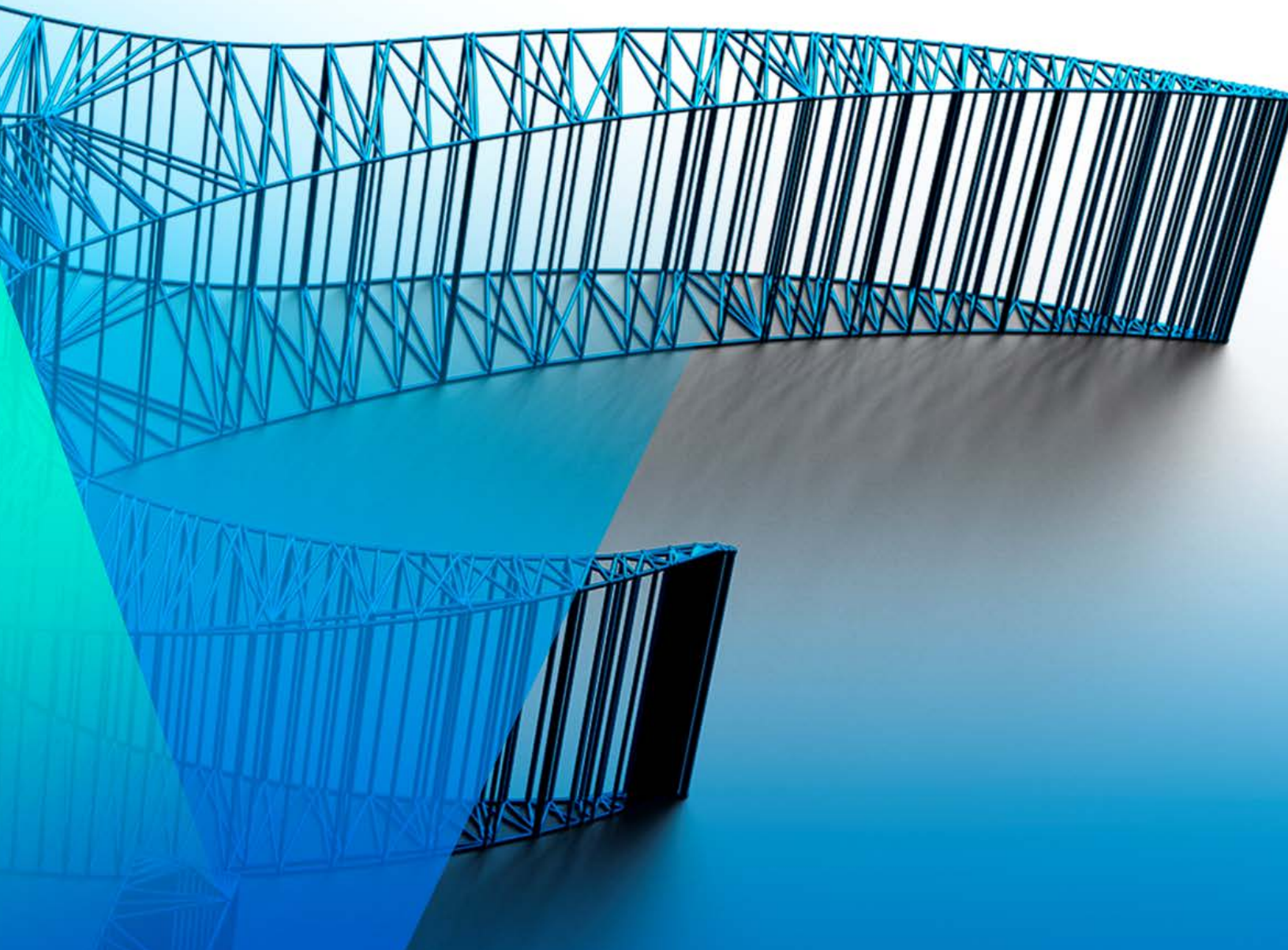


# Patient and Family Advisory Council (PFAC) Toolkit

*Health Systems Transformation Research  
Coordinating Center*

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## Background

- ✓ **Purpose:** To provide best practices that health systems leaders can use when establishing and implementing a patient and family advisory council (PFAC) to advance patient- and family-centered care in their organizations.<sup>1</sup>
- ✓ **Note:** This toolkit compiles best practices from various sources and is not intended to be a prescriptive resource. The development and implementation of best practices listed in this document should be adapted to the individual context of the intended care setting.

