# Readiness for Patient Engagement in Ontario's Primary Care Teams

Vincent Tang<sup>1</sup>, Allyson Ion<sup>2</sup>, Jennifer Rayner<sup>3</sup>, Carol Mulder<sup>4</sup>, Nadiya Sunderji<sup>1,5</sup>

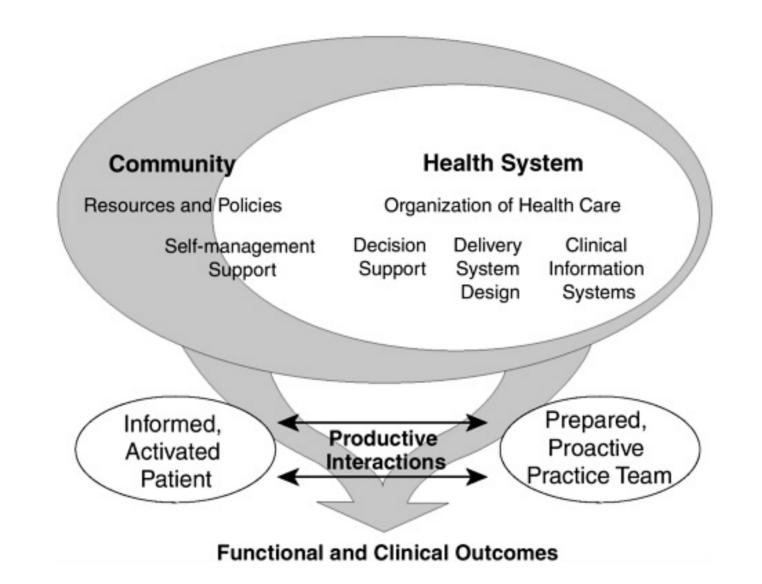
on behalf of the Quality Indicators for Collaborative Care group

Faculty of Medicine, University of Toronto<sup>1</sup>; Mental Health Research, St. Michael's Hospital<sup>5</sup>; Association of Ontario (AHFTO)<sup>4</sup>; Department of Psychiatry, St. Michael's Hospital<sup>5</sup>

### BACKGROUND

#### **Collaborative Mental Health Care**

Most Canadians who receive mental health care do so in primary care settings, where collaborative care models have been shown to improve access to mental health care, individual and population outcomes, cost effectiveness of care, and patient and provider experience. The most empirically supported models of care are based on Wagner's chronic care model, but best evidence has rarely been implemented in 'real-world' settings and instead other models have been implemented without evaluation. This is a crucial problem because poor implementation of collaborative care yields worse experience and outcomes of care. Our program of research and quality improvement aims to advance evidence-based practice and generate new practice-based evidence in collaborative care.



Wagner EH. Chronic disease management: What will it take to improve care for chronic illness? *Eff Clin Pract* 1998.

#### Patient Engagement

Our work to date highlights the importance of patient inclusion and participation – not only in their own care but also in collaborative care program development, evaluation, and quality improvement. Patient engagement is defined as "working together to promote and support active patient and public involvement in health and health care, in order to strengthen their influence on healthcare decisions, at both the individual and collective level." Engaging patients in improvement efforts requires redesigning decision-making processes, acknowledging power and privilege, and allocating time and other resources that may not be readily available in the existing infrastructure.

# RESEARCH QUESTION

How do leaders of primary care organizations in Ontario perceive their organizational readiness, willingness and ability to engage patients?

# **METHODS**

#### **Survey Instrument**

We developed a 49-item, validated questionnaire using selected items of the Public and Patient Engagement Evaluation Tool (PPEET) and Measuring Organization Readiness for Patient Engagement (MORE) surveys, along with questions about organizational characteristics (demographics). We selected questions in consultation with experts, based on appropriateness to answer our research question and response burden for participants.

