



TASK FORCE ON PATIENT AND FAMILY ENGAGEMENT (PFE)

Patient and Family Engagement is Critical to Improve Health and Health Care

Meaningful patient and family engagement is crucial to improve overall population health, patient outcomes, quality of care and patient safety. Effective patient engagement is also an important tool in reducing unnecessary health care expenditures. We know, from the research literature, that when patients are active partners in care, they are more likely to adhere to care recommendations. This can both improve patient outcomes and help reduce unnecessary care. Studies have shown that patients who received enhanced decision support had lower medical costs, fewer hospital admissions, and fewer surgeries for conditions where there are multiple appropriate treatment options, such as knee pain, hip pain back pain, or certain types of heart conditions (“patient preference-sensitive conditions”).

There are many ongoing efforts to engage consumers and family members more actively in managing their own health, or in broader health systems. For example, Community Care of North Carolina (CCNC), the North Carolina Division of Public Health, and other health professional associations are encouraging providers to use motivational interviewing to more actively engage consumers. All CCNC care managers have been trained in motivational interviewing, and there is now an effort in one of the networks to train the physicians in this technique. The North Carolina Quality Center (NCQC) within the North Carolina Hospital Association, is developing a Learning Network that will help hospitals across the state better understand and implement patient and family engagement best practices from the bedside to the boardroom and develop patient-family advisor roles to actively engage the voice of the patients in planning, implementing, and evaluating health system services. Insurers are beginning to experiment with tiered benefits structures and other financial incentives to encourage patients to more actively participate in their own care. Many employers have wellness programs that include financial incentives aimed at encouraging their employees to engage in wellness activities (eg, smoking cessation or weight loss programs). Patients and family members are the *key partners* in patient engagement. It is critical to get broad input from patient and family members (and consumer advocates) to best understand the motivations and methods for optimal patient engagement. This task force will bring these stakeholders to the table to address the overlapping effort, identify best practices, and develop a short and long-term plan to most effectively catalyze patient engagement in NC.

Task Force

The North Carolina Institute of Medicine (NCIOM) is a quasi-state agency charged with studying important health issues facing the state and developing workable solutions to those issues. The NCIOM has received grant support from The Duke Endowment to create a task force

on patient and family engagement. This work is being conducted in collaboration with Community Care of North Carolina (CCNC), North Carolina Division of Public Health (DPH), the North Carolina Quality Center (NCQC) of the North Carolina Hospital Association, North Carolina Medical Society (NCMS), and the Foundation for Nursing Excellence (FFNE). The goal of the task force is to identify evidence-based or evidence-informed strategies that will help increase patient and family engagement in health care decision making, support healthy lifestyle changes, and improve medication adherence. The task force will also examine strategies to involve patients and families in hospital and health system change.

The NCIOM is convening a task force comprised of different stakeholder groups to explore patient engagement. The Task Force will be broadly constituted, including patient and family consumer members, representatives of state and local agencies, health professionals and health care institutions, private sector partners, academicians, and other appropriate stakeholders. We expect to meet 9-10 times over the course of 12 months, beginning in February 2014. The task forces typically meet from 10:00-3:00, one day per month. Lunch is provided to task force members, and the meetings are open to the public.

The Task Force will examine strategies, including but not limited to:

- Motivational interviewing and other provider strategies to encourage shared decision making
- New tools for patient engagement including decision support tools
- Peer support/community support
- Patient portals for engagement
- Health literacy techniques to engage patients
- Financial and nonfinancial incentives to engage patients
- Patient advisory councils at the practice, hospital, and health system level

All patient and family engagement strategies will be evaluated through the lens improved patient quality of care, improved patient outcomes, improved community health, and reducing unnecessary expenditures.