Promoting Collaborative Partnerships with Patients and Families During COVID-19

An Addendum to the Patient and Family Advisory Council Guide for Ambulatory Practices



May 2021

Andrew N. Pollak, MD, Chair Ben Steffen, Executive Director





Andrew N. Pollak, MD, Chairman Professor and Chair, Department of Orthopaedics University of Maryland School of Medicine Chief of Orthopaedics, University of Maryland Medical System

Bimbola Akintade, PhD
Associate Professor and Associate Dean
University of Maryland School of Nursing

Jeffrey Metz, MBA, LNHA President and Administrator Egle Nursing and Rehab Center

Arun Bhandari, MD Chesapeake Oncology Hematology Associates, PA Gerard S. O'Connor, MD General Surgeon in Private Practice

Cassandra Boyer
Business Operations Manager
Enterprise Information Systems Directorate
US Army Communications Electronics
Command

Michael J. O'Grady, PhD Principal, Health Policy LLC, and Senior Fellow, National Opinion Research Ctr (NORC) at the University of Chicago

Marcia Boyle Founder Immune Deficiency Foundation Martha G. Rymer, CPA Rymer & Associates, PA

Trupti N. Brahmbhatt, PhD Senior Policy Researcher Rand Corporation Randolph S. Sergent, Esq Vice Chair, Maryland Health Care Commission Vice President and Deputy General Counsel CareFirst BlueCross BlueShield

Martin L. "Chip" Doordan, MHA Retired Chief Executive Officer Anne Arundel Medical Center

Stephen B. Thomas, PhD
Professor of Health Services Administration
School of Public Health
Director, Maryland Center for Health Equity

University of Maryland, College Park

Jason C. McCarthy, PharmD Pharmacist in Private Practice

> Marcus L. Wang, Esq Co-Founder, President and General Manager ZytoGen Global Genetics Institute

Table of Contents

Introduction	1
Engaging PFAs During PHE Restrictions	2
PFAC Meeting Facilitation During the PHE	4
Ensuring Diverse PFAC Representation During PHE Restrictions	6

Introduction

The public health emergency (PHE)¹ brought on by coronavirus disease 2019 (COVID-19) altered the delivery of and access to health care in Maryland and the nation. In-person office visits were postponed or changed to telehealth visits, many elective procedures were delayed, and care delivery in general was modified to accommodate social distancing in efforts to mitigate spread of the disease.² This shift has both short and long-term implications on the perspectives shared by patients and their caregivers in patient and family advisory councils (PFACs) and other activities aimed at quality and process improvement. The role of PFACs during this unique and uncertain time is important, especially given the increased use of telehealth that is expected to continue beyond the PHE.³ Many ambulatory practices (practices) have transitioned PFAC-related activities to virtual platforms to ensure patients continue to have a voice.⁴,⁵ Engaging patient and family advisors (PFAs) remains key to obtaining reliable, relevant, and meaningful information that can ensure patient safety and promote patient-centered care.⁶

About the Addendum

This is an addendum to the *Patient and Family Advisory Council Guide for Ambulatory Practices*⁷ released in March 2019. The addendum is intended to support practice partnerships with PFAs for the remainder of the PHE and beyond. In December 2020, the Maryland Health Care Commission (MHCC) convened several virtual focus groups consisting of representation from 39 practices to gather the information included in the addendum.⁸ Each topic provides actionable steps to support patient and family engagement.

¹ A State of Emergency was declared by Governor Larry Hogan on March 5, 2020. More information is available at: governor.maryland.gov/covid-19-pandemic-orders-and-guidance/.

² U.S. Department of Health & Human Services, Assistant Secretary for Preparedness and Response, COVID-19 Healthcare Delivery Impacts. Available at: files.asprtracie.hhs.gov/documents/covid-19-healthcare-delivery-impacts-quick-sheet.pdf.

³ Schlaudecker, J. D. & Goodnow, K. (2021). The Virtual Patient and Family Advisory Council in the COVID-19 Era. Journal of the American Board of Family Medicine, 34(Suppl), S37–S39. Available at: jabfm.org/content/34/Supplement/S37.full.

⁴ Galli, L., & Hoy, L. (2020). Patients and Families Strengthen COVID-19 Communication Across Los Angeles County. Patient Experience Journal, 7(2). Available at: pxjournal.org/journal/vol7/iss2/20/.

⁵ See n. 3, *Supra*.

