



BROWN MEDICINE
BROWN PHYSICIANS, INC.

Brown Medicine Patient Family Advisory Council (PFAC)

How it started

- Brown Medicine Primary Care practices participate in the Comprehensive Primary Care Plus (CPC+) program.
- One of the requirements of this program was to develop a PFAC

Implementation

- We researched best practices and how other organizations successfully developed PFACs
- Identify who would participate
 - We wanted to make sure that we had multidisciplinary representation, this consisted of:
 - Patients
 - Caregivers
 - Provider
 - Practice Manager
 - Nurse Care Manager
 - Medical Assistant
 - Front Desk Staff
 - Administration
- How would we delegate responsibilities?
 - Each practice's PFAC has the following roles:
 - Chairperson – This person runs the meetings and will follow-up on action items
 - Secretary – This person takes attendance, records the minutes, circulates the minutes, keeps track of time during the meeting
- How would we get patient and caregiver participation?
 - The providers were asked to identify patients who they thought would give good feedback
 - Flyers were created advertising the PFAC
 - We offered food and beverages
- Ensuring privacy
 - We created PFAC guidelines (code of conduct), this was reviewed by our Compliance department
 - Each participant signs this document when they attend their first meeting
- Follow through
 - There is a designated lead at the practice for the PFAC
 - They are responsible for:
 - Creating an agenda
 - Sending reminders to participants about upcoming meetings
 - Following up on action items discussed during the meeting

Projects

- Practice Newsletters
- Improving Access
- Creating After Hours Awareness
- Referral Process Improvement
- Participating in a Patient Center Medical Home
- Communicating about Quality Initiatives
- Groups: Caregiver Support, What to do About the “Donut Hole”?, Disease Management
- Closing the Gap

Lessons Learned

- Time of day the meeting was held – it was challenging to get participation during the day
 - We surveyed our patients to see when the best time was to hold a meeting
- Patient engagement – our goal was to have members participate for one year, it is challenging to get patient engagement and continued participation
 - We continue to be challenged with this, however, having the provider be the one to initiate the PFAC conversation has been helpful
- Getting the agenda out early
 - The meetings run smoother when all participants get the agenda ahead of time
- Making sure you have appropriate participants
 - If providers or staff are participating and are not enthusiastic about the PFAC then it is a struggle to gain momentum
 - Patients who are not contributing constructively will hinder momentum and outcomes
- Communicating the work, the PFAC is doing back to the practice
 - We are currently developing ways to improve this communication; the newsletters have been one method to do this.

Going Forward

- We always welcome feedback from our participants on how to improve the PFAC
 - Agenda topics
 - Communication
 - Projects
 - Communicating the work of the PFAC to practice
 - Increasing participation