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Provider perspectives on and experiences with engagement of patients and families in implementing patient-centered care



Sara M. Locatelli^{a,b,*}, Jennifer N. Hill^{a,b}, Barbara G. Bokhour^{c,d,e}, Laura Krejci^f, Gemmae M. Fix^{c,d,e}, Nora Mueller^{c,d}, Jeffrey L. Solomon^{c,d}, Carol Van Deusen Lukas^{c,d,e}, Sherri L. LaVela^{a,b,g}

^a Center of Innovation for Complex Chronic Healthcare (CINCH), Health Services and Research and Development, Department of Veterans Affairs (VA), Edward Hines VA Hospital, 5000 S 5th Ave. (151H), Hines, IL USA 60141

^b Center for Evaluation of Practices and Experiences of Patient-Centered Care (CEPEP), Health Services and Research and Development, Hines VA Hospital, 5000 S 5th Ave. (151H), Hines, IL USA 60141

^c Center for Evaluating Patient-Centered Care in VA (EPCC-VA), VA New England Healthcare System, 200 Springs Road (152) Building 70, Bedford, MA USA 01730

^d Center for Healthcare Organizations and Implementation Research (CHOIR), VA New England Healthcare System, 200 Springs Road (152) Building 70, Bedford, MA USA 01730

^e Department of Health Policy and Management, Boston University School of Public Health, 715 Albany Street, Talbot Building, T2W, Boston, MA USA 02118

^f Office of Patient-Centered Care and Cultural Transformation (OPCC & CT), VA, Veterans Health Administration, 810 Vermont Ave NW, Washington, D.C. USA 20420

^g Northwestern University Feinberg School of Medicine, Institute for Public Health and Medicine, Center for Healthcare Studies, General Internal Medicine and Geriatrics, 750 N. Lake Shore Drive, Rubloff 10th Floor, Chicago, IL USA 60611

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ABSTRACT

Objective: To study of the efforts of four Veterans Affairs (VA) medical centers to engage patients and families in patient-centered care (PCC) transformation.

Methods: Interviews with 107 providers/employees involved in implementation of PCC innovations. Coding used a mixed inductive-deductive approach.

Results: Patient and family engagement was considered to be a key element of the design and implementation of PCC innovations. Participants identified formal (e.g., advisory committees, walk-throughs), and informal (e.g., real-time feedback, discussions) methods of engaging patients and families. Asking patients and families what matters most shaped effective, targeted interventions. Participants noted providing a venue for patients and families to engage with planning often became an intervention itself.

Conclusion: Participants felt that patient and family involvement were beneficial for planning and implementing PCC innovations. Patients and families offer a unique perspective and key understanding of Veterans' needs, and allow employees/providers to discover unexpected outcomes. Offering multiple engagement options maximizes patients and families involved and ensures feedback is sought from a variety of sources.

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1. Introduction

Over a decade ago the Institute of Medicine (IOM) released its seminal report, *Crossing the Quality Chasm*, recommending improvements in the quality and delivery of health care¹. Patient-centered care (PCC), included as one of several recommendations, requires personalized and customized care². Rather than focusing solely on treating particular illnesses or symptoms, providers are

encouraged to know their patients' life circumstances and appreciate patients' experiences of illness within that context³. PCC provides an opportunity for the patient to take on an increasingly collaborative role in care, resulting in need for enhanced information exchange⁴.

In order to deliver PCC, it is necessary for providers and healthcare leadership to learn about patients' needs and preferences, and make changes to the healthcare system based on that information. Inherent in this process is engaging patients as active participants in quality improvement and planning large-scale programs and innovations⁵. Families, who represent part of

* Corresponding author.

E-mail address: Sara.Locatelli@va.gov (S.M. Locatelli).

the patient's life context, often share in healthcare decision-making, and should be engaged in similar ways as patients⁴.

Engagement in fostering PCC can take on many forms. Scholle and colleagues⁶ offered recommendations for practices to engage patients and families; their conceptual framework included informal methods, such as conducting walkthroughs, obtaining input on educational materials, and involving patients/families in interviewing prospective employees, and formal methods, such as committee membership, involving patients/families in training staff, and patient/family rounds. Further, Han and colleagues⁵ suggest that engagement in quality improvement become an ongoing component of delivering PCC. Although a rapidly developing topic, little information is available on *how* precisely to engage patients and families in fostering PCC and the potential benefits of different types of engagement. Despite multiple potential methods of engaging patients and families, a follow-up study by Scholle and colleagues⁷ found that involving patients and families on committees was the only method used by practices implementing the patient-centered medical home.

