



## Patient Advisory Council (PAC) Meeting Agenda and Minutes

May 26, 2020 – 5:30 p.m. –7:30 p.m. - Zoom Meeting

**Mission:** We are a group of patients who advocate for the WMC Community to continuously improve the patient experience. We strive to increase the health and wellbeing of each WMC patient.

**Vision:** We will build relationships within the WMC Community to listen, learn, and seek opportunities to promote personal, compassionate, patient-centered care.

### Meeting Objectives

- ✓ Provide feedback to WMC on various projects and services
- ✓ Prioritize project list and determine next steps on priority projects
- ✓ Determine PAC term limits and attendance policy
- ✓ Identify topics for June Pulse issue
- ✓ Assign PAC handbook sections to each PAC member

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### 1. **Welcome** **10 min**

- Review Meeting Agenda and Objectives (Jim)
- Review Minutes (March and April)
- HeartMath (Stacey)

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### 2. **Advisory Session/Staff Updates** **30 min**

- New Safety Policies and Procedures at WMC (Caitlin)
  - Staff is wearing scrubs and surgical masks in the clinic.
  - Offering testing to patients and staff (taking daily temperatures and relating and reporting any symptoms to the doctor in the office. Starting in June, four doctors will be in the office; Dr. Hammond and one other provider will be remote.
  - Air filter systems running in the office.
  - Only well care visits, physicals, and chronic care, etc., in the morning. Everything will be cleaned. Then infectious care (e.g. cold/flu symptoms) from 1 to 3 p.m. Another cleaning, and then televisits for the rest of the day. Janitorial crew cleans again overnight.
  - Lab appointments will be spaced out throughout the day.
  - Patients 60 years and older, at high risk, or with respiratory conditions are being discussed for home visits.
  - Insurance companies over the next two to three weeks will be dropping televisits from coverage.
  - Medicare and Medicare Advantage will be in-person visits during well care or a home visit if they are higher risk.
  - Masks are mandatory and patients are to come alone (unless they have a baby). Various stations through the clinic will direct patients through the practice with final checkout and exit at the rear entry of the practice.
  - Patients suspecting they have COVID-19 will be seen during the 1-to 3 p.m. timeframe designed for infectious care and will have a car visit.
  - Antibody testing is dependent on patient's insurance. LabCorp is doing the test and will be drawn in lab. Testing is only good to do if 14 days out from symptoms (testing would be scheduled after discussion with provider).

- Mask project update – 60 sewn masks have been provided; additionally, the “You Can Sew It” organization provided 500 masks for patients that do not have their own.
- Televisits – insurance companies may soon discontinue paying for televisits. UHC Prime will continue to pay for televisits. Other plans will be determining if they will continue to pay for televisits.
  - Approximately 1,100 televisits were completed.
  - Televisit survey (79 responses on initial survey)
    - Overall experience was Excellent to Very Good.
    - Two patients had a Poor experience (connectivity/technology issues),
    - Most people were confident in being able to do a future televisit with their provider.
    - Question “How important that we offer televisits in the future” results were distributed across somewhat important to extremely important ratings.
  - Dr. Hammond and Justin have a televisit quality improvement initiative
    - PAC involvement with the initiative moving forward would be beneficial.
- Google/Yelp Reviews - Outreach
  - Patients completing Televisit surveys were asked to post reviews on Yahoo, Google, Yelp, Facebook, or Nextdoor. Had 8-10 reviews
  - Practice cannot respond to reviews posting a problem/issue due to HIPAA.
  - Ideas to encourage patients to leave reviews?
    - Have a card at the front desk (for check-ins or check-outs) to encourage reviews.
    - Note on the lobby screen (and potentially exam room screen).
    - Phrase it in a way of “gift of feedback.”
    - Potential a link in the Pulse.
- WMC Direct - Direct Primary Care (Caitlin)
  - Three patients have been in the program for the last three years.
  - With recent changes in businesses’ ability to provide health insurance, there is a need to share the program with individuals and businesses as well.
    - Health insurance premiums in Colorado are high.
    - Some patients have called to report they have been furloughed and no longer have their health insurance.
    - Membership fee is paid to the clinic in tandem with their health insurance. (California and New Jersey do this; this is new to Colorado.)
    - The WMC Direct does have a patient agreement (minimum term is 30 days).
      - ◆ For patients who have lost their job or their employer is no longer able to help them any longer with health insurance, or is struggling to pay health insurance for a couple of months).
      - ◆ Sharing with the staff at a meeting this week.
      - ◆ Fee paid to the clinic is \$99 per month; if started between now and December 31, fee remains the same. Potentially prices will increase next year.
      - ◆ Included in WMC Direct (with a couple of exceptions), is everything patients already receive.
      - ◆ WMC Direct does not cover medications and prescriptions; they will be cash price. Immunizations and vaccines would be cash price, as well as any diagnostic (x-rays, EKG, etc.).
- Patient Comment Cards (Carol/Jim, 3 min)
  - No new cards