## What is a Patient and Family Advisory Council (PFAC)?

- ✓ A PFAC is an established organization within a health system which meets regularly and consists of patients, families, and caregivers who receive or have received care at the practice. Select providers, clinicians, office staff, and leadership are also integrated members of the PFAC and work with patient and family advisors to discuss improvements in care, processes, and experiences.<sup>2</sup>
- ✓ PFACs are an effective strategy for promoting patient and family engagement and advancing a patient- and family-centered model of care. PFACs are a forum for health systems to partner with patients and families that have the knowledge needed to provide guidance on improving the patient and family experience. Importantly, patients and families are viewed as respected members of the care team and essential resources to the practice.<sup>3</sup>
- ✓ PFACs are distinct from “community advisory boards” that are required for all FQHCs. While FQHC boards are focused on community relations and health system leadership, PFACs are an avenue for two-way communication between health system staff and its patients and family caregivers about clinic operations. FQHCs seeking patient-centered medical home certification from the National Committee for Quality Assurance (NCQA) are required to implement patient advisory councils.<sup>4</sup>
- ✓ According to a 2014 estimate, more than 2,000 hospitals—or about 40% of hospitals in the U.S.—have a PFAC.<sup>5</sup> This estimate likely undercounts the current number of PFACs as support for PFACs has grown over the last couple of years. For example, a 2018 report from the Institute of Patient- and Family-Centered Care examining PFAC use in New York State (NY) found that 59% of NY hospitals have a PFAC.<sup>6</sup>
- ✓ PFACs have also been a requirement tied to provider reimbursement in certain alternative payment models. For example, the Center for Medicare and Medicaid Innovation’s multi-payer Comprehensive Primary Care Plus (CPC+) model requires participating primary care

**Health system** is defined as facility-based provider organizations that serve a high percentage of Medicaid-eligible individuals (e.g., public or essential hospitals, federally qualified health centers (FQHCs), integrated delivery systems)

<sup>1</sup>The term “Health systems leaders” encompasses both health system staff (clinical and non-clinical) and administrative/clinical leadership responsible for implementing new models of care (title will vary, but could include providers, medical directors, practice manager or administrator, etc.)

<sup>2</sup>National Partnership for Women and Families. “Key Steps for Creating Patient and Family Advisory Councils in CPC Practices.” April 2013. Available [here](#).

<sup>3</sup>Hattie, Martin J., Knitasha Washington. “Forming a Patient and Family Advisory Council (PFAC).” American Medical Association, August 2016, Available [here](#).

<sup>4</sup>Sharma, Anjana E., Lucia Angel, and Quynh Bui. “Patient Advisory Councils: Giving Patients a Seat at the Table.” Available [here](#).

<sup>5</sup>Lewis, Barbara. “PFACs: Where’s the Money? The Financial Impact on Hospitals.” Available [here](#).

<sup>6</sup>Institute for Patient- and Family-Centered Care and New York State Health Foundation. “Strategically Advancing Patient and Family Advisory Councils in New York State Hospitals.” June 2018. Available [here](#).



practices to regularly convene a PFAC and integrate PFAC recommendations into care and practice improvement activities.<sup>7</sup>

## What is the Significance of a PFAC?

- ✓ PFACs allow healthcare organizations to learn from patient and families' diverse perspectives and lived experiences. Patient and family advisors can pinpoint areas for improvement and provide input on practices and policies that they find meaningful which can positively impact care and strengthen the delivery of patient- and family-centered care.<sup>8</sup> Long-term benefits include better health outcomes for patients, reduced errors and adverse events, increased patient loyalty, and increased employee satisfaction.<sup>9</sup>

## PFACs in the Context of the HSTRC Research Agenda Framework

The HSTRC Research Agenda identifies several priority components of health system models of care that promote health equity and are considered drivers of model success (see Appendix 1). PFACs can be categorized within 3 of the 7 priority components—activity/intervention, resources to support activity/intervention, and defining success (Figure 1).

