

Climate Assessment for a Patient Advisory Council at a Community Health Center - Family Medicine Residency

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Introduction

- Patient-centered care is key to healthcare quality
- 1/3 of Patient-Centered Medical Homes have Patient Advisory Council (PAC)¹
- Many high-functioning PACs at Community Health Centers (CHCs)²

Patient Care,
Staff Culture

Clinic Workflow,
Space



- 2024 ACGME requirement for Family Medicine Residencies (FMR)³

Question

1. What practices exist for running PACs associated with CHCs and FMRs?
2. What are current patient and staff attitudes regarding patient input and PAC design at our CHC - FMR?

Methods

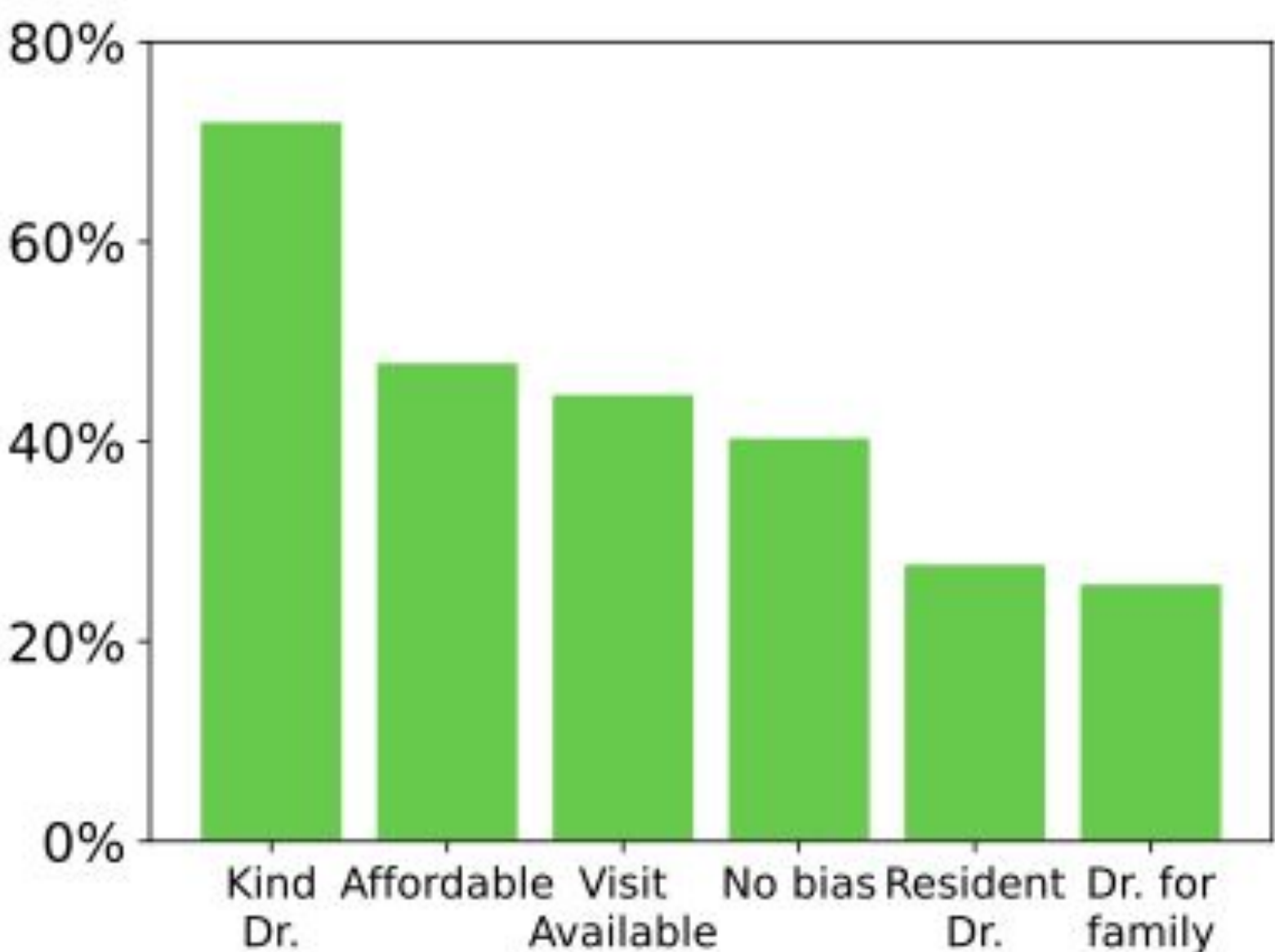
- Literature Review
- Patient Survey
- Staff Survey
- Stakeholder Outreach*

