

# VBP/VBC Domain – Patient & Family Engagement

## DESCRIPTION

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The National Institutes of Health defines patient engagement as the desire and capability to actively choose to participate in care in a way uniquely appropriate to the individual, in cooperation with a healthcare provider or institution, for the purposes of maximizing outcomes or improving experiences of care. Sometimes patient engagement includes the involvement of family members, particularly for children and the elderly population. The relationship and trust built between patients/families and their provider/provider team over time is critical to improving care. Patient and family engagement in their care is not only important to the patient-centered medical home model that health centers have been implementing, but also important to success in VBP models either from patient satisfaction measures being included as a metric or from the connection of a trusting relationship with the provider team to achieving better quality outcomes and lower the total cost of care. There is increasing evidence linking patient experience to important clinical and business outcomes, making a compelling case for improving patient experience as measured by Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys developed by the Agency for Healthcare Research and Quality (AHRQ). VBP models typically use questions from CAHPS surveys to measure patient satisfaction. And, these CAHPS scores can serve as a quality gate (e.g., minimum threshold performance on quality to qualify for shared savings) or ladder (e.g., the amount of shared savings increases or decreases based on quality performance) for receiving value-based payments (e.g., CMS' Primary Care First uses CAHPS scores as one of the five quality gates for the Primary Care First VBP model). Also, getting a reputation for taking good care of patients, including a focus on patient safety, can position the health center as a provider of choice in the community and, in turn, increase the number of patients assigned to the HC in VBP models.

Capabilities in the Patient and Family Engagement domain include:

- Optimize the experience and outcomes of primary care for patients and families.
- Provide patient-centered care that includes co-creating care plans with patients and families.
- Utilize patient and family feedback in QI processes, strategic planning, and operations.
- Provide motivational interviewing and trauma informed care.
- Develop a trusting relationship with the patient through continuity of care with the same provider team.

## RATING YOUR HC LOW, MEDIUM, OR HIGH FOR THIS DOMAIN

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Attributes of HCs that are rated low, medium, or high for capabilities in this domain.

1. The health center provides patient-centered care (*from NACHC's Payment Reform Readiness Assessment Tool*).
  - a. Low – Health center staff regularly receive training on cultural humility. Health center asks patients about their preferred language, pronouns, and modalities for communication.
  - b. Medium – Staff uses evidence-based techniques such as motivational interviewing to understand patient needs. Health center communicates with patients in a culturally appropriate manner and in the client's preferred language, pronouns, and modalities.
  - c. High – Health centers use every "touchpoint" with patients and the community to strengthen their relationships with current and future patients and their families. Through shared decision-making, patients are co-creators of their care plans and are provided with self-management support. Health center staff are recruited directly from the community served. Cultural humility is an established and recognized core value of the health center.
2. The health center has a formal approach to obtaining patient and family feedback and incorporating this into the QI system, as well as the strategic and operational decisions made. (*Delta Center's MAHP 2.0 Assessment*).
  - a. Low – The milestone has not yet been addressed or work is beginning.

- b. Medium – The milestone is being implemented or partially operational.
  - c. High - The milestone is functioning, performing, and producing results.
- 3. The health center has a process in place to measure and promote continuity so that patients and care teams recognize each other as partners in care (Delta Center’s MAHP 2.0 Assessment).
  - a. Low – The milestone has not yet been addressed or work is beginning.
  - b. Medium – The milestone is being implemented or partially operational.
  - c. High - The milestone is functioning, performing, and producing results.
- 4. Patient satisfaction scores
  - a. Low – The HC doesn’t formally collect or use patient satisfaction surveys.
  - b. Medium – The HC collects patient satisfaction scores but is not yet meeting internal goals or VBP model goals for CAHPS surveys.
  - c. High – The HC collects patient satisfaction scores and is meeting or exceeding internal goals or VBP model goals for CAHPS surveys.

If you are interested in your HC taking a more comprehensive VBP assessment, below are some options:

- Delta Center’s MAHP 2.0 Assessment Tool <https://deltacenter.jsi.com/resources/road-ahead-model-advancing-high-performance-primary-care-and-behavioral-health-under>
- NACHC Payment Reform Readiness Assessment Tool <https://www.nachc.org/resource/payment-reform-readiness-assessment-tool/>

## RESOURCES FOR CHCs TO IMPROVE THIS CAPABILITY

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### LPCA, HCCN and/or LPCACO programs/support:

- LPCA provides education on CMS VBP initiatives focused on value-based transformation of team-based care.
- LPCA will support HCs in completing VBP/VBC self-assessments through these Domain communication tools and by informing HCs of other tools and resources.
- LPCA supports NCQA and Joint Commission PCMH application and renewal processes.
- LPCA provides customer service training.
- Honnete provides trainings for LPCA members.
- LPCA’s HCCN has database and reporting tools trainings to support patient experience indicators.

### Other partners that can help CHCs improve this capability:

- *PCA Value-Based Care Collaborative and Online Resources*
- *NACHC Workforce Online Resources and Conferences (CHI, FOM/IT, Peer Learning, etc.)*
- *NACHC Elevate program that has a focus on patient experience*
- *JSI/Delta Center For A Thriving Safety Net*
- *Honnete provides PCMH training and data training.*

### Links to resources for this capability:

- CMS Innovations Center <https://innovation.cms.gov>
- NACHC Value Transformation Framework Action Guide for patient engagement <https://www.nachc.org/wp-content/uploads/2022/01/Patient-Engagement-AG-Jan-2022.pdf>
- NCQA PCMH resources <https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/>
- Joint Commission PCMH resources <https://www.jointcommission.org/what-we-offer/certification/certifications-by-setting/hospital-certifications/primary-care-medical-home-certification/>

- Patient Satisfaction with Medical Home Quality High <https://www.pcpcc.org/2013/12/24/patient-satisfaction-medical-home-quality-high>
- The Delta Center Model for Advancing High Performance in Primary Care and Behavioral Health Under Value-Based Payment [Delta Center.JSI Resources](#)
- HCP-LAN Framework for VBP models: <https://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf>
- Safety Net Medical Home Initiative, patient-centered interactions implementation guide <https://www.safetynetmedicalhome.org/sites/default/files/Implementation-Guide-Patient-Centered-Interactions.pdf>
- From Triple to Quadruple Aim <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4226781/>
- Patient and Provider Experiences with Integrated Care at a Community Health Clinic <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8412979/>
- Building Primary Care Teams to Boost Patient, Provider Satisfaction <https://www.pcpcc.org/2018/11/14/bellin-health-builds-primary-care-teams-boost-physician-patient-satisfaction>
- Group Health Medical Home – Lower costs, higher patient satisfaction, and less provider burnout <https://www.healthaffairs.org/doi/10.1377/hlthaff.2010.0158>
- NASEM implementing high quality primary care <https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care>