



Agency for Healthcare
Research and Quality

Key Driver 5: Engage with Patients and Families in Evidence-Based Care and Quality Improvement

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The best evidence will not result in improved clinical outcomes unless it is put into practice. One often overlooked aspect of making care evidence-based is engaging patients and their families in considering the evidence and how it applies to them and their care. Practices need to know how to identify patients who are affected by new evidence, communicate clearly about the evidence and its implications, and use shared decision-making techniques to arrive at an evidence-informed care plan. Some patients will need support in the community to help them follow through on their plans. Practices can assess patients' need for community resources and direct them to organizations with which the practice has established referral agreements. Finally, practices can recognize that patients and families have a unique perspective to lend to quality improvement efforts and involve them in them in process of moving evidence into practice.

Select a Change Strategy to access related tools and resources.

Change Strategies

[Involve patients and families in moving evidence into practice](#)

Practices can benefit from enlisting the help of patients and families in moving evidence into practice. A frequent first step is for practices to ask patients and families for feedback on materials to educate their peers on new evidence. Practices can also convene groups of patients and families, as well as other members of the community, to tell the practice what about this new evidence is important to them and what messages are likely to be effective. Some practices obtain feedback by administering brief surveys. More advanced practices can integrate patients and family members into their quality improvement teams, in general or for a specific topic. Practices need to have clearly defined roles for patients on QI teams and should show them how their feedback is used. Another advanced strategy for partnering with patients and families is forming a Patient and Family Advisory Committee (PFAC) to ensure that improvements for delivering evidence-based care also meet patients' and families' needs.

[Link patients and families with community resources to assist them in implementing evidence-based care plans and meeting their health goals](#)

Patients may need help in following evidence-based care plans, such as an exercise class or a nutritional assistance program to make healthy eating affordable. Care teams should determine which community resources patients need in order to be able to focus on evidence-based recommendations for improving their health. To successfully link patients and families with community resources, practices should assign responsibility for keeping information about resources current.

[Support patient and family engagement in their own evidence-based care](#)

Clinicians and other team members can successfully engage patients and families by listening and being respectful, tailoring presentations of the evidence to patients' specific conditions and concerns, and explaining risks and benefits clearly. Patient education materials have to be easy-to-understand, bearing in mind that a third of adults have limited health literacy and even more face significant challenges in understanding numbers and estimations of risk. Successful patient and family engagement also involves checking understanding, eliciting values and preferences, encouraging questions, using other shared decision-making techniques such as high quality decision aids, co-developing patient-centered care plans, and providing self-management support. Practices should train staff in these skills and consider periodic refreshers. This does not mean that clinicians cannot use more traditional methods of engaging patients and families, such as motivational interviewing or the 5 A's. The essential thing is keeping the focus on creating partnerships and trusting relationships. Recognizing that support at home is often critical to following through on care plans, practices can invite patients to bring family members or friends with them. Clinicians may also need to help patients who come to the office with "evidence" printed from the Internet or torn out of a magazine understand that good evidence comes from more than one study, and that not all sources of information are trustworthy.

[Establish workflows that identify and engage patients affected by changing evidence](#)

When evidence changes, practices need to determine which of their patients are affected by the new recommendations or guidelines. This function could be handled centrally by the practice, or each clinical team could take responsibility for identifying and reaching out to patients in its panel to reassess care plans in light of the new evidence. Practices that have electronic health records and registries will find them useful to identify affected patients. Practices can establish protocols to identify affected patients as they come for appointments. Clinicians can engage patients at that visit, or make an appointment to discuss the implications of the new evidence at a future visit. When affected patients are not scheduled for a visit and the evidence is significant enough to require urgent action, practices experienced in population health care should assign a team member to use phone calls, patient portals, postcards, and secure emails to contact patients.

Access all the [tools and resources](#) for Key Driver 5: Engage with patients and families in evidence-based care and quality improvement.

Access [descriptions](#) of all EvidenceNOW Key Drivers and Change Strategies.

Access the [EvidenceNOW Key Driver Diagram](#).

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Page last reviewed November 2018

Page originally created November 2018