Perceptions Shaping Patient Engagement in Healthcare Redesign

The Patient Journey in Theory and Practice

Tuesday, June 4, 10:30-11:30pm
Introductions

• Mariam Krikorian Atkinson
• Brien Higgins
• Lindsay Hunt
• Erin Ward
Agenda for Today

• Findings from Research on the Patient Journey (Mariam)
• Patient Partner Reflections (Erin and Brien)
• Practical Strategies and Lessons from the Field (Lindsay)
• Questions/Discussion
• Wrap and Close
Perceptions Shaping Patient Engagement in Healthcare Redesign

*The Patient Journey in Theory and Practice*

i-PrACTISE, June 4 2019

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“A learning healthcare system is anchored on patient needs and perspectives and promotes the inclusion of patients, families, and other caregivers as vital members of the continuously learning care team” (Institute of Medicine)
Proven Outcomes of Patient Engagement in Health Care

- Identifying improvement priorities
- Better clinical outcomes
- Reduced institutional and individual costs of care
- Increased adherence to recommended treatment plans and protocols, which can reduce complications and inefficiencies
- Improved patient satisfaction through development of better care coordination practices
- Development of patient-centered measures
- Enhanced patient experience through practical solutions
- Identification of adverse events that otherwise would not have been caught
- And more…

American Hospital Association, Health Research & Educational Trust; Agency for Healthcare Research and Quality
Drivers Supporting Patient Engagement

- Amount of **information exchanged** and **decision-making power** patients are given (Carman et al 2013)

- **Degree of involvement** afforded to patients impacts the nature of their contributions (Bombard et al 2018)

- **Organizational culture** with shared sense of purpose and **leadership** supporting patient engagement (Baker & Denis 2011)

**A REQUIREMENT:**
Need to mobilize patient expertise in a meaningful way
Perception is Reality

- Patient engagement is a continuum – e.g., patients can move from a consulting to partner role (Liang et al 2018; Burns et al 2014)

- We need more insight into the processes that allow patients to move through the continuum

- Specifically, what are the perceptions that can enhance or disrupt the continuum of patient involvement?
  - **Patient perceptions** of self in relation to the team
  - **Team member perceptions** of patient in relation to the team
Social Identity Theory: Basic Principles

• Individuals tend to classify themselves and others into categories, and one’s social identity can change through verbal and non-verbal interactions (Ashforth & Mael, 1989)

• Perceptions of self relative to others shapes behavior, particularly as it relates to social hierarchy (Berger, Rosenholtz & Zelditch Jr 1980)
Engineering High Reliability Learning Lab (EHRLL)

Control Charts

| Medication Reconciliation, Recognition, and Skilful Care Goal: Patient and Caregiver know medications at DC and can demonstrate organized medications |
|---|---|---|---|---|
| Process Steps | Detection of Failure | Mitigation of F |
| Medication Reconciliation at Admission | Pharmacy reconciliation in ER for patients admitted | Resident reviews documentation of pharmacy reconciliation | Resident reconciliation |
| Hospitalization | Daily review of medications with patient by care team | RN assessment of knowledge and plan at DC | Patient education by RN |
| | AHSIO modified IDEAL stimulates patient questions | Daily review of medications and patient by care team | Contact caregivers to participate in medication management |
| | Discharge RN reviews medications with teach-back lists of new and discontinuous meds + files of meds/time | Teach-back by discharging RN | Communication to Homecare RN |
| | HCC RN reconciles | HCC RN assessment of new and discontinuous meds + files of meds/time | Patient education |
Data and Methods

- Data collection from January 2016 – October 2018
  - Participant observation
  - Semi-structured interviews
    - 20 interviews: 5 patients and 15 other team members
  - Focus group

- Grounded theory approach (Glaser & Strauss 1967)
  - Transcripts coded and analyzed using NVivo 11 software
Findings: Stages of Patient Engagement Driven by Social Identity Process

Informant \rightarrow Partner \rightarrow Active Change Agent

Social Identity Process
Findings: Social Identity Process

- Climate (health system and team)
- Patient characteristics
- Task characteristics

