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Getting started with involving patients in improving quality

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on behalf of and with gratitude to the members of

Association of Family Health Teams of Ontario

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Disclosure

- We have no actual or potential conflict of interest in relation to this educational program.

*"I had no real expectations.
In fact, I wondered why I was attending.
It has been an excellent experience and I learned a great deal!"*

Patient and QI staff sharing lunch

Purpose

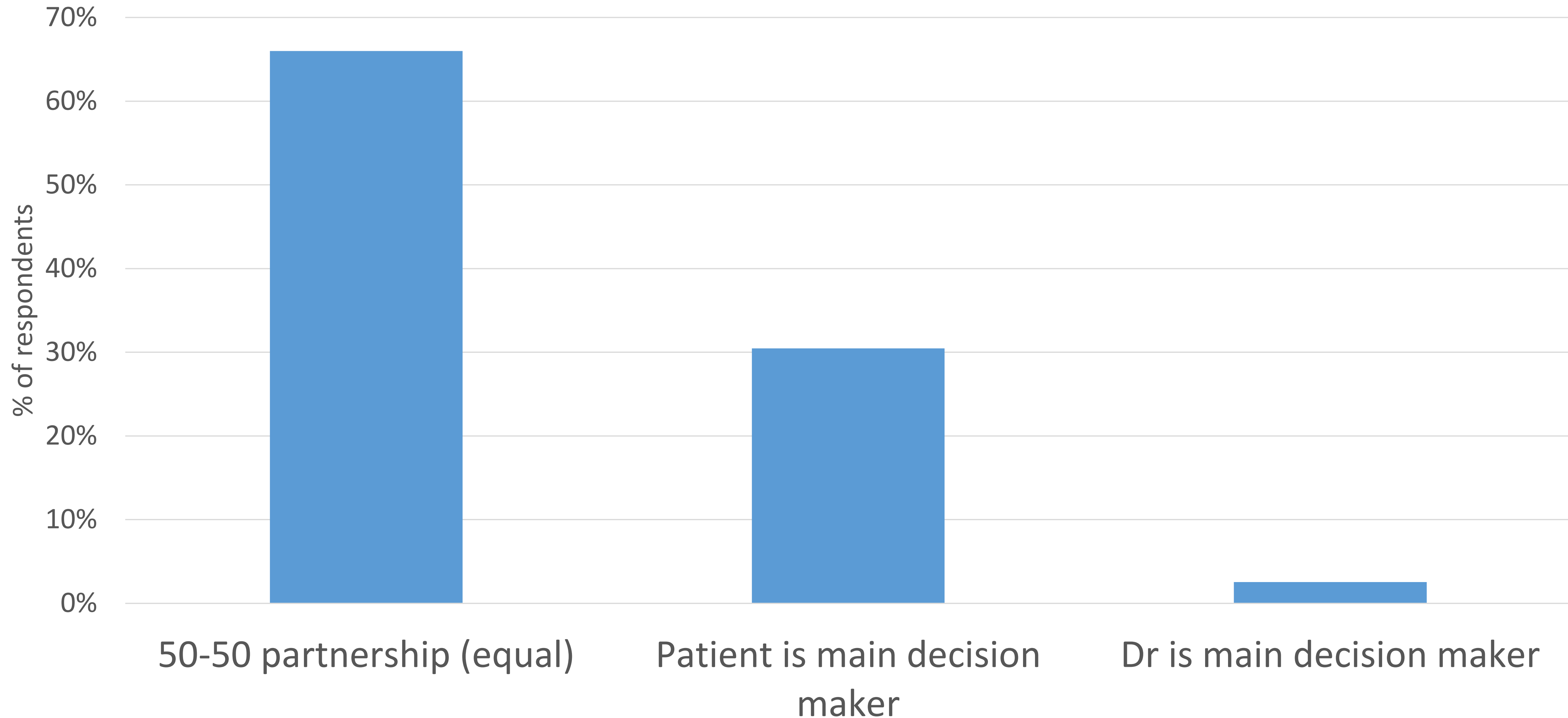
- Learn more about how to collaborate with patients to improve quality of primary care ***by doing it.***

Why patient engagement?

….encourage and enable people to participate in their care, and to help teach and facilitate engagement between patients and health providers

…foster a strong, attentive and empathetic culture throughout the system – a culture that recognizes patient, family and public engagement as the centre of improving the quality of care patients receive. (Health Quality Ontario)

Preferred patient-doctor partnership type



Source: AFHTO-Patients Canada “patient priorities for the patient-doctor partnership”, n>200, Feb 2015

Why patient engagement is important

- As we build a culture of quality, we need to re-imagine our health care system in partnership with patients and families. Patients and providers alike feel the effects of the disjointed nature of the health system…..At a mature state, our system should facilitate patient and provider roles so they could achieve common goals. (Quality Matters)
- Patient perspectives can be powerful enablers of change. For patients, being heard can influence their level of satisfaction with the health care system and may affect their health outcomes (Baker, CFHI August 2014).

