





Overview

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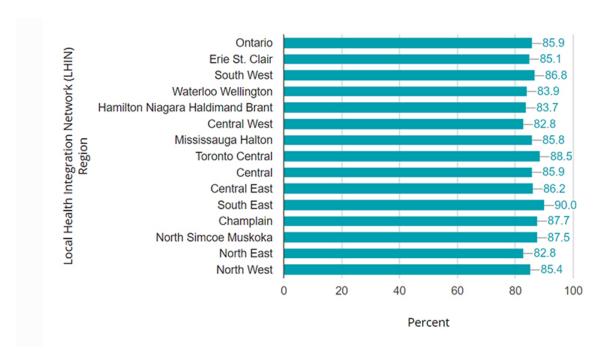
"If it currently takes 2 weeks to get a non-urgent appointment -but it always takes 2 weeks - then the practice is meeting its demands...just 2 weeks late. The challenge is getting that demand met today."

Vineet Nair, MD CCFP, Lead Physician London Centre Family Health Organization

Issue

With Regulation 187/15 coming into effect under the *Excellent Care for all Act*, 2010 on September 1, 2015, the increasing importance of patient engagement is now reflected in the legislation in Ontario. Patient involvement in decisions about care is one aspect of patient engagement and experience (HQO, 2017 i). Across Ontario, health care professionals, policy-makers, and organizations are actively engaging with patients, their families, other informal caregivers, and members of the public to understand their needs, experiences and preferences to improve health care quality. In Ontario (Decisions-about-Care 85.9% of people aged 16 or older report being involved as much as they want in decisions about their own care in the primary care setting.

FIGURE 1 Percentage of people aged 16 and older who report that their primary care provider always or often involved them in decisions regarding their care, in Ontario, by LHIN region, 2015.



Source: Health Care Experience Survey, provided by the Ministry of Health and Long-Term Care.

Engaging with patients and their caregivers transforms care. The evidence tells us that supporting patients to be actively involved in their own care, treatment decisions and support can improve outcomes and experiences, and potentially yield efficiency savings for the system (HQO, 2017i; NHS,2016). There are a variety of ways to involve patients but at the level of individual care, one theme stands out: the capacity of patients to discuss issues with their care provider, to generate options for treatment and management, and to share in decision-making. Providers and patient working together to build a productive relationship is the ultimate goal (Health Council of Canada, 2011; HQO, 2017 I; NHS,2016).

Call to Action

In the QIPs patient experience is measured using three distinct but related indicators including:

- · Patient Involvement in decisions about care
- Primary care providers spending enough time with patients, and
- · Opportunity to ask questions

Performance on these indicators is correlated and overall performance on patient experience in primary care is high (median 92% to 93%). However, in the 2016/2017 QIPs 10% of organizations providing primary care set retrograde targets to worsen their performance over the coming year (HQO, 2017). This might be due to a "ceiling effect", where organizations may not believe that there is room for improvement (HQO, 2017). In order to maintain the excellent results on this indicator creative change ideas and best practices must to be upheld.

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Best Practices

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"Insanity is doing things the way we've always done them and expecting different results" Albert Einstein

Patient involvement in decisions about their care and treatment [http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-involvement-in-decisions-about-their-care/EN] in primary care is a priority indicator for the QIP. This is the percentage of people in Ontario aged 16 and older who report that their primary care provider (i.e. a family doctor, a general practitioner GP, or nurse practitioner) always or often involves them as much as they want in decisions about their care and treatment. In Ontario [http://www.hqontario.ca/System-Performance/Primary-Care-Performance/Patient-Involvement-in-Decisions-about-Care] 85.9% of people aged 16 or older report being involved as much as they want in decisions about their own care in the primary care setting.

Below are best practices for patient involvement in primary care. They are graded according to Type-of-Evidence [http://qualitycompass.hqontario.ca/Documents/EN/QualityCompassLevelsofEvidence.pdf]. Evidence-informed best practices are based on quality evidence, they can optimize outcomes and should be implemented into practice where possible.