⁶ See n. 3, *Supra*.

⁷ The PFAC guide for ambulatory practices is available at: mhcc.maryland.gov/mhcc/pages/apc/APC PFAC Guide Ambulatory Practices.pdf.

⁸ Three focus group meetings were convened in December 2020. Meetings were held virtually on December 4th (20 attendees), December 10th (10 attendees), and December 17th (9 attendees). Focus group members included clinicians, PFAC coordinators, and practice managers from ambulatory practices.

Engaging PFAs During PHE Restrictions

WHAT:	 COVID-19 has impacted interactions between patients, providers, and caregivers. Developing ways to establish ongoing, meaningful engagement with PFAs is key to informing practice care priorities and making needed adjustments to policies and processes during the PHE.
WHY:	 PHE-related restrictions and social distancing requirements require creativity and flexibility to maintain PFA engagement. Ongoing feedback from PFAs is needed to adjust practice operations and policies in response to rapid changes during the PHE.
HOW:	 Create a messaging strategy that helps PFAs understand the value of their input. Communicate messages through multiple channels, such as email, text, phone, and patient portals.
	 Convene brief bi-weekly virtual huddles⁹ and invite PFAs to attend and provide feedback on their care experiences during the PHE and receive updates from the practice.
	 Host virtual town halls where practice leaders provide updates on the practice's COVID-19 response and obtain input on areas of improvement from PFAs.

Frequently Asked Questions

What are key considerations for engaging PFAs during the PHE?

Practices should be flexible and accommodating. While the PHE has highlighted the importance of virtual communication, it has also revealed challenges among PFAs with limited access to technology or limited technology literacy. 10 Practices should evaluate potential technology gaps and capabilities among PFAs to inform the practice's engagement strategy. For example, some PFAs may not have smartphones, but may be able to interact via text messages. 11

⁹ The minimum amount of time suggested for bi-weekly virtual huddles is 15 minutes. More information is available at: www.ipfcc.org/resources/9 15 Webinar Slide Deck.pdf.

¹⁰ Srinivasan, M., et al. (2020). Enhancing Patient Engagement During Virtual Care: A Conceptual Model and Rapid Implementation at an Academic Medical Center. Available at: catalyst.nejm.org/doi/full/10.1056/CAT.20.0262. ¹¹ Ibid.

What approaches can be used to mitigate the effects of PHE visitation restrictions on PFA caregiver engagement?

A variety of virtual communication methods including practice portals, clinical communication platforms or applications, 12 phone, and video conferencing tailored to the PFA's preference can facilitate practice engagement with PFA caregivers. 13 Practices can also engage PFAs by involving them in activities like reviewing and designing practice processes to include families and caregivers in supporting patients virtually. 14



- Establish a strategy to engage PFAs regularly and share important information. For example, a biweekly PFAC newsletter providing information on patient and family-centered care and COVID-19 related topics. 15
- Introduce virtual "office hours" to provide PFAs the opportunity to connect with the PFAC coordinator and receive information on updates to practice operations. 16
- Create an online forum to connect with PFAs and enable them to share feedback at their convenience. For example, creating a private PFAC group using free social networking sites can help guide and enhance practice operations during the PHE.¹⁷



Provider Perspective

"Every family is experiencing additional strains these days, so engaging them in conversation will guide you to ways to better meet their needs" - Reported by a provider in a study published in Pediatric Nursing. 18

¹² Examples include and are not limited to Playback Health and Halo Health.

¹³ Institute for Patient- and Family-Centered Care (IPFCC), COVID-19 and Patient- and Family-Centered Care Frequently Asked Questions. April 2020. Available at: ipfcc.org/bestpractices/covid-19/IPFCC PFCC and COVID.pdf.

¹⁴ IPFCC, Patient- and Family-Centered Care and Partnerships with Patients and Families During COVID-19. February 2021. Available at: ipfcc.org/bestpractices/covid-19/Partnerships with Patients and Families During COVID.pdf.

¹⁵ Colimore, S. L., et al. (2020). Johns Hopkins Medicine Responds to COVID-19: Adjusting Patient- Family- and Staff-Centered Care. Patient Experience Journal, 7(2). Available at: pxjournal.org/journal/vol7/iss2/24/. ¹⁶ See n. 13, *Supra*.

