

Person and Family Engagement Statewide Strategy

***Mission:** Establish person and family engagement as the standard in Iowa.*

***Vision:** By 2019, improve health outcomes and experiences by ensuring persons, families, and caregivers are active participants and partners in their care.*

1. Prepare persons, families, and caregivers to be proactive and engaged partners in their health and healthcare.
 - **Objective 1.1: Educate people and families about their health, healthcare, and their role in both.**
 - Tactic 1.1-A: Promote integration of more inclusive and comprehensive health education within existing curriculums that include topics of health insurance, accessing of health system, and patient empowerment and activation.
 - Tactic 1.1-B: Develop and disseminate public-facing, tailored communication that clearly expresses what person and family engagement is and its importance.
 - Tactic 1.1-C: Ensure medical and health information is translated and provided in plain language and in consideration for language and cultural relevance/appropriateness.
 - Tactic 1.1-D: Disseminate and encourage use of easily accessible and specific education materials and tools, such as mobile tools, fact sheets, videos, etc., to assist persons and families to be more informed about their health and healthcare.
 - Tactic 1.1-E: Establish systems that encourage follow-up and support persons, families, and caregivers as informed and engaged consumers from the point of initial education throughout experiences of care.
 - **Objective 1.2: Ensure access to health information and resources to support shared decision-making in healthcare planning.**
 - Tactic 1.2-A: Enhance opportunities for persons, families, and their caregivers to participate in conversations, ask questions, and share preferences as part of the care interactions and encounters.
 - Tactic 1.2-B: Assess and enhance/confirm person and family understanding of health status/diagnosis, treatment options, care instructions, or other health information through use of person-centered, participatory communication techniques, such as Teach Back, change readiness and scale tools, etc.
 - Tactic 1.2-C: Encourage and illicit person and family engagement in care planning and decision-making process through use of shared decision support tools, including motivational interviewing, direct



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- feedback loops, planning checklists and assessments, etc.
 - Tactic 1.2-D: Support and enhance the role of health educators, including health coaches, navigators, coordinators, etc., as key resources for engagement, education, activation, and self-management support to persons, families, and caregivers.
 - Tactic 1.2-E: Increase availability and utilization of health record portals/dashboards, open medical records (as appropriate), and direct secure messaging tools to support access and contribution to personal health information and decisions.
 - **Objective 1.3: Support people in managing in their own health.**
 - Tactic 1.3-A: Proactively and effectively ask persons, families, and their caregivers about their priorities, experiences, and needs to identify barrier to self-care and management.
 - Tactic 1.3-B: Assist persons, families, caregivers to identify individual and realistic goals to improve health that incorporates their priorities, goals, needs, and activation level.
 - Tactic 1.3-C: Use simulation and exemplified learning to teach patients and their caregivers how to self-monitor and manage health conditions.
 - Tactic 1.3-D: Support self-management education and resources, including tools, trainings, and peer support networks, and include referrals to available services.
 - Tactic 1.3-E: Increase availability and awareness of peer health support networks and programming, such as Better Choices, Better Health, group visits – either clinical or education-focused, etc.
 - Tactic 1.3-F: Incorporate wellness management into health education and outreach to support persons and families to maintain health and wellbeing.
 - **Objective 1.4: Equip people and their families to partner with healthcare organizations.**
 - Tactic 1.4-A: Ensure person and family awareness of opportunities to be involved in the healthcare system, including organizational design, process development and improvement, and governance.
 - Tactic 1.4-B: Develop and implement education, training, and/or mentorship programs to prepare persons, family, and caregiver representatives to serve as partners and in advocate roles.
 - Tactic 1.4-C: Proactively invite person, family, and caregiver participation in activities throughout their care experiences and the greater healthcare system.
2. **Ensure healthcare professionals are equipped to engage, support, and partner with persons, families, and caregivers.**
- **Objective 2.1: Educate and train healthcare professionals about person and family engagement.**
 - Tactic 2.1-A: Educate professionals on the active role of persons, family, and caregivers as direct members of their care teams.

- Tactic 2.1-B: Educate professionals on the components that impact and influence person and family engagement, such as health literacy, social determinants of health, etc.
- Tactic 2.1-C: Educate professionals on the stages of engagement and support progression from simple engagement to patient activation.
- Tactic 2.1-D: Deliver and promote trainings that educate healthcare professionals on person-centered communication techniques and shared-decision making strategies, including active listening, Teach Back, and motivational interviewing.
- Tactic 2.1-E: Encourage shared learning training and education opportunities that bring together healthcare professionals from across disciplines and settings.
- Tactic 2.1-F: Integrate person and family engagement into healthcare professional curriculum and support standardized PFE competencies.
- Tactic 2.1-G: Educate providers about community resources to facilitate partnerships outside the care delivery system.
- Tactic 2.1-H: Educate healthcare professionals on evidence-based principles and best practices of person and family engagement, inclusive of collaborative discharge planning, shared plans of care, and use of patient advocates.
- Tactic 2.1-I: Incorporate education on the signs of success for inclusion and activation, emphasizing experiences from successful and evidence-based models, when engaging persons, families, and caregivers.
- **Objective 2.2: Advance person-centered care practices.**
 - Tactic 2.2-A: Establish person and family engagement as a standard of care through inclusion practices at the direct level of care through a systems-level approach.
 - Tactic 2.2-B: Establish person-centered care planning inclusive of patient and provider shared-decisions around care, treatment, and self-management.
 - Tactic 2.2-C: Disseminate and promote evidence-based best practices for provision of best quality care, including diagnosis, treatment, and management.
 - Tactic 2.2- D: Increase the awareness and addressing of health literacy and other components influencing engagement, including the use of patient conversation resources such as Teach Back and Ask Me 3.
 - Tactic 2.2-E: Promote the implementation of comprehensive and high quality health risk assessments that identify whole person clinical, social and community needs.
 - Tactic 2.2-F: Incorporate use of and referral of community resources to enhance capacity to address the comprehensive needs of the person, family, and caregiver.

