

# FOR PATIENT CENTERED PRIMARY CARE...

*Partner With Your Patients*

"The patient is the untapped resource of the practice. By having them help craft our solutions, our patients helped us improve our practice."

This is the secret that the **Family Medicine Residency of Idaho (FMRI)** discovered since acquiring FQHC status in 2007, thus beginning their journey towards greater patient engagement. With the creation of the governing board (an FQHC requirement) and then later the Patient Advisory Group in 2009-10, FMRI sought to illuminate the value of working with patients and having them as active participants in their care

## What was the issue?

With 44 different languages spoken, their patient population represents tremendous cultural diversity. Boise serves as a refugee relocation area, with many refugees coming from Syria, Rwanda, Burundi, Congo, and other war torn parts of the world. As a result, many patients suffer from mental stress, PTSD, and require specific needs for care. This diverse population highlighted the growing need for greater patient engagement to identify and fulfill these gaps.

## How did they engage their patients?

**Strategy 1: Accommodating busy lives** - "Patients are busy so we have to meet them where they are at," says Dr. Ted Epperly, FMRI President and CEO. For many of their working patients, the noon lunch hour was optimal, often paired with good food. Keeping in mind that patients have other obligations, such as work and childcare, provisions for childcare, transportation, and participation were included in the charter.

## PRACTICE PROFILE

**Name:** Family Medicine Residency of Idaho

**Practice type:** Urban, suburban 6-site FQHC residency practice

**PCMH recognition:** NCQA qualification

**Location:** Boise, Idaho

**Primary Care Provider**

**Staffing:** 80 physicians, 72 are family physicians

**Patient visits/year:** 60,101 visits / year

**Patient demographics:** 40% Medicaid, 17% Medicare, 26% Commercial insurance, 17% uninsured

**Level of patient engagement:** Organizational Design

**Notable highlight:** Supporting patients to enable their engagement within the practice and beyond



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**Strategy 2: Shared financial partnership** - Those uncomfortable with accepting monetary incentives had the option to put their share into the patient advisory bank account, where the group could collectively determine how to spend that money. "It costs \$250 a quarter and is well worth the investment," Epperly adds.

**Strategy 3: Patients as leaders** - On a broader level, the Chairman of the Board is a patient member, which gives tremendous power to the patient voice. Patients are involved in all committees in addition to the Board of Directors and Patient Advisory Group. "We want to make sure the patient voice is inserted as we start projects and not afterwards," Epperly says, "What we are trying to do is always from a patient perspective."

**Strategy 4: Education for members** - The integration of patients into clinic operations is a common issue, but FMRI has a unique approach. Every patient advisory group member is given the book, "Lost and Found, the Consumer's Guide to Health Care" by Peter Anderson and Paul Grundy, to help understand how patients can be part of the solution to issues in health care. "Part of our role is to educate patients about systems and health care practice as whole, so we provide appropriate reading material and resources to explore further if they want to."

### What was the result?

The patient voice can be heard throughout varying levels within the clinic as well as beyond. Patients

identify pressing issues, set goals, design questionnaires and surveys, and enhance communication to their patient population. One example was a project tracking the wait times in the waiting room. "[It was great] seeing how patients can be directly involved in improving the patient experience," Epperly comments. "We need our patients to speak on all patients' views and through the lens of what others experience in our clinic." Externally, the patients have become advocates for the practice, such as speaking with press and helping with recruitment.

### What advice do they have for others?

Do it! Start small; all practices should engage patients in a way that makes sense to their practice.

### How can I learn more?

Visit the Family Medicine Residency of Idaho Program at <https://www.fmridaho.org/>

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

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

Dr. Ted Epperly, President and CEO of Family Medicine Residency of Idaho



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