- Patient's view of self
- Team member view of patient

- Patient enactment of role
- Team member activities

- Patient contributions
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Social Identity Process
Perceptions at the Informant Stage

• Patients
  • "[In weekly meetings], it's more along the lines, at least this is what's been communicated to me, is that I happen to offer a perspective to meeting participants that is different from them.... I guess what they're asking me to do is to come in with my own point of view as a patient and my experiences." (Patient B, Site C, Interview, 3/14/2018)
  • “I was probably pretty silent at the beginning, because I didn't feel like I would be able to speak most successfully until I had heard what [other team members] were really talking about. I was a little more foreign to the whole subject than they might have been. Somebody else laid that plan down. Somebody was thinking about [the project] way before I was…” (Patient A, Site C, Interview, 11/29/2017)

• Team members
  • “I think, maybe the patient aspect that I'm [most interested in is] just trying to maximize their help and maybe being a little more focused on having the patients there when we really need their opinion, and not overwhelming them with things that aren't relevant, just so that we get the most out of what they're going to give us too.” (Clinician, Site B, Interview, 11/7/2017)
Perceptions at the Partner Stage

• Patients

  • “I found it really illuminating when [a team physician] shared with me what isn’t working well around the process by which families were being referred to spinal services. That was fascinating and illuminating and I really appreciate that the hospital and other individuals inside the hospital were saying, ‘This isn’t working great. Must do better. How can we do better? What can we do?’” (Patient C, Interview, Site A, 5/15/2018)

  • “… I was maybe just a little more hesitant to voice something that seemed, at first, not as important, and then I realized it's really all about the patient care, and I'm the patient here so I better speak up...” (Patient A, Site C, Interview, 11/29/2017)

• Team members

  • "[Patient A] is caregiver for somebody that has had frequent discharges and has a lot of experience with home health and so that was really helpful. We haven't vigorously pursued more people, although it's clear that the patient voice is really critical and [Patient A] always says things that we said, ‘Oh, I didn't think about that,’ it's really necessary.” (Clinician, Site C, Interview, 11/13/2017)
Perceptions at the Active Change Agent Stage

• Patients
  • Patient D: “I’ve seen videos with these parents already. I think they’re both pretty articulate… But I thought more what we were going for is filming videos that talk about the current state of what families experience, especially now that there’s a process in place. Talk about the project and the guide. Maybe these could be bundled up in a certain way that all have these together.”
  Project manager: “I know we focused on the pre-op process and the work we’ve been doing. What are your thoughts on also doing peri- and post-op?”
  Patient D: “[Another idea could be that] Dr. J and I could have a conversation as a video...“ (Field observation, 2/16/2018)

• Team members
  • Physician: So [a health system manager] got us involved up with the American Academy of Cerebral Palsy and Developmental Medicine and now we’re involved with people from Australia, from Canada, and they are interested in putting up this decision-making guide on their site. But now we need to start compiling a team to see who does that […] [Patient D], we love you tremendously. You’ve been doing so much for us. I didn’t know if you maybe wanted to round out the guide and work with a team from other institutions and help shape that? (Field observation, Site A, 4/27/2018)
Concluding Thoughts and Implications

- Patient engagement strategy- think about ways you can set expectations and acknowledge the timing of patient contributions

- We can change the way patients, families and caretakers view themselves on QI teams through this social identity process
Thank you!

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Reflections & Reactions

• How did your perceptions of your role patient/family partner change over time?

• What motivated you to keep coming back? What helped you overcome barriers? How did you feel supported to contribute?
Strategies for Successful Partnership

- Think broadly and be open in recruiting Patient Partners
- Designate a professional partner as “go to” person for patient partner
- Establish consistent communication practices
- Work around partner’s schedule and offer flexible involvement
- Align expectations about the project
- Ask for and provide feedback about meaningful engagement
- Provide compensation for time
- Create opportunities for peer support and connection for patient and professional partners
Discussion

• Write down one project that would benefit from patient partner engagement
• Identify 1-3 concerns you have about engaging patients in this work
• Turn to your neighbor and take turns sharing your project and challenges
• Identify strategies to overcome barriers
• Write down one thing you could do by next Tuesday to recruit and/or engage a patient partner in your work
Questions & Discussion
Thank you!