3. Enhance person-centric culture of health and wellness throughout healthcare settings and communities.
- Objective 3.1: Support care and system design that emphasizes person and family engagement and facilitates integration at all levels.
 - Tactic 3.1-A: Structure care processes to support person and family involvement in care planning and self-management, including information sharing and provision of specific engagement opportunities.
 - Tactic 3.1-B: Ensure all care systems incorporate person and family preferences.
 - Tactic 3.1-C: Increase access to needed medical services in locations and at times that meet patients where they are.
 - Tactic 3.1-D: Prepare healthcare leadership to partner with people and families at the healthcare organization and system level and set expectations for system-wide person and family engagement.
 - Tactic 3.1-E: Establish person and family presence in all policies throughout healthcare organizations and systems, including traditional and community-based entities.
 - Tactic 3.1-F: Increase opportunities to include persons, families, and caregivers in defined representation and advocacy roles within quality improvement, organization operations, and governance structures.
 - Tactic 3.1-G: Support continued development and use of health information technology, including EHRs, patient portals, direct secure messaging, etc., to increase availability and access to health information.
 - Objective 3.2: Enhance cross-system communication mechanisms that establish reciprocal information sharing and action among healthcare professionals, persons, families, and caregivers.
 - Tactic 3.2-A: Implement communication techniques that support person-centered care conversations and decision-making, including active listening, Teach Back, Ask Me 3, etc.
 - Tactic 3.2-B: Use communication approaches, such as motivational interviewing, by all health professionals that encourage people to identify and work towards their own health and wellness goals.
 - Tactic 3.2-C: Establish reciprocal and cross-system communication channels between and among patients and providers, settings, and services to enable shared learning, planning, decision-making, and coordination of care and services.
 - Objective 3.3: Support alignment of quality initiatives reimbursement standards that support and incentivize person and family engagement.
 - Tactic 3.3-A: Educate healthcare providers and allied professionals on healthcare transformation and the transition from volume to value-based care, prioritizing the impact of MACRA for all populations.
 - Tactic 3.3-B: Increase and enhance support for integrated, person-centered care models, such as medical home and accountable care communities.
 - Tactic 3.3-C: Support alignment of reimbursement incentives with person and family engagement performance and metrics.

- Tactic 3.3-D: Support payer-based incentives for patients and families to encourage behaviors that support person engagement and activation in care.

4. Utilize data to drive improvement and demonstrate person-centric and value-based care.

- Objective 4.1: Promote and enhance the use of health information technology (HIT) to identify, track, and monitor person and family engagement.
 - Tactic 4.1-A: Encourage full use and optimization of EHR and other health IT capacities to facilitate collection and capture of patient population health status and execution of person and family engagement practices.
 - Tactic 4.1-B: Promote use of community-based service data systems to track community-based service person and family engagement practices.
 - Tactic 4.1-C: Promote cross-systems access and communication among team members and service providers to encourage comprehensive person-centered delivery of care and services.
- Objective 4.2: Enhance and disseminate common metric sets for person and family engagement.
 - Tactic 4.2-A: Identify available clinical quality measures aligned with national quality conventions, such as CMS and National Quality Forum.
 - Tactic 4.2-B: Explore and identify defined metrics to capture person and family engagement activities within non-clinical, both acute and non-acute, and community-based settings.
 - Tactic 4.2-C: Encourage the use of evidence-based tools and mechanisms to capturing and monitoring person and family engagement.
 - Tactic 4.2-D: Champion streamlined reporting processes, aligning mechanisms and metrics prioritized across providers and settings.
- Objective 4.3: Support the inclusion of person and family engagement quality measures in publicly available reports.
 - Tactic 4.3-A: Support and encourage the inclusion of person and family engagement and related clinical quality measures as a part of incentivized reporting mechanisms.
 - Tactic 4.3-B: Explore public availability and access of person and family engagement and related data through establishment of a report highlighting the status of person, family, caregiver engagement in Iowa.
 - Tactic 4.3-C: Actively use and share both qualitative and quantitative data that can be used to more fully present the status of person and family engagement in Iowa.