

PFAC Engagement During COVID-19

Summary

It was important to us to stay connected with our community primary care Patient and Family Advisory Committees (PFAC) during COVID-19. Prior to COVID-19, our seven (7) quarterly, site specific PFAC meetings always met in-person. With the evolving severity of coronavirus, mask and social distancing guidelines, we wanted to keep our patients safe. After surveying our patient advisors, we moved our meetings to a virtual platform.

Strategy for Change

During Quarter 1 2020, we determined COVID-19 limitations would also impact our in-person PFAC meetings. In order to find ways to stay engaged with our patient advisors, we surveyed 53 patient advisors with a 49% response rate. Questions included:

- Alternative meeting interest and options
- Preference of technology utilized for meetings (video, telephone, email)
- Agenda topics (i.e., COVID-19 education, telehealth care delivery, and clinic and patient safety practices)

Survey results showed patient advisors were very interested in participating in PFAC meetings using video technology. Additionally, patient advisors wanted to discuss COVID-19 (general education and clinic impact on care) and telehealth care options.

“It’s nice to have our PFAC meetings available through Zoom. I live in Topeka, so Zoom is convenient. I feel like it’s a healthier option right now because of all of the unknowns of Covid and the variants. Possibly more members are able to participate because of the ability to do the meetings from home.”
– Alice Marshall, Patient Advisor

Results

We chose the Zoom platform because our health system patients were familiar with that platform for their telehealth visits.

In Quarter 3 2020, PFAC meetings resumed using virtual technology. Expanded collaboration and agenda development with the Practice Managers occurred prior to each meeting. This new step ensured our PFAC meetings met patient advisor expectations. Overall, we saw little to no change in attendance. Patient advisors expressed extreme satisfaction with the virtual option and focused agenda topics.

As a result of the virtual platform, ambulatory and health system teams not previously engaged with PFACs, were able to present topics for patient feedback.

Next Steps/Best Practices

The virtual platform allowed us to successfully stay connected with our patient advisors during COVID-19. We plan to take the following next steps:

- Continue virtual meetings
- Consider future hybrid meeting model, alternate in-person and virtual, depending on future COVID-19 safety and clinic precautions
- Incorporate additional health system agenda topics



University of Kansas Health System- Community Primary Care (7 CPC+ Practices) Kansas City Metropolitan Area

Practice type:
Hospital-Owned



Track: 2

EHR: Epic

CPC Classic participant: No

Number of practitioners: 40

Number of patients: 45,280

Type of patient population: Suburban

Insurance breakdown:

25% Medicare, 2% Medicaid, 70% private insurance, 3% uninsured/self-pay

Population characteristics:

Language: Primarily English-speaking population.

Race: 80% White/Caucasian; 14% Black/African American; 2% Asian; 4% Other

Age: 43% 60+ years old ; 44% 30-60 years old; 13% 0-30 Years Old

Change concept: 1.4.A. Engage patients and caregivers to guide improvement in the system of care