**Figure 1: PFACs Represent Three HSTRC Priority Components of Health Systems Models of Care**



<sup>7</sup>Misra-Hebert, Anita D., Susannah Rose, Colleen Clayton, et al. "Implementation of Patient and Family Advisory Councils in Primary Care Practices in a Large, Integrated Health System." *Journal of General Internal Medicine* 34 (2019): 190-191; Centers for Medicare and Medicaid Services. "CPC+ Care Delivery Requirements Crosswalk." Available [here](#).

<sup>8</sup>Hattie, Martin J. and Knitasha Washington. "Forming a Patient and Family Advisory Council (PFAC)."; AHRQ. "Working With Patient and Families as Advisors." Available [here](#).

<sup>9</sup>Charmel, PA., SB Frampton. "Building the Business Case for Patient-Centered Care." *Healthc Financ Manage* 62, no. 3 (2008):80-85.

### Case Study: Northwell Health Northern Westchester Hospital

- Patient and family advisors were involved in developing content design for the hospital's Patient Access Tablet, which allows patients to review their clinical information in a patient-centered, user-friendly format, at their bedside.
- Patient advisors worked with the intensive care committee to develop a brochure that orients patients and their families to the intensive care unit (ICU), explaining ventilator and delirium protocols in layperson terms.

Source: Institute for Patient- and Family-Centered Care and New York State Health Foundation. "Strategically Advancing Patient and Family Advisory Councils in New York State Hospitals." June 2018. Available [here](#).



## Commonly Used Terminology and Considerations for Person-Centered Language

The following list of definitions include terms commonly used in the toolkit, along with concepts that health systems staff should be aware of when communicating with or about patient and family advisors. In particular, person-centered language is an essential component of person-centered models of care. The use of person-centered language acknowledges an individual as a whole person and can empower individuals to actively participate as decision-makers and partners in their care.<sup>1</sup>

- ✓ **Patient- and family-centered care:** An approach to the planning, delivery, and evaluation of healthcare that is grounded in mutually beneficial partnerships among patients, families, and health care professionals. These partnerships at the clinical, program, and policy levels are essential to assuring the quality and safety of health care.<sup>2</sup>
- ✓ **Patient and family engagement:** Where patients, families, clinicians, and other practice team members collaborate as partners to improve the patient experience and quality of care.<sup>3</sup> [I don't see citation 3 but I like the Carman Health Affairs definition, which also opens up to PE that happens at personal care level, clinic system level, and at the policy level.] This term acknowledges that family caregivers are key to promoting health and wellness and that whoever takes on this role is not limited to members of the person's direct family. Patients should be allowed the flexibility to define who their family caregiver is and how they want them to be involved in their care.<sup>4,5</sup>
- ✓ **Family (informal) caregiver:** Any relative, partner, friend, or neighbor who has a significant personal relationship with, and provides a broad range of assistance for, an older person or an adult with a chronic or disabling condition. These individuals may be primary or secondary caregivers and live with, or separately from, the person receiving care.<sup>6</sup>
- ✓ **Person-first language:** The American Pharmacists Association and American Diabetes Association recommend the integration of person-first language into clinicians' communication methods when speaking with or about patients. Rather than focusing on a person's diagnosis, person-first language focuses on the person as an individual in a holistic manner, acknowledging their individual values, needs, and preferences (e.g., referring to someone as a "person with Parkinson's Disease" rather than a "Parkinson's Disease patient").<sup>7,8</sup>
  - **Note:** Person-first language is distinct from identity-first language that is preferred by some disability groups in which the disability is referred to first (e.g., referring to someone as an "autistic person" rather than a "person with autism").<sup>9</sup>

