## Evolution of Patient Engagement

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### Overview

- Brief history of patient engagement
- Involvement in individual care
- Feedback for quality improvement
- Co-production and co-design

## A Brief History (1)

1960s

• Early critiques

• Campaigning groups

1970s

• Feminism and self-care

• Biopsychosocial models

1980s

• Patient-centredness

• Patient experience and PRO measurement

## A Brief History (2)

1990s

- Patient rights and charters
- Competition and choice

2000s

- Shared decision-making
- Chronic care model

2010s

- Coordination and integration
- Co-production

### **Shared Decision Making**

 Clinicians and patients working together to select treatments, based on clinical evidence and the patient's informed preferences.



### **Sharing Expertise**

#### Clinician

- Diagnosis
- Disease aetiology
- Prognosis
- Treatment options
- Outcome probabilities

#### **Patient**

- Experience of illness
- Social circumstances
- Attitude to risk
- Goals, values, preferences
- Support needs

### The Silent Misdiagnosis

#### Patients:

unaware of treatment or management options and outcomes

#### Clinicians:

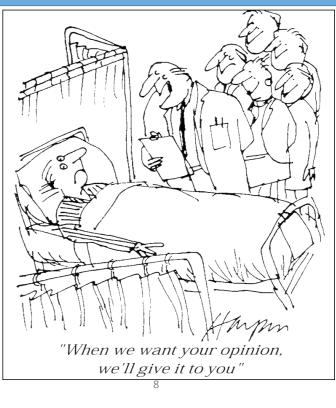
unaware of patients' circumstances and preferences



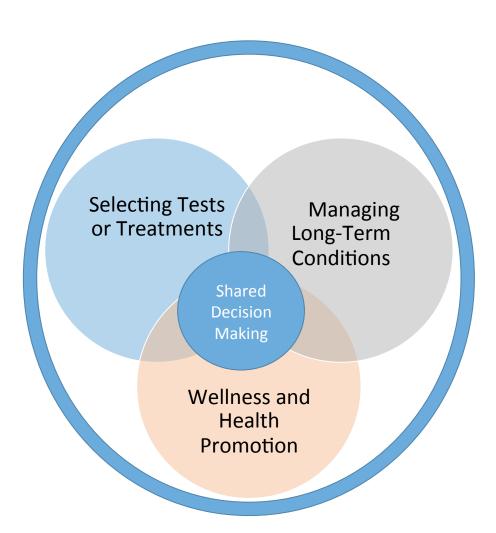
## Poor decision quality

Mulley et al, King's Fund, 2012

## The Passive Patient







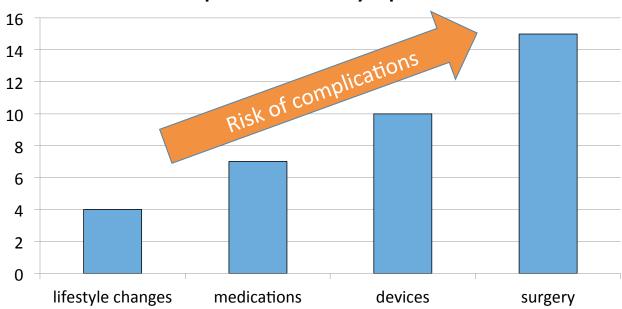
### What Patients Need to Know

- What are my options?
- What are the benefits and possible harms?
- How likely are these benefits and harms?
- What can I do to help myself?
- What can you do to support me?

