

HPOE *Live!*

2016 Webinar Series

The presentation will begin shortly.

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Engaging Patients and Community Stakeholders in Community Health Needs Assessments

June 7, 2016

Speakers

- **Jaye Bea Smalley**, MPA - Patient-Centered Outcomes Research Institute
- **Jillian Barber**, MPH - Sharp HealthCare
- **Reggie Smith** - Sharp Memorial Hospital: Patient Family Advisory Council
- **Ken Anderson**, DO, MS, CPE - Health Research & Educational Trust/American Hospital Association

Community Health Improvement Week

- **Raise awareness, demonstrate impact and celebrate** community health professionals
- Daily events and resources
 - Wednesday: Podcast with Sondra Samuels, CEO Northside Achievement Zone
 - Thursday: Report release
 - Friday: Keynote panel from ACHI conference



Objectives

- Highlight the importance of engaging patients and community members in community health needs assessments (CHNAs)
- Offer a model for effective patient and community engagement when creating CHNAs
- Build the case for inclusion of patient-centered outcomes research into CHNAs
- Discuss research from the Patient-Centered Outcomes Research Institute (PCORI) that can be useful for CHNAs
- Share example from Sharp Healthcare for how they have incorporated community stakeholders into their CHNA process

What are CHNAs?

- Community Health Needs Assessment (CHNA)
 - A systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon significant unmet community health needs
- Implementation Strategy
 - The hospital's plan for addressing community health needs including significant health needs identified in the CHNA

Patient and Community Stakeholders

- **Community member:** Any resident of a community, including an individual at an organization within the community, that hospitals can partner with to address community health.
- **Patient:** An individual who has received any sort of health care. Generally, patients are a large subset of the “community member” group. Some individuals use health care services much more than others and have unique and valuable perspectives on health care and community health.

Patient & Community Engagement

Benefits to hospitals

- Clearer understanding of community served
- Strengthen community/hospital bonds
- Community buy-in to process
- Solidify relations with other community stakeholders

Benefits to communities

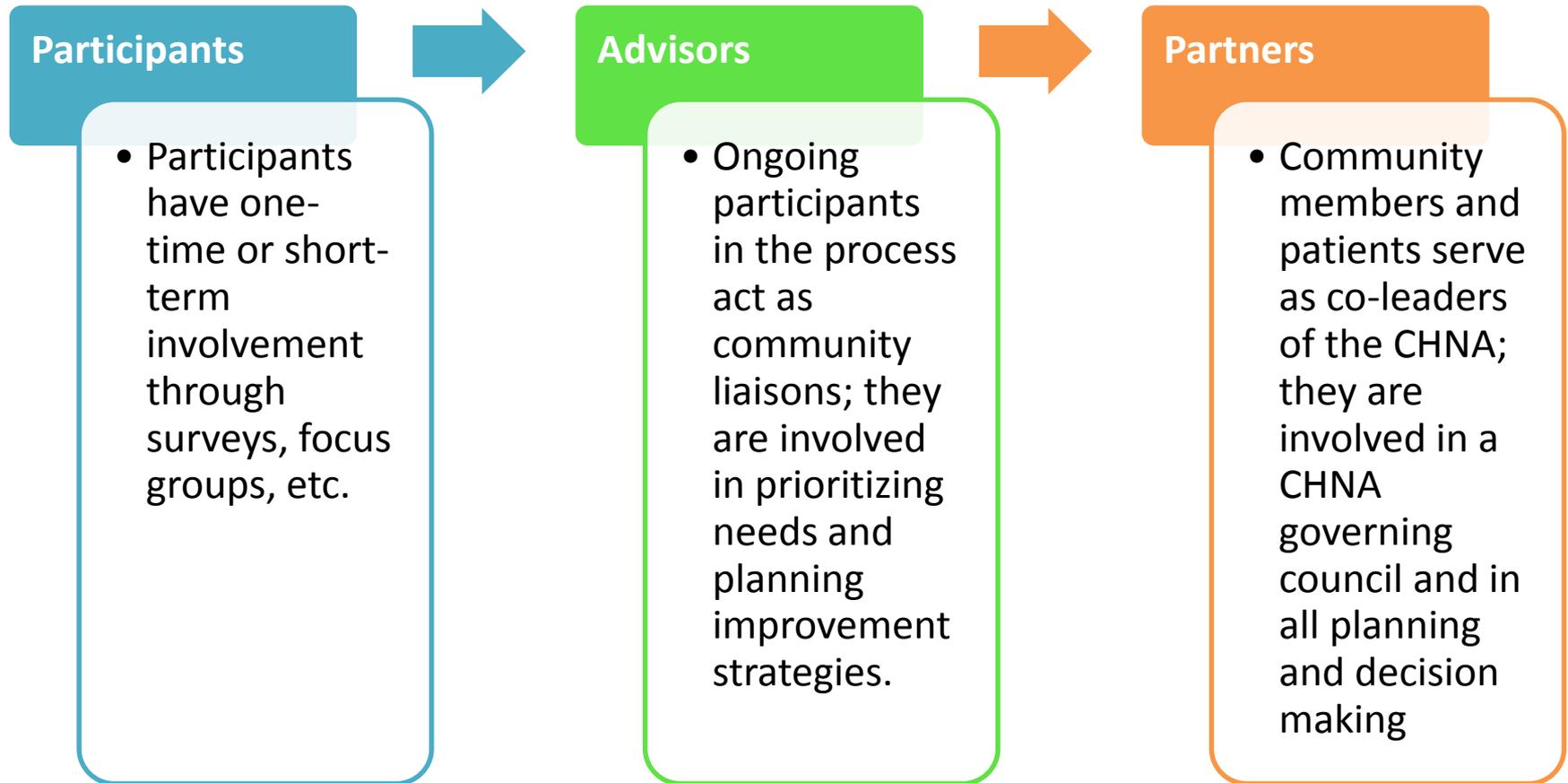
- Gain comprehensive understanding of their community
- Build trust with hospital
- Shared ownership and responsibility of CHNA process
- Create investment in success of CHNA process