*Sources:* 1. Resources for Integrated Care. "Using Person-Centered Language." Available [here](#).; 2. Institute for Patient-and Family-Centered Care. "Advancing the Practice of Patient- and Family-Centered Care in Hospitals." Available [here](#).; 3. Ibid.; 4. Mather, Catherine. "More States Are Requiring Caregiver Engagement—Is Your Organization Ready?" Available [here](#).; 5. Institute for Patient- and Family-Centered Care. "Patient and Family Engagement Strategies." Available [here](#). 6. Family Caregiver Alliance. "Definitions." Available [here](#).; 7. American Pharmacists Association. "Actions of the March 15, 2021 Virtual House of Delegates." Available [here](#).; 8. Dickinson, Jane K., Susan J. Guzman, Melinda D. Maryniuk et al. "The Use of Language in Diabetes Care and Education." *Diabetes Care* 44, no. 10 (2021).; 9. Crocker, Amy F. and Susan N. Smith. "Person-First Language: Are We Practicing What We Preach?" *J Multidiscin Healthc* 12 (2019): 125-129



# Best Practices for Setting up and Facilitating a PFAC

## 1 Ensure Organizational Buy-In

- ✓ **Secure commitment from leadership:** Health system leadership must buy into patient-and family-centered care as an organizational value to create a foundation for successful implementation practice-wide. Consider conducting a leadership readiness assessment to comprehensively gauge the potential for PFAC input to be integrated successfully into health system operations once launched.<sup>10</sup>

## 2 Establish PFAC Health System Team

- ✓ **Assign a staff liaison:** The staff liaison is a patient-facing clinician or staff member that establishes the infrastructure for advisor engagement and facilitates interaction between health systems staff and advisors. This includes sharing information between the practice staff and the council; preparing staff and clinicians to work with advisors; developing a budget; overseeing recruitment, training, and support of patient and family advisors (described further below).<sup>11</sup>
- ✓ **Create a PFAC health system team:** The health system team should be comprised of both clinicians and staff members who are champions of patient and family engagement across all departments/areas of the organization. The team should include both members who have authority to commit resources (e.g., staff in clinician leadership roles ) and those who have time available to do the necessary groundwork for launching the PFAC (e.g., staff with administrative expertise).
  - Consider incorporating at least 1 patient or family caregiver member prior to PFAC launch to ensure that the patient/family perspective is incorporated from the start.
- ✓ **Clearly define roles and responsibilities:** In addition to the staff liaison who serves as the PFAC lead, the health system team should have individuals that take on the following roles:<sup>12</sup>
  - *PFAC Champion:* A physician leader within the practice who values family-clinician partnerships. This role is particularly important for ensuring that PFAC

### HSTRC Grantee: Sinai Urban Health Institute (SUHI)

- SUHI's grantee project aims to assess the extent to which a coordinated, multidisciplinary diabetes care model that addresses both medical and non-medical needs leads to increased healthcare effectiveness and improvement in patient outcomes.
- Created a Patient Advisory Board (PAB) of 10-15 members that meet bimonthly to advise the study, ensuring prioritization of the historical and social contexts in which patients live.
- Asked practice clinicians to identify 1-2 patients and contacted those patients to discuss the PAB's role, responsibilities, and compensation (\$100/2-hour meeting). PAB meetings are intended to teach and train the PAB on research best practices and create space for members to provide feedback on the study overall.
- PAB members co-develop patient interview guides with researchers, conduct a portion of the qualitative data analysis and sense-making, and advise dissemination products and activities.
- Implementation challenges with PAB set-up included:
  - Familiarizing Sinai Health System's Internal Review Board (IRB) on the concept
  - Need to provide significant technology support for some PAB members

<sup>10</sup> Hatlie, Martin J. and Knitasha Washington. "Forming a Patient and Family Advisory Council (PFAC)."; Sharma, Anjana E., Lucia Angel, and Quynh Bui. "Patient Advisory Councils: Giving Patients a Seat at the Table."; AHRQ. "Working With Patient and Families as Advisors."