## Sampling and Recruitment

We surveyed Executive Directors/their delegates at all 283 primary care organizations in Ontario: 185 Family Health Teams (FHT), 73 Community Health Centres (CHC), 15 Nurse Practitioner-Led Clinics (NPLC), 10 Aboriginal Health Access Centres (AHAC). The AHFTO and AOHC conducted recruitment. We used a modified Dillman Method of follow-up with potential respondents to maximize response rates.

Week 0	
Survey sent by email	

Week 1
Follow-up
email

Weeks 3-4
Follow-up
telephone calls

Week 7
Follow-up
email

Week 9
Survey closed

# CONTACT

Dr. Nadiya Sunderji Inspired Care. sunderjin@smh.ca Inspiring Science.





### RESULTS

#### Who responded to our survey?

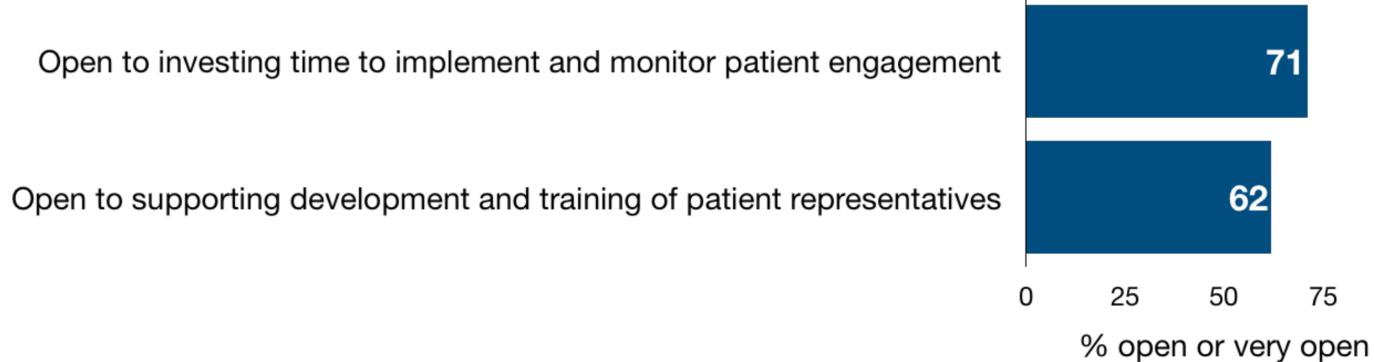
Classification	% of organizations		
Small (10000 pts or less/year)	61.4		
Medium (10001 – 50000 pts/year)	34.8		
Large (more than 50000 pts/year)	3.8		
	Small (%)	Medium (%)	Large (%)
Organization type			
Family health team (FHT)	28.4	69.5	100.0
Community health centre (CHC)	58.0	28.3	0.0
Nurse Practitioner-Led Clinic (NPLC)	11.1	0.0	0.0
Aboriginal Health Access Centre (AHAC)	2.5	2.2	0.0
Primary location of organization			
Urban	48.1	65.2	100.0
Rural	48.1	23.9	0.0
Other (e.g. mixed)	3.8	10.9	0.0
Average "age" of the organizations	16.9	16.9	10.8
Average number of sites organizations are distributed across	2.1	4.0	13.8
Average number of clients seen over past fiscal year	5,276	23,286	131,600
Average number of PCPs (MDs, NPs) operating in the organization	7.7	23.1	77.6
Average number of interprofessional staff operating in the organization	14.8	24.5	58.2

