transportation issues
- Sorian Project
- Giving patients easier access to their Medical Information
- Patient portals
- Email between patients and providers





**Maine General Physician Practices  
Family Advisory Council Scholarship Application**

Name: \_\_\_\_\_ Practice Location: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please describe the educational opportunity that you are applying for and tell us why you think the opportunity would be helpful to you in your work as a Patient Family Advisory Council Member.**

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**Please list the total costs associated with this opportunity:**

Tuition: \_\_\_\_\_ Travel: \_\_\_\_\_

Lodging: \_\_\_\_\_ Meals: \_\_\_\_\_

Other (please describe and list amounts)

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**What would make it easier for you to attend PFAC meetings? Do you need reimbursement for:**

☐ Travel ☐ Childcare ☐ Other \_\_\_\_\_

**Additional Comments:**

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# Patients and Families as Leaders: Transforming Patient Engagement in Oregon



## Medical Group Survey

Thank you for your interest in the patient- and family-centered care effort under the Oregon Health Care Quality Corporation's leadership. Your participation in this survey already reflects your understanding of the importance of patient and family engagement in all aspects of healthcare delivery.

Directions: Please answer all 18 questions below. We will provide technical assistance to organizations who wish to actively improve their own patient- and family-centered initiatives. Thank you.

### Patient and Family Centered Care Practices and Leadership Engagement

1. Does your practice/clinic have a patient- and family-centered care vision, mission, and philosophy of care statements that promote partnerships with patients and families?
  - ☐ No
  - ☐ Don't know
  - ☐ Yes
2. Do the practice's/clinic's leaders (check all that apply)
  - ☐ Invest time and financial and personnel resources in patient- and family-centered initiatives?
  - ☐ Through their words and actions, hold staff and clinicians accountable for collaborating with patients and families?
3. Does your practice/clinic communicate your patient- and family-centered care vision, mission, and philosophy of care clearly throughout the practice/clinic to staff and clinicians, patients and families, and others in the community?
  - ☐ No
  - ☐ Don't know
  - ☐ Yes
4. Does your practice/clinic budget time, financial and/or personnel resources in patient- and family-centered initiatives [reviewing patient education materials, designing new facilities, quality improvement teams, etc?]
  - ☐ No
  - ☐ Don't know
  - ☐ Yes,
5. Does your practice/clinic have a Patient and Family Advisory Council?



Patients and Families As Leaders: Transforming Patient and Family  
Engagement In Oregon  
Health Care Organization Assessment  
(Modified from IFCC Getting Started Toolkit)

- ☐ Yes
  - ☐ No, but this is a priority for our organization
  - ☐ No, we have no plans to create one at this time.
6. Do patients and families serve on committees or work groups? Please check all that apply
- ☐ Patient/family education
  - ☐ Care of chronic conditions (e.g., self-management support)
  - ☐ Peer-led education and support
  - ☐ Planning group visits
  - ☐ Patient safety
  - ☐ Transition planning
  - ☐ Information technology
  - ☐ Oversight of culturally and linguistically appropriate services
  - ☐ Community services and programs
  - ☐ Staff orientation and education
  - ☐ Policy and procedure development
  - ☐ Primary or ambulatory care redesign
  - ☐ Quality improvement
  - ☐ Facility design
  - ☐ Other \_\_\_\_\_

<b>Patient and Family Access to Information, Education, and Support</b>
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7. Are there systems in place to ensure that patients and their families have access to complete, unbiased, and useful information? Check all that apply
- ☐ In a range of informational and educational programs and materials
  - ☐ That is consistently available to patients and families
  - ☐ That is provided in primary languages and at appropriate literacy levels
  - ☐ That includes examples and images that reflect the diversity of patients and families served by the practice/clinic
8. Do you provide patients and family meaningful and easy access to their medical records [paper or electronic]?
- ☐ No
  - ☐ Don't know
  - ☐ Yes
9. Are peer-led educational programs available and accessible to patients and families?
- ☐ No
  - ☐ Don't know
  - ☐ Yes



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10. Are web-based opportunities for information-sharing and networking offered to patients and families?
- ☐ No
  - ☐ Don't know
  - ☐ Yes

<b>Education of Staff, Clinicians, Students, and Trainees</b>
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11. Do orientation and education programs prepare the following people for collaboration with patients and families in care and decision-making? Check all that apply
- ☐ Staff
  - ☐ Clinicians
  - ☐ Students and Trainees
12. Are patients and families involved as presenters in orientation and educational programs?
- ☐ No
  - ☐ Don't know
  - ☐ Yes

<b>Patient-Family Centered Care Technical Assistance?</b>
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13. We welcome any additional comments here. We are especially interested in knowing if your organization plans to start a Patient and Family Advisory Council/Board and any other patient- and family-centered "Best Practices" you would like to share.
14. Awareness is a key in any transformational journey. Understanding where we are compared to national/state benchmarks in patient-centered care can be a driver for change. Would you be interested in presenting best practices your organization has developed in the area of patient- and family-centered care? Awareness is a key in any transformational journey. Understanding where we are compared to national/state benchmarks in patient-centered care can be a driver for change
- ☐ Yes, I am interested in presenting our organizations "Best Practices"
  - ☐ No, I am not interested in presenting
  - ☐ Maybe, I need more information
15. Technical assistance/consultation will be available to organizations interested in achieving transformational patient centered goals. Are you interested in receiving technical assistance?
- ☐ Yes, our organization would like to apply for ongoing technical assistance/consultation
  - ☐ No, I am not interested in receiving ongoing technical assistance
  - ☐ Maybe, I need more information



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16. Name

17. Organization

18. Email address

Thank you!

You have now completed the survey.



### Patient Partner Questions for PCR Teams

1. On a scale of 1 to 5 how valuable (1 = not valuable; 5 = extremely valuable) has the participation of a patient partner been in advancing your progress on your PCR goals? Please explain your answer.
2. Has the participation of your patient partner increased your PCR's team understanding of the patient perspective? If so, how has this been meaningful?
3. Please describe the activities and conversations in which you've included your patient partner. (Example: Team meetings, Pt. Brochure design, etc.).
4. Did you include your patient partner in the process to develop/revise your practice brochure? If so, in what ways did your patient partner's perspectives help in the design of the brochure?
5. Have you made any changes in your clinical workflow, clinic environment, or care delivery as a result of insights shared by Patient Partners? If so, please explain.
6. What have been some unexpected benefits that have arisen as a result of working with your patient partner?
7. What have been some unexpected challenges of working with your patient partner?
8. Additional comments or suggestions?