¹⁷ IPFCC Webinar, Patient- and Family-Centered Care and Pediatric Partnerships During COVID-19: Moving forward with New Learnings and Strategies. October 2020. Available at: ipfcc.org/events/10-29-20 Webinar Slides-Pediatric PFACs and PFAs in COVID.pdf.

¹⁸ Dokken, D., Ahmann, E., Miller, D.J., & Weaver, J. (2020). Mental Health Needs during COVID-19: Responses in Pediatric Health Care. Pediatric Nursing, 46(6), 304-307. Available at: www.pediatricnursing.net/news/FamilyMatters ND 20.

PFAC Meeting Facilitation During the PHE

WHAT:	 Virtual meeting facilitation, including video-conferencing tools and skills, became critical to PFA engagement while in-person meeting restrictions were in place due to the PHE.
WHY:	The shift to virtual meetings requires careful planning and coordination to optimize PFAC input.
HOW:	 Identify and utilize appropriate technology functionalities to facilitate the virtual PFAC meeting. For example, if a presentation is shared during the meeting, then the meeting platform should support screen-sharing.
	 Clearly outline how PFAs can ask questions and join in the discussion during virtual meetings. For example, ask PFAs to raise their hand visibly on video, state their name, or wait to be called on if they are on the phone.
	 Avoid disruptions to the meeting flow by providing information on how PFAs can get support for technology or connectivity issues.

Frequently Asked Questions

What are some suggestions for conducting a successful virtual PFAC meeting?

Successful virtual PFAC meetings are different in some ways from in-person meetings. Key strategies for effective virtual meeting facilitation include assigning virtual meeting roles to PFA leadership and/or practice staff during meetings, such as screensharing, notetaking, and monitoring questions and comments. Additionally, encourage PFAs to turn their videos on to personalize the discussion and facilitate non-verbal communication. General meeting best practices should be followed, such as distributing meeting materials to PFAs prior to the meeting and sharing meeting minutes after the meeting.

¹⁹ See n. 17, *Supra*.

²⁰ Harvard Business Review, What It Takes to Run a Great Virtual Meeting. March 2020. Available at: https://hbr.org/2020/03/what-it-takes-to-run-a-great-virtual-meeting.

What are some ways to ensure that all PFAs have an opportunity to voice their opinion during virtual meetings?

PFAs may become distracted, disengaged, or retreat into an observer role during virtual meetings. Practices can facilitate PFA participation by having well-defined, meaningful engagement opportunities. 21 For example, conduct team brainstorming exercises and encourage use of the chat feature.²²

Tips

- Provide meeting technology details, such as video-conferencing support and education to enhance user experience and optimize participation. For example, offer one-on-one training or distribute a meeting technology user guide to PFAs prior to meetings.²³
- Share the ground rules, agenda, and other materials before virtual meetings to help set PFA expectations and improve the facilitation process.^{24, 25}
- Test the technology prior to the meeting with presenters and staff, including the PFAC coordinator, PFA chair or co-chair, and technical support. This provides an additional opportunity to familiarize the meeting team with the technology and identify potential facilitation issues and improvement areas in advance of the meeting.²⁶



Provider Perspective

"We identify the technology that would be needed on their end [PFAs], provide support, test the technology in advance, and answer any questions on connectivity or anything they may be having trouble with, so the day of the meeting we can facilitate better." - Darby Byrd, Practice Manager, MedStar Medical Group²⁷

²¹ Harvard Business Review, How to Get People to Actually Participate in Virtual Meetings. March 2020. Available at: hbr.org/2020/03/how-to-get-people-to-actually-participate-in-virtual-meetings.

²² Entrepreneur, 5 Ways to Keep Engaged During Boring Virtual Meetings. December 2020. Available at: entrepreneur.com/article/361045.

²³ See n. 3, *Supra*.

²⁴ Voltage Control, 6 Rules for More Successful Virtual Meeting Facilitation. April 2020. Available at: voltagecontrol.com/blog/6-rules-for-more-successful-virtual-meeting-facilitation/.

²⁵ See n. 17, *Supra*.

²⁶ JDSupra, Top 5 Practical Tips for Organizing Virtual Meetings During COVID-19. June 2020. Available at: jdsupra.com/legalnews/top-5-practical-tips-for-organizing-98458/.

²⁷ MHCC PFAC focus group discussion.

