Partnering with Patients as Equals in Co-Designing Primary Care:   
Examples and Tools from the LINCC Project

TEMPLATE PACKAGE

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| **LINCC Team Charter**  **Learning to Integrate Neighborhoods and Clinical Care** | |
| ***Purpose*** | ***Roles*** |
| **Purpose**  Our purpose is to improve patient-centeredness of care, patient satisfaction, appropriate health care utilization and health outcomes by connecting patients with community and healthcare resources. In order to achieve this goal, patients will join healthcare workers to design a process that fosters those connections. | **Sponsors**  *3 health system leaders:*   * *Medical Director, Primary Care* * *VP, Clinical Excellence & Nursing Ops Chief Nurse* * *[Paula’s title]* |
| **Measures:**  Volume: patients referred at [clinic 1] by the primary care team (target TBD based on design event)  Volume: patients referred at [clinic 2] by the primary care team (target TBD based on design event)  Quality: 70% of patients accessing the service state they received useful information  Quality: 80% of patients receive follow up by liaison after initial encounter  Quality: 50% of patients use recommended resources  Patient Satisfaction: 80% of patients accessing the liaison are satisfied or very satisfied with the services they receive.  Patient Satisfaction: 10% increase from baseline clinic average score for “likelihood that patient would recommend the clinic/practice to others”  Patient Satisfaction: 10% increase from baseline clinic average score for “patients feel team is sensitive to their needs”  Staff Satisfaction: 80% of staff rate 4 or higher (of 5) that the clinic liaison role improved the quality of care our team provides patients  Staff Satisfaction: 80% of staff rate 4 or higher (of 5) that the clinic liaison role made the team more effective in providing care  **Deliverables:**   * **New role design/description** for an individual who will work with the primary care team to support better linkages for patients to community resources (including job description and other items needed to hire staff to fill this role) * **New workflow and tools** that support the primary care team to use the new role to connect patients with community and healthcare resources | **Process Owners**  *Medical director, clinic 2*  *Research project principal investigator*  *Operations manager, clinic 1* |
| **Connection to health system goals**  This work is a critical piece of the redesign of the medical home model, putting the patient at the center of a team of healthcare workers who support their care needs and addressing behavioral, social and environmental factors that affect health | **Team Members**  *7 patients from clinic 1*  *5 patients from clinic 2*   1. *providers & staff:*  * *Operations manager, clinic 2* * *MD, clinic 1* * *MD, clinic 2* * *RN, clinic 2* * *LPN, clinic 1* * *MA, clinic 2* * *Social worker, clinic 1* * *Behavioral health therapist, clinic 2* * *Business operations manager, clinic 1* * *Business operations manager, clinic 2* * *Health system patient engagement lead* |
| **Boundaries**  *Start Point:* Patient needs or asks for help in managing behavioral and/or psychosocial health needs (exercise, healthy eating, stress, social isolation, etc.)  *End Point:* Patient is connected with community resources and feels comfortable with a self-management plan  *In bounds:* Creation of a role that is dedicated to this work up to one position per clinic. Creation of a process that supports our patients with low to medium care needs (medical home level 1+2). Leaving the clinic to connect with community partners and patients (visits to a home should be a rarity). Any patient who receives care at the two pilot clinics regardless of insurance coverage, age, type or disease state.  *Out of bounds:* Creation of a process that focuses on our patients with the highest care needs (medical home level 3). Transportation of patients to/from community events. Delivering medical care/advice. Services that require licensure. Duplicating an existing role/service (e.g. palliative care social worker, dialysis case manager). | **Management Team**  *Health system primary care leadership team, including sponsors and physician process owner*  *Additional health system leaders, including sponsors and process owners* |
| **Timeframe**  4 day workshop  Tuesday [date] – Friday [date] | **Additional Resources**  *“On call” health system representatives from:*   * *Care Delivery* * *Information Technology* * *HR* * *Substance abuse/chemical dependency* * *Sports & Exercise Medicine* * *Referral database specialist* * *WIC coordinator, clinic 1* * *Legal department* |
| **Associated Activities**  Orientation for patient participants: Clinic 1 [date] and clinic 2 [date] | **Workshop Leaders**  *Process owners, research team members, Lean consultants* |