Model for CHNAs



Source: HRET, 2016.

Engagement Spectrum



Source: HRET, 2016.

Research in CHNAs

- Why?
 - Comprehensive and nuanced information about individuals in community
 - How to best implement and monitor interventions
- Incorporating research into the CHNA process can occur through:
 - Conducting research with patients and community members (e.g., interviews, focus groups, surveys, etc.)
 - Using existing comparative-effectiveness research (e.g., PCORI, AHRQ, etc)

Conducting Research

- Quantitative and Qualitative
- Community-based participatory research (CBPR) approach
- Ways to collect data:
 - Community Surveys
 - Interviews
 - Focus Groups
 - Town Halls

Utilizing Existing Research

- PCORI - <http://www.pcori.org/research-results/pcori-literature>
- AHRQ Health Care Innovations Exchange - <https://innovations.ahrq.gov/>
- County Health Rankings and Roadmaps - <http://www.countyhealthrankings.org/>
- Centers for Disease Control and Prevention: Community Health Improvement Navigator - <http://www.cdc.gov/chinav/>
- Centers for Disease Control and Prevention: The Guide to Community Preventive Services - <http://www.thecommunityguide.org/>

Engaging Patients and Community Stakeholders in CHNAs

Jaye Bea Smalley, MPA
Engagement Officer, PCORI

Hospitals in Pursuit of Excellence webinar June 7, 2016



About Us

- An independent research institute authorized by Congress in 2010 and governed by a 21-member Board representing the entire healthcare community
- Funds comparative clinical effectiveness research (CER) that engages patients and other stakeholders throughout the research process
- Seeks answers to real-world questions about what works best for patients based on their circumstances and concerns



Our Mission and Strategic Goals

PCORI helps people make informed healthcare decisions, and improves healthcare delivery and outcomes, by producing and promoting high-integrity, evidence-based information that comes from **research guided by patients, caregivers, and the broader healthcare community.**

Our Strategic Goals:



Increase quantity, quality, and timeliness of useful, trustworthy research information available to support health decisions