<sup>11</sup> Pollak, Andrew N. and Ben Steffen. "Patient and Family Advisory Council Guide for Ambulatory Practices." Available [here](#).; AHRQ. "Working With Patient and Families as Advisors."; Hatlie, Martin J. and Knitasha Washington. "Forming a Patient and Family Advisory Council (PFAC)."

<sup>12</sup> Hatlie, Martin J. and Knitasha Washington. "Forming a Patient and Family Advisory Council (PFAC)."; National Partnership for Women and Families. "Key Steps for Creating Patient and Family Advisory Councils in CPC Practices."



recommendations are implemented into organizational policy and workflows, ensuring its alignment with organizational goals and leadership activities.

- *Logistics Coordinator*: Administrative staff member that coordinates meeting dates/times, meeting materials, and other logistical needs.
  - *Recruitment Coordinator*: Patient-facing staff member that oversees recruitment for patient and family advisors.
  - *Notetaker*: Administrative staff member that takes minutes at PFAC meetings.
- ✓ **Determine PFAC structure:**
- *Membership*: Sources indicate that having at least 50% patient and family advisor representation on a PFAC, including one chairperson, is ideal. Generally, PFACs are a maximum of 8-12 members.<sup>13</sup>
  - *Meeting Frequency*: Meetings should be held regularly through the year—most PFACs meet once a month, with exceptions during holiday periods. Ideally, this should be decided in tandem with patient and family advisors.<sup>14</sup>
  - *Mode of Attendance*: Although sources encourage in-person meetings, particularly in the early phases, to ensure engagement, the COVID-19 pandemic has shown that virtual PFAC meetings can decrease barriers to attendance and increase participation from advisors.<sup>15</sup> Videoconferencing is ideal, but audio-only conference calls or a combination based on patient preference is a viable remote strategy.

#### HSTRC Grantee: Denver Health and Hospital Authority (DHHA)

- DHHA partnered with the Colorado Coalition for the Homeless to assess the feasibility and acceptability of a “Housing and Integrated Model of Care” that integrates existing data to align housing and services to PEH.
- Community Advisory Panel (CAP) is comprised of patients with lived experience of homelessness and frontline care providers with relevant experience caring for the homeless population.
- The CAP helps identify health and social priorities for people experiencing homelessness (PEH) and the development and direction of programs, services, and research. They collaborate with researchers to develop in-depth interview and focus group discussion guides.

### 3

## Recruit and Select Patient and Family Advisors

- ✓ **Develop a recruitment plan:** A recruitment plan is necessary for laying out the anticipated timeline for publicizing the PFAC opportunity to patients and family caregivers as well as brainstorming recruitment criteria and outreach modalities. The recruitment plan should involve multiple outreach techniques, use lay-person language, and be linguistically appropriate according to languages spoken in the communities served.<sup>16</sup> Intentional recruitment may take 6-12 months to result in a successful PFAC.
- ✓ **Identify and recruit candidates:** Leverage multiple resources (e.g., relationships with community organizations) and ask health system team members to identify candidates that have familiarity with the organization. To increase reach and ensure adequate

<sup>13</sup> National Partnership for Women and Families. “Key Steps for Creating Patient and Family Advisory Councils in CPC Practices.”; Institute for Patient- and Family-Centered Care and New York State Health Foundation. “Strategically Advancing Patient and Family Advisory Councils in New York State Hospitals.”; Sharma, Anjana E., Lucia Angel, and Quynh Bui. “Patient Advisory Councils: Giving Patients a Seat at the Table.”

<sup>14</sup> Hatlie, Martin J. and Knitasha Washington. “Forming a Patient and Family Advisory Council (PFAC).”

<sup>15</sup> Hatlie, Martin J. and Knitasha Washington. “Forming a Patient and Family Advisory Council (PFAC).”; Schlaudecker, Jeffrey D. and Keesha Goodnow. “The Virtual Patient and Family Advisory Council in the COVID-19 Era.” *J Am Board Fam Med* 34, suppl. (2021): S37-S39.