| **Who** | **General Role** | **Expectations** |
| --- | --- | --- |
| **Sponsor** | * Champions process improvement * Provide resources * Model the spirit of improvement * Hold process owner and Management Guidance Team (MGT) accountable for achievement of objectives and completion of action plans * Ensure resolution of any issues | * Lead and provide direction to MGT * Be visible during the design event (i.e., present kick-off module) * Provide encouragement * Remove roadblocks * Communicate as needed with all respective parties involved * Attend MGT meetings |
| **Process Owner** | * Ensure the process is managed to get optimal results for the customer at the lowest possible cost * Has a view of the entire process * Ensure measures are in place and monitors measures for achieving desired outcomes * Coordinate completion of action plans and conducts follow-up meetings * Is accountable for achievement of agreed-upon objectives * Work closely with process sponsor | ***Prior to the design event***   * Arrange for staff to directly observe current practices related to design event purpose * Stay in close touch with the process sponsors and design event leaders to ensure successful planning for the design event * Review data and complete measurement on the team charter * Help identify appropriate team members, check “preliminary vision” to see if we have missed anything, including key people who need to be involved * Review detailed design event agenda, communication plan, and “success factors” * Communicate with all respective parties involved and attend all important planning meetings |
|  |  | ***During the design event***   * Encourage staff to think creatively about the future process * Participate actively as a team member * Help address issues and remove any barriers that arise in the design event along with the Sponsors as needed * Identify and make available any additional resources that may be needed to ensure successful completion of the project * Own the project implementation plan and monitors progress * Communicate with all staff as needed |
| *(Process Owner Con’t)* |  | ***After the design event***   * Ensure measures are in place. Monitor measures for achieving desired outcomes * Coordinate completion of action plans and conducts follow-up meetings with staff and MGT * Is accountable for achievement of agreed-upon objectives * Communicate with all staff as needed |
| **Pacesetter**  *(as indicated)* | * Leads the strategy deployment in a specific functional area * Ensures alignment both horizontally and vertically * Tracks progress and surfaces problems * Adjusts the hypothesis based on what is learned | ***Prior to and during the design event***.   * Participate in MGT and pre-meetings   ***After the design event***   * Overall content owner for the design, improvement (pilot process) and finalization (prior to spread) of a standard work element. * Participates in piloting process to ensure that the standard work element is improved * Ensures that an effective measurement and implementation plan is created * Recommends changes to standard work elements and ensures that the final product can be effectively spread |
| **Team members** | * Fully engage in the work redesign process * Focus on the objectives and the work being done * Stay with the effort * Know the most about the process under study * Participate in development of vision * Support and participate in action plan to create vision | * Attend design event all week * Share your knowledge and expertise, it is needed and very much appreciated * Come with an open mind and have fun!   ***After the design event***   * Be the champion of the change * Share your experience with others |
| **Facilitators** | * Plan and conduct design event * Ensure objectives are set * Develop agenda * Understand technical material and how to apply it * Challenge team to breakthrough level of thinking * Coach Sponsor, MGT, Process Owner in process, methods and strategies | ***Prior to the design event***   * Complete the Assessment, Planning and Preparation Phases for a design event * Set-up for the design event   ***During the design event***   * Facilitate the design event   ***After the design event***   * Support implementation and follow-up after the design event   ***All Phases***   * Have fun! |
| **Management Guidance Team (MGT)** | * Empower and support the design event participants to implement changes and action plans * Communicate during the design event with all crews, all shifts * Acknowledge efforts of design event participants * Support and participate to create vision and implement changes. | ***Prior to the design event***   * Approve and finalize all items on Team Charter * Review boundaries – what’s in; what’s not * Determine resources needed prior to design event week * Confirm attendees are ready to be released from primary assignments for the duration * Review agenda in detail and clarify when attendance is required by each role * Share additional data collected * Agree on baseline measures * Discuss preliminary vision * Check for “alignment,” “participation,” and “support” |
|  |  | ***During the design event***  **Take risks and encourage the design event team to do the same**   * + Be available (on call) during the week for problems   + Attend the Vision Report Outs and listen carefully   + Think with a new, open mind to ideas that may seem like a stretch or may have been tried before & never say “can’t”   + Phrase your feedback within a framework of encouragement, not criticism or confinement   + Demonstrate your support for risk by accepting assignments to remove traditional barriers   **Celebrate and congratulate the team on successes**   * Attend the Final Report Out and celebration * Encourage others in your area and in other organizations to attend the Final Report Out   **Remove barriers for the design event participants**   * Attend all debrief meetings; accept actions and requests by the design event team * Whenever possible, resolve job-related issues within the organization and without involving the design event participate * Perform informal checks on the design event progress and potential barriers * Ask questions and give support whenever you see design event participants |
| **Resource Representatives** | * Support and participate to create vision and implement changes | * Attend the design event as needed to provide support, advice, and guidance in respective area of expertise |
| **Stakeholders** | * Identified individuals who are impacted by the outcomes of the design event | * Not required to attend design event. Involved with providing input during assessment and planning as requested. Involved with implementing outcomes of design event. |
| **Air Traffic Controller** | * Designated consultant tasked with managing the flow of the work during the improvement event. | * Ensure that the work is on track, that breakout groups are aligned and communicate with each other, and that all planned components are completed as scheduled in order to meet design event goals and deliverables. * Monitor the planned agenda, event resources, schedules and tasks being worked throughout each day. * As needed, provide communications support, gather data, bring in needed resources, call a problem-solving huddle or in other ways help the team check and adjust the design event plan to accomplish the work of the improvement event. |
| **Pair of Hands** | * A designated resource tasked with helping the event leads/facilitators in completing the various tasks required to help the team achieve its goals. | * Help with documenting, room set up, some facilitation or other tasks in assistance to the event leads/facilitators. * May participate in the entire event or partially depending on the need. |