Speed the implementation and use of patient-centered outcomes research evidence

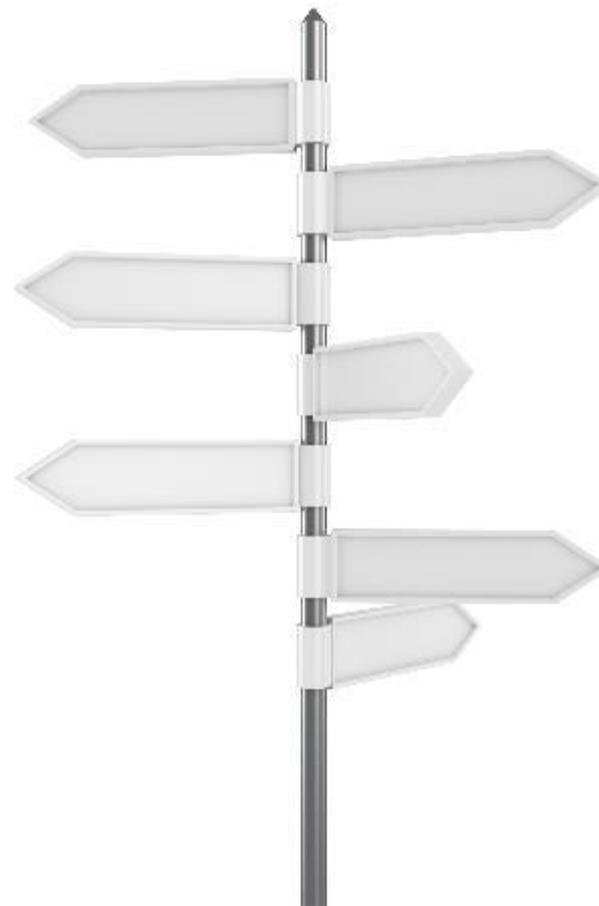


Influence research funded by others to be more patient-centered



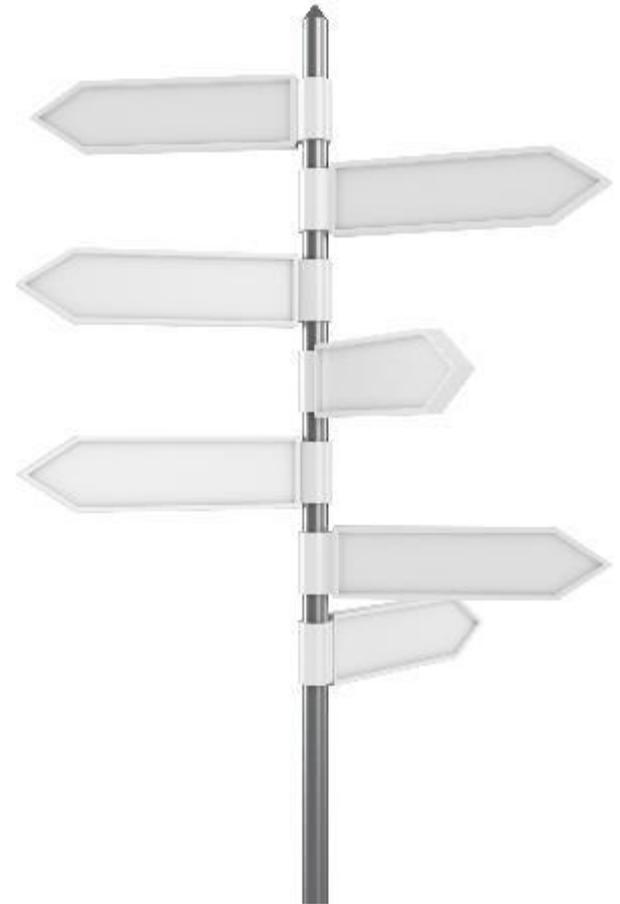
Why Is Our Work Needed?

- For all the advances it produces, traditional healthcare research has not answered many questions patients face.
- People want to know which preventive, diagnostic, or treatment option is best for them.
- Patients and their clinicians need information they can understand and use.



How is Our Work Different?

- We fund research on which care options work, for whom, under which circumstances.
- We focus on answering questions most important to patients and those who care for them.
- We aim to produce evidence that can be easily applied in real-world settings.
- We engage patients, caregivers, clinicians, insurers, employers and other stakeholders throughout the research process.
- This makes it more likely we'll get the research questions right and that the study results will be useful and taken up in practice.



We Fund Research That...

Focuses on high-priority conditions:

- Affecting large numbers of people across a range of population
- Placing a heavy burden on individuals, families, specific populations, and society
- Including rare diseases, which are difficult to study



We Fund Research That...

Pays particular attention to specific populations:

- Racial and ethnic minorities
- Older adults
- Low-income
- Residents of rural areas
- Women
- Children
- Individuals with special healthcare needs, including individuals with disabilities, individuals with multiple chronic diseases, individuals with rare diseases, and individuals whose genetic makeup affects their medical outcomes
- Patients with low health literacy/numeracy and limited English proficiency
- Lesbian, gay, bisexual, transgender (LGBT) persons
- Veterans and members of the armed forces and their families



Who Are Our Stakeholders?



We Fund Research That...

What we mean by...

“Patient-centeredness”

- The project aims to answer questions or examine outcomes that matter to patients within the context of patient preferences
- Research questions and outcomes should reflect what is important to patients and caregivers



“Patient and stakeholder engagement”

- Patients are partners in research, not just “subjects”
- Active and meaningful engagement between scientists, patients, and other stakeholders
- Community, patient, and caregiver involvement already in existence or a well-thought-out plan



Opportunities for PCOR in the context of CHNAs



Source: HRET, 2016



Why Engage?

To influence research to be patient-centered, relevant, and useful

To establish trust and a sense of legitimacy in research findings

To encourage successful uptake and use of research results



Does Engagement Make a Difference?

A systematic review* provides the first international evidence of the impact of patient and public involvement on research on health and social-care research.

- Literature search from 1995-2009 identified 66 studies
- Analysis showed patient and public involvement enhanced quality and appropriateness of research
- Impacts were described for all stages of research
- But authors note the evidence base on impact of engagement still needs significant enhancement



**Health Expectations 2014*; 17(5): 637–650.



The PCORI Approach to Engagement-Our Engagement Rubric

PCORI's Framework for Engagement in Research: The Engagement Rubric

 Planning the study	 Conducting the study	 Disseminating study results
POTENTIAL ACTIVITIES <ul style="list-style-type: none">• Developing research questions• Selecting relevant outcomes• Define study population characteristics	POTENTIAL ACTIVITIES <ul style="list-style-type: none">• Drafting or revising study materials• Participating in study recruitment• Participating in data analysis	POTENTIAL ACTIVITIES <ul style="list-style-type: none">• Identifying partners for dissemination• Participating in dissemination efforts• Presenting information about the study
REAL-WORLD EXAMPLES <ul style="list-style-type: none">• Patient organization surveys members on treatment preferences• Clinicians suggest a third arm to study based on variability in practice	REAL-WORLD EXAMPLES <ul style="list-style-type: none">• Patients develop informed consent to make it understandable to participants• Patient representative serves on data safety monitoring board	REAL-WORLD EXAMPLES <ul style="list-style-type: none">• Research team holds stakeholder summit to speed implementation of findings• Research team introduces study at a patient advocacy conference to inform community of the research

PCOR Principles Reciprocal Relationships • Co-Learning • Partnerships • Transparency, Honesty, Trust

Reciprocal Relationships: Demonstrated when roles and decision-making authority of all research partners are defined collaboratively and clearly stated

