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## Partnering with Patients in Equity-Centered Quality Improvement

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Implementation Spotlight



## Executive Summary

Engaging patients in quality improvement (QI) is essential to designing solutions that meaningfully address health disparities and advance equity. This implementation spotlight highlights the value of embedding patient perspectives within an equity-centered QI program, drawing on firsthand experiences from the California Quality Collaborative (CQC)'s [Equity and Quality at Independent Practices in Los Angeles County](#) (EQUIP-LA) initiative. It reflects CQC's commitment to integrating health equity across its programming and improvement efforts.<sup>1</sup>

The approaches presented include practical examples from EQUIP-LA (2023-2025), which supported 31 independent primary care practices throughout Los Angeles County to reduce disparities related to chronic conditions and preventive care. These practices collectively served over 50,000 Medi-Cal enrollees, the majority of whom self-identify as Hispanic or Latino, American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander.

Practice-level QI efforts were supported by a network of community-based coaches embedded within four participating provider organizations, [Allied Pacific IPA](#), [Angeles IPA](#), [L.A. Care Direct Network](#) and [Omnicare Medical Group](#). These coaches received ongoing training and tailored guidance from CQC's team of improvement advisors on applying an [equity-centered QI framework](#).

### Key Terminology

#### Patient Family Engagement (PFE)

The active involvement of patients and their families in initiatives aimed at improving the safety, quality and experience of health care.

#### Social Drivers of Health (SDOH)

The conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.<sup>2</sup>





## Centering People in QI

At its core, QI is about people. An intervention is only an improvement if it benefits and meets the needs of those most affected by it. In health care, failing to meaningfully involve patients can lead to solutions that overlook real-world needs. Patients bring critical insight into barriers like discrimination, cultural mistrust and unmet social needs, which may be invisible from a clinical lens. Grounding QI efforts in lived experience allows teams to design care that is not only effective but also culturally relevant and accessible.

To facilitate this work, EQUIP-LA brought together a broad coalition of stakeholders to co-design, implement and evaluate the initiative. Stakeholders represented diverse perspectives and areas of expertise and intentionally sought ways to elevate nontraditional voices. This collaborative approach valued lived experience, promoted shared ownership and prioritized ongoing patient engagement.

## Community-Driven Design

To build an equity-centered improvement intervention, it's critical to first understand the people and communities the effort is meant to serve. This means taking time to understand lived experiences and creating space for patients to help define both the problem and the solution.

As part of the initiative's co-design process, CQC and [PFCCpartners](#), EQuIP-LA partner and PFE advisor, sought to learn more about patients' lived experiences receiving care. In partnerships with L.A. Care, CQC and PFCCpartners co-hosted a listening session to understand how patients managing chronic conditions accessed and experienced care within primary care settings. Fifteen residents from across L.A. participated in a virtual listening session. Collectively, participants shared powerful firsthand accounts that consistently identified SDOH—such as transportation challenges, housing instability and language barriers—as major obstacles to timely, effective care.

The insights gathered during the listening session directly informed both the design and implementation of EQuIP-LA. Patient input highlighted the need to center community voices in QI efforts focused on identifying and addressing SDOH. As a result, SDOH were added as a primary

driver in the initiative's change package, signaling that advancing equity requires addressing the social context of health, not just clinical processes.

Beyond shaping the initial design, lived experience continued to guide EQuIP-LA's implementation. Michelle Rosser, one of the listening session participants, joined the program's Steering Committee to provide ongoing input and help ensure the work stayed grounded in lived experience.

Patient perspectives were also integrated throughout the program's technical assistance via virtual learning sessions. Webinars featured patient partners who shared their engagement stories and insights, illustrating the many ways firsthand experience can inform and strengthen QI work. Partners emphasized that while engagement methods may vary in reach, depth and feasibility, the goal remains the same: to uplift community experience and ensure that those receiving care have a direct role in shaping how it's delivered.

By highlighting social drivers, culturally competent care and stronger patient-team partnerships, EQuIP-LA's curriculum encouraged participants to view care holistically and consider the everyday realities and structural barriers that influence a patient's ability to manage their health.

### From Listening to Leadership

Michelle with her daughter Vonyae



Michelle Rosser, one of 15 Medi-Cal enrollees who participated in the EQuIP-LA patient listening session, went on to serve as a patient representative on the initiative's Steering Committee. [Her lived experiences](#) helped shape strategic decisions and reinforced the value of ongoing partnership in advancing equity-centered care. Michelle later joined the initiative's final in-person convening, effectively closing the communication loop—a vital equity principle that builds trust and honors the contributions of patients and families. In her closing reflection, Michelle wrote, **“Care starts everywhere, one person at a time,”** underscoring the impact of elevating patient voices throughout all stages of quality improvement.



## Catalyzing Practice Change

The initiative's programming empowered participants to engage patients in a variety of meaningful ways and as a result, design processes of care that were more responsive to the social and structural realities of their communities. Below we share examples of how engagement principles came to life through the efforts of EQuIP-LA participants.

**Angeles IPA** aimed to better understand why patients were not completing regular screenings for preventive and chronic care needs. To explore this, it developed a bilingual outreach strategy to recruit patients for in-person interviews about their screening experiences and the clarity of communication received from providers. Through four interviews, Angeles IPA uncovered a critical barrier: patients were delaying appointments due to transportation challenges. This insight allowed the organization to connect patients with existing services and disseminate resources across its practice network to better support its broader patient population.

**Reddy Care Medical** recognized that food and transportation challenges were preventing many of its patients from effectively managing their health. To address these barriers, the practice trained several internal staff members to become certified community health workers (CHWs),

leveraging their familiarity with the patient population to strengthen engagement, improve access to social services and deepen community ties. By integrating CHWs directly into its care team, Reddy Care Medical created a real-time pathway to address social needs and enhanced its ability to deliver more person-centered, coordinated and equitable care.