[Date]

«FNAME» «LNAME»«suffix»

«MailingAddressLine1» «MailingAddressLine2»

«MailingCity», «MailingState» «MailingZip»

Dear «FNAME» «LNAME»:

**Want to have input into how your health care is provided? Here is a unique opportunity.**

We need your help for a project that is trying to help your [name of health system] clinic better link patients with community resources that can improve their health, such as community centers and senior centers. Please see the enclosed information sheet for more information about the project.

**What would participating mean for me?**

* You would need to be available for a 4-hour training session and a 4-day workshop (tentatively scheduled for the week of [date]).
* In addition, approximately 10 hours of follow-up work will occur within a year of the workshop. The workshop will be held during regular business hours (8 am to 5 pm) at a central location.

**What will you receive?**

* You will be compensated up to $[amount] for full participation; including follow-up work (payment will be made in installments).
* You will receive training to help you better understand [name of health system], health care system design, the workshop process, and ways primary care clinics can link with community resources.

If you think you might be interested in participating, there are two ways to get more information or to take the next step in the process:

* Call our toll-free number: 1-xxx-xxx-xxxx
* Email [email address]

Please respond by [date]. There are a limited number of openings so we may not be able to include all those who are interested. We appreciate your time and consideration.

Sincerely,

**BACKGROUND**

**GOAL:** The goal of this screening phone call is to communicate more information about the Patient Advisor role, answer questions, and identify people who will be able to effectively participate in the Collaborative Care Design process. Screening criteria are noted in bullets after each question. In large part, being able to articulate an answer that stays on subject and indicates a willingness to participate is enough to keep the participant in the process.

*The following does not need to be treated as an exact scripted interview. Instead, the important thing is that the same information is given to all respondents, and the same core set of questions are asked of all respondents. There is a set of FAQs to help answer additional questions, but the interviewer will also call upon their knowledge when discussing the opportunity with the respondent.*

**STEP IN THE PROCESS:** We anticipate that we will be calling people who have received a recruitment letter and have expressed interest in the project.

**INTRO:** Hello. May I please speak with \_\_\_\_\_?

My name is \_\_\_\_\_\_\_\_\_\_ and I’m calling from [health system] about the project. Thank you for leaving us a message with your interest to participate. Is this a good time to talk?

Let’s start by letting you know a little more about the project and the opportunity for patients to participate as a Patient Advisors.

[Description of project or focus of improvement event]

We are directly involving patients in the project to help ensure that it meets their needs. We are asking patients to work together with a team that includes other patients, clinic staff and providers to design . Your role would be a Patient Advisor. This means you would be asked to represent the experiences that patients have in [health system] as the team works on creating and changing the health care experience.