Co-Learning: Researchers help patient partners better understand the research process, and researchers will learn about patient-centeredness and patient/stakeholder engagement

Partnerships: The time and contribution of patient and other stakeholder partnership is valued and demonstrated through compensation, cultural competency, and appropriate accommodations

Transparency, Honesty, Trust: Major decisions are made inclusively and information is shared readily among all research partners

Creating a Clinic-Community Liaison Role in Primary Care: Engaging Patients and Community in Healthcare Innovation

Potential Impact

- Could change practice by creating a community-clinic liaison role that will give patients better options for managing or preventing chronic disease

Engagement

- Patients, clinicians, and community health leaders work together to design the liaison role

Methods

- Mixed methods



Develops and tests a clinic-community liaison role for primary care teams to promote community engagement in health care. Liaison role, or function, would connect patients with the resources in their community that promote wellness.

*Clarissa Hsu, PhD,
Group Health Cooperative
Seattle, WA*

*Improving Healthcare Systems,
awarded December 2012*



Improving Childhood Obesity Outcomes: Testing Best Practices of Positive Outliers

Potential Impact

- Could change practice by contributing to our understanding of how community linkages and social issues influence weight

Engagement

- Interviews with families and children enhance understanding of strategies for healthy weight management

Methods

- Mixed methods and a randomized controlled trial



Engages with parents and children in developing a new program for the management of childhood overweight. Positive models of healthy children will be used to learn strategies that could be effective, then used in an intervention for overweight children 2 to 12 years old.

*Elsie Mireya Taveras, MD, MPH,
Massachusetts General Hospital
Boston, MA*

*Improving Healthcare Systems,
awarded September 2013*



An Emergency Department-to-Home Intervention to Improve Quality of Life and Reduce Hospital Use

Potential Impact

- Could improve the health care of Medicare beneficiaries with chronic illness by increasing the patient-centeredness of post-emergency department transitions to the community

Engagement

- Patients, caregivers, and community human services workers are members of the research team and have helped shape the project since January 2013

Methods

- Randomized controlled trial and qualitative methods follow up



Tests the idea that an emergency department-to-home intervention that proactively links patients with community-based social support and medical follow up will improve outcomes such as hospital readmission and help chronically ill, older adults make informed healthcare decisions.

*Donna Carden, MD,
University of Florida
Gainesville, FL*

*Improving Healthcare Systems,
awarded December 2013*



Pipeline to Proposal Awards

- **Strengthen relationships** between researchers, patients, and other healthcare stakeholders in communities not typically involved in clinical research
- **Build capacity** for community partnerships to ultimately submit research questions to be considered for PCOR funding
- **Engage community partnerships** in the research process and development of dissemination and implementation plans
- **Establish an infrastructure** for dissemination and evaluation of CER information

Three Tiers of Awards

Tier I: **Up to \$15,000** per award for **9 months** to individuals or groups

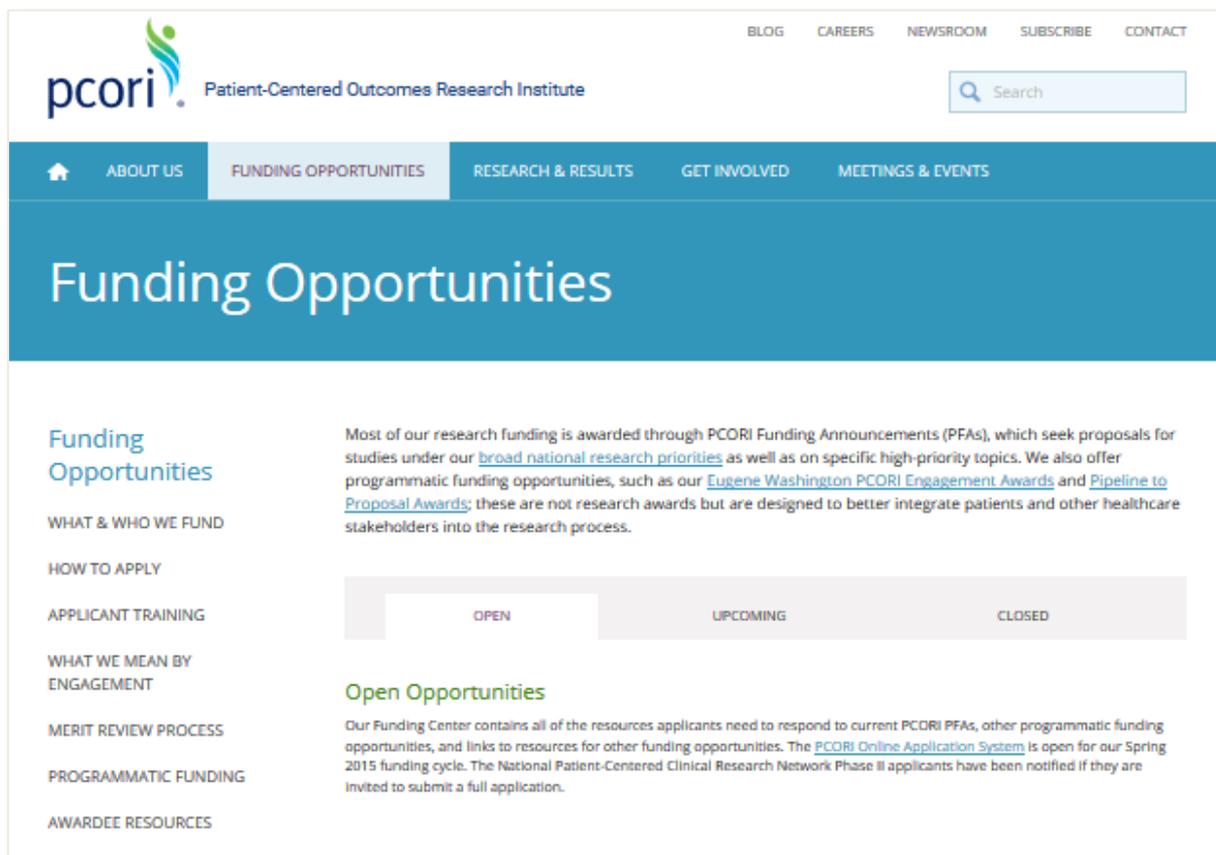
Tier II: **Up to \$25,000** per award for **12 months** to recipients of Tier I funding