**Tweedy Medical Group** frequently encountered patients unable to manage chronic conditions due to challenges accessing medication. To better understand this issue, the team utilized a simple but powerful engagement strategy: active listening. When providers took time during appointments to dig deeper into why patients weren't picking up their prescriptions, many patients openly shared financial struggles, made possible by the trust built with the clinic. In response, Dr. Azurin partnered with a local independent pharmacy to launch **Charity Health**, a nonprofit dedicated to covering medication costs for underserved patients identified through clinic visits. Tweedy's patient engagement efforts surfaced an urgent need and helped shape a sustainable solution. By listening closely and partnering with the community, the clinic created a model that addresses SDOH and strengthens the connection between patients and care.



## Engaging Patients to Reduce Disparities

Practices of all sizes can embed patient perspectives in QI work by selecting engagement strategies that align with their goals, capacity and community context. Engagement approaches progress from *input-gathering* to *co-designing* activities and vary in reach, insight depth, effort and resource requirements. Below are several approaches, organized from simple to more sustained efforts, along with tips for how to center equity in each activity:



**Surveys:** Use brief surveys to gather feedback from a broader patient population to identify trends about care experiences, barriers and suggestions for improvement.



Use inclusive language, avoid assumptions and focus questions on social needs, access and communication. Offer surveys in multiple languages and formats (e.g., paper, phone, online).



**Interviews:** Conduct short, one-on-one conversations with patients to gather insights on care experiences. Interviews provide deeper insights and can uncover hidden drivers of disparities.



Hold interviews in the patient's preferred language with culturally aligned staff. Compensate participants for their time and consider offering a choice in interview format (e.g., phone, in-person, video).



**Listening Sessions / Focus Groups:** Bring small groups of patients together virtually or in-person to discuss experiences with specific conditions or services. Facilitated sessions allow for deeper understanding of shared challenges and can surface community priorities that may not appear in survey data.



Create a welcoming environment by providing transportation support, childcare and meals. Begin with a community agreement or grounding activity to foster psychological safety and openness.



**Stories and Testimonials:** Invite patients to share personal stories about accessing care to humanize data, build staff empathy and illustrate the real-world impacts of QI efforts.



Obtain informed consent and collaborate with patients on how their story is presented. Allow them to review or co-edit their narratives. Avoid framing stories as “inspirational”, instead, focus on how systems need to change in response to the issues raised.



**QI Committees:** Invite patients to participate in advisory groups to provide ongoing feedback on practice policies, workflows and QI initiatives to keep improvement efforts grounded in lived experience.



Move beyond tokenism by ensuring patients have clear roles, decision-making power and mentorship. Provide support such as orientation, clear expectations and stipends to enable full and sustained participation.



**Co-Design Workshops:** Partner with patients from marginalized communities to collaboratively design new workflows, outreach strategies or patient materials.



Use facilitation methods (e.g., small groups, anonymous input tools) that center community voice. Provide context about system constraints transparently so patients can help shape feasible solutions.

## Conclusion

EQuIP-LA demonstrated that patients can be engaged in many ways to surface actionable insights and drive meaningful improvements. Through the initiative, participating practices were able to better address care gaps rooted in social, cultural and systemic factors and design interventions that reflected the needs of their communities. When patients are active partners in improvement work, organizations are better positioned to uncover the root causes of disparities, co-design effective solutions and build lasting trust. Achieving sustainable transformation requires more than good intentions—it demands partnership, a redistribution of power and a commitment to valuing nontraditional expertise. Most importantly, it requires consistently elevating patient voices to ensure those most impacted are helping to shape the solutions.

### Learn How to Engage Patients in Your Organization's QI Efforts

CQC has developed a virtual learning module to help health care professionals implement effective strategies for engaging patients and families in QI work. Created in collaboration with PFCCpartners, this resource draws on proven methodologies for engaging patients and family caregivers and offers practical approaches to incorporating patient insights

into health care improvement efforts. By completing this online training, care teams will gain valuable skills to transform patient experiences into actionable improvement strategies and advance equity-centered care in their organizations. Contact CQC to access this resource.

## Endnotes

- 1 Bau I., Au M. Building an Equitable Health Care System. A Health Equity Roadmap and Recommendations for Collective Impact in California. California Quality Collaborative, November 2024
- 2 Centers for Medicare & Medicaid Services. (2024). Social Drivers of Health and Health-Related Social Needs | CMS. Cms.gov. <https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs>





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## Acknowledgements

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[calquality.org/initiative/equity-quality-improvement-los-angeles](https://calquality.org/initiative/equity-quality-improvement-los-angeles)

## About the California Quality Collaborative (CQC)

California Quality Collaborative (CQC) is a health care improvement program dedicated to helping care teams gain the expertise, infrastructure and tools they need to advance care quality, be patient-centered, improve efficiency and thrive in today's rapidly changing environment. CQC is committed to advancing the quality and efficiency of the health care delivery system across all payers, and its multiple initiatives bring together providers, health plans, the state and purchasers to align goals and take action to improve the value of health care for Californians. Visit [calquality.org/](https://calquality.org/) to learn more.

## About PFCCpartners

PFCCpartners has implemented hundreds of PFE programs across health system settings, from national improvement programs to small rural hospitals and everything in between. They bring experience engaging patients and family caregivers in highly technical collaborations — including research and measure development. Their mission is to support the learning and transformation of the complex system through community engagement. They achieve this with an equally complex array of partnerships, programming, research, and collaborations that catalyze progress toward a person-centered health system. Visit [pfccpartners.com](https://pfccpartners.com) to learn more.