<sup>16</sup> “Lay-person language” refers to plain language that the average person can understand, as opposed to technical jargon that can only be understood by experts in the particularly subject or activity.



representation, consider advertising PFAC opportunities on the hospital website or through e-mail blasts or messages posted to the patient portal, if available.<sup>17</sup>

- ✓ **Conduct candidate interviews:** Develop an application and interview guide for completion by patient and family caregivers who are interested in serving on the PFAC. Applications should include questions about basic demographic information as well as open-ended questions on the reason why candidates want to become an advisor, prior relevant experiences working in groups or committees, and/or suggestions or ideas they have had about their care at the facility. The interview questions should build off of applicants' application responses and further explore ideas that the applicant may have for improving the patient experience.<sup>18</sup>
- ✓ **Set expectations:** When interviewing candidates, clarify PFAC membership responsibilities and expectations (typically a 1-2-year commitment), meeting frequency, available training support, and how the application process works. Ensure that applicants understand how PFAC work will contribute to broader organizational priorities and growth.<sup>19</sup> A written agreement and orientation folder may be helpful to set expectations. Code of conducts can be utilized from the system's volunteer program. There should be clear parameters for conduct for ease of referral moving forward.
- ✓ **Select PFAC members:** Ensure that selected advisors are representative of the diversity of communities served (e.g., race, age, ethnicity, family structure, etc.). Advisors should have varying diagnoses and experiences—both positive and negative—or participate in varying treatments and programs.<sup>20</sup>

## 4

### Launch and Sustain the PFAC

- ✓ **Remove barriers to PFAC attendance:** Establish reimbursement/stipends for PFAC involvement and identify enabling services that remove barriers to member attendance (e.g., providing child/elder care services during meeting times). Consider holding PFAC meetings virtually to mitigate barriers to in-person attendance.<sup>21</sup>

#### HSTRC Grantee: Johns Hopkins Health System

- The Johns Hopkins grantee project aims to understand how telehealth services can promote health equity for Medicaid-enrolled children and develop a sustainable plan for integrating telehealth into pediatric primary care models serving Medicaid enrollees after the pandemic.
- They are leveraging two of their clinics' existing patient and family advisory boards:
  - The Harriet Lane Clinic Community Advisory Board (CAB) was established a decade ago to guide the clinic's programs and services.
  - The Children's Medical Practice has a robust Latino Family Advisory Board (LFAB) that was established in 2011 and is comprised of parents of patients at the practice. Demographics of the LFAB reflect that of the larger clinic population.
- Both clinics' advisory boards will provide feedback on the development of patient/family and stakeholder interview guides and participate in interviews to guide the future of pediatric telehealth use at each clinic site.

<sup>17</sup> Hatlie, Martin J. and Knitasha Washington. "Forming a Patient and Family Advisory Council (PFAC)."; AHRQ. "Working With Patient and Families as Advisors.;" National Partnership for Women and Families. "Key Steps for Creating Patient and Family Advisory Councils in CPC Practices."

<sup>18</sup> Ibid.

<sup>19</sup> AHRQ. "Working with Patient and Families as Advisors.;" West, Meghan and Laurie Brown. "Patient and Family Advisory Council, Getting Started Toolkit." Available [here](#).

<sup>20</sup> National Partnership for Women and Families. "Key Steps for Creating Patient and Family Advisory Councils in CPC Practices.;" Hatlie, Martin J. and Knitasha Washington. "Forming a Patient and Family Advisory Council (PFAC).;"

<sup>21</sup> National Partnership for Women and Families. "Key Steps for Creating Patient and Family Advisory Councils in CPC Practices.;" Sharma, Anjana E., Lucia Angel, and Quynh Bui. "Patient Advisory Councils: Giving Patients a Seat at the Table."



