

## Project Highlight: Sutter PFAs in the National Spotlight 2018 CMS Quality Conference - Patients Over Paperwork

Mary Schramke, a Palo Alto Medical Foundation/Sutter Health Patient Family Advisor, recently participated at the Centers for Medicare & Medicaid Services (CMS) sponsored 2018 Quality Conference that was held February 12-14, 2018 in Baltimore, MD. This conference had nearly 2,500 participants from programs across CMS, Health and Human Services (HHS), and community stakeholders. The overall CMS quality emphasis for 2018 is "Patients over Paperwork." Areas of focus this year for CMS include using "Meaningful Measures," an initiative that reduces complexity and numbers of quality measures that are centered on patient impact. Another area of focus is the Opioid Crisis initiatives to limit overuse and misuse of key medicines used within the Medicare program.

Mary was invited to the conference as a member of a team that is working on a national CMS-led program administered by the Quality Innovation Network National Coordinating Center (QIN NCC) to improve nursing home care across the United States. The Quality Improvement Organization (QIO) Program is one of the largest federal programs dedicated to improving health quality at the local level.

The QIN NCC Nursing Home team is working closely with CMS and two PFAs (of which Mary is one) to capture best practices used by a select group of high performing nursing homes to develop a change package that will be made available to all QIN-QIOs and nursing homes across the country participating in the National Nursing Home Quality Care Collaborative. The primary aim is to reduce all causes of harm to nursing home residents.

Mary also participated as a panelist in a Meaningful Measures session. The dialogue between panelists and attendees was intended to help CMS better understand what challenges hinder meaningful measures and how they can be overcome from a clinician, institution and patient/family perspective. The session also revealed a new website as a tool to help people access, explore and preview all measures used (past, present and future) by CMS:  
[cmit.cms.gov/CMIT\\_public/ListMeasures](http://cmit.cms.gov/CMIT_public/ListMeasures).

The Meaningful Measure areas serve as the connectors between CMS goals under development and individual measures/initiatives that demonstrate how high-quality outcomes for our Medicare, Medicaid, and CHIP beneficiaries are being achieved.

We are so proud of Mary for her involvement in this important national work! If you are interested in learning more, information about the Meaningful Measures initiative can be found at:

[www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page.html#General Info](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page.html#General%20Info).



### Hold the Date!

On May 24th we will be holding our next Patient Family Advisor Summit in Sacramento. This will be the first of two to be held this year. The first in the Valley Area and the second will be in the Bay Area

This will be a time of sharing from Patient Family Advisors and council leads, as well as guest speakers and training. Watch your inbox in April for an official invite.

### PFA Survey Results

The Patient Family Engagement team surveyed all staff who engaged PFAs in their work in 2017. The survey results show that overwhelmingly (99%) staff found that there was tremendous benefit to involving PFAs in their work:

"The PFAs provide an invaluable component to the work that we do. They bring purpose, compassion, and allow our providers to do what they want to achieve most – give the most beneficial and safest care to our patients..." (Anon staff response)

## Barbara Kivowitz, Patient Family Advisor, CPMC San Francisco

In 2000 I came down with a mysterious chronic pain condition that felt like I had broken glass sloshing around inside. Prior to that, I had been a clinical social worker and then a strategy/innovation consultant specializing in health care. Pain knocked me out of life. For a year, I couldn't work, socialize, or leave the house. But I got lucky. After ten years, I finally got the right diagnosis (pelvic floor disorder), and with three years of the right treatment (physical therapy), I became relatively pain free.

During the pain years, I saw dozens of doctors and specialists – many of whom were great doctors, and some of whom were not only great doctors, they were also healers. What's the difference? Healers treat the person, not just the symptoms. Healers understand that mutual trust is the conduit for sharing expertise. And healers pay equal attention to the caregiver because they know that person is essential to health outcome.

I no longer live with pain as my primary relationship. But I now have a whopping karmic debt to pay back. I became a PFA as part of my debt repayment plan, and also to support clinicians in becoming healers, in addition to being experts.

I also realized that my recovery was in large part due to my husband's unconditional presence. A colleague and I researched and wrote a book about the impact of illness on couples, what couples can do build relationship strength, and what providers can do to support the patient/caregiver relationship (2<sup>nd</sup> version, Spring 2018, *Love in the Time of Chronic Illness: How to Fight the Sickness, Not Each Other*). I have become an advocate for what I call "relationship-focused" care in clinical practice – that is, support not just for the patient, but also for the *relationship* between patient and caregiver. I bring this perspective into my work as a PFA.

Since 2014 I have been a PFA at Stanford Health Care and have worked with clinicians, administrators, and PFAs to advance the concept of relationship-focused care. We developed and teach a course for clinicians, based on my book, about the many ways they can support the patient/caregiver relationship as part of their daily practice. We also developed and teach an elective for Stanford Medical School Students.

I decided to become a PFA at Sutter because I switched my primary care to CPMC's Institute for Health and Healing and was so impressed by the depth of their patient focused care. Over the past year, I have been involved in reviewing materials, am on a committee that approves continuing medical education, am participating in an MCE project on Sutter Care at Home, am working with the Patient Engagement strategy group, and have spoken at clinical gatherings.

As a PFA I have witnessed Sutter's demonstrated commitment to including the voices of patients and families in the way care is designed, delivered, and evaluated. I am learning so much from Sutter clinicians, staff and PFAs. I am grateful for this opportunity to learn, share, and pay back a portion of my karmic debt.



Barbara Kivowitz  
Patient Family Advisor

## Sutter PFAC Data Update

A focus for Sutter Health PFACs for 2018 is data. **Please make sure you are logging your hours in your VicNet account!** When you do that we can get great data like this: PFAs have supported **450 process improvement projects**, with **185 Patient Family Advisors** and over **3,500 hours** of service since 2016.

### Sharing the Work

The OPE Patient Family Engagement team (Roberta Mori & Morgan Horwood) shared the work of Sutter Patient Family Advisors at a recent forum:

- Breast Center Conference, Las Vegas, March 13, 2018

Upcoming presentations:

- MedSurg Conference 2018, San Francisco, April 6, 2018
- 14<sup>th</sup> Annual Nursing Research Symposium with Anna Kiger, Chief Nursing Officer, Rohnert Park, May 14, 2018
- IPFCC International Conference, Baltimore, June 11-14, 2018