To help you move from best evidence to best practice refer to Health Quality Ontario's <u>Patient Engagement Framework</u> [http://www.hgontario.ca/Portals/0/documents/pe/ontario-patient-engagement-framework-en.pdf] and guide on <u>Engaging with Patient and Caregivers about Quality Improvement [http://www.hgontario.ca/portals/0/documents/qi/qip/patient-engagement-quide-1611-en.pdf] or browse the interactive table below for a quick summary of how to better involve patients in care and decision making in your practice.</u>

EVIDENCE-INFORMED BEST PRACTICES

Build Relationships and Trust

Evidence- Informed Best Practice	Change Ideas	Toolbox
Build Relationships and Trust. Meaningful patient involvement/engagement requires authentic, timely and mutually beneficial relationships forged between patients, their family members, other informal caregivers, health professionals and the organizations they work with.	 Foster a healthy supportive doctor-patient relationship. Build Trust. Clear concise communication encourages patient involvement. Schedule your time appropriately and take the time required with each patient. Ask patients if they feel involved to the extent they want to be in decisions related to their care. If they don't, find out what more you can do. 	Mac Health Quality in Family Practice Curriculum [http://machealth.ca/programs/quality/] Five actions to build trust [https://bmcmededuc.biomeccentral.com/articles/10.1186s12909-017-0868-5] in the doctor-patient relationship Trust in the Doctor Patient Relationship [http://bmjopen.bmj.com/cortent/3/5/e002762.full] Section 3.3 Anticipating and Predicting Patient Needs of the Advanced Access and Efficiency Workbook for Primary Care. [http://www.hgontario.ca/Porals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf]

Patient and Caregiver Education

Evidence- Informed Best Practice	Change Ideas	Toolbox
Patient and Caregiver Education. Teaching patients about their conditions, medications, and care processes helps to facilitate their involvement in decision making and care planning.	 Provide patients with the tools to educate themselves about the topics that affect them and their loved ones. Customize the patient education process for patients, family caregivers, and providers. Ask how they learn best, and provide appropriate resources. Use techniques such as "Teach Back" to ensure patients can recall and restate in their own words their care instructions. 	College of Family Physicians of Canada (CFPC) Resources for Patients [http://www.cfpc.ca/ForPatients/]. The Family Doctor Website [https://familydoctor.org/] American Academy of Family Physicians educational resource for health promotion, prevention and disease management. AHRQ's Health Literacy Universal Precautions Toolk [https://www.ahrq.gov/sites/efault/files/publications/files/ealthlittoolkit2_4.pdf] The Toolkit has 21 tools addressing 4 domains important for promoting health literacy The Teach Back Toolkit [http://www.teachbacktraining.org/] combines health literacy principles of plain language and teach-back to confirm patient and caregive understanding.

Decision Making Support

Make Change

Evidence- Informed Best Practice	Change Ideas	Toolbox
Patients are provided with enough information to make informed decisions about their care. Using educational information on health promotion and prevention and disease management.	 Managing appointment time. Scheduling longer appointments when expecting to give difficult information or patient to make difficult decisions. Using extra time to walk the patient through their options and giving them a chance to ask questions. Using decision aids for particularly difficult healthcare decisions. 	Section 3.3 Anticipating and Predicting Patient Needs of the Advanced Access and Efficiency Workbook for Primary Care. [http://www.hqontario.ca/Port als/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf] Ottawa Hospital Research Institute: Decision Aids Library [http://www.ohri.ca/Decision Aid/] AHRQ's SHARE Approach [https://www.ahrq.gov/profess ionals/education/curriculum-tools/shareddecisionmaking/index.html] Massachusetts General Hospital Health Decision Sciences Center [http://www.massgeneral.org/decisionsciences/default.asp x]