- Grant Updates: AARP, Robert Wood Johnson-loneliness interventions (Caitlin)
    - Dr. Smith is finalist for the grant and has an interview next week. Will know final results in July.
    - Caitlin and Stacey submitted a grant for the Shared Care plan (Innovacer). University of Colorado has another group in Longmont that WMC is potentially meeting next week for the Shared Care plan.
    - Stacey submitted a grant to fund WMC education programs (webinars).
      - Will be advertising in the next Pulse to get more exposure and attendance for the webinars.
      - Explore doing more direct text.
3. **Review Project List** (Jim) 5 min
- PAC agreed to keep the PAC project list.
4. **Current Project Updates and Work** 60 min
- Annual Presentation to Staff
    - Carol and Jim shared the presentation; it went well.
    - Feedback included providing topics for the weekly webinars and assisting with promotion to improve attendance.
      - Participate and assist in televisit future.
      - To assist patients with technology.
      - Held educate the patients on what the televisits are and are not.
      - Participate in community outreach.
      - Active involvement in social projects and infrastructure.
      - Assist in improvement of WMC's online reputation and using the portal to communicate.
  - Patient Outreach Calls (Stacey)
    - Calls may be brief or may be longer. May be the first contact the patient has had in a while and can make a difference.
    - Documentation Tips
      - If something needs attention right away, ask the patient to call the clinic.
      - If a matter needs quicker attention from WMC, call the clinic, identify yourself as a PAC member, and ask to speak to an MA and share the feedback.
      - Document that the patient was referred to contact their provider.
      - State what the patient said...quote them (avoid personal interpretation of patient's statement).
      - Leaving a voice mail.
        - ◆ Leaving a voicemail –Can either not leave a message and call the patient at a later time...or leave a message introducing yourself as a WMC PAC member and the purpose of the call, and asking them to call the clinic to speak with a PAC member. Document that a message was left for the patient.
  - [PAC handbook](#) and [Tracker](#) - PAC choose sections to document (Marie)
    - Please select a portion of the handbook to documented and complete the selected draft.
  - Food Insecurity/Hunger Project (Barb, Audrey)
    - Stacey surveyed providers and staff to determine if they were aware of any food insecurity issues in the community. There was not much feedback – about five names they thought a program would be helpful to give them access to food.
      - This may not reflect current status due to the impacts of COVID-19 and perhaps not recently seeing those patients.

- Barb called the food resource line the on the WMC list of resources; they only assist applicants with filling out applications for SNAP.
- Barb called King Soopers, Safeway, and Walmart. They indicated they would need a non-profit letter to provide gift cards.
- Caitlin/Stacey to check with Board to get a letter from the non-profit to be used for gift cards.
- PAC Organization - Term Limits and Attendance Policy (Marie) – hold for next meeting
- Pulse Review and June Issue (Stacey)
  - Stacey has all the information and written articles she needs; she will work on the format the next few days and will send a draft out to everyone.
- PAC Recruitment (Carol, Jim, Marie)
- Jim contacted the two prospective members who said they would return their packets. Tasks to be done for next meeting.
  - Finish making outreach calls.
  - PAC members select section of the PAC handbook to document.
  - Barb to follow up with the grocery stores and other donation resources pending letter from the non-profit.
  - Stacey to complete June Pulse draft.

5. **New Projects and Ideas**

6. **Next Steps in 30 Days!** **10 min**

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7. **Closing** (Marie) **5 min**

- Adjourn
- Next virtual meeting: June 23, 2020 – 5:30 p.m.-7:30 p.m.

# Patient Comment Cards - 2020

Date Added	Category	Comments	Follow-Up?	Notes
1/24/20	concern from 12/10	Sat and listened to a man and woman w/PAC bullshit in front lobby for 1 hr. Take it behind closed doors. We don't feel well. Anonymous	Will discuss with PAC	
2/25/20	Suggestion	I would like to suggest that you no longer have a cancelation fee. I believe that it is wrong.	N/A	