# Organizations perceive challenges in engaging patients in designing healthcare services.

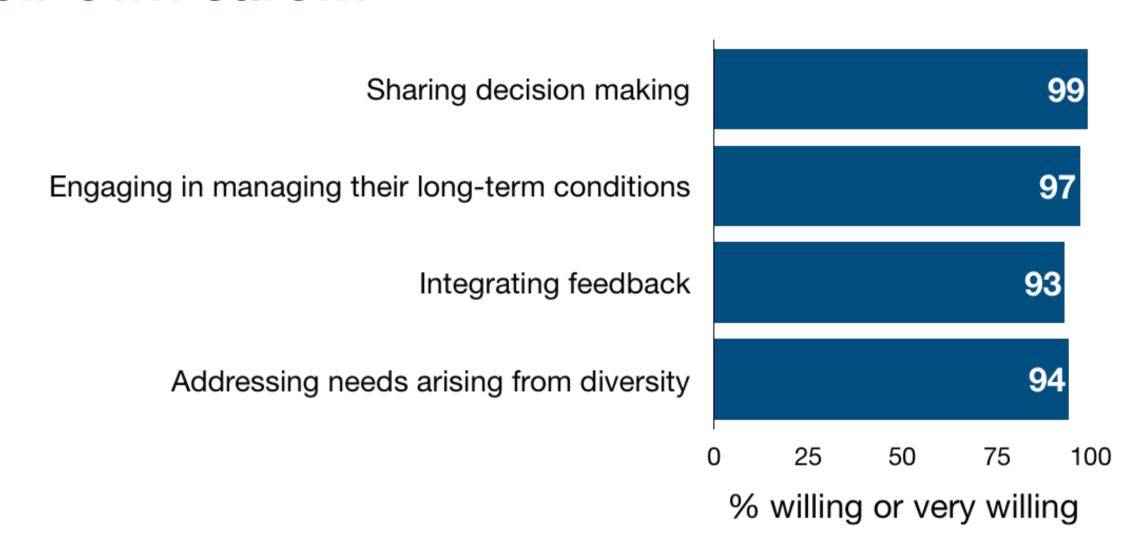
Able to include patient engagement in designing all areas of health care services

Organization articulates specific strategies for patient engagement

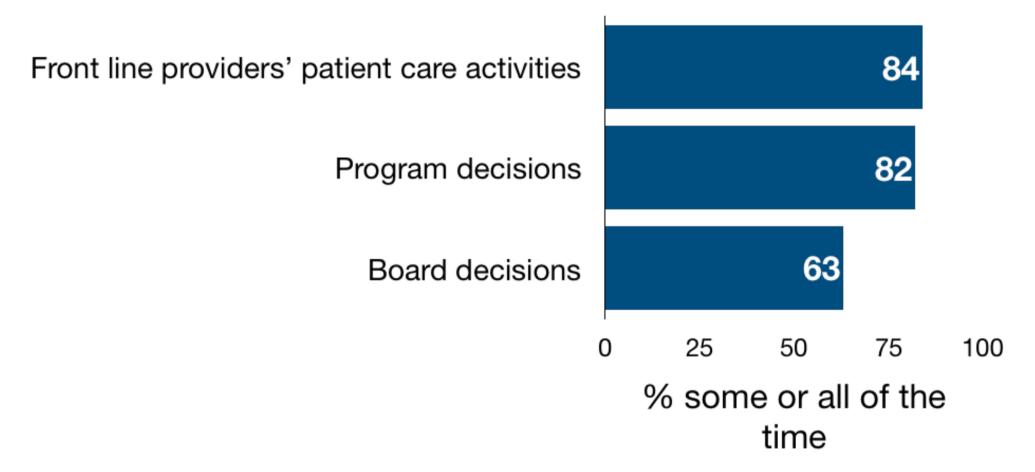
Commitment to patient engagement is demonstrated through structure of organization



