Overview of Patient and Family Preparation

Recommendation 3.1: Educate and Train Patients and Families about Partnering and Engaging (PRIORITY RECOMMENDATION)

North Carolina Area Health Education Centers should lead a collaboration of state agencies, community and faith-based organizations, and payers to identify and implement model curricula and tools for educating and training patients and family members about partnering and engaging with their health care providers.

a) Trainings should be delivered in a variety of settings to various stakeholder groups including, but not limited to, peer support networks, lay health advisors, advocacy groups, caregivers, community and faith-based organizations, school nurses, social workers, agencies serving the older population, and youth councils or youth-focused health groups.

b) Trainings should include information on navigating and overcoming challenges in the health care system, working with health care providers, patient and family-centered care, serving on patient and family advisory councils, shared decision-making tools, peer support, improving health literacy, health insurance literacy, and advocating for one's own health.

c) Community and faith-based organizations should tailor and adapt trainings and their content to their community's priorities, including those of local patients and families.

d) Organizations should consider regular evaluation of trainings to assess knowledge, attitude, and behavior change.

Recommendation 3.2: Increase Availability of Peer Support

Organizations that provide care management services should encourage health care systems and payers to recognize the critical aspect of peer support, build peer support into their systems, and facilitate linkages to existing peer support groups, online networks and resources, and condition-specific support groups.

Clinician and Leadership Preparation

Recommendation 4.1: Incorporate Patient and Family Engagement Techniques into Health Professional Training (PRIORITY RECOMMENDATION)

a) The North Carolina Community College System, the University of North Carolina system, and private colleges and universities that prepare members of the health care team should train students to provide patient- and family-centered care. Training should include evidence-based patient and families engagement strategies including motivational interviewing, the Patient Activation Measure (or other tools to gauge readiness to engage), peer support, shared decision-making tools, and health literacy strategies. Education should also include strategies for incorporating caregivers as members of the health care team.

b) North Carolina Area Health Education Centers programs, organizations that provide care management services, and associations including, but not limited to, the North Carolina Medical Society, North Carolina Dental Society, North Carolina Nurses Association, North Carolina Academy of Physician Assistants, and the Council for Allied Health in North Carolina should offer continuing education on evidence-based patient and family engagement strategies including motivational interviewing, the Patient Activation Measure (or other tools to gauge readiness to engage), peer support, shared decision-making tools, and health literacy strategies. Education should also include strategies for incorporating caregivers as members of the health care team.

   1) Training should be offered in multiple settings, with opportunities for more intensive trainings for those who will become champions of patient and family engagement methods and help other staff in the practice to learn engagement skills and techniques.

   2) Patients and families should be included in planning and implementing these trainings.

Recommendation 4.2: Amend Health Professional Licensure and Certification Requirements to Include Patient and Family Engagement Skills as a Core Competency

Health professional licensing boards and associations should consider incorporating concepts and skills for patient- and family-centered care and patient and family engagement as a core competency that is included in initial licensure requirements, as well as maintenance of ongoing certification requirements.

Care and System Redesign

Recommendation 5.1: Make Patient and Family Engagement a Goal of Health Care Systems

The North Carolina Hospital Association and all health care systems in North Carolina should encourage and support patient and family engagement at all levels of their systems by:

a) Incorporating patient and family engagement as a leading goal of their organizations.

b) Implementing evidence-based strategies with fidelity, to enhance patient and family engagement at multiple levels within the organization.

c) Assessing how patient and family engagement strategies impact patient experience and outcomes, costs, and staff morale, using both qualitative and quantitative evidence.

d) Convening a stakeholder forum to share best practices among health systems.

e) Identifying a leader for patient and family engagement within their organization who can serve as a point of contact and a resource for patients, families, and the community.

Recommendation 5.2: Support Patient and Family Engagement through Health Care Organization Policies and Processes (PRIORITY RECOMMENDATION)

The North Carolina Medical Society, the North Carolina Hospital Association, the North Carolina Community Health Center Association, and other partners should promote policies and processes that support and encourage patient and family engagement including:

a) Welcoming and supporting patients and families as partners in care through communication and messaging. Patients and families should be involved in the design and implementation of patient engagement communications planning.

b) Examining and revising policies and procedures to promote patient and family engagement throughout the health care experience. Such policies and procedures may include those impacting access, coordination of care across multiple sites, organizational transitions, bedside rounding, family presence and visitation policies, shared decision making, care coordination, care transitions, and end of life planning.

c) The health care team should develop care plans based on patient and family goals, with patient and family input.

d) Fostering a work culture that supports increased empathy and improved listening and communication skills on the part health care providers.