Results

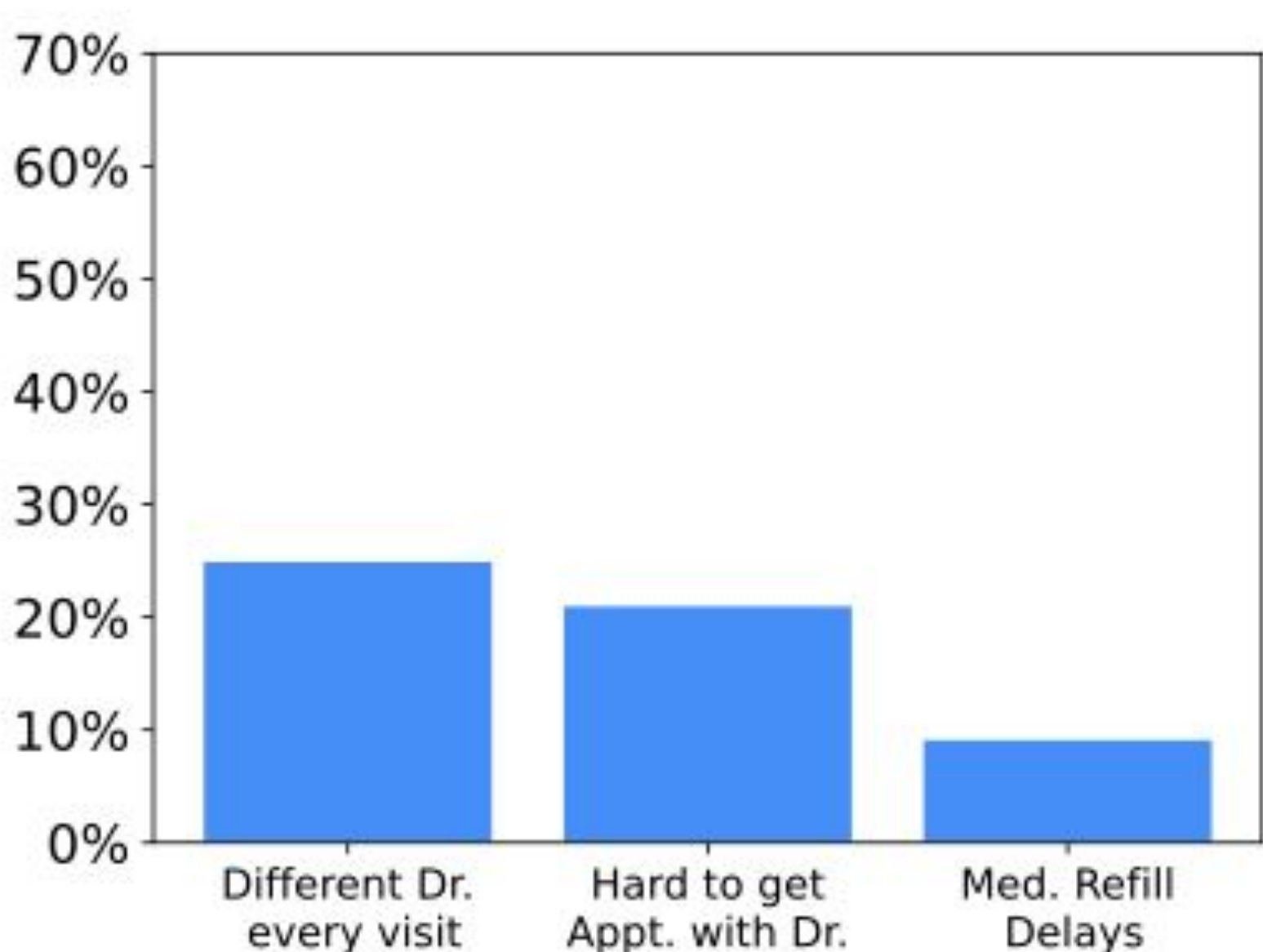
Patient Survey

- 9/16/24-10/24/24, Multilingual
- 253 responses: 235 English, 17 Spanish, 1 Chinese; some missing
- 209 (91%) like/really like getting care at site
- 189 (90%) agree/strongly agree: "The clinic listens to my perspective as a patient."
- 47 interested in joining as patient advisor
 - 43 English, 3 Spanish
 - In-Person (32) > Video Meeting (31) > Phone Meeting (29)

What do you like about getting medical care at CHC?



What do you dislike about getting medical care at CHC?



Staff Survey

- 35 responses: MA, Front Office, Back Office, Resident, Faculty
- 4 (11%) agree: "There is enough patient input into clinic decisions."
- 20 (57%) agree: "Our CHC should establish a PAC to gather patient input."
- 14 (40%) agree: "Members of PAC should be paid for time."
- Tips for Representativeness: Age, Gender, Language, Race

Literature Review

Prework	Logistics	Recruitment	Outcomes	Pitfalls
Leadership Buy-in Resource Recognize Formalize	7-15 patients Monthly - Quarterly English / Spanish Reimbursement Dedicated Staff Time	Reflective of Population Interviews Term Limits	Feedback on Breaking Bad News Spanish Language Materials Immunization Barriers No-Show Reduction	Fall-off of Patients Lack of Diversity (predominantly white) Barriers to Participation Not Addressed

Proposal

- 1 English, 1 Spanish PAC
- PAC: 10 patients, 1 clinic staff, 1 clinic leadership rep (office manager and/or faculty), 1 resident
- Meet every 2 months
- Ideally Lunch time, Patient payment