# Organizations are willing to engage patients in their own care...

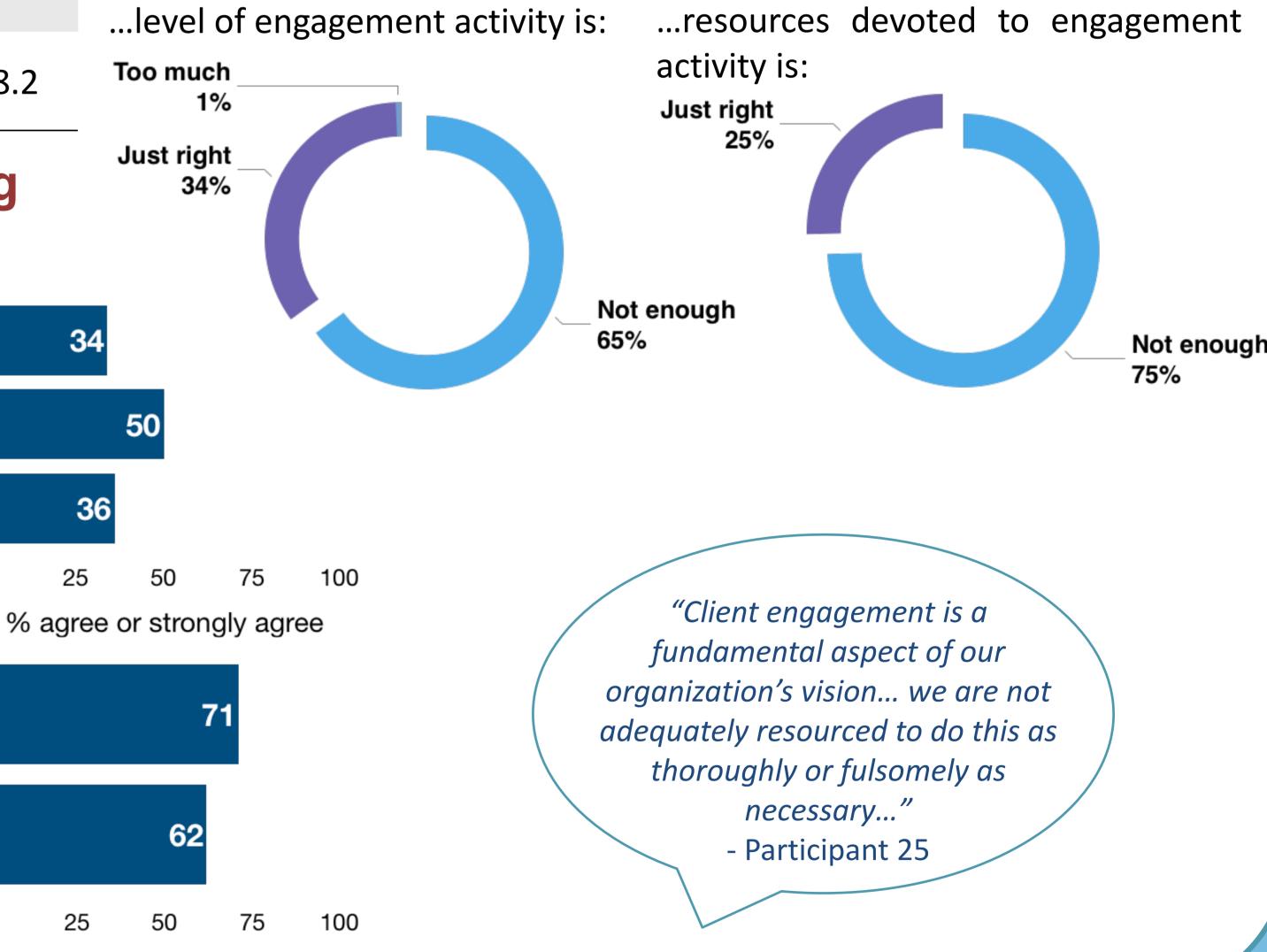


# ... and are aware of patient engagement influencing:



#### There is a desire to do more in the future.

Overall, respondents believe that their organization's...



## SIGNIFICANCE

As research in Collaborative Care shifts from efficacy to real-world effectiveness, patient perceptions of their health and care are key outcomes. Working in partnership with patients, we have elicited their unique perspectives on how programs should be designed, evaluated, and improved. However, the findings of this survey highlight the challenges that primary care organizations face in patient engagement work. There is a need for further capacity building in primary care settings to advance the evaluation and improvement of Collaborative Care using measures that matter to clients.