ISSUE BRIEF

Patient Engagement in Family Medicine: Current Attitudes, Activities and Models

This issue brief provides a summary of survey results and site visit findings collected to learn about emerging and promising strategies that engage patients in primary care practice and research.

Executive Summary of Findings

- Family medicine physicians and their staffs are very interested in patient engagement and are willing to learn more about how to effectively work with diverse patients across the spectrum of clinic operations and in research.
- Physician participants see their role as leading engagement efforts and are particularly sensitive to assuring that they have targeted and evidence-based approaches to help them determine the right strategies for their practices. They want to offer appropriate ways to include patients in decision making, clinic operations, and in conducting research.
- Even among respondents who are enthusiastic, survey data indicate that patient engagement is largely limited to specific areas of clinic operations related to patient experience, secondarily to quality improvement initiatives, and less frequently to research. There is substantially less integration of patient voice in business and operational aspects of practices. Patient Advisory Councils meet on a regular (monthly) basis and most patient participants are volunteers.
- Survey data indicate skepticism that engagement can be accomplished efficiently and at low cost relative to time, staffing, and other clinic resources. Demonstrating how engagement can be integrated into clinic, clinician priorities, and requirements is important if expectations for the adoption of patient engagement is to take hold.
- Site visit observations indicate a rich diversity of approaches to patient engagement. Approaches include leading engagement through participation in practice-based research (Iowa), outreach to vulnerable populations (New York), and through a comprehensive infrastructure built to influence and infuse patient experience across all aspects of clinic activities (Idaho).

Rationale and Design

A well-designed mixed methods study provides both qualitative and quantitative data that inform an issue from different perspectives. The central aim during Year 1 of the *Family Medicine and Patient Engagement: A Conference to Encourage Patient-Centered Outcomes Research* project is to collect insights, common solutions, and unique approaches to patient engagement that can be shared at a national conference to be convened in Kansas City. Understanding how patient engagement is operationalized at the practice level would offer insights on how to accelerate and guide adoption; and surveying a cross-section of physicians to learn about their enthusiasm and experience with engagement offers a complimentary approach.

Two strategies served to inform the project's surveillance of current patient engagement in family medicine. One effort included collecting field data from family medicine practices that excel in practice-level patient engagement. This step explored clinic activities to reveal current and planned actions that have assisted the practice in supporting patient engagement. The rationale for conducting site visits was to gather the greatest data in a short time frame that could inform features of staff, clinic, and practice that participants feel are essential for meaningful engagement. Additionally, we wanted to gain insights into the practical approach each clinic took that could be suited to scaling to non-engaged practices. Using a structured interview guide, the research team deployed to visit six exemplar sites that currently engage patients in care delivery/improvement, research, and strategy. While ownership, autonomy, and practice setting features vary, the purpose of the site visits was to explore if and how practices were instituting common approaches to successful engagement. Visits were scheduled when possible during already planned engagement activities to try to prevent disruption of workflow and to provide an authentic experience for the site research team visitor(s). Invitations to attend the site visit was left to the physician and site staff, but the project team requested time to interview/observe the lead clinicians, engaged patients, key stakeholders (i.e., administrator), and staffs. Questions included, who conducts patient engagement, how it is supported financially, how engagement is structured (payment, bylaws etc.), what aspects of clinic services involve patients, what training staffs have had on the topic of research and/or engagement, and what barriers to implementing patient engagement they faced and how they overcame them to be successful. If a specific patient engagement activity or meeting was held during the site visit, the research team recorded details to offer examples of how the concept of engagement was expressed in action.

A second data collection effort engaged 125 practicing family medicine physicians using a survey to learn about their attitudes, readiness to introduce patient engagement, and facilitators and barriers they see as factors influencing uptake of engagement in practice. The rationale for conducting a survey was to get a better sense of the penetration of engagement concepts and whether it holds a shared value proposition from the physicians' perspective. The survey mirrored the same domains of interest built into the site visit activity. We sought to learn the extent of engagement, if occurring, across various aspects of practice operations, quality improvement and research.