- ✓ **Provide onboarding and orientation:** Familiarize patient and family advisors with practice leadership, provide overviews of clinic workflow processes, and orient them to the organization's quality and safety work.<sup>22</sup>
- ✓ **Align on PFAC goals and projects:** Collaboratively develop a charter and action plan that includes milestones, measures of success, a timeline, and a mechanism for consensus and decision-making. PFAC launch will involve brainstorming project ideas to direct the group towards a common purpose. Sources encourage the consideration of short-term projects early on that can be a “quick win” to gain and sustain momentum.<sup>23</sup>
- ✓ **Continually evaluate PFAC performance:** Obtain feedback on the value that the PFAC has brought to the practice. This is essential for providing a rationale to sustain the PFAC. Qualitative assessments (e.g., focus groups) are the best way to measure the PFAC's early impact based on others' perspectives; quantitative assessments (e.g., patient satisfaction surveys) should be considered as the PFAC continues to develop.<sup>24</sup>
  - Sources strongly encourage the development of an annual report that summarizes PFAC accomplishments and future plans as a best practice. The report should be disseminated both internally within the health system and also to the community.<sup>25</sup>

## Additional PFAC Resources

PFACs are important for driving quality and patient experience improvement initiatives that are meaningful for patients and their family caregivers and further health system efforts towards a patient-centered model of care. The following resources provide additional information for health systems staff that are interested in implementing a PFAC and enhancing person-centered practices in their organization.

Resource	Description
<a href="#">Patient Advisory Councils: Giving Patients a Seat at the Table</a>	This resource from the American Academy of Family Physicians outlines best practices for setting up a PFAC and conducting PFAC meetings, along with potential barriers that may impede PFAC implementation.
<a href="#">Forming a Patient and Family Advisory Council (PFAC)</a>	This training module from the American Medical Association (AMA) contains steps for forming and sustaining a PFAC. The module also contains helpful resources including, but not limited to, a sample PFAC charter, leadership readiness assessment, and advisor information session ideas.
<a href="#">Patient Family Advisory Councils: 2019 Toolkit</a>	This resource from the Colorado Hospital Association details steps for developing, implementing, and sustaining a PFAC for a hospital staff audience. It also compiles external tools that are helpful throughout each stage of integrating a PFAC.

<sup>22</sup> National Partnership for Women and Families. “Key Steps for Creating Patient and Family Advisory Councils in CPC Practices.”; Hatlie, Martin J. and Knitasha Washington. “Forming a Patient and Family Advisory Council (PFAC).”; AHRQ “Working With Patient and Families as Advisors.”

<sup>23</sup> Hatlie, Martin J. and Knitasha Washington. “Forming a Patient and Family Advisory Council (PFAC).”; Pollak, Andrew N. and Ben Steffen. “Patient and Family Advisory Council Guide for Ambulatory Practices.”; Colorado Hospital Association. “Patient and Family Advisory Councils: 2019 Toolkit.” Available [here](#).

<sup>24</sup> Hatlie, Martin J. and Knitasha Washington. “Forming a Patient and Family Advisory Council (PFAC).”;

<sup>25</sup> Institute for Patient- and Family-Centered Care and New York State Health Foundation. “Strategically Advancing Patient and Family Advisory Councils in new York State Hospitals.”





<a href="#">PFAC Online Toolkit</a>	<p>This online repository from the University of Cincinnati contains helpful resources and sample materials that health systems staff can leverage throughout the lifecycle of a PFAC, from conception to performance evaluation.</p>
<a href="#">Working with Patient and Families as Advisors: Implementation Handbook</a>	<p>This resource from the Agency for Healthcare Research and Quality provides step-by-step instructions and considerations for preparing an organization to launch a PFAC, recruit patient and family advisors, and conduct PFAC meetings.</p>
<a href="#">Patient and Family Advisor Recruitment Guide and Onboarding Toolkit</a>	<p>This resource from the AMA and Johns Hopkins Medicine assists health system staff in facilitating recruitment and orientation for patient and family advisors. Tools include recruitment fliers, application forms, sample offer letters, and an example orientation session slide deck.</p>
<a href="#">Patient and Family Advisory Council Self-Assessment</a>	<p>This self-assessment tool from the Institute for Patient- and Family-Centered Care allows PFACs to assess their strength and effectiveness and determine whether they have the capacity to engage in research.</p>
<a href="#">CIRTification Community Researcher Training</a>	<p>For practices interested in engaging PFAC members as community researchers, this human research protection training from the University of Illinois Chicago's Center for Clinical and Translational Science is uniquely intended to educate community research partners on research ethics.</p>



