

Person- and Family-Centeredness: Overview of Grant Efforts and Accomplishments

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I. Context

In 2012, the Department of Health Care Policy and Financing (Department) received grant funding from The Colorado Health Foundation (TCHF) to engage the Institute for Patient- and Family-Centered Care (IPFCC) in an assessment of the Department's preparedness to support client- and family-centered care approaches. Following a three-day site visit and more than 75 interviews with clients, families, staff, and advocates, IPFCC produced a set of recommendations (see [Advancing the Practice of Client- and Family-Centered Care for the Colorado Department of Health Care Policy and Financing, 2012](#)). Subsequent funding from TCHF in 2014 allowed the Department to begin the initial implementation of those recommendations. In October 2015, the Department submitted a funding request to TCHF to expand the work to include partners and providers.

In the absence of a single, universally accepted interpretation of "person-centeredness," the Department has adopted a definition that is both specific enough to guide the work, and broad enough to encompass interactions with colleagues, providers, partners, and clients. **The Department defines being "person-centered" as thinking and behaving in ways that respect and value other people's individual preferences, strengths, and contributions.**¹

There has been much work in recent years to infuse patient-and family-centered principles into health care settings. The challenge of this project was to adapt these principles to an organization that pays for services but does not directly provide services to individuals. Some programs and places in the Department are clearly aligned with person-centered values and principles. For example, the Office of Community Living is heavily engaged with clients, advocates and stakeholders to design a person-centered long-term services and supports system. In other areas of the Department employees have very little interaction with clients; understanding what it means for our organization to be person-centered was sometimes a challenge. The overall goal of the effort is to

¹ In direct-care contexts, similar concepts are expressed as "patient-centered" approaches.

integrate person-centered principles into Department business processes, policies and partnerships. In order to do that, everyone in the organization should be able to connect to the mission and vision of the Department and draw a line from their individual work to its ultimate impact on clients.

A. Overall Goal

Integrate person-centered principles into Department business processes, policies, and partnerships.

B. Benefits

For the Department

Increased employee engagement and satisfaction when all Department staff members understand why and how their work matters to the clients we serve. Clients and families are more engaged and participate actively in their care when their individual needs and goals are valued, which may result in improved, cost-effective outcomes.

For Clients and Families

Quality of programs and services improves when decisions are informed by the individual perspectives and experiences of clients and their families. Increased client engagement in their health and health care because they feel valued and respected and the programs and services match their specific needs.

II. How Is This Work Happening?

A. Executive Team

Department leaders who model, drive, and support person-centered culture change.

The Executive Team worked in concert with internal Champions and the In-Person Advisory Council to create the person-centeredness metrics, and developed and refined the strategies for person- and family-centeredness. In addition, the Executive Team has approved funding for In-Person Advisory

Council meetings through June 2016, and has integrated the Strategic Plan for Person- and Family-Centeredness into the Department Performance Plan.

B. Internal Champions

HCPF staff who were self-identified or nominated to lead, manage, and facilitate culture change by identifying specific processes and policies that can become more person-centered.

Our team of internal Champions includes over 30 members from every office at HCPF. The Champions have been meeting monthly since May 2015. Champions performed a “Gap Analysis” with their Offices/Sections to identify potential strategies for achieving person-centered change within the Department. Over the course of several meetings, Champions informed the identification of tactics, messages, and channels for the person-centeredness communication plan. Since October 2015, Champions have been involved in work groups to inform the development of staff training in person-centeredness, and further work on the Strategic Plan, as well as appearing in videos intended to help all employees understand how their work connects to HCPF clients.

C. In-Person and Virtual Advisory Councils

Clients and family members who represent the diversity of Medicaid and Child Health Plan *Plus* (CHP+) populations provide input and work collaboratively with the Department to identify and implement person-and family-centeredness practices.

Our Person- and Family-Centered In-Person Advisory Council first met on April 14, 2015. As of September 2, 2015, we have received direct feedback from the Advisory Council on 28 different documents from seven divisions in the Department. The Department has also set a goal to test a least 50 documents with the Advisory Council prior to the end of Fiscal Year 2015-2016. The documents range from letters sent to the entire Medicaid population to a script for a new interactive website guide.

The Person- and Family-Centeredness Virtual Advisory Council was conceived as a way to increase and diversify the client and family-member voice by involving clients and family members who are unable to attend in-person meetings. Recruitment began for the Virtual Council in June 2015 and launched in October 2015. To date we have solicited feedback on six concepts and documents including frequently asked questions and videos formats.

III. Ongoing Efforts

A. Recruitment for Advisory Councils

The In-Person and Virtual Advisory Councils are for current or recently enrolled Medicaid or CHP+ members, or family members/caretakers of a current Medicaid or CHP+ member. Council members work with the Department to help create sustainable culture change toward person-centeredness. For more information and to apply online go to: colorado.gov/hcpf/mfac or contact HCPF_PeopleFirst@state.co.us.

B. Recruitment for Internal Champions

Recruitment is ongoing for the internal Champions group. The group will continue to meet quarterly and in smaller workgroups to help spread the concept of person-centeredness throughout the Department.

C. Quarterly Stakeholder Written Updates

Quarterly written updates on the Department's ongoing efforts toward incorporating person- and family-centeredness values into our processes, policies, and partnerships will be posted on our website at colorado.gov/hcpf/person-and-family-centeredness-advisory-councils. Additional communication vehicles include *At a Glance*, our monthly Department newsletter, and existing stakeholder group mailing lists. Department publications and reports can be found at <https://www.colorado.gov/hcpf/about-hcpf>.

D. Future Projects

1. Strategic Plan Implementation

The Department has applied for additional funding from TCHF to help fully implement the Person- and Family-Centeredness Strategic Plan, which was developed in Phase I.

2. Extending Person-Centered Practices to Contractors

The Department has applied for additional funding from TCHF to extend person-centered practices to selected contractors as a pilot project, with the ultimate goal that person-and family-centered principles permeate all Department business practices, policies and partnerships.

We appreciate your feedback. Please email any questions or suggestions to:
HCPF_PeopleFirst@state.co.us.