We are looking for people who have experienced care at [health system] who are:

* interested in serving as advisors and partners on this unique team
* able to share insights and information about their health care experiences
* comfortable speaking in a group in an open manner
* able to use their personal experience constructively
* concerned about improving healthcare
* interact well with many different types of people

Does this sound like something you are still interested in? Do you have any questions?

Do you have any questions about the project up front, or do you just want me to tell you a little about it? [If questions, answer]

1. **Given the description of the project and the role of the Patient Advisor, do you think you would be comfortable participating** **in this way?** (If needed as probes -- Participating in a variety of active, group discussions and processes? Sharing your insights and information about your health care experiences with the team?) **Yes/No /Maybe**

* *Screen out people who say they will not be comfortable in a group setting or discussions. Also screen out people that are not comfortable with talking about their experience as a patient in this group setting.*

**Let’s talk a little more about the participation commitment required for a Patient Advisor.** Participating requires in person attendance at approximately xx hours of key trainings and workshop meetings in [year]. That participation will include the following time commitments:

* + At least one 3-4 hour training a few weeks before the design event workshop – we will work with participants to find a time that works in [month]
* 4-5 days for the design event workshop in a single week. This is tentatively scheduled for the week of [date(s)]. The workshop will be held during regular business hours (8 am to 5 pm) and at a location in [geographic area].
* Participating in an evaluation of the design workshop, which will include a one-hour interview.
* Committing to approximately 10 hours of follow up work to occur with a year of the design event. This is likely to occur in one day long workshop.

Do you have any questions about any of those activities or commitments?

NOTE: Interviewer may provide more information about the Lean process as needed and appropriate.

1. **If you were selected, can you commit to being present at all the trainings and meetings required?**

**Yes/No/Maybe**

* + *Screen out people that say they can’t make that commitment or seem very unsure / confused. This is a different group than people who need to check with work or family before they can commit.*

**Great! Let me tell you a little more about our selection process.** We are anticipating a great deal of interest in this opportunity and so we are starting out by talking to people like you who have responded to our letter. We want to share information with you about the project, give you a chance to ask questions, and then also ask you a few questions so that we can learn more about the perspective you can contribute as a Patient Advisor.

After we’ve talked with everyone, we’ll pull together a pool of interested, people and then create a final list of 10-12 people that represents a diverse mix of patients that will bring different perspectives to the project. Once we have this list, we’ll reach out to this selection and confirm that they are interested in committing to the role of Patient Advisor. Do you have any questions for me about the selection process?

**So we have a few questions to ask you that will help us know more about what perspective you could contribute as a Patient Advisor in the LINCC project.**

1. **Can you tell me a little bit about your experience with [health system] as a patient?**
   * *Screen out people that have an overriding frustration with the health system, their clinic or their doctor. OK if they have some negative impressions.*
2. **Why are you interested in participating in the [project] design process?**
   * *Screen out people that cannot articulate any other reason to be in the process beyond the payment.*
3. **The goal of this project is to . What do you think about that goal?** 
   * *Screen out people that see no value to the project or focus of the design event. It is ok to be skeptical, but should not be completely opposed to the goal.*

**That is the end of the questions I have for you. Do you have any other questions for me?**

**Would you like to be included in the group of people that are interested in being a Patient Advisor?**

**Yes/No/Maybe**

**Could I have your phone number and email address so that we can communicate about next steps with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Follow-up Call script**

**GOAL:** The goal of the follow up call is to answer any remaining questions about the potential participant’s ability to effectively participate in the Collaborate Care Design process. “Yellow flags,” reasons that the participant may be screened out, were identified during the initial screening call and discussed with the recruitment team. If it is determined that a follow up call is necessary to resolve the yellow flag, the potential participant will be contacted a second time to get more information.

* NOTE: All potential participant names will also be shared in a separate process with the clinic leadership.

**STEP IN THE PROCESS:** We will be calling people who have already talked with the initial screener). The timing for the call is after the deadline of 12/15 that was included in the recruitment letter. (A second round of recruitment letters has been sent concurrently with these follow up calls.)

**INTRO:** Hello. May I please speak with \_\_\_\_\_?

My name is \_\_\_\_\_\_\_\_\_\_ and I’m calling from the [health system] about the project . Thank you for your interest! As [name of caller] explained in when she talked with you, we are interviewing people who have expressed interest and will be making a decision soon about who will be asked to participate.

