

patient
engagement



participation
du patient



Fondation canadienne pour
**l'amélioration des
services de santé**

Agence de la santé
et des services sociaux
de la Montérégie

Québec

COMPAS: Involving people with diabetes in care improvement

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Our team



- Ai-Thuy Huynh, project coordinator
- Dr. Michel Camirand, project leader
- Dr. Sylvie Tardif, DAMUPP, ASSSM
- Mylaine Breton, Ph.D., U de Sherbrooke
- Frances Gallagher, Ph.D., U de Sherbrooke
- Jeannette Leblanc, Ph.D., U de Sherbrooke
- Our patient partners:
 - Monique Jacob (Diabète Rive-Sud) et Aimé Lord
- Our collaborators:
 - Dr. Jean-Frédéric Lévesque, Ph.D., Dr. Jacques Ricard,
M. Marc Aras (Diabète Québec)

Context of the COMPAS project at the ASSS de la Montérégie



- How can we engage family physicians and primary care professionals in the improvement of chronic disease management?

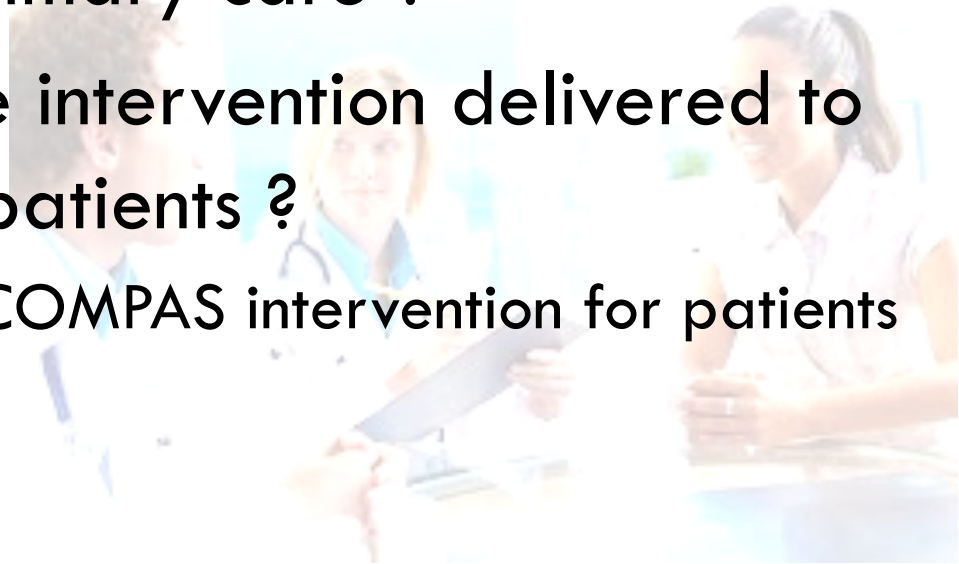
What is the COMPAS project ?



- Project under the direction of the regional department of general medicine (DRMG)
- Aim: Engage physicians and other primary care professionals in continuous quality improvement and interprofessional collaboration
- Intervention:
 - ▣ 3-hour workshop on a specific chronic disease
 - ▣ Performance feedback based on information extracted from administrative databases
 - ▣ Offered to each CSSS in Montérégie
 - ▣ Outcome: Development of local interprofessional QI projects

Progress in our team reflection ...

- Is it possible to engage patients in CQI of chronic disease primary care ?
- Can we adapt the intervention delivered to professionals for patients ?
 - ▣ Adaptation of the COMPAS intervention for patients with diabetes



COMPAS-PEP project objectives



- To enable diabetic patients from the same community:
 - 1) to learn about the health and support services offered in their territory;
 - 2) to verbalize their needs and the solutions they envisage to improve the services delivered to the diabetic population;
 - 3) to engage in the process of improving services offered to persons with diabetes;
 - 4) to formulate recommendations that will be used by the various decision-making bodies in the local and regional networks.