Tier III: **Up to \$50,000** per award for **12 months** to patient-researcher partnerships



PCORI Funding Opportunities

Our research funding is awarded through PCORI Funding Announcements. Open opportunities are posted at pcori.org/apply.



The screenshot shows the PCORI website's 'Funding Opportunities' page. At the top, the PCORI logo and name 'Patient-Centered Outcomes Research Institute' are on the left, and navigation links for 'BLOG', 'CAREERS', 'NEWSROOM', 'SUBSCRIBE', and 'CONTACT' are on the right. A search bar is also present. Below the header is a teal navigation bar with a home icon and links for 'ABOUT US', 'FUNDING OPPORTUNITIES', 'RESEARCH & RESULTS', 'GET INVOLVED', and 'MEETINGS & EVENTS'. The main content area has a teal banner with the title 'Funding Opportunities'. On the left is a sidebar with links: 'Funding Opportunities', 'WHAT & WHO WE FUND', 'HOW TO APPLY', 'APPLICANT TRAINING', 'WHAT WE MEAN BY ENGAGEMENT', 'MERIT REVIEW PROCESS', 'PROGRAMMATIC FUNDING', and 'AWARDEE RESOURCES'. The main text explains that funding is awarded through PCORI Funding Announcements (PFAs) and offers programmatic funding opportunities like the Eugene Washington PCORI Engagement Awards and Pipeline to Proposal Awards. A progress bar shows 'OPEN' as the current status, followed by 'UPCOMING' and 'CLOSED'. Below this, the 'Open Opportunities' section states that the Funding Center provides resources for responding to current PCORI PFAs and programmatic funding opportunities, and mentions the PCORI Online Application System for the Spring 2015 funding cycle.



Additional Resources

- [PCORI's Methodology Standards PC-1 to PC-4](#)
- PCORI has developed other resources to help guide your engagement activities, housed on the "[What We Mean by Engagement](#)" page on the PCORI website
- Engagement Resources include:
 - [Framework for Financial Compensation of Patient, Caregiver and Patient Organization Stakeholders](#)
 - [Engagement Rubric](#)
 - [Sample Engagement Plans](#)
 - [PCORI Stakeholder Groups](#)
 - Short Videos on Engagement in Research



Thank you!

Jaye Bea Smalley, MPA

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New Perspectives: Sharp HealthCare's PFAC and the CHNA Process

Jillian Barber, MPH
Program Manager, Community Benefits
and Health Improvement
Sharp Health Care

Reggie Smith
Chair
Patient Family Advisory Council
Sharp Memorial Hospital

Sharp HealthCare: Overview



- Not-for-profit serving 3.2 million residents of San Diego County
- Grew from one hospital in 1955 to an integrated health care delivery system
 - 4 acute care hospitals; 3 specialty hospitals
 - Medical groups
 - Health plan
 - Fully integrated IT systems and infrastructure
 - Centralized system support services
 - Largest health care system in San Diego
- Largest private employer in San Diego
 - 17,000 employees, 2,600 affiliated physicians, 3,000 volunteers



