A cross country health system study to understand the role of patient engagment in quality of care

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INTRODUCTION

Paternalistic healthcare approaches have gradually given way to patient-oriented approaches that take into account patients' differences, values, and experiences. Healthcare organizations, institutions, and universities around the world are increasing their efforts to involve patients and make their participation active using different forms of engagement. With the emphasis on patient centred care and improvement of quality of care in the, potential of patient engagement as a means to improve quality of care is a major area of interest for policy makers in India.

RESEARCH QUESTION

- How does patient engagement contribute to quality of care and affect health outcomes Vis a Vis Canadian healthcare system?
- How can it be adapted to Indian healthcare system?

OBJECTIVES

General Objectives

- To understand the role of patient engagement in quality of care and how it affects health outcomes in Canadian healthcare system.
- To understand how patient engagement can be adapted to Indian healthcare system.

Specific objectives

1. To review the policies, norms and guidelines related to patient engagement in Canadian healthcare system.
2. To describe different models of patient engagement on various levels (clinical and organizational and political if relevant).
3. To describe the contribution of patient engagement in quality of care and patient safety.
4. To analyze how Canadian experience can be a source of inspiration in context of Indian healthcare system.

METHODOLOGY

Study design: Case study design (grounded theory approach)

Study Setting: The study was conducted across healthcare organizations at three levels:

- Federal Healthcare Organizations
- Healthcare Organizations from province of Quebec (Montreal is a part of Quebec)
- Healthcare Organizations from other provinces of Canada

Duration of study: The study was conducted over a period of three months starting 15 April'2017.

Sampling Method: Purposive sampling was done to identify organizations to conduct the study and stakeholders (managers, researchers, patients, clinicians) for in depth interviews. A list of 17 people was made. Out of them, five people contacted did not respond and one person dropped out of participating upon contact.

Sample size: 11 stakeholders in patient engagement across healthcare organizations in Canada were interviewed in-depth for the study

Objective 1

An exploratory review of existing guidelines, norms and policies related to patient engagement in Canadian healthcare system was undertaken to understand the process at a policy level.

Objective 2, 3

Qualitative method of data collection in a case study was used i.e. in-depth interviews of major stakeholders in patient engagement process to understand the various models of patient engagement and describe the process as well as the contribution of patient engagement in quality of care. In depth interviews were recorded by means of writing, audio clips and were supported by papers provided by the interviewees to supplement the interview. Data was analyzed by using software MAX QDA 12 for Mac.

