PCPCC Patient/Family Engagement Framework	Considerations
FOUNDATIONS FOR EFFECTIVE ENGAGEMENT **I. Mutual goal and expectation setting** **II. Mutual progress feedback** **III. Patient-provider relationship development** **IV. Availability and use of appropriate health care setting** (includes selection of primary care provider vs. emergency department, advanced access techniques such as e-mail and Web portals, etc.)	Engagement starts with the patient's goals. Healing and health maintenance are, by their nature, goal-oriented processes; yet not all patients with a given condition have the same goals. Discussion, clarification and understanding of goals create the foundation for a long-term successful relationship between patient and provider. At the same time, establishing mutual expectations, and a process for reviewing progress against expectations, forms the basis for shared accountability through assessing effectiveness of the joint interventions intended to achieve those goals.
V. Accurate and complete information flow between patient and provider a. Medical history and current medication list b. Behavioral risk factors c. Current issues and concerns (including psycho-social) d. Review and communication of care coordination issues	A good patient history and up-to-date medication information are often taken for granted. However, practices that begin sharing access to electronic medical records with their patients often find that doing so uncovers a variety of simple errors that might otherwise have gone undiscovered. Other areas of opportunity include more effective identification of behavioral risks such as substance abuse and depression, as well as non-medical issues (e.g., family, economic or work stress) that may have a significant impact on the patient's ability to manage health status and treatment regimen.
VI. Patient activation for self-management a. Patient knowledge of key health targets and actual values (e.g., blood pressure, cholesterol, etc.) b. Healthy lifestyle attributes (eating, drinking, smoking, exercise) c. Adherence to therapeutic regimen (broadly defined) and other chronic disease self-management behaviors d. Patient knowledge of and participation in appropriate wellness and/or disease management programs available in the community or workplace	There are many dimensions to self-management, and a wide variety of strategies for increasing patient activation to improve it. The most effective are generally based on an understanding that patients can have differing long-term goals and will be starting from different stages of readiness. They include motivational interview techniques to identify goals, determine readiness and identify specific objectives and interventions with which the patient has a reasonable probability of success.
VII. Shared decision making a. Provider understanding of patient goals and preferences b. Patient knowledge of options, risks and benefits c. Patient participation in decision process	This is an area where recent research has shown significant opportunities to improve knowledge on both sides. Physicians frequently do not understand patient goals and preferences, and patients are often under-informed about basic facts relative to their condition and treatment options. Creating the conditions for effective shared decision-making requires an interactive process to remedy these critical information gaps.
VIII. Family engagement and activation a. Congruent goal setting b. Family member present at visit for dependent patient c. Family members are active participants in care process for dependent patient d. Family as support network for patient self-management (including non-dependents)	Family engagement and activation is critical in the case of dependent patients who are not fully able to care for themselves. It can also be important as a support network for any patient with a chronic condition or a desire to effect a behavioral change.