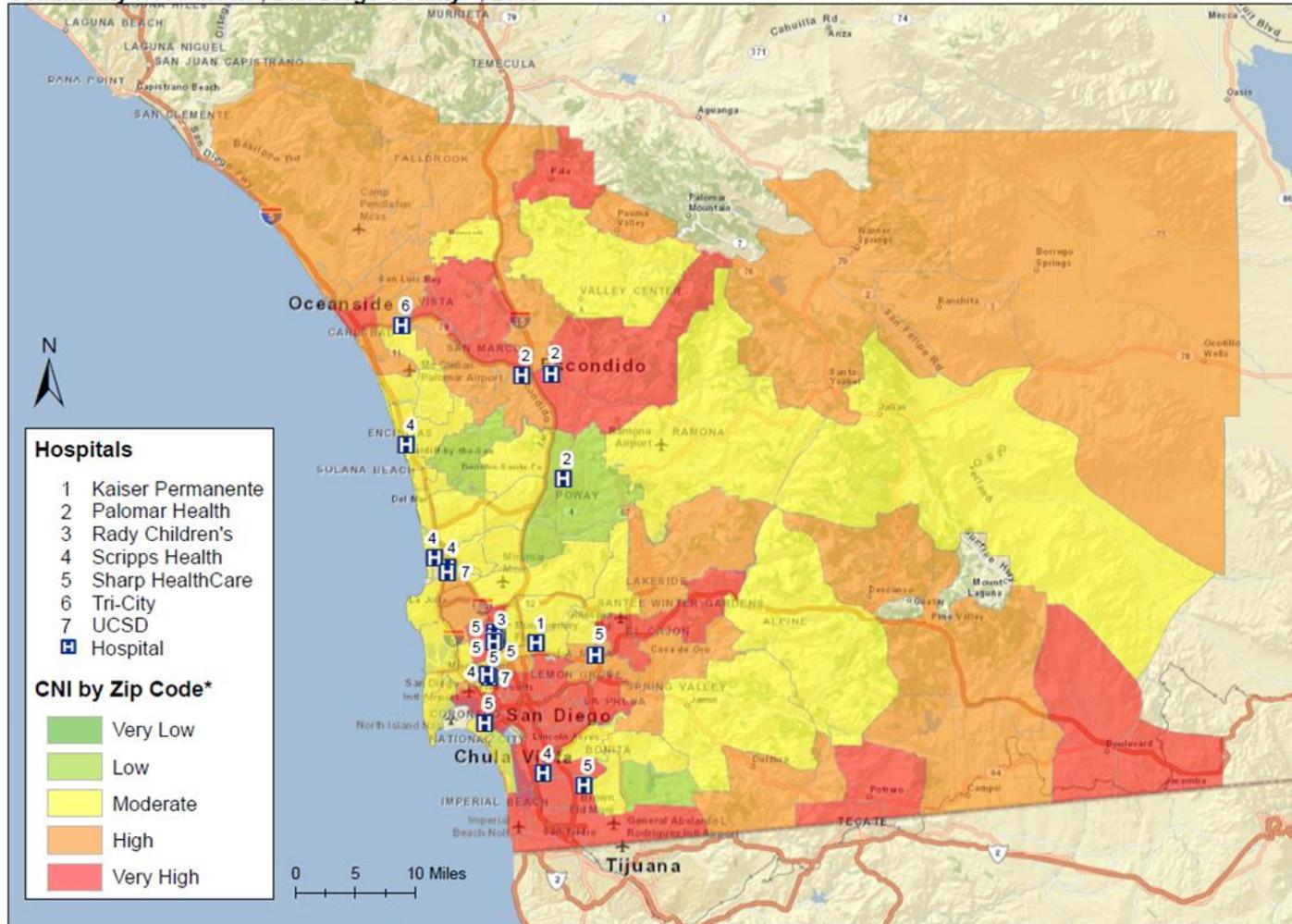
Sharp will transform the health care experience through a culture of caring, quality, safety, service, innovation, and excellence and be recognized by employees, physicians, patients, volunteers, and the community as:

- The best place to work,
- The best place to practice medicine, and
- The best place to receive care.

Sharp will be known as an excellent community citizen embodying an organization of people working together to do the right thing everyday to improve the health and well-being of those we serve. ***Sharp will become the best health system in the universe.***

Sharp HealthCare: Community Served

Community Need Index*, San Diego County**, 2013



Data Source: *Dignity Health; **SanGIS;
 Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.



Sharp Memorial Hospital's Patient Family Advisory Council (PFAC)

- Mission
- History – Sharp's first PFAC
- Structure
- Bylaws



Sharp Memorial Hospital PFAC (cont'd)

- PFAC membership
- Evolution
- Accomplishments to date
- Goals ahead

PATIENT AND FAMILY ADVISORY COUNCIL APPLICATION

PLEASE TYPE OR PRINT VERY CLEARLY:

Name _____ Phone _____
First Middle Last Circle: Home - Cell - Work

Address _____ City, State, Zip _____
Street Apt. #

Please check one: 18-44 45-64 65 + E-mail _____

Primary language spoken: _____ Other languages: _____

Locations where you (or your family) receive services. (Check all that apply)

<input type="checkbox"/> Sharp Memorial Hospital	<input type="checkbox"/> Sharp Memorial Hospital Outpatient Services
<input type="checkbox"/> Sharp Rehabilitation Services	<input type="checkbox"/> Sharp Memorial Outpatient Pavilion
<input type="checkbox"/> Sharp Home Care	<input type="checkbox"/> Sharp Senior Centers
<input type="checkbox"/> Sharp Mary Birch Hospital for Women & Newborns	<input type="checkbox"/> Other: _____

Please list past and present experiences and roles with community involvement: _____

