

National Center for Medical Home Implementation (NCMHI) Family Engagement Quality Improvement Project (FEQIP) Summary of Key Findings

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Overview

The overarching goal of the FEQIP was to improve family engagement in pediatric primary care practices by: 1) increasing knowledge of concepts and strategies related to family engagement among participating practice teams; and 2) increasing the capacity of participating teams to make practice improvements related to family engagement. The FEQIP intervention was based on the quality improvement collaborative approach and included the following key components:

FEQIP Components

- Each participating practice site formed a multidisciplinary team including a pediatrician leader, practice staff, and a parent/caregiver (referred to as a Parent Partner) to participate in the project;
- A group of clinical, quality improvement, and parent/family experts formed an expert work group to provide support for improvement by acting as project faculty;
- Teams participated in collaborative/peer-based learning experiences on topics related to the Model for Improvement and family engagement via two in-person *learning sessions* (ie, collaborative meetings) and monthly interactive conference calls/webinars;
- Teams were provided with additional resources including monthly email updates with notes from the QI Advisor and highlighted resources, a project listserv, and an electronic collaborative workspace;
- Teams used Model for Improvement techniques (ie, setting aims, collecting data, and testing changes) to improve family engagement in their practice;
- Teams tested changes in their practice using a predefined list (referred to as a "change package") of evidence-based strategies, tools, and other resources created for the project by the expert work group;
- Teams participated in individualized, one-on-one coaching from a QI Advisor; and
- Teams tracked their progress over time on a set of predefined project measures by maintaining monthly run charts and progress reports; key faculty members reviewed teams' monthly reports to assess the overall progress of the collaborative.

The FEQIP implementation period was ten months, lasting from May 2016 to February 2017. Eight primary care pediatric practices from seven states in the Northeast, Southeast, West, and Midwest regions of the United States participated.

The FEQIP evaluation employed a mixed methods design that included pre- and post- tests, chart reviews, team surveys, patient surveys, and key informant interviews (see full report for methodology details).

Key Findings

- **The project was successful in improving participating teams' knowledge of family engagement.** For the eight teams, the median rating of overall knowledge of family engagement increased significantly from 4.5 (before the project) to 8.0 (after the project) on a scale of 1 to 10, a total of 3.5 scale points. This translates to a 77.8% increase in knowledge. This finding was supported by team interviews, in which participants expressed that the project was very helpful to them in understanding the key concepts related to family engagement, particularly shared decision making. In addition, all of the teams interviewed reported that participating in the project changed

the way they think about family engagement. Some expressed feelings of raised awareness and being "more tuned in," while others described their participation as "transformative" and eye-opening.

- **All of the participants interviewed reported that they made clinical improvements as a result of the project**, with examples that included focusing on family strengths, communicating directly with the patient rather than just the parent, incorporating shared decision making, and the use of the Teach-back method for improving patient-provider communication.
- **Most participants interviewed reported that they had implemented practice-level improvements as a result of the project**, including developing policies and procedures for referral tracking and follow-up; making their patient portal and website more parent-friendly; adding front desk staff; creating handouts to help parents choose a specialist; and inviting parents to speak at staff meetings.
- **Summary scores from pre-post assessments showed that overall, the teams made only slight or no improvement on the project measures.** Several issues may have contributed to these weak results, in particular, teams scored at or near the ceiling of 100.0% at baseline on most measures, making it difficult to demonstrate significant progress. This was the case with the Medical Record Review Summary Score which increased slightly, from 92.5% to 94.6% and the Post-Visit Survey Score, which remained constant at 100.0%.
- **Teams demonstrated significant improvement in pre-post self-ratings of provider-patient/family partnerships at their practices.** On a five-level Partnership Continuum that includes Coexistence, Networking, Cooperation, Collaboration, and Partnership, the median level of partnership for the eight teams increased from Networking (Level 2) to midway between Cooperation (Level 3) and Collaboration (Level 4).
- **Most participants interviewed reported positive experiences with engaging a Parent Partner on their team.** For example, a representative from one team described the Parent Partner as "an integral part" of the team; while another expressed that the project "opened my eyes to what a Parent Partner is." Teams described Parent Partners as having made valuable contributions to their practices, including reviewing and providing feedback on patient surveys and screening tools, attending and providing feedback to staff during office meetings, and conducting home visits on behalf of the office. However, the process of engaging a Parent Partner for the project involved some challenges for most teams, especially with regard to defining the Parent Partner's role and expectations; and finding time to meet as a team.
- **All of the teams interviewed reported plans to sustain, spread, or share what they learned from the project** and many expressed that they had already begun to do so, with examples that included introducing project tools and resources to staff and colleagues, demonstrating shared decision making and the use of decision tools to residents; incorporating family strengths and resilience into health screens; and presenting Teach-back to colleagues using project slides.

Based on these findings, some considerations for improving future family engagement initiatives might include addressing measurement issues and providing additional supports to practice teams for working with Parent Partners. For example, continue to seek out valid and reliable measures of family engagement that are feasible in practice settings. Further, since concepts related to family engagement may not be fully understood by participants during the initial stages of a project, consider the use of retrospective assessments as opposed to traditional pre-post designs to avoid the potential for inflated pretest measurements. Finally, it may be worthwhile to explore additional ways to support practice teams in engaging Parent Partners, including assistance with team-building, clarifying roles and expectations, and continued attention to the specific needs of practices that serve underserved populations.