Results– Survey

An online survey administered to the American Academy of Family Physicians (AAFP) National Research Network (NRN) members as well as clinicians of the AAFP NRN's Practice-Based Research Center of Excellence yielded 125 respondents (6.25% response rate). Relative to other voluntary member surveys, this is a good response indicating that engagement is of interest to many network physicians. Respondent demographics include the following: the majority of respondents were male (57%), mid-senior career professionals (59% were 45-64 years old), working in large (6 clinicians or more) practice settings that are 42.7% family medicine only (no other specialties), and 52.2 % had achieved Patient Centered Medical Home designation. About one third (35%) can speak a language other than English, 88% have been involved in conducting research and 68% are involved with a medical student or residency training program. These last two profile statistics – experience in research and involvement with medical education – might suggest that their exposure to concepts of how patient engagement can meaningfully advance patient-centered research could be greater than peers who have not conducted research or been aware that family medicine residency requirements include both quality improvement and novel research for successful completion.

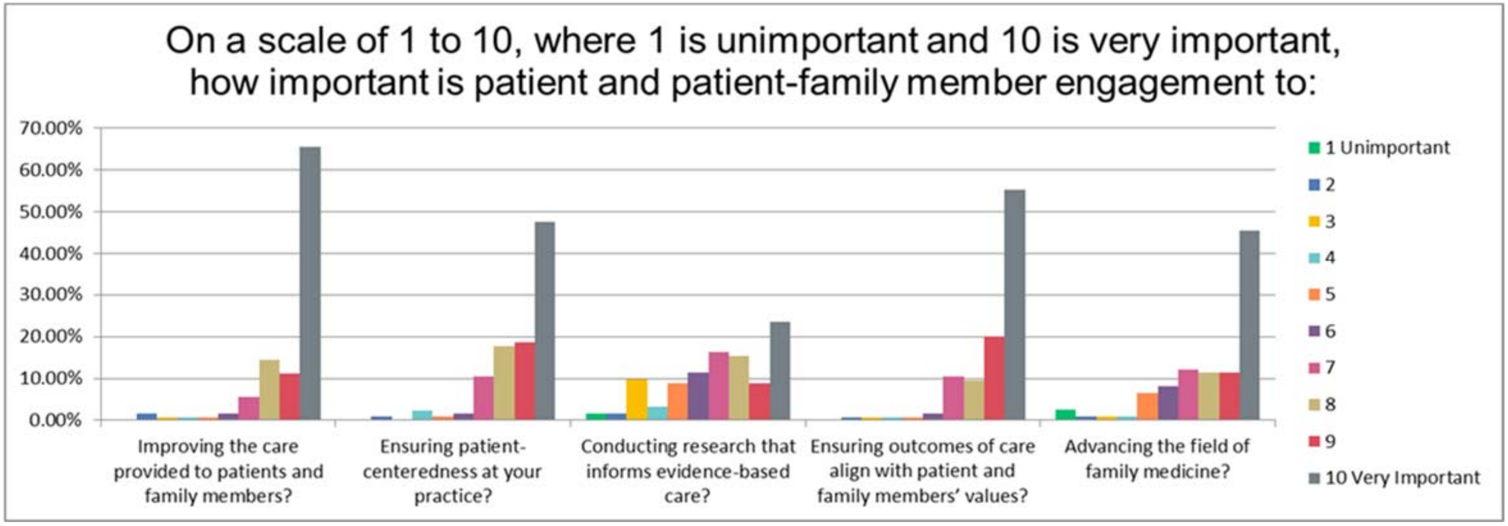


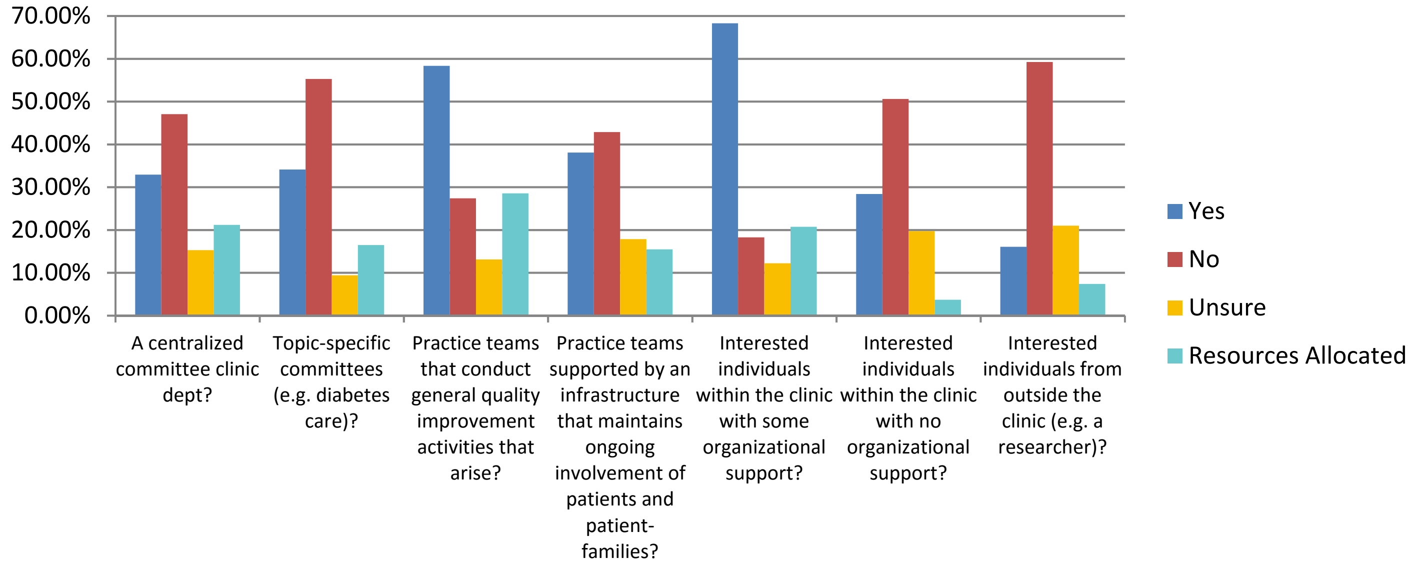
Figure 1. Survey responses to various applications of patient engagement.

The topic of patient engagement was of interest and considered important to clinicians irrespective of their seniority, practice setting, or current engagement activities. Figure 1 displays the responses of participants, which indicate their highest levels of enthusiasm for patient engagement is in improving care and ensuring that outcomes are aligned with patients' values. While still seen as important, there was more moderated enthusiasm for how patient engagement might influence research that informs evidence-based care. When asked about their personal level of interest in clinic-based patient and patient-family engagement in a related question, they responded with an average 7.22 on a 1-10 scale, with 37.5% of respondents reporting a "9" or "10", indicating a high level of readiness to explore engagement approaches.

We asked a series of questions related to the status of patient engagement at their primary practice location to get a sense of routine engagement structures and processes. We asked about whether there was routine, ongoing engagement, and 29% of respondents replied that engagement is used continuously to meet organizational or project goals. Among those who responded affirmatively, we ask who conducts patient engagement. Responses are represented in Figure 2. The most frequently cited response indicates that engagement is championed by an individual or group that is committed to bringing patient voice into the practice setting; fewer respondents cite organizational structures (like committees or teams) as leading the conduct of engagement activities with patients. Eleven respondents report having engagement structured with bylaws or charters. If the practice offers remuneration to patients for participation, most respondents (62%) report that they use clinical revenue and that it generally includes payment for transportation, gift cards, and food at meetings. It is important to note, however, that for questions regarding operational details of engagement agreements or structured relationships with patients, physician respondents were less confident that they knew these sorts of details, and therefore chose to select an "unsure" response.

