EDITORIAL AND COMMENT

Achieving Results-Oriented Goals Through Patient Partnership

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As a patient and an active family advisory council (PFAC) member, my role is to work alongside my healthcare system, Cleveland Clinic (CCF), to improve healthcare. In my experience serving on councils over the past five years, it has been heartening to know the voice of the patient is being heard and/or increasingly positively impacting the way we approach all aspects of healthcare.

Because I feel so passionately about this purpose, I participated in the re-imagining of Cleveland Clinic's model for meaningfully partnering with patients and family members or support persons (Our Voice: Healthcare Partners (OVHCP)). It was my mission—our mission—this model would effect a culture change in which patients were seen as partners, working alongside employed caregivers in improving healthcare.

Reading through the article, "Patient, family, and community advisory councils in health care and research: a systematic review,"[1] we are provided with a wealth of learning, opportunity, and responsibility. From my patient perspective, this article brings to light our need to elevate this work in specific areas—goals, metrics, and communication.

To begin, unfortunately, this article demonstrates that much of the previous research on advisory councils did not look to a predetermined, identified final goal. This is a significant gap given that goals serve as specific destinations for the work to be completed. Without a destination, one wanders aimlessly; one cannot effectively positively impact healthcare without knowing where one is going, what one is striving to achieve. Goals point us in the direction we need to take in order to effectively incorporate patients' input and perspective into everyday healthcare. As goals and directions currently exist in every healthcare organization, incorporating the patient voice into these already-established and purposeful goals can and should become a seamless and integral part of a system's culture and intentional efforts.

With the traditional or newly visioned goal set, the next task is to establish measurable, meaningful metrics. In so doing, one can clearly see if the work being completed along the way draws us closer to achieving the goal. The use of pre-existing metrics to meet traditional system goals is the simplest, most transparent way to determine if the co-designed change/path taken has a positive impact and should be continued, modified, or abandoned for an alternate option. When traditional, pre-existing metrics are not readily available, as would be the case with the re-imagining of the future face of healthcare, patients and employed caregivers would work together to establish data points of importance to determine the progress being made and/or to identify opportunities for improvement, where applicable. Embedding the patient perspective at the very initial phase of design facilitates success and reduces the likelihood of going off in a misguided direction. The goal is to collaboratively reach the optimal outcome, as this will be worth the additional time and resources for the long-term gain.

The article suggests three principles; the second stating patients with greater community credibility are more effective contributors. It is easy to agree that providing proper orientation to this role is essential for success, but it is not clear that to be optimally effective, one needs to have experience in leadership. I worry those reading this may change their recruitment practices detrimentally. This assumes patients coming to this work need to adapt themselves as partners rather than asking the health system to adapt to be in partnership with those it serves. Designing care of a community will be done more effectively if we begin to see both problems and opportunities from the various perspectives we serve and with which we identify. This will require change in culture, energy, and effort with the end result being more effective collaborations and designs.

During this time of movement and measurement (goals established and data points obtained and analyzed), when we arrive at outcome challenges and successes, these become celebration opportunities to be communicated—either way. Challenges demonstrate a system's ability to think outside of old-culture, non-patient-centered paradigms to improve healthcare. Successes highlight how systems, their employees, and their patient populations can work together to co-design the future of healthcare.

Communicating successes and opportunities for improvement is not a new concept. However, with whom that information is shared might be. Systems must not be afraid or hesitate to share this knowledge to all levels of its

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organization—both employed caregivers and patients alike. Every person involved in the process of improving healthcare will benefit and be positively motivated from such a sharing of information. When a system's voice becomes Our Voice (that of both employed caregivers and patients), improved healthcare will become the outcome—the future face of healthcare.

I challenge all healthcare systems to intentionally seek out, listen to, and partner with patients in those areas in which they are passionate. Invite and engage patients to work alongside you via whatever method works best for both parties (face to face, voice to voice or screen to screen) from the get go. The future of healthcare and its successes will be designed at the intersection of patients and caregivers.

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