As we get closer that decision, we wanted to contact you again to see if you had any additional questions about the process and learn a little bit more about your \_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

* Insert a reference to their yellow flag into this blank and again in the direct question below. (Examples: reading level, ability to be an active participant in the design event, etc.)

1. **Do you have any additional questions about this opportunity?** **Yes/No/Maybe**
   * *Screen out people that say they will not be comfortable in a group setting or discussions. Also screen out people that are not comfortable with talking about their experience as a patient in this group setting.*
2. **I’d like to talk with you a little more about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?**

* … your English reading ability and how that might work during the design event. When you were talking with , she understood that you do not read English? There is a great deal of material that is written up on white boards and in handouts during the design event. Do you have any concerns about this?
* … your educational and career background. I understand from your conversation with   
   that you have a degree associated with ? That’s very interesting. Can you tell me more about that? And your current work?
* … your various health conditions and make sure we had them noted here correctly.

**Question & Answer – If needed for the phone calls:**

**How much is the payment – how does it work?**

Compensation of $2000.00 for full participation, including follow-up work. We will be paying the compensation in installments that are timed around the activities we talked about. These installments would be paid after key milestones are completed:

* Completion of Training - $200
* Completion of design event activities $1200
* Completion of follow-up activities - $400
* Close out payment – completion of all three sets of activities: training, design event and improvement event - $200

**Is there any other compensation: travel, food, childcare, parking?**

No. The compensation payment is intended to offset any additional expenses associated with your participation in this project. You will be responsible for getting to and from all meetings and workshops.

**Why did I get a letter? Why did you reach out to me?**

We are directly involving patients in the project to help ensure that it meets their needs. We are hoping to include a diverse group of patients in our workshops so that we can meet this goal. We sent letters to a large number of the patients at your Group Health clinic.

**How are you picking people?**

We are talking to people that are interested in participating in the project. We’ll pull together a pool of interested, people and then create a final list of 10-12 people that represents a diverse mix of patients. Once we have this list, we’ll reach out to this selection and confirm that they are interested in committing to the role of Patient Advisor.

**Do I get any training?**

Training to help you understand [our health system], health care system design, the workshop process, and . But your main role is to draw on your experience as a patient.

**What is my role as a patient advisor?**

As the client or family advisor on the team, your feedback and input will be listened to at all times during the week. Don’t feel you need to be an expert in the design event subject area; we have found that just being present and engaged is extremely valuable and motivating for the team. You will also bring a fresh set of eyes to a situation, and be able to give your opinion of whether proposed changes will actually make things better for clients, patients and their families. You may be paired with someone from the team every day; don’t worry about being left on your own to figure things out.

**What are design events like Rapid Process Improvement Workshops (RPIWs)?**

Teams of patients, staff and clinicians meet for about a week, focus on one change to how health care will be delivered, create and test solutions, and by week’s end, are ready to implement the solution in the workplace. The team checks the solution after a few months to see if it worked and has been sustained.

**Confidentiality issues?**

As I mentioned, there will be a group leader to facilitate the discussion. In order to make sure we accurately capture what people have to say, we will record the conversation and a professional person will be present to type the discussion word-for-word. We will keep what people say confidential (so that it is not be possible to determine who said what), and nothing you say would be provided to your doctor or added to your medical record. The care you receive at [our system] will not be affected by your participation on this project.

**Who is funding this project?** [Describe]

**Who are the other project partners?** [Describe]

**What are the intended benefits?** [Describe]

## Patient Recruitment Tracker

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant ID** | **Patient last name** | **Patient first name** | **Contact info: Address** | **Contact info: email** | **Contact info: Phone** | **Age** | **Gender** | **Ethnicity** | **Insurance Type** | **Chronic Disease** | **Date mailed** | **Date contacted & Recruiter initials** | **Comfort speaking in group setting** | **Time commitment** | **Health system patient experience** | **Interest in project** | **Add to list** | **Recruiter notes** | **Final disposition** |
| *1* | *Doe* | *John* | *123 Park St Seattle, WA 98111* | [John@email.com](mailto:John@email.com) | *Phone: 000-000-0000* | *65* | *M* | *W* | *Medicare* | *TBD* | *11/01/17 EK* | *11/12/17 JM* | *Yes/No/*  *Maybe* | *Yes/No/*  *Maybe* | *Yes/No/*  *Maybe* | *Yes/No/*  *Maybe* | *Yes/No/*  *Maybe* | *[Notes on candidate demeanor, personal circumstances that affect participation]* | *Eligible, etc…* |
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Month, Year

Patient Name

Address

Dear [Patient],

Thank you for being willing to work with us in designing . We are sending this Letter of Understanding to provide a record of what we’ve discussed and a summary of the expectations for both you and the project team.

