

# Improving the Patient-Centeredness of the Health Care System: A Roadmap for Jackson

In the summer of 2021, Public Agenda and AcademyHealth convened a working group in Jackson, MS, focused on advancing patient-centered care, supported by the Robert Wood Johnson Foundation. The working group had around 22 participants, including community members with lived experience of the local health care system, health system decision makers, advocates, community leaders, policymakers, and other stakeholders. The goal of the working group was to elicit community perspectives for improving the patient-centeredness of the health care system.

During an initial convening, the working group participants identified the following priority areas for advancing patient-centered care in Jackson: 1) Improving Communication and Coordination among Providers; 2) Building Better Patient-Provider Relationships; 3) Building Capacity for Patient and Family Self-Advocacy; and 4) Expanding Training for Frontline and Backline Staff. Working group participants then joined sub-topic working groups on each of these priority areas and generated a range of recommendations to advance their sub-topic.

During the final convening, the full working group participants rated these recommendations based on feasibility and level of enthusiasm for the concept. Based upon these votes and group feedback, three ideas are highlighted in this roadmap that were widely viewed as feasible and which garnered a broad base of enthusiasm and support from multiple members of the working group. We hope the ideas and resources listed below provide a springboard for potential concrete action and next steps in Jackson and Mississippi more widely.

**1. Provide coaching to health care professionals on how to better listen to their patients.** Participants proposed creating a training program that coaches professionals on how to treat patients with empathy and compassion. This could include enhancing existing curricula for medical students of all levels and developing continuing education for working professionals, including care providers and support staff. The curriculum would include in-depth bias training, guidance on how to support health literacy for patients, and the importance of patient advocacy. The training would consist of multimedia modules with pre-recorded scenarios for participants to work through. Participants also raised the following ideas as a complement to the coaching:

- **Create a checklist to assess if an organization is family-friendly, youth-friendly, and person-centered.** To further integrate the lessons from the training into health care organizations, participants proposed developing a checklist with actions an organization can take to improve the patient experience, such as enhancing their physical environment (e.g., ensuring the space is accessible at or beyond Americans with Disabilities Act (ADA) standards; having informative pamphlets and welcoming posters in the waiting room, etc.), conducting effective community outreach, and fostering an overall personal and patient-centered culture that embraces diversity, equity, and inclusion. A secret shopper initiative was also proposed, along with a post-visit survey to help health organizations regularly assess how they can improve the interpersonal experience at their facilities.

- **Supplement the coaching program with a resource toolkit.** Participants suggested the development of a toolkit to complement the training that would include process mapping exercises for organizational leadership to guide providers and staff on how to apply what they learned during the training.

**2. Empower patients to be self-advocates and speak their truth.** Participants discussed the importance of ensuring that patients know how to advocate for themselves through various means within and outside of health care institutions. For example, participants suggested that institutions could host community workshops to help patients understand medical terms for conditions they may have and other jargon that inhibit them from having effective conversations with their providers. Additionally, a fact sheet could be provided to patients, with samples of key questions to ask their doctors in the examination room to facilitate self-advocacy.

**3. Bridge the personnel gap in high-need areas by expanding support for community health workers.** Participants highlighted how community health workers are an invaluable asset in rural areas and other underserved communities that are far from major hospitals. A concerted effort should be made to provide them with more resources to bolster and support this integral workforce.

## **NEXT STEPS FOR IMPLEMENTATION**

Next steps mentioned by the group included assessing existing trainings and resources to identify specific gaps that could either be improved upon or that new products could address. The group also recommended engaging boards of directors and presidents of federally qualified health centers to share information and ideas and discuss ways to implement the proposed recommendations in ways that work for their organizations. Additionally, participants suggested that these recommendations be presented at conferences and similar events, where health care staff could take the ideas back to their home institutions.

## **CHALLENGES AND ROADBLOCKS**

Some general challenges that the group anticipated were institutional resistance, capacity, and infrastructure limitations. It was noted that some educators, employers, and staff may find the training redundant while others may not see the value in these concepts at all. The group acknowledged that many may be inhibited by the very same biases that the trainings would be designed to overcome. This challenge could be addressed by emphasizing how crucial it is that patients are comfortable and feel heard. Furthermore, the trainings could be incentivized by incorporating patient survey responses into insurance reimbursements, thereby encouraging organizations to find out how to maximize positive patient experiences.

Financing the training program and finding the capacity to administer the trainings were also noted as challenges. Hospital staff, especially during the pandemic, have been stretched thin and may be hard-pressed to find time to participate in the trainings. However, considering how crucial knowledge about biases and good listening skills are to providing good services to patients, it would be in the best interest of health care institutions to dedicate staff time to these trainings. Additionally, hospitals have funds earmarked for community-related endeavors that could be tapped to help support this work.

## **ASSETS FOR IMPLEMENTATION**

The group noted that organizations that are external to the health care system, such as community colleges and training organizations that work with certified nursing assistants (CNAs), could be useful in preparing and administering the trainings. The endeavor could also be supported by patient advocates, health care students, and health care associations that could provide the trainings at their workshops and conferences. The trainings could also be exported via a 'train the trainer' model.

The group identified several local stakeholder groups that could be engaged to support efforts to promote patient self-advocacy. City officials, community-based organizations, 'health food' store owners, and religious leaders were mentioned as trusted sources of information and even translators for the community that should be involved in these workshops.

Community health workers could be further supported by community development block grants and community-based organizations. For example, the Central Mississippi Planning and Development District (CMPDD) has existing programs such as 'Advocates for the Elderly' and other resources that could be used to support community health workers.