# Appendix 1: HSTRC Research Agenda Priority Components of Health Systems Models of Care

Priority Components: Models of Care	
<p><i>Type of Needs Addressed</i></p> <ul style="list-style-type: none"> <li>Physical (e.g., preventive, oral health, acute, and chronic care)</li> <li>Mental health and substance use disorder (e.g., anxiety, depression)</li> <li>Healthy behaviors (e.g., diet, exercise)</li> <li>Social (e.g., food, housing, transportation, education, social networks and connectedness)</li> <li>Functional (e.g., disability, functional status)</li> <li>Economic (e.g., employment, financial reserves)</li> </ul>	<p><i>Target Population</i></p> <ul style="list-style-type: none"> <li>Marginalized populations (e.g., racial/ethnic minorities, LGBTQ+, homeless, immigrants, disabled)</li> <li>Stage of life (e.g., women of childbearing age)</li> <li>Gender (e.g., female, male, transgender, non-binary)</li> <li>Insurance status (e.g., Medicaid-insured, Medicaid-eligible, dual-eligible)</li> <li>Geography (e.g., rural, urban)</li> <li>Condition area (e.g., acute, chronic, mental health, substance use disorder)</li> </ul>
<p><i>Activity/Intervention</i></p> <ul style="list-style-type: none"> <li>Service redesign (e.g., care coordination, patient stratification, transitions of care, care management)</li> <li>Education (e.g., campaigns, group learning)</li> <li>Best practices (e.g., patient-centered goal setting, patient engagement, SDM, deploying staff or care teams to meet people where they work and live, use of standardized approaches)</li> <li>Technology/innovation (e.g., telehealth, electronic/asynchronous communication)</li> <li>Partnership (e.g., partnership between community-based organization, payers, social/human services agencies and health system)</li> <li>Staff design and care management (e.g., community health workers, care teams, care planning tools)</li> </ul>	<p><i>Resources to Support Activity/Intervention</i></p> <ul style="list-style-type: none"> <li>Communication strategy (e.g., communication mode(s) with target population of model, communication mode(s) with staff of model)</li> <li>Staff (e.g., number of staff, staff position, staff onboarding/training, staff resources, establishment of career paths, provider readiness to change, cultural competence)</li> <li>Funding (e.g., funding source, funding mechanism)</li> <li>Staff time (e.g., required staff time)</li> <li>Access to data (e.g., data exchange, data ownership)</li> <li>Leveraged assets (e.g., community networks, community resources, community liaisons, community trust)</li> <li>Implementation supports (e.g., practice facilitation, technical assistance, learning collaboratives)</li> </ul>
<p><i>Data</i></p> <ul style="list-style-type: none"> <li>Source (e.g., EHR, patient-reported, social service)</li> <li>Type (e.g., quantitative, qualitative, structured)</li> <li>Measure (e.g., quality/performance measure, indicators of equity)</li> <li>Outcomes (e.g., data reporting, management, and improvement)</li> <li>Exchange (e.g., transfer of data within/between health systems and social/human services agencies)</li> <li>Integration (e.g., linking, merging, or using in clinical application)</li> </ul>	<p><i>Mechanism</i></p> <ul style="list-style-type: none"> <li>Policy (e.g., health system policy, local, state, and federal policy)</li> <li>Payment model (e.g., capitation, bundled payment, pay-for-performance)</li> <li>Collaboration (e.g., cross-stakeholder collaboration)</li> <li>Standards (e.g., accreditation, licensure, maintenance of certification)</li> </ul>
<p><i>Defining Success</i></p> <ul style="list-style-type: none"> <li>Community input and impact (e.g., improvement in patient activation)</li> <li>Scope/scale/time (e.g., number individuals reached, length of period for change)</li> <li>Thresholds (e.g., number of patients reached that constitutes success)</li> <li>Outcomes measurement (e.g., patient experience, population health, cost)</li> </ul>	