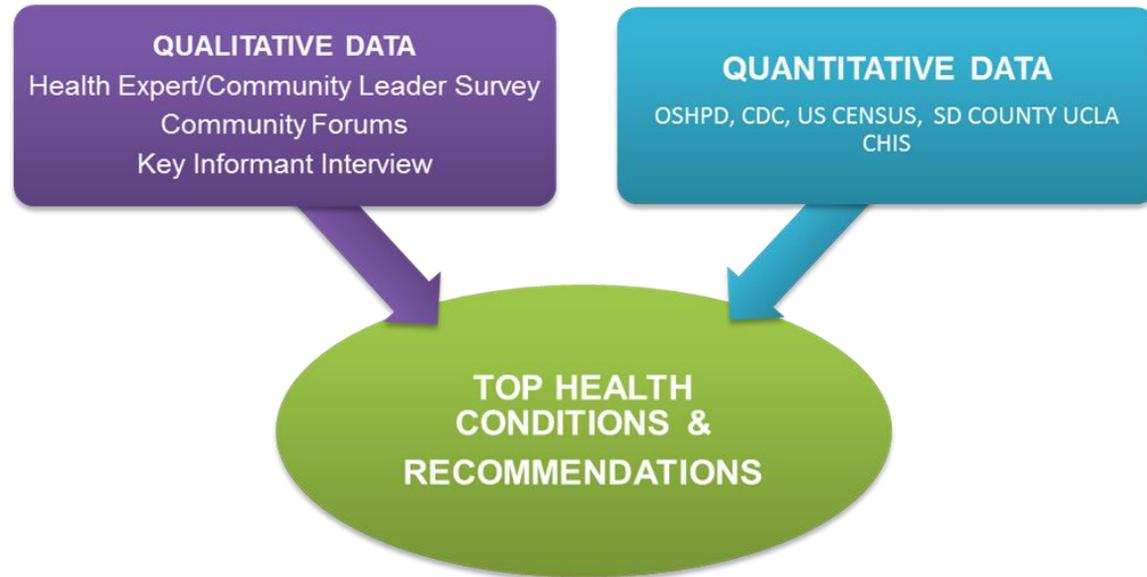
What do you anticipate being able to contribute to the Patient and Family Advisory Council? _____

Is there anything else you would like us to know? _____

2013 Community Health Needs Assessment

Phase I: Aug. 2012 – May 2013

- Pre-ACA: Single, collaborative CHNA
- Post-ACA:
 - Individual CHNAs
 - Implementation plans
- Collaborative, county wide **AND** Sharp-specific processes



Findings

- *Top health needs:* Behavioral health, Cardiovascular, Diabetes, Obesity
- *Top categories/recommendations:* Access to Care, Care Management, Collaboration, Education, Screening

Sharp 2013 CHNA: PFAC Collaboration



Community Member Feedback Survey SMH Patient Family Advisory Council

Good morning. Sharp Memorial Hospital is working on a Community Health Needs Assessment (CHNA) in order to develop specific programs that meet community health needs, and we would like to hear from you about the health concerns within your community. In addition we would like to get your thoughts about ways you think Sharp Memorial Hospital can better help with your health needs. We will take the information we learn from you to help us better serve your community when developing outreach programs or educational activities. Thank you for your feedback!

Sharp Memorial Hospital Community Feedback Questions¹:

1. What are the five most important health issues for adults and five most important health issues for children in your community?
2. How would you rate these health issues from most important to least important?
3. What do you think are the most important things that you and other people in your community can do to address these health conditions?
 - a. What currently prevents you from doing this?.
4. Do you go to the hospital?
 - a. If yes, what do you go to the hospital for?
5. What can hospitals do to help you more with your health issues?
6. Is there something that you need in your neighborhood that would help you be healthier?

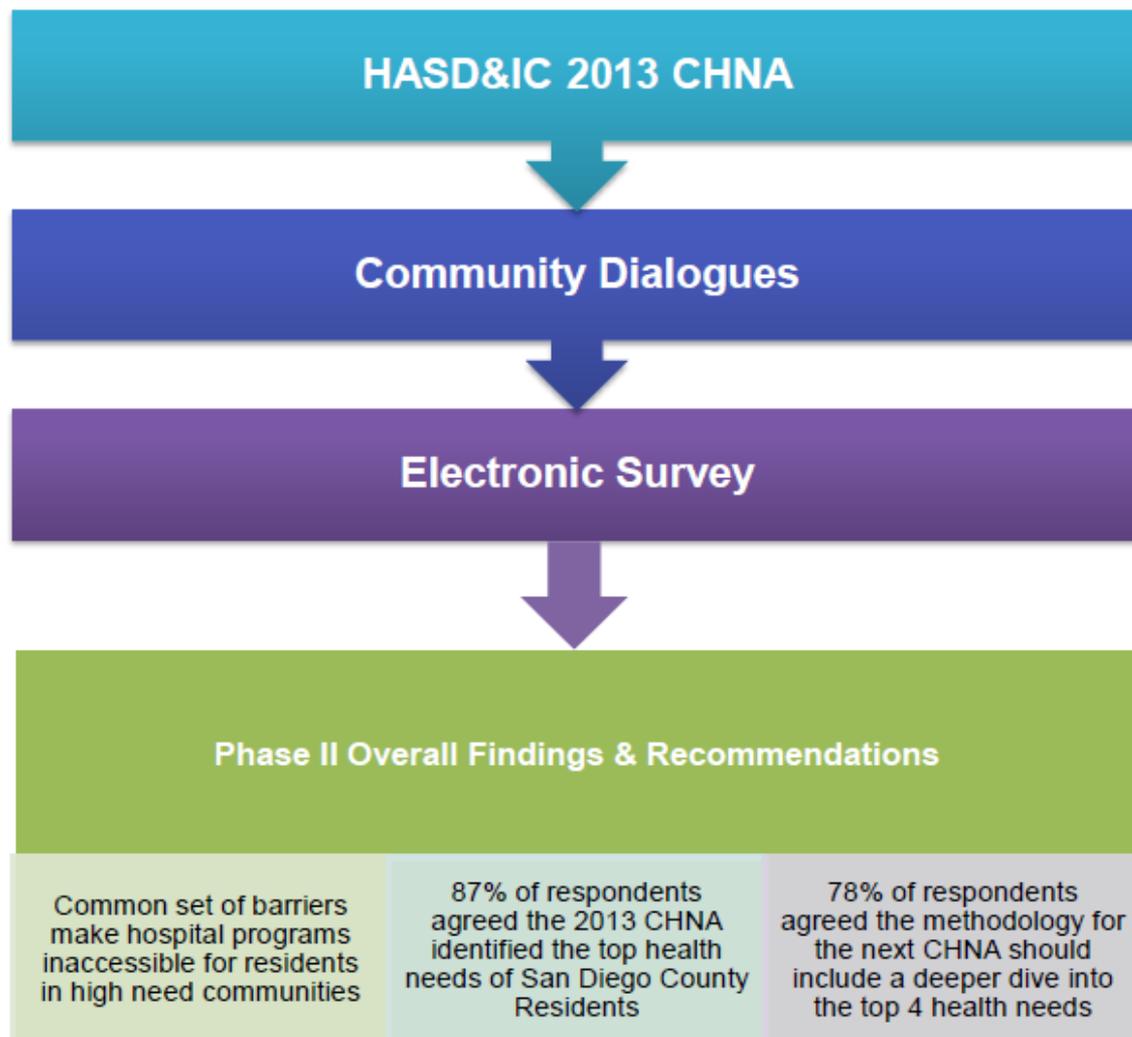
- Why was this important?