Patient Advisory Councils (PACs) are active at 27.4% of the practices, and when present, generally convene monthly. Approximately 35% of PACs have been active for four or more years while 27% have been formed in the past 12 months.

Figure 1. Are your current patient engagement activities conducted by (if you select "yes" please also indicate if there are resources allocated):



Sixteen respondents of the 63 who answered, report that there is at least one patient member on their clinic's Board of Directors. As displayed in Figure 3, there are relatively few standing committees that include patients, and even fewer reports where patients lead or co-lead these groups.

Physician respondents were less sure of whether participants had any special qualifications to participate on clinic committees or workgroups, and they were uncertain about payment and if they had a remuneration policy in place. Further, respondents were either unsure (37.8%) or answered "no" (25.7%) to the question about whether individuals serving on committees or work groups had to meet any specific qualifications.

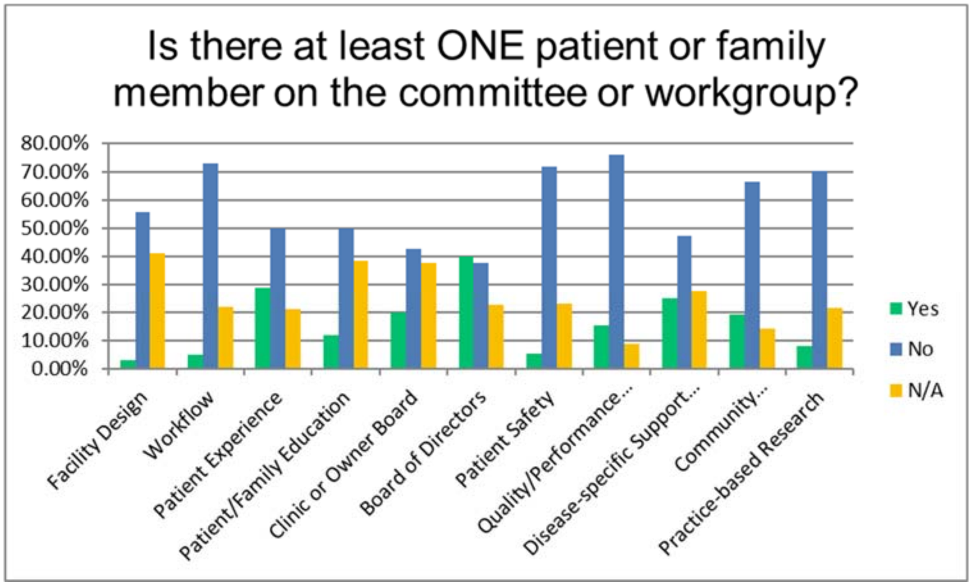


Figure 3. Patient membership on clinic committees and workgroups.