Ensuring Diverse PFAC Representation During PHE Restrictions

WHAT:	 Inclusion of diverse PFAs is an ongoing challenge.²⁸ Virtual technology offers additional flexibility for PFAC meetings that may assist in engaging PFAs who reflect the diversity of the practice patient population.²⁹
WHY:	 The PHE has impacted patient populations and communities differently.³⁰ Engagement of PFAs from diverse patient populations and communities during the PHE is important to improve patient-centered care.
HOW:	 Use data from the practice management system to select a diverse and representative PFAC.
	 Create recruitment materials including posters, postcards, flyers, and emails that are tailored to diverse target groups.
	 Develop a PFAC webpage that provides information on how interested PFAs can join and participate in virtual meetings.

Frequently Asked Questions

What are some resources to improve diverse PFA representation for practices having trouble recruiting diverse PFAs during the PHE?

Practices can highlight the work of the PFAC during the PHE and opportunities for PFA involvement through materials such as newsletters, the practice website, and welcome packets.³¹ Practices can also work with community-based organizations that may serve their

²⁸ Harrison, J. D., et al. (2018). Patient & Family Advisory Councils (PFACS): Recruiting and Supporting Members from Diverse, Vulnerable and Under-Represented Communities. Available at: shmabstracts.org/abstract/patient-family-advisory-councils-pfacs-recruiting-and-supporting-members-from-diverse-vulnerable-and-under-represented-communities/.

²⁹ Chadwick, S., Miller, D., Taff, K., & Montalbano, A. (2020). TeleBoard: The Move to a Virtual Family Advisory Board. Patient Experience Journal, 7(2). Available at: pxjournal.org/journal/vol7/iss2/17/.

³⁰ Boserup, B., McKenney, M., & Elkbuli, A. (2020). Disproportionate Impact of COVID-19 Pandemic on Racial and Ethnic Minorities. The American Surgeon, 86(12), 1615–1622. Available at: ncbi.nlm.nih.gov/pmc/articles/PMC7691116/.

³¹ American Medical Association, Forming a Patient and Family Advisory Council (PFAC) - Patient and Family Perspectives Can Help You Achieve More Patient-Centered Care in Your Practice. August 2016. Available at: edhub.ama-assn.org/steps-forward/module/2702594.

patients (e.g., religious organizations and social service agencies) to obtain PFA recommendations and suggestions on recruiting processes.³²

What are some methods to help tailor practice communications to diverse PFAs during the PHE?

Practices can ask PFAs to help develop and tailor diverse recruitment and informational materials to reflect the practice's patient population.³³ For example, practices can convene virtual focus groups with PFAs to develop and provide input on invitations and recruitment materials.34



- Promote the PFAC at other virtual practice meetings and events, including patient education meetings and support groups.35
- Invite diverse and trusted community leaders to join PFAC meetings to enhance culturally appropriate patient-centered care.³⁶
- Select a PFAC leadership team that reflects the diversity of the practice's patient population to encourage inclusion and participation of diverse PFAs.³⁷



Provider Perspective

"How an 80-year-old utilizes health care is completely different than how a 30-year-old might utilize health care. So, we really need to understand that from the patient's perspective."-Shaska Thomas, Practice Administrator, Centennial Medical Group³⁸

³² National Partnership for Women & Families, Key Steps for Creating Patient and Family Advisory Councils in CPC Practices. April 2013. Available at:

rmhpcommunity.org/sites/default/files/resource/Key%20Steps%20for%20Creating%20PFACS%20in%20CPC%20Pr actices.pdf.

³³ American Medical Association, Improving Health Outcomes: Blood Pressure (IHO: BP) - Patient and Family Advisor Recruitment guide and onboarding toolkit. 2015. Available at: ama-assn.org/sites/amaassn.org/files/corp/media-browser/public/about-ama/iho-bp-patient-and-family-advisor-recruitment-guide 0.pdf.

³⁴ Focus groups are useful in checking health professional assumptions on health messaging prior to developing awareness or recruitment materials. More information on focus groups is available at: ctb.ku.edu/en/table-ofcontents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main.

³⁵ See n. 31, *Supra*.

³⁶ National Institute for Children's Health Quality, Five Strategies for Building Diversity in a Patient Family Advisory Council. Available at: nichq.org/insight/five-strategies-building-diversity-patient-family-advisory-council.

³⁷ See n. 28, *Supra*.

³⁸ MHCC PFAC focus group discussion.

David Sharp, PhD, Director Center for Health Information Technology and Innovative Care Delivery



4160 Patterson Avenue

Baltimore, MD 21215

410-764-3460

mhcc.maryland.gov