How can we get better at it?

Quality Improvement	Developmental Evaluation	Summative evaluation	Research	
✓	✓	✗	✗	Just do it! ie get started
✓	✓	✗	✗	Expect to change
✓	✓	✗	✓	Embrace “failure” as learning
✓	✓	✗	✗	Start small
✓	✓	✓	✓	Measure
✓	✓	✗	✓	Include those affected by the change
✓	✓	✗	✗	Rapid cycles of change
✓	✓	✓	✓	Do more of what works

What we did

- Host in-person workshops (3 sessions)
- Invite QIDSS Community of Practice members (35 people)
- QIDSS invite patients (At least one!)
- Review patient experience data (existing)
- Refresh and apply QI tools to consider change ideas to improve patient experience
- Evaluate immediately and 2-3 weeks post workshop

What happened

- Recruitment: 9 direct recruitment interventions
- Attendance: 28 QIDSS, 11 patients and 6 other staff
- Evaluation
  - Closure exercise as part of workshop
  - Written evaluations at end of workshop
  - Post-workshop check in 2-3 weeks after workshop

Closure exercise

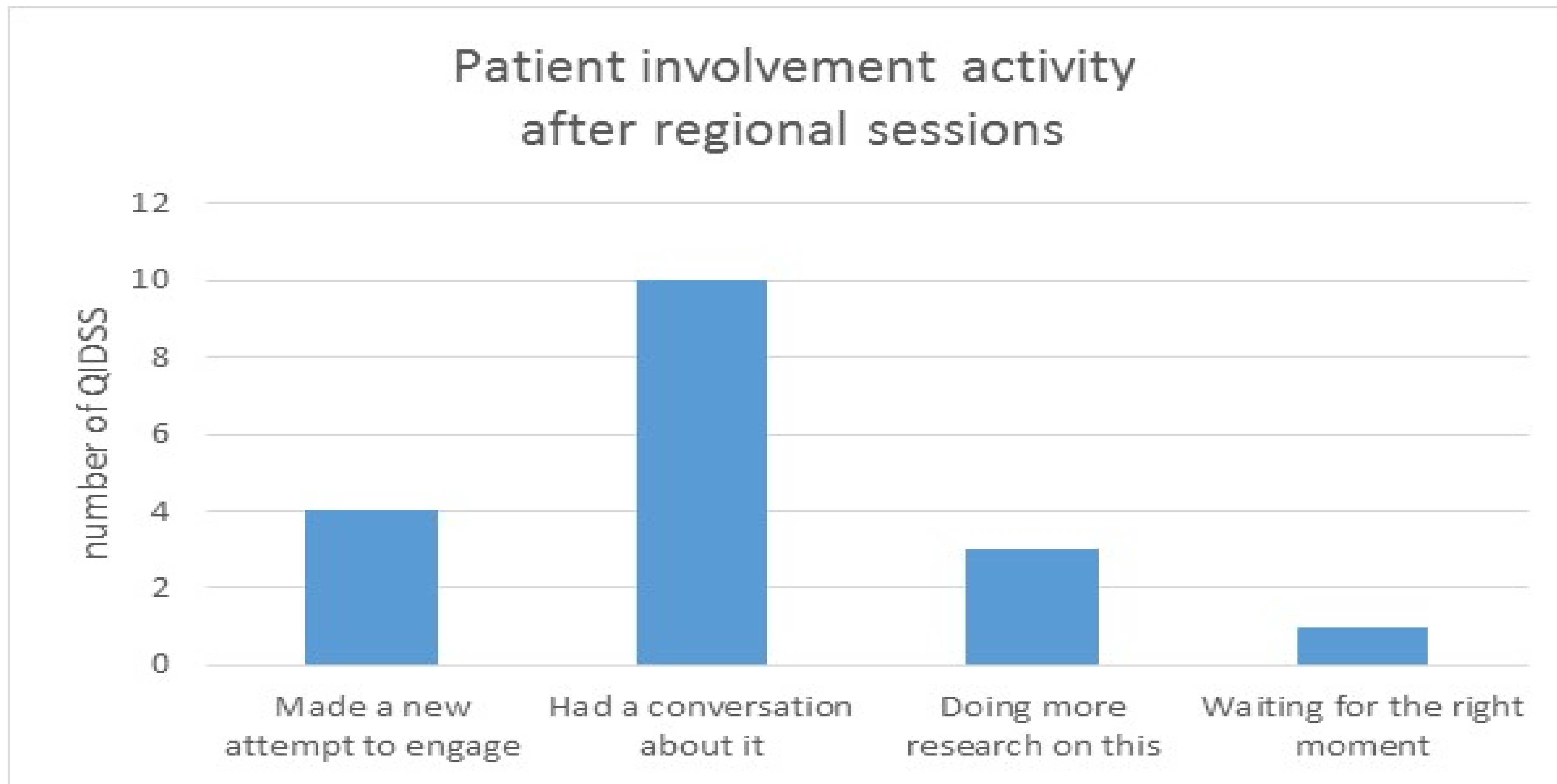
- *“I would like more information on how to get my feet wet with patient engagement”*
- *“We lost out by not bringing a patient”*
- *“Having a patient from outside helps you to question what is important and avoid wasted effort”.*
- *“Surprised there [is] a group focussed on QI … doesn’t seem usual for a government organization – If we (patients) know you’re (QIDSS) there, it helps us know what’s available to help us”.*
- *“Decision-makers need to be part of the next session”*