Methods



- Descriptive study, mixed methods
- Phase 1: Development and delivery of the workshops
 - ▣ Group of experts including 2 patients adapted the workshop for patients
 - ▣ Collaboration with local diabetes patient associations to organize and recruit participants
 - ▣ Data collection: workshop were recorded, questionnaire (post-workshop + 1 month follow-up, phone interview or online survey)

Methods



- Phase 2: Dissemination of the results to managers and professionals
 - Writing of the project report + feedback of local diabetes patients associations
 - Development of a dissemination strategy
 - Multiple committee at the Agency (DRMG, RCA, DSP, DSI)
 - Diabetes teaching centers in all CSSS of Montérégie
 - Diffusion of the report by email and face-to-face presentation of the results
 - Data collection: Questionnaire (3 to 6 months after results dissemination)

COMPAS-PEP workshop format



- 4 activities:
 - ▣ Large group discussion on needs and challenges experienced by diabetic patients;
 - ▣ Presentation of local services offered to diabetic patients by the chronic disease coordinator of the CSSS
 - ▣ Presentation of local profile: diabetic patients characteristics and use of healthcare services
 - ▣ Small group discussion on patient care experiences, QI needs and proposed improvement

Results – Phase 1



- 6 workshops (between August 2012 and April 2013)
- 7 out of 11 CSSS of Montréal
- 79 participants

Characteristics of participants (n= 79)

- 59 % were women et 41% were men.

	Diabetic patients (n= 65)	Caregivers (n=8)
Age (mean \pm SD)	63,43 \pm 10 years	55,38 \pm 21 years
Time since diagnosis (mean \pm SD)	12, 9 \pm 9 years	
Living alone (%)	18 (28%)	
Living at least with another person (%)	47 (72%)	

Results – Phase 1



Needs and challenges experienced by patients were classified into 7 themes:

1. Accessibility and continuity of care
2. Physical health problems
3. Motivation to adopt and maintain health related behaviors
4. Psychological challenges
5. Keeping knowledge up to date
6. Economic challenges
7. Linking actions between primary and secondary care

Results – Phase 1

Thèmes	Besoins et défis	Solutions
Accessibilité et continuité des services	<ul style="list-style-type: none">• Avoir accès à un MDF• Être suivi par son MDF (références aux autres professionnels, évaluation des besoins psychologiques, être informé de ses résultats d'examen)• Avoir accès aux services des autres professionnels (nutritionniste, psychologue, kinésiologue)• Comprendre le rôle de chaque professionnel particulièrement le pharmacien	<ul style="list-style-type: none">• Mieux diffuser les informations sur les services dans les salles d'attente, les journaux locaux, l'Internet• Centraliser les services de santé au même endroit• Améliorer la collaboration interprofessionnelle• Informer les patients sur le rôle de chaque professionnel

Thèmes	Besoins et défis	Solutions
Motivation à adopter et maintenir des comportements de santé	<ul style="list-style-type: none"> • Adopter de nouvelles habitudes de vie • Maintenir les changements à long terme • Avoir recours aux services disponibles pour maintenir la motivation 	<ul style="list-style-type: none"> • Offrir des services qui ciblent les besoins évolutifs des personnes diabétiques • Améliorer l'accessibilité et la visibilité des services (épiceries, pharmacies)
Maintien des connaissances	<ul style="list-style-type: none"> • Maintenir ses connaissances à jour sur le diabète, la médication, etc. • Évaluer la qualité des informations sur Internet et dans les médias 	<ul style="list-style-type: none"> • Développer un site Internet pour les personnes diabétiques de la Montérégie
Enjeux psychologiques	<ul style="list-style-type: none"> • S'adapter à l'évolution de la maladie • Avoir besoin du soutien de son entourage • Être victime des préjugés d'autrui • Subir des pressions constantes pour maintenir les bonnes habitudes de vie 	<ul style="list-style-type: none"> • Avoir accès à du soutien psychologique • Offrir des services d'éducation et de soutien pour les conjoints et la famille • Sensibiliser le grand public aux défis du diabète

Results – Phase 1



- **Patient Empowerment** (1 month follow-up (n=66))
 - 78% have a better knowledge of services available in their CSSS;
 - 83% wish to make better use of services available;
 - 35% made a change in the way in which they use services;
 - 86% were able to improve their ability to identify their own needs for different services following the workshop;
 - 93% improved their awareness of needs experienced by other persons suffering from diabetes

Résultats – Phase 1



□ Patient Engagement

□ After the workshop

- 97% believed it is possible to improve the diabetes services.
- 91% believed their participation to the workshop can contribute to the improvement of services

□ 1 month follow-up

- 60% expressed a desire to become involve in improving services for diabetic patients