- What did we do?

- What did we learn?

2013 Community Health Needs Assessment

Phase 2: Jan. – Sept. 2014



2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP

Sharp 2016 CHNA

- What did we do differently and why?
- What are we learning?



Sharp 2016 CHNA – PFAC “Roadmap”

Objective: Survey results will be used to inform and adapt hospital programs to better meet resident needs.

Instructions:

Step One: Please rank the top 5 obstacles to accessing health care, 1 being the most troublesome.

Step Two: Within the top 5 obstacles that you ranked, check the smaller boxes below which are most applicable to you and your community in terms of obstacles to health care. If you feel there are other obstacles that should be included please mark ‘Other’ and write them in.

Step One: Rank Your Top 5 Obstacles to accessing health care (1-5)

- A. Understanding health insurance _____
- B. Getting health insurance _____
- C. Using health insurance _____
- D. Knowing where to go for care _____
- E. Making an appointment for care _____
- F. Getting to the appointment _____
- G. Problems at the appointment _____
- H. Follow-up care and/or apt _____
- I. Picking up prescriptions _____
- J. Managing medications _____

Step Two: Only within the top 5 obstacles you ranked, check the smaller boxes that apply to you

A. Understanding health insurance

- Confusing insurance terms
- Insurance information not in my preferred language
- How does Covered California apply to me?
- Other: _____

B. Getting health insurance

- Where to sign up
- Time required to sign up
- How to pick a plan
- Hearing back after signing up
- Eligibility requirements and documentation status
- Other: _____

C. Using health insurance

- Finding a doctor
- Understanding health care costs/bills
- Knowing what services are covered
- Language translation availability
- Confusing insurance terms
- Other: _____

D. Knowing where to go for care

- No primary care doctor
- When to use the emergency department vs urgent care vs clinic
- Lack of health insurance
- Language translation availability
- Other: _____

E. Making an appointment for care

- Where to call
- No available appointments
- Wait time issues
- Hours of operation
- Language translation availability
- Other: _____

F. Getting to the appointment

- Lack of transportation
- Lack of childcare
- Time off work
- Lack of caregiver assistance
- Other: _____

G. Problems at the appointment

- Lack of clear communication with doctor and/or staff
- Payments at the appointment
- Language translation availability
- Cultural sensitivity
- Fair treatment
- Other: _____

H. Follow-up care and/or appointment

- Lack of instructions about necessary follow-up care
- Lack of understanding about next steps
- No available follow-up appointments
- Lack of transportation
- Time off work
- Lack of caregiver assistance
- Other: _____

I. Picking up prescriptions

- What pharmacy to use
- Understanding costs
- Prioritizing food/rent/utilities/other over prescriptions
- Lack of time
- Lack of transportation
- Language translation availability
- Other: _____

J. Managing medications

- Understanding how and when to take medications
- Prescription information not in my preferred language
- Refilling prescriptions
- Lack of caregiver assistance
- Other: _____

Thank you!

Questions?

Jillian.Barber@sharp.com

reggiesmith1128@gmail.com

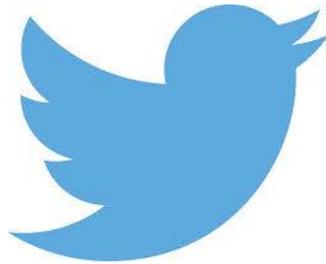
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<https://www.surveymonkey.com/r/hpoe-webinar-06-07-16>

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- June 28, 2016
 - [Creating Effective Community Partnerships to Build a Culture of Health](#)

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