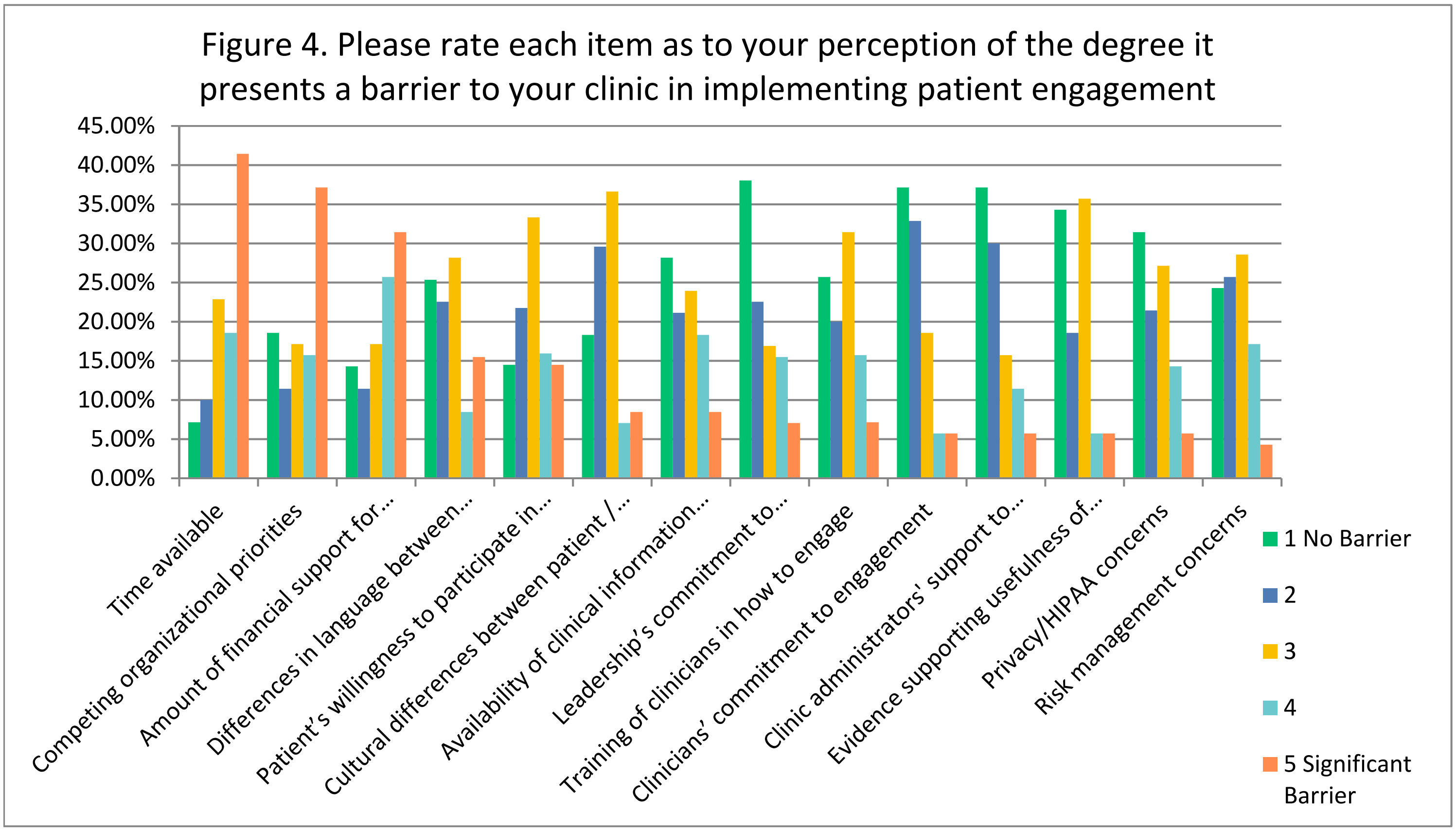


Figure 4. Please rate each item as to your perception of the degree it presents a barrier to your clinic in implementing patient engagement

The most frequently cited committees or workgroups where patients are standing members include "quality/performance Improvement" (43.6%), "patient experience" (43.6%) and "workflow" (35.9%).

Identifying barriers to adopting patient engagement activities is crucial to developing responsive materials and activities for the conference. To achieve our objective of helping practices embrace patient engagement so that comparative effectiveness and patient-centered outcomes research can more readily occur in family medicine, then reducing barriers to engagement is essential. The survey asked respondents to rate their perception of how significant of a barrier are the different factors to implementing patient engagement. Figure 4 displays responses from those factors with highest rated barrier perception to those with the lowest barrier perception. The three most critical barriers are time (41.4%), competing priorities (37.1%), and costs (31.4%).