Please review the information below. If this is consistent with your understanding, please sign and return it to us using the enclosed business reply envelope. We will sign as well and send you back a copy to refer to. If something doesn’t seem right, or if you have questions, please call , our project manager, at xxx-xxx-xxxx—she can answer any questions. Again, we are excited that you are interested in participating in this unique work.

Background:

[Brief description of project/design event goals]

[Health system] is inviting patients to participate in this process because we believe their perspectives are critical in designing care that meets their needs. We hope to have 10-12 patients participate in this design process, and to collect information that will help us involve patients in future efforts as well.

To help ensure the success of this project, we want to be clear about what we expect from patients in this process, and what you can expect from us.

**Expectations for the patient participants:**

Attendance:

I understand that as part of this project I will:

* Attend in person a one time, 4-hour training from 3pm to 7pm on [date], to be held at [location].
* Attend in person a 4-day design workshop from [date] through [date] between the hours of 8am-5pm. I understand that the workshop will be held [location]. I will be expected to attend all of the days of the workshop, unless otherwise instructed by the workshop organizers.
* Participate in activities to evaluate my experience and how it worked to have patients be part of the design process. This could include an individual interview, brief surveys and a focus group. These activities may last approximately 2 – 4 hours.
* Be involved in approximately 10 – 12 hours of follow up work within one year of implementation of the project. I understand that the team believes that this is likely to be a one-day workshop, scheduled in [date], though it could involve other activities, as determined by myself and other members of the design team. The purpose of this follow up work will be to see how what we developed is working and adjust as necessary.

As a “thank you”, I will receive an honorarium for my participation in this process, up to $2,000 total, given in the following installments:

* A. $200 for completion of the training session
* B. $1,200 for completion of the design workshop
* C. $400 for completion of the follow up activities (over the year after implementation)
* D. $200 as a final payment when all activities are complete.

I understand that attendance is crucial to the success of this project, and that I am expected to attend all of the above project activities. If I am unable to do one or more of the activities, or if I have to miss some days of the workshop, I understand that my honorarium will be reduced, with the amount pro-rated to the time I am able to attend. I will notify the project team if I have a personal emergency that affects my attendance.

Withdrawal:

I understand that this is a voluntary activity. I can withdraw from participation at any point, and it will not affect my care at [health system].

I understand that the design event team also reserves the right to ask me to withdraw, at any point and for any reason.

If I withdraw or if I am asked to withdraw, I understand that I will receive an honorarium that is pro-rated to the amount of time that I attended.

Confidentiality:

I understand that as part of my orientation I will be asked to review and sign a Group Health “Confidentiality and Security Agreement”. This provides assurance that any potential patient or clinical information that is shared during the project will be protected. I will not be allowed to participate in the project if I do not want to sign this agreement.

Photographs and Recording:

I understand that I may be photographed during participation in meetings or other group activities and I may be audio-recorded. These records are common for process improvement workshops, to keep a record of the discussion and decisions made, and to share the process with [health system] managers and employees who can’t attend the sessions. I understand that I can request not to be individually photographed, and I can request that the audio-recorder be turned off for specific discussions if I feel uncomfortable with them. I agree to authorize the photography and recordings and I understand that all photographs and recordings are property of [health system].

Other costs:

I understand that I am responsible for any personal expenses associated with participation, including things like childcare and transportation to and from the meeting locations. The honorarium is meant to be a “thank you” and to help offset any potential costs, but the project is not responsible for paying for my costs to participate.

I understand that I must provide an IRS W-9 form to [health system] for my participation and subsequent compensation, and that I am responsible for all personal taxes associated with receipt of payment. In accordance with Internal Revenue Service regulations [health system] will send me an IRS form 1099 (for Miscellaneous Income) as applicable.