Results – Phase 2

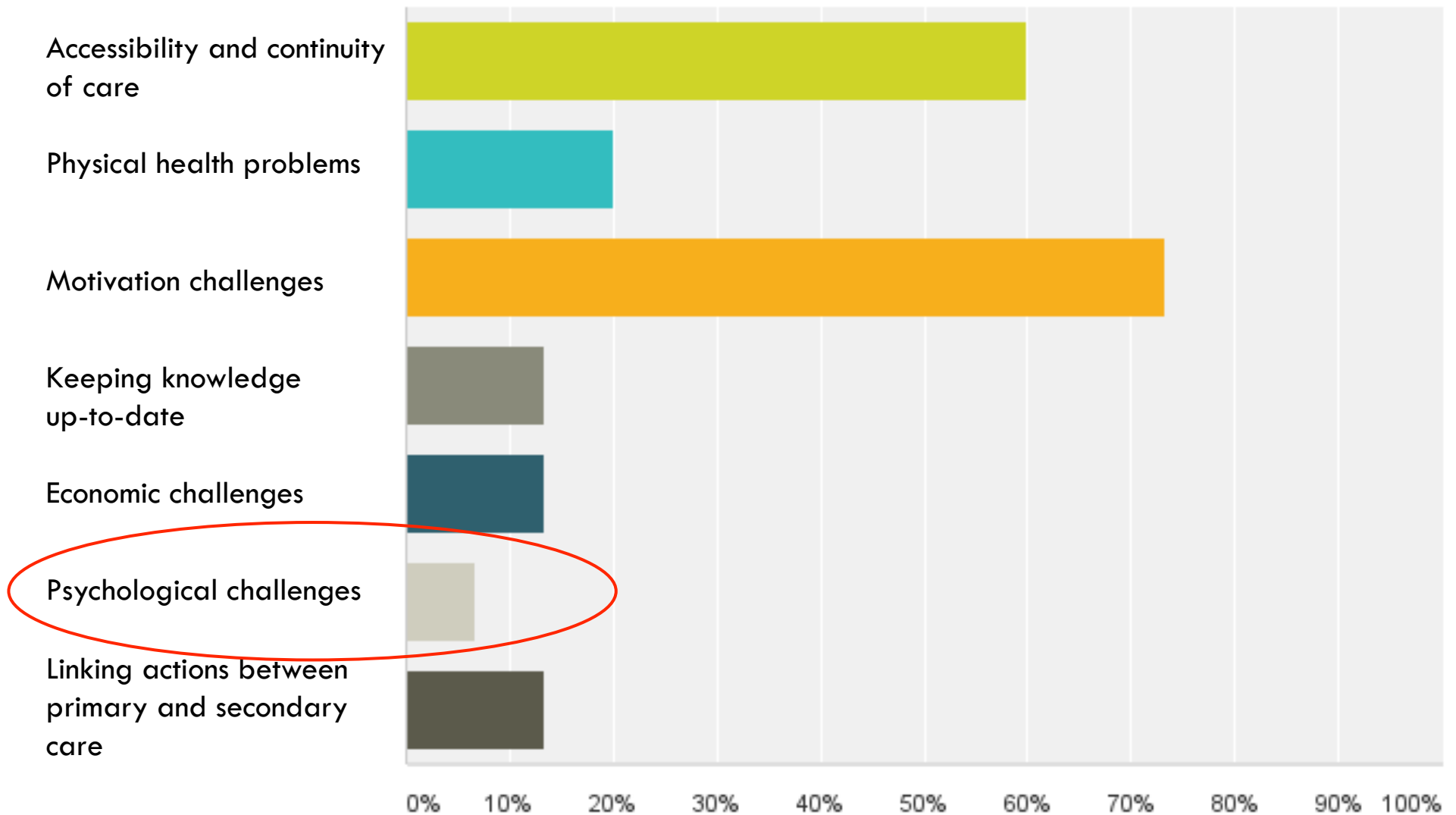


- Results dissemination
 - ▣ 5 committee at the ASSS de la Montérégie
 - ▣ 5 Diabetes teaching centers
- Ongoing data collection – Sept. 2014
 - ▣ Online survey
 - ▣ Administration during meeting
- Up to now = 16 respondents