Results– Site Visit

Site visits revealed a rich diversity of approach and local practice culture regarding patient engagement. Below we share some key observations that unify as well as distinguish each of the sites from one another.

1. The inclusion of a researcher, augmenting already functional engagement relationships between physicians and patients, has been an accelerator for broader engagement at one site (Iowa). This finding suggests that our premise that the triad of patient-provider-researcher may be an important component for patient engagement adoption success. In fact, the provider at this site has had such a transformative experience that she recently published an article in the Journal of the American Board of Family Medicine on her journey http://www.jabfm.org/content/30/5/678?etoc. Another site (MA) uses patient engagement to refine ongoing, applied research on the topic of mindful eating, using patient feedback in an iterative way to revise and improve messaging and outcomes.
2. Adoption of engagement at the practice level often is expressed as an effort to improve patient-centeredness and communication. Some sites express an appreciation of how the "culture of the clinic" needs to encourage integration and engagement of patients in meaningful ways (Iowa; Colorado). Engagement for these sites is a tool to improve patient satisfaction, increase workflow efficiencies, and illuminate ways the practice can better serve patients and the community.
3. Even among these most engaged practice sites, most patient partners are volunteers. Without a viable billable service (as would be the case with a group visit code), practices have not developed budgets with line item allocation for patients or for engagement events, meetings, or workgroups.
4. Researchers interested in collaborating with patients, family medicine physicians, and their clinical teams need to be vigilant to make research feasibility a high priority. They also need to think about the relevance of the research question to real world issues that practices routinely face. The closer the alignment is between practicality and research topic relevance, the more likely the practice will be able to participate as full and engaged partners.
5. Each of the six sites include visionary leaders who are wholeheartedly and personally committed to advancing patient engagement. While their focus is to expand effective engagement at their practices, they also sincerely want to elevate patient engagement across the specialty.
6. There is unanimous enthusiasm coupled with a recognition that patient engagement is "new territory" for many practicing physicians. These site leaders and their teams are willing to experiment and innovate locally, and they appreciate that it will take patience for this work to emerge from both successful and less than successful attempts to engage their patient community. The potential for gaining greater momentum with a venue for sharing emerging, promising practices and guidance (as is planned for this project's conference) is eagerly anticipated by the practices we visited during the first phase of the project.

Summary and Next Steps

This intensive, first phase work of the *Family Medicine and Patient Engagement: A Conference to Encourage Patient-Centered Outcomes Research* project has identified clear findings that will influence the agenda and content of the conference. Results from the site visits and survey are mutually reinforcing. What we have learned include the following key points:

- Family medicine physicians are ready for engagement, but they lack clarity of how to operationalize it in the practice setting or where it is best suited in their delivery of care.
- Successful engagement is happening in many different practice settings, but it is neither comprehensive or possibly sustainable from a long-term investment perspective without guidance and support for how to manage the time and resources necessary to do it well.
- Successful engagement may begin with patient-related priorities such as satisfaction, quality improvement and patient experience. Moving from these patient-oriented foci to more wide scale inclusion across other key clinic operations, including research, is less common, but emerging.
- Practices and individual engaged physicians have largely worked out how to accomplish engagement on their own. Most have adopted engagement approaches based on their philosophy of providing patient-centered care and they apply their skills (for example, in motivational interviewing or teach-back) into building an encouraging environment that welcomes the input of patients, families, and caregivers. Their leadership and creativity will be essential to invigorate the conference proceedings.
- Even among those family medicine physicians who have conducted or are currently conducting practice-based research, the notion of comprehensive engagement – the idea that patients with lived experience can be active research collaborators from the initiation of a research question through dissemination and follow-up study planning – has not fully penetrated. Their positive attitude towards achieving more comprehensive engagement bode well for attendance at the conference and for the meeting the objective of offering “next day change” ideas that they can to put into action.