Written evaluation (44 of 45 participants)

Evaluation statement	% agree	Comments (representative)
The program met my expectations	83%	*Was frankly surprised by the program!*
The program was credible & non-biased	95%	*Continue with these seminars and you will change our medical [system] for the better.*
The program was well organized	95%	*As a patient representative, I was impressed with the organization & caring of the people organizing.*
I can use the content from today to improve patient experience at the practice	83%	*Saw that it was possible to include patients to improve patient experience – not just a "tick box"*

Impact after the workshop

- Many QIDSS took action within 2-3 weeks of the workshops



Barriers and enablers

- Sessions *without* patients generated the richest data on *barriers*
- Sessions *with* patients generated the richest data about *enablers*
- Same barriers were identified, with or without patients
- Selected themes
  - Trying to be perfect
  - Don’t see urgency/necessity of patient engagement
- See Appendix for complete list of barriers and enablers identified

Conclusions

- Inviting even just a small number of patients to collaborate on QI worked to both engage patients in QI and learn how to make that easier.
- Helps you get patient input
  - *[Patients] "prevented us all from making incorrect assumptions about what patients want and thus avoid wasted effort".*
- Helps you get better at getting patient input
  - *"After sharing with my team how this day went, I feel a patient would attend the next one".*
  - *"I feel motivated to go back and just start"*

Barriers to engaging patients	Solutions/enablers for engaging patients
Already getting patient input via a patient portal	Incorporate patient engagement as part of solution to a recognized problem such as low access or satisfaction (vs patient engagement for its own sake)
Don't want to "wear out our welcome" with patients and thus lose the opportunity to get their input for other projects	"We gave front desk staff a script to ask patients if they would be willing to stay a few minutes after their appointment to share their thoughts"
How do you get a representative sample of patients?	Invite patients directly via a poster or similar invitation to 'sign up'
Not sure how to start – want to do it right but how do you choose a patient, what are the logistics involved	Share stories about what worked in other teams
Patients may be demanding or difficult	Ask providers to suggest good candidates. Start with asking existing staff to play the role of patient in QI efforts if too difficult to enlist a patient
Patients may ask for something that either we are not prepared or able to answer or give	Incorporate patient engagement into an existing process/program which has defined boundaries. Start very small with individual phone calls or small focus groups (to make it easier to manage expectations)
Providers may resist if they feel they are required to do and would be more likely to engage if it was their own decision	Frame patient engagement initiative as an "internal" idea. Introduce via a peer
Physicians might not be open to hearing from patients as equals (vs when in a care provider role with patient)	
Concern about being approached by patients in public places	"We asked several providers for references/suggestions about patients to invite". Patient was invited by Dr and QIDSS phoned to explain in advance
There isn't a convincing need or urgency to engage patients more –patient survey results are very good	Focus on any other recognized problem and incorporate patients into the process to improve success of solution.
We don't have a formal forum for engaging patients such as a patient advisory council	Start engaging patients in other (smaller) ways first. Leverage existing educational resources for physicians to increase interest in council.
Patients are not able to attend and/or have privacy concerns	

Patient-as-partner competencies

- Reached phase of acceptance of his health problem
- Can generalize his own experience to other context of care
- Demonstrates high level of self-management for his own care
- Wants to be involved in training of his peers, students or healthcare provides
- Shows good interpersonal communication and interpersonal interaction abilities
- Demonstrate reflective attitude by concrete actions
- *From: Patient and Public Partnership Strategy of the QC SRAP SUPPORT Unit (Vincent Dumez and Antoine Boivin,Co--directors)*

"Now just hold your horses, everyone…. Let's let it run for a minute or so and see if it gets any colder"

Thank you!

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afhto D2D: DATA TO DECISIONS