Results – Phase 2

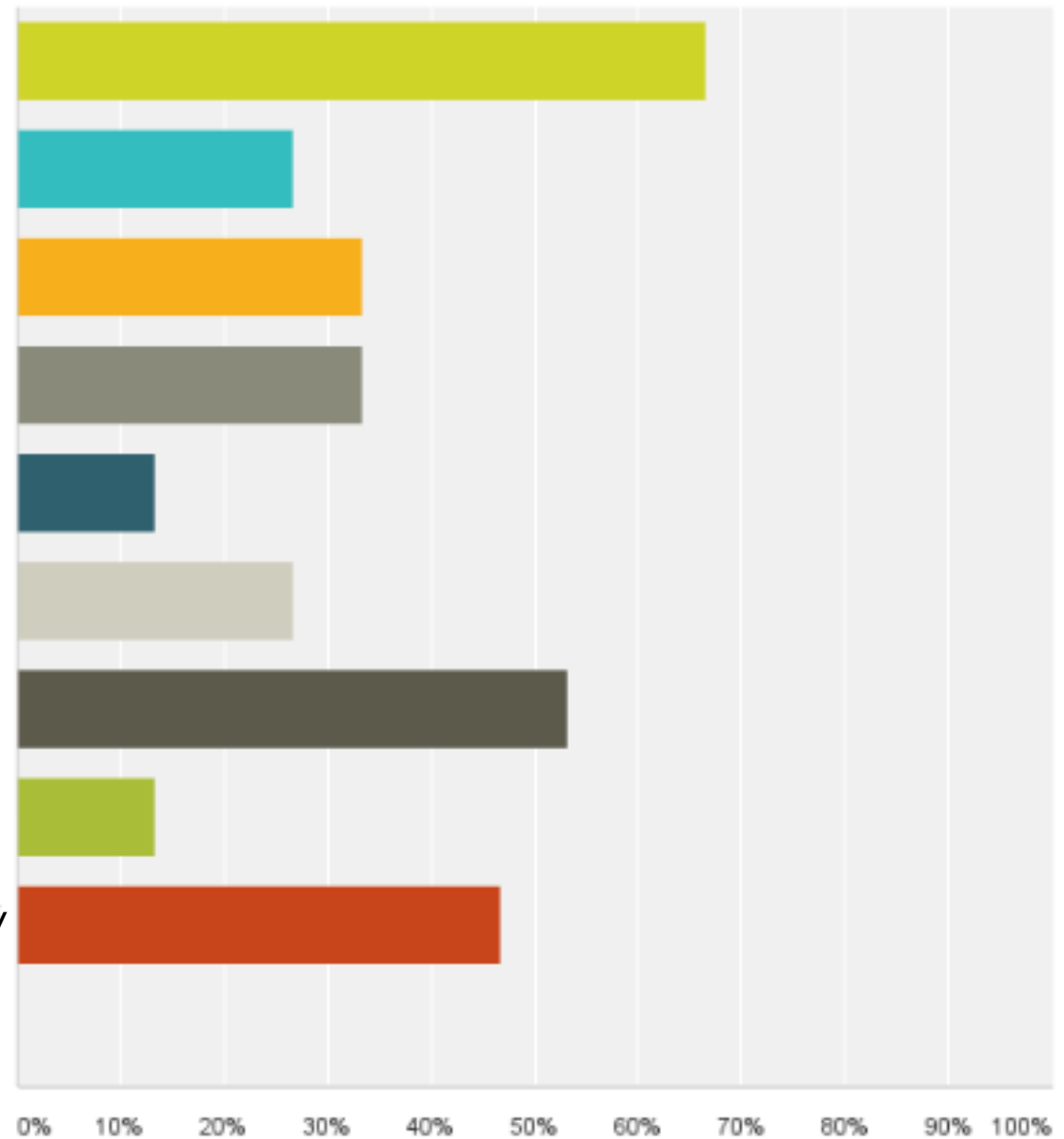
- Respondents profile (n=16)
 - ▣ Physicians : 68,75%
 - ▣ Nurses: 31,25%
 - ▣ 50% are managers
- Preliminary results
 - ▣ 8/16 believe that the content of the report could be useful before reading it
 - ▣ 7/16 have the intention to use the results of the report
 - ▣ 6/16 mentioned that the results already had an impact on the services offered to diabetic patients
 - ▣ 2/16 mentioned that they implemented some changes based on the results of this report

Challenges and needs experienced by patients perceived most important by managers and professionals (n=16)



Possible improvement proposed by patients perceived most important by managers and professionals (n=16)

- Improve self-management by communicating exam results
- Centralize services all the same place
- Access to diabetes education more than once
- Centralize information on one website
- Diffusion of information on services in local papers and pamphlets
- Home-based diabetes education
- Improvement of communication/ collaboration between professionals
- Electronic medical record
- Teaching about the role of other professionals in diabetes care, especially the pharmacist



Conclusion



- Patients are often not well informed of services offered by their CSSS and this can have a negative impact on their health
- Most important challenge faced by patients are being proactive in the management of their diabetes and keeping ongoing motivation
- There is a lack a collaboration between community resources and the healthcare system.

Spin-off




- Change were made to the workshop format offered to professionals by including patient participation
- Promotion of the COMPAS-PEP workshop
 - ▣ Increase patients empowerment and engagement in QI
 - ▣ Improve understanding of patients needs
 - ▣ Provide professionals and managers with a different kind of feedback

Acknowledgement

- To all the presidents of local diabetes patient association who supported the project
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- To our partners



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