Task	Who	Hours per Session	Cost	Payor
Coordinate Meetings	Front Desk Staff	3 hours	\$0 if in workday \$75 if not	CHC
Facilitate Meetings	Resident	1-2 hours	\$0 if part of rotation	N/A
Clinic Representation	Clinic staff, office manager, faculty leadership	1-2 hours	\$0 if at lunch \$25-\$50 if after hrs	FMR + CHC
Patient Advisor	Patient	1-2 hours	\$20 for food If reimburse, \$15 If transport, \$15	FMR

Total: \$200 - \$625 / session

Conclusion

- High Patient Satisfaction Levels
- Patients, Staff Interested in PAC
- Best Practices: Dedicated Resources, Diverse Recruitment
- Next Steps: Resources, Leadership Buy-In, Sustainability

References

¹ Han, E., Scholle, S. H., Morton, S., Bechtel, C., & Kessler, R. (2013). Survey shows that fewer than a third of patient-centered medical home practices engage patients in quality improvement. *Health Affairs*, 32(2), 368-375.
² Sharma, A. E., Willard-Grace, R., Willis, A., Zieve, O., Dubé, K., Parker, C., & Potter, M. B. (2016). "How can we talk about patient-centered care without patients at the table?" Lessons learned from patient advisory councils. *The Journal of the American Board of Family Medicine*, 29(6), 775-784.
³ Accreditation Council for Graduate Medical Education. "ACGME program requirements for graduate medical education in family medicine." *Family Medicine* (2024).

Stanford-O'Connor
(FMR)

Indian Health Center
(CHC)

Program Director	Medical Director*	CMO, CEO*
	Clinic Manager*	Medical Assistants
Faculty	Residents	Front Desk Staff*
	Faculty with CHC Panel	Back Office Staff
		MA Lead*