I also understand that if I feel I am harmed in any way as a result of my participation, [health system] will not be held responsible. No one participating is expected to incur or be exposed to any additional risk of physical or mental harm as a result of their participation beyond everyday risks associated with daily living. For example, if a participant has an automobile accident in route to the workshop, [health system] would not be liable for damages.

**Expectations for the design event implementation team:**

The design event implementation team understands that our responsibilities to you are as follows:

1. We will provide timely information regarding meeting dates, times and locations.
2. We will facilitate your training, to help you feel prepared to participate fully. We will answer any questions that you have.
3. We will facilitate all of the joint activities associated with the project, including your training, the workshop activities, and your participation in an evaluation of the workshop.
4. We will provide dinner on the night of the training, and lunch for all four days of the workshop.
5. We will provide you an honorarium as described in the previous section, in the amounts and installments described. We will provide you with a W-9 form to complete and return to us. This will facilitate the payment process. We will also help get information as needed regarding how to report your payments for tax purposes.
6. Your participation or your withdrawal, if you find that you need to withdraw, will not affect your care at [health system].

This Letter of Understanding is agreed to and accepted by the following parties:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Design event leader Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Participant (Please Print Name) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Participant Signature

Clinic1: Wednesday, [date], 3pm-7pm

Clinic 2: Friday, [date], 3pm-7pm

|  |  |  |  |
| --- | --- | --- | --- |
| Time |  | Notes | Objective for participants |
| 3:00-3:30 | Basic introductions and review of agenda | Your name, how long you’ve been a member of [health system], how you want us to remember you, coin icebreaker: Each participant is given a coin, and describes for the group something significant that happened in their personal or professional lives that year. | Participants feel comfortable interacting with each other |
| 3:30-4:00 | Part 1: Introduction to the project and health care delivery in general   * Project introduction * Primary Care Team: What is a primary care team and “A Day in the Life of a Clinic” |  | Participants understand goals of project  Participants understand how providers in the primary care team work with patients and each other |
| 4:00-4:15 | HIPAA orientation | Review and collect confidentiality agreements | Participants have a basic understanding of HIPPA regulations and practical implications for their participation in the project |
| 4:15-5:00 | Clinic tour and introductions to care team members | Introduce clinic manager, who will lead tour | Participants are familiar with clinic layout and workflow |
| 5:00-5:30 | Dinner & discussion/questions about health care delivery (invite buddies?) |  | Participants understand the role of patients in the design process and are comfortable participating with health “experts” |
| 5:30-5:50 | Part 2: Health care delivery in our system and how it relates to the project   * Health system overview |  | Participants understand model of care, including medical home and how the project medical home goals |
| 5:50-6:30 | Sharing session: Experience making community linkages and conversation about how participants may have used community resources, what barriers they’ve faced, and other considerations  Begin by showing 3-4 MOVE videos  We’re going to show you 4 videos of patients talking about their personal experience  Guided discussion of personal experience using community resources/challenges & barriers [to see how project relates to their own lives] | [3-4 minute videos about challenges faced by local residents accessing health promoting community resources]   * Hispanic resident who cannot buy healthy food in the neighborhood; in Spanish w/ English subtitles * Somali immigrant about providing healthy food in his community “I will need more support from health institutions” * Elderly Asian woman; importance of Asian community center—social isolation/health information * White 50+ woman talking about developing walking habit to counter high BP/cholesterol/overweight and use of county government website and a blog to learn about walking trails.   DISCUSSION:   1. What about these stories resonates with your own experiences? 2. How have you or people you know used community resources to improve health, and which ones do you think are particularly important? 3. What barriers have you or others encountered in accessing or using community resources? | Participants understand that accessible community resources and ability to make community connections are key to living a healthy life |
| 6:30-6:50 | Next steps/design event prep   * Logistics * Questions about process * Other questions | Saskatoon video about patient and family involvement in Lean improvement events; play 3:33 – end [2:05]  http://www.youtube.com/watch?v=uBCP0CgewHY&list=PLsmd5sbzhSch5TpQ\_ZnPlWAkLtYuElNEU#t=235  Practical details: how to get there, etc.  Assure: will be interactive, expected to be there 8-5, lunch provided, where they need to be and what they need to bring | Participants are confident about participating in the design workshop |
| 6:50-7:00 | Wrap up and survey |  |  |