Recommendation 5.3: Recognize Caregivers as Members of the Health Care Team

Health care organizations should adopt policies that recognize the role of caregivers as members of the health care team including:

a) The health care team should document the primary (family) caregiver, when applicable, in the medical record and ensure that designated family caregivers have access to the medical record in accordance with applicable (HIPPA) law.

b) The health care team should recognize the role of the caregiver and include them as a member of the health care team.

c) **The health care team should treat patients with multiple chronic conditions and their family caregivers as a unit.**

d) **The health care team should encourage caregiver self-care, and provide assistance with identifying support resources and respite care.**

Organizational Partnership

Recommendation 6.1: Include Patients and Families on Health Care Organization Boards and Committees

Health care organizations should appoint a minimum of two patients (or family members) to boards and advisory committees within their organizations. To the extent possible and practical, patients (or family members) should represent the diversity of the community served by the health care system. Patients (or family members) should receive training and mentoring to help prepare them to be productive board and committee members.

See also Recommendation 8.3.

Recommendation 6.2: Engage Patients and Families in the Governance and Operation of Health Care Organizations (PRIORITY RECOMMENDATION)

a) **Health care organizations including, but not limited to, accountable care organizations, health systems, provider regional networks, and payers, should develop patient and family advisory councils (PFACS) to provide input into the governance and operation of health care at all levels. PFACs should represent the community that the agency or health care organization serves.**

b) **North Carolina Area Health Education Centers, in partnership with the North Carolina Hospital Association, should convene a statewide group of patients and families to help coordinate advocacy, capacity building, inventory, and support other PFACs.**

Measurement, Research, Transparency, and Accountability

Recommendation 7.1: Measure the Impact of Patient and Family Engagement

The North Carolina Hospital Association, in partnership with the North Carolina Medical Society and organizations that provide care management services, should work with patients and families to develop, collect, and disseminate patient and family engagement measures in hospitals and ambulatory settings across the state.

Recommendation 7.2: Encourage Health Care System Transparency (PRIORITY RECOMMENDATION)

All health care systems and providers should ensure information on services, cost, and quality is easily accessible to consumers in print and electronic formats.

Recommendation 7.3: Encourage Health Care Payer Transparency

Payers should provide on their websites and in their written materials information that is easily understood by consumers on covered providers and common procedures, including data on costs, quality, safety, and patient experiences.

Recommendation 7.4: Provide Health Care Cost Information to the Public

The North Carolina General Assembly should collaborate with the Department of Insurance, health care systems, and insurers to create a statewide, mandatory data reporting system to enhance pricing transparency for medical care and health care services. This collaborative effort should include input from additional stakeholders on database use and access, and participating stakeholders should include employers, health care providers, academic and industry researchers, and patient and family advocacy groups.

Recommendation 7.5: Increase Collaborative Documentation

a) Health care organizations should examine opportunities to increase collaborative documentation aimed at increasing patient and family engagement including, but not limited to, patient portals, open charting, open notes, and other models.

b) The North Carolina Quality Center and the North Carolina Hospital Association should continue to provide consultative support to health care organizations implementing collaborative documentation.

Legislation, Regulation, and Partnership in Public Policy

Recommendation 8.1: Advance Patient and Family Engagement through Payer Policies (PRIORITY RECOMMENDATION)

Payers should consider changes to health plans and policies that support patient and family engagement. Those changes may include, but are not limited to:

a) Offering payment options such as:

  1) Factoring patient experiences of care, such as results of patient satisfaction surveys, into provider reimbursement rates.

  2) Providing incentives to promote the use of evidence-based practices that engage patients and families in their own care (e.g. the Patient Activation Model, motivational interviewing, and decision support tools).

  3) Providing reimbursement for certified peer support services.

  4) Providing options for caregiver coverage in employer-based health plans/place caregiver reimbursement on menu of options available to payer.

  5) Utilizing value-based insurance design.

b) Developing member advisory committees.

c) Using plain language in education and information about health insurance plans.

Recommendation 8.2: Implement Comprehensive Worksite Wellness Programs that Include Patient and Family Engagement Support (PRIORITY RECOMMENDATION)

a) Health care organizations should, with employee input, develop and implement comprehensive worksite wellness programs that include employee engagement strategies.

b) Health care organizations, in partnership with local health departments and local chambers of commerce, should invite and encourage other community employers, businesses, and government leaders to develop and implement, with employee input, comprehensive worksite wellness programs that include employee engagement strategies.

Recommendation 8.3: Ensure Patient and Family Representation on Boards with Broad Policymaking Power (PRIORITY RECOMMENDATION)

The following health care agencies and organizations should include, at a minimum, at least two trained patient and family representatives on their boards:

a) Local boards of health (or, if no board of health, County Commissioners should solicit trained patient input in county level health policies and priorities[a]);

b) Health professional and licensure boards;

c) Health insurance companies;

d) Mental health managed care organizations;

e) Administrative units and entities in state government that execute state health-related policies (including but not limited to Division of Medical Assistance, Division of Public Health, Division of Health Service Regulation, North Carolina State Health Coordinating Council, and the Department of Insurance).

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[a] The Task Force recognized that local boards of health include community members. The focus of this recommendation is to include sufficiently prepared and trained patient and family representatives.