Encourage Self-Management for Chronic Conditions

Make Change			

Evidence- Informed Best Practice	Change Ideas	Toolbox
Encourage Self- Management / Self-Care for people with chronic conditions. Involves educating people about their condition and care, motivating them to care for themselves better and tracking their progress.	 Patient and caregiver education programs Use healthlinks for better coordination. Medication management advice and support. A standard protocol should be developed. Psychological interventions and advice and support about diet and exercise (e.g., coaching) Better patient access to their own records. 	Consider the HealthLinks [http://www.health.gov.on.ca/ en/pro/programs/transformati on/docs/Guide-to-the- Advanced-Health-Links- Model.pdf] model of team based care for chronic conditions. The Self-Management Website [https://www.selfmanagemen tuk.org/] CMPA's Medication Management Resources [https://www.cmpa- acpm.ca/en/advice- publications/browse- articles/2013/medication- management-quality- healthcare]for Primary Care Physicians Nesta People Powered Health [http://www.nesta.org.uk/proj ect/people-powered-health]

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Measurement

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"While all changes do not lead to improvement, all improvement requires change" Institute for Healthcare Improvement

How will we know if a change is an improvement? Measurement is a critical step in QI to assess the impact of a change. Quality indicators are used in the QIPs to measure how well something is performing. There are three types of quality indicators used to measure QI efforts:

- Outcome Indicators: capture clinical outcomes and or system performance,
- Process Indicators: track the processes that measure whether the system is working as planned, and
- Balancing Indicators: ensure that changing one part of the system does not cause new problems in another.

Indicator	Patient involvement in decisions about their care and treatment [http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-involvement-indecisions-about-their-care/EN]	
Topic	Patient Reported Measures	
Quality Dimension	Patient-Centred	
Type of Indicator	Process	
Measure	Percentage (%)	
Data Source	Health Care Experience Survey (HCES) [https://www.ontario.ca/data/health-care-experience-survey-hces]	
Data Collection Instrument	Collected by the Ministry of Health and Long-Term Care (MOHLTC)	
How to Calculate	(Numerator/Denominator) x 100 Numerator: Number of positive responses to "being involved" Denominator: Total number of survey respondents	
Target	Higher is better (current provincial average 85.9%)	
Range	0 – 100%	
HQO Reporting Tool	Quality Improvement Plans (QIPs)	

To read more about general measurement in QI refer to $\underline{\text{Measurement for Quality Improvement}}$ [http://www.hqontario.ca/Portals/0/Documents/qi/qi-measurement-primer-en.pdf].

Tools & Resources

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Health Quality Ontario'S Tools and Resources

- Health Quality Ontario's Tools and Resources on Engaging with Patients [http://www.hqontario.ca/Engaging-Patients/Patient-Engagement-Tools-and-Resources/Resources-for-Health-Care-Providers]
- Engaging Patients in Patient Safety Overview A Canadian Guide
 [http://www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-in-Patient-Safety-Guide/Pages/default.aspx]
 - Chapter 1: Patients as Partners [http://www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-in-Patient-Safety-Guide/Documents/Engaging%20patients%20as%20partners.pdf]
 - Chapter 2: Partners at the Point of Care
 [http://www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-in-Patient-Safety-Guide/Documents/Partners%20at%20the%20point%20of%20care.pdf]
 - Chapter 3: Partnering at the Organizational and System Levels
 [http://www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-in-Patient-Safety-Guide/Documents/Partners%20at%20organizational%20and%20system%20levels.pdf]
 - Chapter 4: Evaluating Patient Engagement
 [http://www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-in-Patient-Safety-Guide/Documents/Evaluating%20patient%20engagement.pdf]
- Engaging with Patient and Caregivers about Quality Improvement
 [http://www.hqontario.ca/portals/0/documents/qi/qip/patient-engagement-guide-1611-en.pdf]

Other Tools and Resources

- Canadian Institutes of Health Research: Patient Engagement [http://www.cihr-irsc.gc.ca/e/45851.html]
- Canadian Foundation for Healthcare Improvement: Patient and Family Engagement [http://www.cfhi-fcass.ca/WhatWeDo/PatientEngagement]
- Cancer Care Ontario Patient and Family Advisory Toolkit [https://www.cancercare.on.ca/toolbox/pfac/]
- HealthWise Informed Medical Decisions Foundation: Demonstration sites [http://www.healthwise.org/home/default_ca.aspx]
- Mac Health Quality in Family Practice [https://machealth.ca/programs/quality/]
- The Change Foundation Patient Engagement Reports [http://www.changefoundation.ca/patient-engagement/reports-patient-engagement/]