1. **The quantity of information presented today was:**

* Too much
* About right
* Not enough

1. **The information presented was clear and easy to understand:**

* Strongly agree
* Agree
* Disagree
* Strongly disagree

1. **The length of the orientation was:** 
   * Too long
   * About right
   * Too short
2. **The statements below are related to the information presented today and how it prepared you for the design event. Please put an X in the box that best describes the level of how much you agree – disagree with each of the statements.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Strongly agree*** | ***Agree*** | ***Disagree*** | ***Strongly disagree*** |
| **I understand the goals of the project.** |  |  |  |  |
| **I feel familiar with the layout and flow of my clinic.** |  |  |  |  |
| **I understand how providers in the primary care team work with patients and each other.** |  |  |  |  |
| **I understand our system’s model of health care, including the Medical Home.** |  |  |  |  |
| **I received the information I need about the design event location, time and process.** |  |  |  |  |
| **I understand my role in the design workshop.** |  |  |  |  |

1. **The statements below are related to your feelings about the upcoming design workshop. Please put an X in the box that best describes the level of how much you agree – disagree with each of the statements.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Strongly agree*** | ***Agree*** | ***Disagree*** | ***Strongly disagree*** |
| **I feel excited to participate in the design workshop.** |  |  |  |  |
| **I feel comfortable working with the other patients that will be part of the workshop.** |  |  |  |  |
| **I feel comfortable working with the providers and staff that will be part of the workshop.** |  |  |  |  |
| **I feel comfortable working with the project team as part of the workshop.** |  |  |  |  |
| **I feel confident about participating in the design workshop.** |  |  |  |  |

1. **Please rate the orientation overall.**

* Excellent
* Very Good
* Good
* Fair
* Poor

1. **What was the most valuable part of the orientation?**
2. **What topics would you have liked more information on today?**
3. **Any additional comments about the orientation?**



April 23, 2015

Dear [Patient],

This is the confirmation packet for your participation in the [name of project] follow-up design event. Thank you again for working with us!

**You are confirmed for the following:**

* **The all-day follow-up design workshop will be [date], from 8am to 5pm at [location]**, [address]. Driving directions are enclosed in this packet; parking is free. Breakfast (coffee, tea, pastries, and fruit) will be available at 7:30. We also will provide a light lunch (sandwiches and salads). The workshop will start at 8 am.

In addition to the all-day workshop, there are a couple of optional activities:

* **Optional in-clinic testing sessions.** If you signed up for a test session, please see the enclosed test session schedule for the times and information. As we discussed, these are “real world” testing sessions for whatever tweaks we make in the Tuesday follow-up workshop. You might be playing a “practice patient” for trying things out; you might be observing and giving input; you might be interviewing patients or staff after they try something out. [Name of project team member] will meet you at the clinic and be your contact for whatever you’ll be doing that day.
* **Optional final “Report-Out” meeting/celebration at the end of the day on Thursday, [date]. 4-5 pm, by phone/videoconference or in person.** You are welcome to come in person if you are available, or join by telephone conference call. This will be a “report-out” similar to what we did at the end of our week last year, with a summary of our final plans and a little celebration with cake. We will provide information on Tuesday for those who want to join by phone.

Once all design activities are done, we will send your final payments: $400 for taking part in the all-day workshop on [date], and a final $200 to thank you for being partners in the whole process ($600 total).

Thank you! Please call me at xxx-xxx-xxx if you have any questions before Tuesday, or e-mail me at xx@xxxx. We are excited to see you next week!

[Signature]

**Design Event Daily Survey**

**I am a:** Patient Advisor Provider or staff member

**Please rate how you felt today about the following (circle one):**

|  |  |
| --- | --- |
| My comments and views were respected | *Never Sometimes Almost always Always* |
| I contributed in a meaningful way to the process | *Never Sometimes Almost always Always* |
| The team worked well together | *Never Sometimes Almost always Always* |

**Overall, how would you rate your experience today?**

* Excellent
* Very good
* Good
* Fair
* Poor

**What was the best thing about the day for you?**

**What was the most challenging thing about the day for you?**

**What would you change?**

**How satisfied are you with the final outcome of the design workshop [day 4 only]?**

* Not satisfied
* Somewhat satisfied
* Satisfied
* Very satisfied

**Is there anything else you would like to tell us about today?**