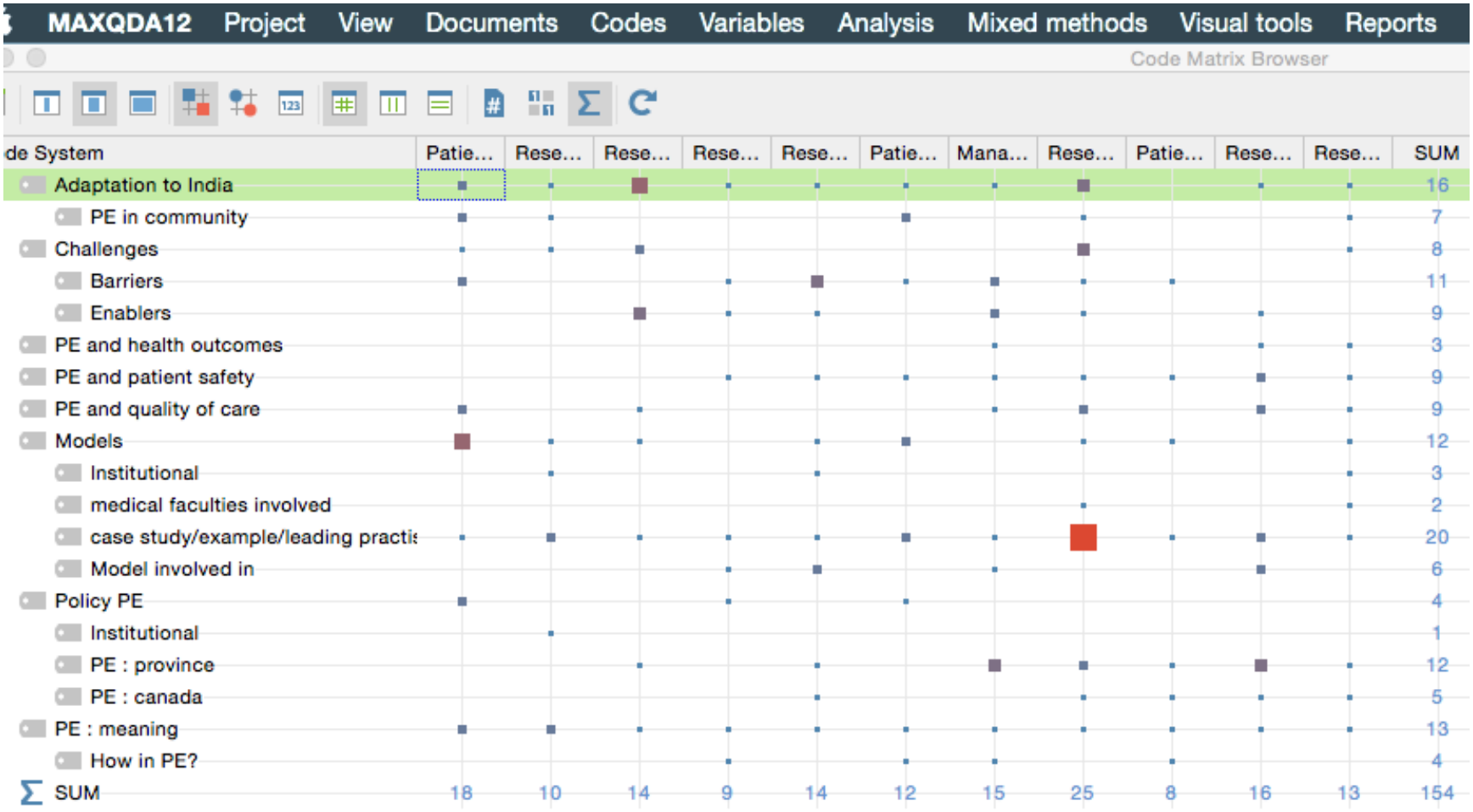
Objective 4

A qualitative analysis of the comments and knowledge built from the interviews was undertaken to summarize steps that can be taken to adapt patient engagement as a practice to India.

Based on interviews, the results are reported under the following broad heads

- Meaning of patient engagement
- Models of patient engagement
- Patient engagement and quality of care & patient safety
- Challenges to patient engagement (barriers and enablers)
- Adaptation to India

RESULTS AND OBSERVATIONS



de System	Patie…	Rese…	Rese…	Rese…	Rese…	Patie…	Mana…	Rese…	Patie…	Rese…	Rese…	SUM
Adaptation to India												16
PE in community												7
Challenges												8
Barriers												11
Enablers												9
PE and health outcomes												3
PE and patient safety												9
PE and quality of care												9
Models												12
Institutional												3
medical faculties involved												2
case study/example/leading practi												20
Model involved in												6
Policy PE												4
Institutional												1
PE : province												12
PE : canada												5
PE : meaning												13
How in PE?												4
SUM	18	10	14	9	14	12	15	25	8	16	13	154

PATIENT ENGAGEMENT: MEANING

Patient engagement has been defined by the participants as a practice of partnering with people who are experts through their lived experience and meaningfully involving the patients at three levels i.e. governance, care and research right from the first idea to all the way through to resolving a problem and evaluation and knowledge sharing.

Quote :

- *“Patient is meaningfully involved in conceptualization, design, execution, dissemination and knowledge translation of particular task/policy/research/project. The key is to meaningfully involve the patient from first idea of what should be done (identifying area of study) to what kind of policies are to be issued to all the way through to resolving the problem, in making recommendations and implementing anything that would come forth as a consequence. “*

MODELS OF PATIENT ENGAGEMENT

Canadian healthcare system has some interesting and successful models of patient engagement like

- Experience based co-design and SPOR, which engage patients meaningfully as partners to identify priorities for change.

- The Carman's model from literature defines three levels of patient engagement i.e. direct, organizational and policy level where patients could be engaged through consultation, involving and partnership.

- The Montreal Model which is by far one of the most successful in terms of partnering with the patient is the first model that was co-built with the faculty of medicine and goes an extra step by having patient as a partner at the level of education, care and research and is increasingly looked upon as a model worthy of replication in terms of success and innovation.

- PaCER's is model of engaging patients into research by training citizens with health conditions to design and conduct research.

PATIENT ENGAGEMENT : QUALITY OF CARE & PATIENT SAFETY

All the participants agreed upon the contribution of patient engagement as a practice to quality of care and patient safety as immense.

- Makes the patients better informed and equipped to seek the right information and report adverse events.
- There is an improved efficiency and effectiveness to care; better responsiveness.
- The patients when brought as partners also make the decision making process more equitable.
- The physicians report better communication with the team and patients.
- Being a part of the quality committees, patients bring the unique insight of how care processes are viewed by them leading to more efficient identification of problems and designing better solutions in conjunction with the professionals; ultimately adding up to improve the quality of care.
- In terms of patient safety, patients and families being the first line of defense can alert the professionals and help in managing risk of adverse events better, preventing potential damage to patients and healthcare staff as well.

CHALLENGES

Barriers

- Shifting culture for both patients and physicians.
- The physicians face a pedagogic barrier.
- Another main challenge is resources as patient engagement is a resource intensive activity and requires considerable investment of time as well as money.
- Other barriers according to the participants were defining roles and generating evidence for patient engagement, which is still not enough.

Some enablers are committed leadership support, WHO recognition for motivating the patient champions and enhance credibility and additional resources.

ADAPTATION TO INDIA

- Environmental scan of various countries and models of patient engagement in their healthcare system to understand frameworks of implementation and challenges.
- An internal/external environmental scan (example SWOT) of the Indian healthcare system with respect to patient engagement.
- Stakeholder analysis and survey of readiness of stakeholders towards the introduction and implementation of the concept.
- Finding local influencers, leadership support, willing organizations and relevant people to form a multidisciplinary knowledge group.
- Recruitment of patient champions (affiliation with WHO community of patients)
- Collaborating with innovative partners like University medical colleges to start small-scale projects demonstrating effect of patient engagement in different levels like governance, care or research.
- Patient engagement in community setting must be explored.
- Tracking all data and gathering evidence.
- Advocacy for policy on national/regional/institutional level on patient engagement

CONCLUSION

- Patient engagement has been a significant contributor to enhancing the quality of care and patient safety practices in Canadian healthcare system; although there are challenges in implementation but the potential benefits are immense.
- Bringing similar models to Indian healthcare system comes with challenges but adapting to the local environment and constructing models and frameworks that succeed in pilot projects could potentially lead to improvement in quality of care, patient safety and ultimately the health outcomes.