

# FOR PATIENT CENTERED PRIMARY CARE...

*Partner With Your Patients*

The **Family Health Center (FHC)** is the largest clinic within the San Francisco Health Network, the county's public health system serving the underserved population in San Francisco. Located on the San Francisco General Hospital campus, this clinic serves a diverse population of patients representing a wide range of languages, cultures, and socioeconomic backgrounds.

## What was the issue?

The Family Health Center was one of six grantees selected by the Team Up for Health Project, a California Health Care Foundation initiative challenging organizations to implement strategies to engage patients in their care related to chronic conditions, in 2009. This clinic chose to focus on bridging the disparity gap in quality of care for diabetes among Latino patients. Despite numerous efforts by clinicians, providers were still experiencing challenges communicating successfully with their Latino patients with diabetes.

## How did they engage their patients?

Realizing they needed direct input from patients about their actual needs, the team created a Patient Advisory Council (PAC) conducted in Spanish, specifically for patients with diabetes. During these meetings they ask patients questions about what their experience had been with diabetes treatment, what the gaps were, what their goals and actual needs were, whether their diabetes was actually something that was important to them, and what was needed from the clinic to better support them in their care.

## What was the result?

For some patients, it seemed that there was more health education needed. For others, diabetes was just not a priority in their lives at the moment. Ultimately, this led to the creation of health education materials and a shift to more patient-centered care. Though there had been no significant change in diabetes outcomes so far, patients felt they were receiving better care.

### PRACTICE PROFILE

**Name:** Family Health Center

**Practice type:** Urban, county, and academic health system

**PCMH recognition:** N/A

**Location:** San Francisco, CA

**Primary Care Provider**

**Staffing:** UCSF faculty (part-time), DPH nurse practitioners and PAs (full-time)

**Patient visits/year:**

**Patient demographics:**

58% Medicaid;

15% Medicare;

14% Public Insurance;

12% Uninsured

**Level of patient engagement:**  
Organizational Design

**Notable highlight:** Integration of PAC with QI leadership team

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The inception of the PAC demonstrated the value of engaging patients not only in their care individually, but within the clinic more broadly as well. Following the conclusion of the project, the Spanish PAC has continued and expanded to focus on LDL cholesterol care. In 2012, a second PAC, facilitated in English, was formally created among English-speaking patients who had been meeting informally with the medical director.

Now, in 2018, the PAC has been formally institutionalized and integrated within the quality improvement (QI) team. The role of the PAC has expanded to where they are actively involved with tackling various issues within the clinic. Some examples of projects include: PAC members writing outreach letters as a way to improving low mammogram screening rates; PAC members performing skits during provider meetings to show providers best practices for explaining RN blood pressure visits to patients to improve show rates; and involving PAC members in a multidisciplinary safety committee to improve experience and safety for patients as well as staff. This seamless integration has resulted in a bi-directional relationship within the clinic, where quality improvement tools and data are brought to PAC meetings and residents routinely ask the PAC for feedback on their QI projects.

### What advice do they have for others?

Lucia Angel, previously the Patient Experience Lead for Primary Care at the San Francisco Health Network, has tremendous experience in helping clinics start PACs. When asked what her secret to

success was, she shared, “[It takes] a dedicated person with dedicated time. Dedicated time is going to make the biggest difference.” She continued by saying, “It’s also okay to start small. If the PAC is not feasible, start with one or two patients...and visually communicate that back to the staff and clinic. Make it visual and tangible – this is what patients are telling us. Most people go into healthcare because they want to help people; when it comes from this angle rather than another initiative coming from leadership, it makes a big impact.”

This marriage between QI and patient engagement has been instrumental for this practice. “QI can’t be separated from patient engagement,” Larry Fernandez, QI Analyst, added. “Whenever we’re thinking about an improvement project, we automatically think about the PAC.”

### How can I learn more?

For additional resources on how to involve patients as advisors in your practice, visit: <http://cepc.ucsf.edu/patients-transformation-partners>

### Thanks for the case study to...

Lucia Angel, former Patient Experience Lead for Primary Care at the San Francisco Health Network

Larry Fernandez, QI Analyst at the Family Health Center



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