Need fixes for practice improvement challenges? Look to patients.

Oct 12, 2016

First Street Family Health is like a lot of small medical practices. Its staff members take pride in knowing their patients and are always looking for ways to improve the patient experience. They have tried a number of ways to gather patient feedback from their largely rural population, but none have been as effective as the patient and family advisory council (PFAC). Now the Salida, Colo., practice looks to this group to guide responses to many of its biggest challenges, including the redesign of its office space. The solution is often, "Ask the PFAC."

In fact, First Street has found the advisory council to be easier to build and run than its leaders had anticipated. With a grant through the Comprehensive Primary Care Initiative, First Street hired a consultant from the National Partnership for Women and Families to help assemble a multidisciplinary team of staff members, query clinicians for patients who might be interested in participating in the PFAC, and select patients and patient family members who best represented the community's demographics.

The group did need time to gel, however. Patients were initially hesitant to offer First Street anything other than compliments. The practice had to make a conscious effort to encourage openness and honesty. "What we think they want or what we think will be helpful is not always what they want," said Meggan Grant-Nierman, DO, who serves on First Street’s PFAC as physician advisor. “Patients need to understand what’s going on behind the scenes, what goals we have and why, and what restrictions a practice faces that they can’t change. This is eye-opening on both sides.”

Fresh eyes on big issues

Once the advisory council got going in earnest, its members began tackling a variety of pressing issues, including the setup of the phone triage system—a challenge the practice had been working on for years. Staff members didn't want to put patients on hold, but there were times when they could not get to every call. They had tried adding more phone lines, hiring additional front desk staff and introducing standard scripts. They even experimented with an automated answering system, but none of the attempts succeeded.

The advisory council came up with a hybrid solution, in which each call is answered with an automated message with options that connect patients to various operational areas but also a one-touch option to speak with a live person.

Besides addressing a nagging practice issue, this early success instilled confidence in the council's ability to contribute meaningfully. Soon, the PFAC was involved some of First Street’s biggest projects, including the redesign of the practice’s office space.

When First Street’s building was first designed, practice leaders thought it should include a glass partition between the lobby and the reception desk to help patients feel their privacy was respected. But members of the advisory council found the glass to be “rude,” a physical barrier between them and the practice staff. The PFAC members also found the partition gave staff a false sense of privacy in their own conversations, some of which offended patients. The glass was subsequently taken down in favor of an open layout.

Eight steps to forming a PFAC

PFACs are not just valuable to small practices like First Street; they can now be found at many large hospitals. And participating in them can be rewarding for all stakeholders. Incorporating patient perspectives
can enhance the clinician experience, restore joy in practice and result in improved efficiency and higher quality care.

An [AMA STEPS Forward™ module](https://edhub.ama-assn.org/) outlines eight steps to integrating a PFAC into practice:

- **Develop the business case for the PFAC and ensure leadership support.** This includes a self-assessment of your program infrastructure to determine where you can use a PFAC to its full potential.
- **Create a planning committee.** The committee will identify potential advisors, be involved in the interviewing and selection process and develop the PFAC charter, which lays out the council’s purposes and rules.
- **Develop an action plan, a charter and a budget.** Include goals, measures of success and a timeline, along with guiding principles for the group.
- **Invite, interview and select members.** Patients should come from a variety of neighborhoods and socioeconomic backgrounds.
- **Launch the PFAC and support members in their work as advisors.** PFAC members will need to understand your organization’s mission and goals, the need for confidentiality and their advisory role.
- **Initiate improvement projects in partnership with PFAC members.** Early meetings may benefit from presentations such as getting to know practice leadership, an overview of a process, or bringing the council a question or material to review.
- **Track results of the work.** Simple survey techniques can help assess perspectives on the value of the PFAC.
- **Celebrate successes.** After reviewing the results of your work together, share your successes with your practice and your community.

The module also features answers to dozens of frequently asked questions and several downloadable tools and [sample documents](https://edhub.ama-assn.org/), such as a candidate application and a meeting agenda, which can be modified to meet a practice’s individual needs.

There are several new modules now available from the AMA’s STEPS Forward collection thanks to a grant from and collaboration with the [Transforming Clinical Practices Initiative](https://edhub.ama-assn.org/).

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