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**Title**

*Patient Provider Engagement in Family Medicine: A Qualitative Study from the PROMIS Learning Lab*

**Priority 1 (Research Category)**

Practice management and organization

**Presenters**

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**Abstract**

Context: Patient engagement in family medicine clinics is critical for successful clinical experiences and patient outcomes. Improving patient engagement may lead to increased adherence to medications/treatments and shared decision-making.

Objective: The purpose of this study was to explore the tools/processes/technologies used to improve patient engagement in family medicine clinics. A secondary purpose was to identify what practices providers/administrators would like to use along with what prevents using them.

Study Design and Analysis: Qualitative, semi-structured interviews conducted virtually.

Setting or Dataset: Ten family medicine clinics.

Population Studied: Administrators at family medicine clinics from varying practice structures in the United States.

Outcome Measures: tools/processes/technologies for and barriers to patient engagement

Results: The clinics included 1 federally qualified health center, 1 concierge practice, 2 academic health center affiliated clinics, 1 community based clinic, 1 county hospital affiliated clinic, 2 private practices in

urban areas, 1 private practice in a suburban area, and 1 practice that provides family medicine care to HIV/AIDS and PREP patients. Clinic structure varies greatly including office hours, technologies, length of visits, services offered, and insurances accepted. EHRs offer a variety of services, but not all facilities have access to them or use them due to their patient population. Tools used to improve patient engagement include 1. Automatic texting, voicemail reminders, or automatic appointment scheduling, 2. Patient portals, 3. Home blood pressure monitors or glucometers, 4. Layout of clinic exam rooms, 5. Use of companies to prescribe supplements, 6. Interpreting services or technologies, 6. Patient home visit summary, and 7. Pictures or copies of prescriptions. Barriers to patient engagement include: 1. Limited time, 2. Difficulty communicating with specialists or other providers, 3. Cost of new technology, 4. Inability to get records from hospitals in a timely manner, 5. Not enough staff, 6. Not enough clinic space, and 7. Language barriers.

Conclusion: Engagement methods between providers and patients vary greatly among sampled family medicine clinics. There is no one-size-fits-all tool or process for patient engagement. Effective strategies to improve patient engagement will vary by clinic structure.