There may also be barriers to patient involvement in healthcare planning that need to be addressed to fully implement PCC. Gagliardi and colleagues⁸ studied the involvement of patients in selecting performance indicators to develop consumer 'report cards' for cancer care, and found that lack of patient interest, unawareness of methods, and negative attitudes of health professionals were frequent barriers. Further, guidelines on PCC implementation often reflect what facilities *should* do, and provide little information on *how* they should implement activities.⁹ As such, information on what engagement methods have been utilized in practice would be beneficial to healthcare organizations currently implementing PCC.

PCC is a key transformation initiative in a variety of healthcare organizations, including the Veterans Health Administration (VHA), which has invested heavily in transforming their healthcare system to optimize PCC¹⁰. The VHA Office of Patient-Centered Care and Cultural Transformation (OPCC&CT) was established in 2010, to work with leadership and other VHA program offices on these efforts, and engagement of Veterans and families is a core focus of new initiatives. Further, the VHA Blueprint for Excellence¹¹ highlights delivery of high-quality, patient-centered care as an "essential strategy" for quality improvement as well as in clinical performance measurement. In this paper, we report on a study of four medical centers implementing PCC innovations throughout their facilities; this study was performed as part of a large-scale evaluation of PCC implementation in VHA, which included data collection from multiple sources (e.g., patients, family, providers). The purpose of this exploratory study was to examine methods used by facility and program leadership to engage patients and families in PCC transformation.

Table 1
Characteristics of VA patient-centered care centers of innovation (COIs).

Site	Location characteristics ^a	Region	Complexity ^b	Year became COI
1	City, Large	West	High	2010
2	City, Midsize	South	High	2010
3	Suburb, Large	Northeast	Medium	2011
4	City, Large	South	High	2009

^a Based on characteristics of zip code from data provided by the National Center for Education Statistics²¹.

^b Facility complexity is a weighted metric used by VA to differentiate facilities based on multiple metrics (e.g., patient volume, patient risk level, amount of teaching and/or research); facilities are identified as high, medium, or low²².

Table 2
Sample interview questions by CFIR construct.

CFIR construct	Sample interview question
Intervention characteristics	
Evidence strength and quality	What clinical or research evidence, or literature were you aware of that supported use of an intervention like this?
Outer setting	
Patient needs and resources	How do patients become engaged? What feedback is collected from them? How?
Characteristics of individuals	
Knowledge and beliefs	What do you think about when you hear the term patient-centered care?
Process	
Engagement	Who was involved in planning?
Planning	Once the decision was made to start this initiative, who was involved in planning?
Reflecting and evaluating.	What is being done to evaluate implementation of the intervention? Patient outcomes?

2. Methods

2.1. Participants and setting

We conducted our study at four VA facilities identified as PCC Centers of Innovation (COIs) by OPCC&CT; these sites were selected by OPCC&CT based on their previous experience with delivering PCC. VA COIs receive funding, support, and assistance from OPCC&CT, and have involvement by facility leadership and PCC coordinators to implement a wide range of initiatives throughout the facility, including complementary and alternative medicine, health coaching, and improvements to the environment (e.g., appearance, ability to navigate). (See Table 1 for additional information about study sites.) Facility leadership and PCC coordinators identified potential key informants who were involved in implementation of PCC innovations and could provide practical feedback on implementation efforts taking place in these facilities; this included individuals leading these initiatives, front line providers involved in delivering initiatives, and staff involved in improvements to the facility environment. These key informants, including senior leadership, middle management, front line providers, and other facility staff (e.g., interior designer), were invited to participate in interviews with study team members.

2.2. Procedure

Interviews were conducted by a team of experienced qualitative researchers (BB, JNH, NM, JS), during site visits to the four COIs, with some additional follow-up conducted by telephone (e.g., if interviewee was unavailable during site visit, interviewee had to end interview early to attend to patient care needs). An interview guide was developed, using the Consolidated Framework for Implementation Research (CFIR)¹², to cover a range of topics relevant to PCC implementation, including perceptions about PCC, pre-implementation planning, role of leadership, engagement of providers/employees and patients, evaluation of interventions, and sustainability. (See Table 2 for sample interview questions.) This framework provides an exhaustive hierarchy of implementation constructs for use in complex settings; the developers of CFIR encourage researchers to select the domains and subdomains relevant to the specific innovation being implemented, based on researchers' expertise in implementation

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