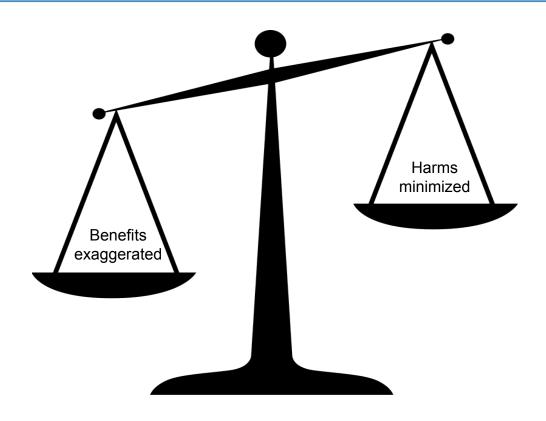


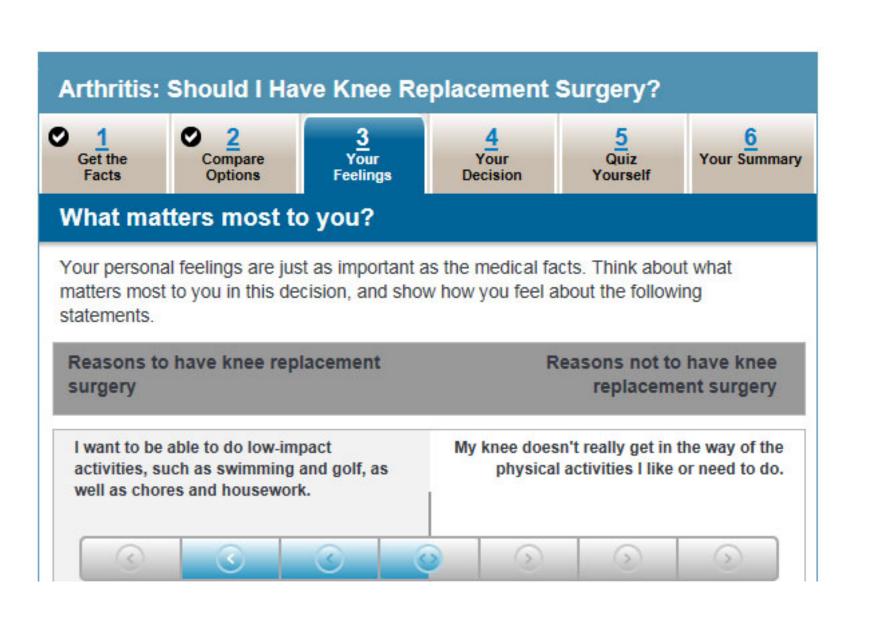
## Appraising Options and Trade-Offs





## Health Information is Often Unbalanced





### Six Elements of Shared Decision Making



1 Invite patient to participate



Present options



Provide information on benefits and risks



Weigh options based on patient goals and concerns



Facilitate deliberation and decision making

5



Assist with implementation

#### Patient Decision Aids: the Evidence

- In 115 trials involving 34,444 participants, use has led to:
  - Greater knowledge
  - More accurate risk perceptions
  - Greater comfort with decisions
  - Increased participation in decision-making
  - Better agreement between values and choice
  - Fewer patients choosing major surgery



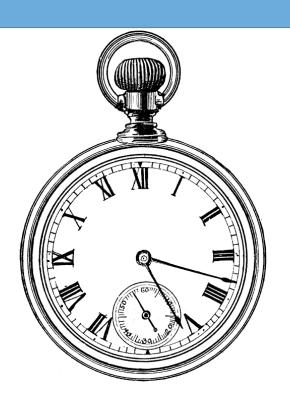
Stacey et al. Cochrane Database of Systematic Reviews, 2014

## Managing Long Term Conditions

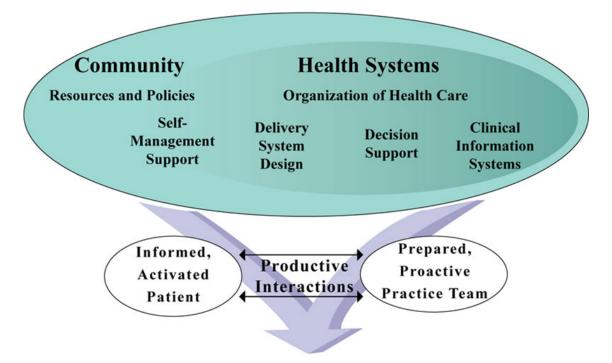
Professional care –

3 hours per year (1 x 15 mins month)

Self-care – 8,757 hours per year



#### The Chronic Care Model



#### **Improved Outcomes**

Developed by The MacColl Institute ® ACP-ASIM Journals and Books

## Care Planning Conversations



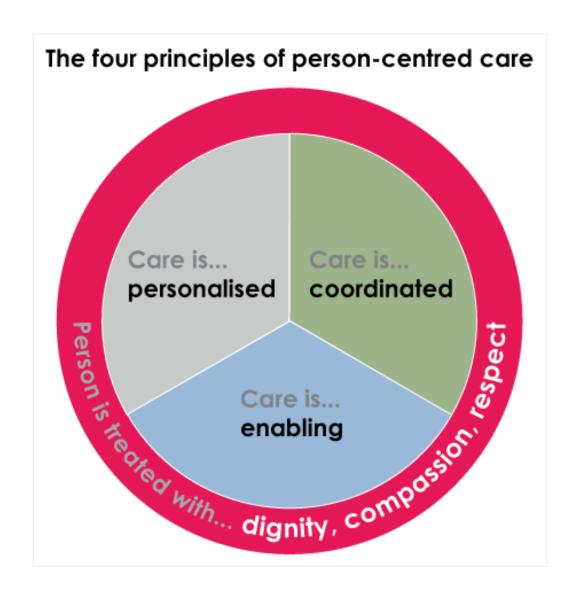
Care planning cycle

### Care Planning: the Evidence

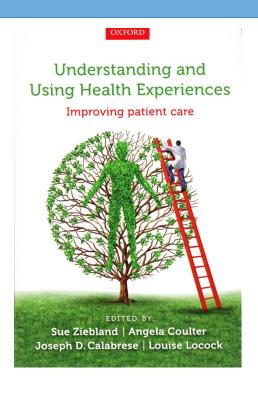
- In 19 trials involving 10,856 participants, personalised care planning led to:
  - Better physical health (blood glucose, blood pressure)
  - Better emotional health (depression)
  - Better capabilities for self-management (self-efficacy)



Coulter et al. Personalised care planning for adults with chronic or long-term health conditions. Cochrane Database of Systematic Reviews, 2015



### Why Patient Experience Matters



People who report better healthcare experiences.....

- Are more satisfied with their care
- Are more likely to adhere to treatment/ prevention recommendations
- Are less likely to die from acute myocardial infarction
- Have fewer consultations and admissions
- Have safer care and fewer adverse events

Price et al. Medical Care Research and Review 2014

### What are we measuring?

#### Processes observable by patients

- Subjective (e.g. pain was controlled)
- Objective (e.g. length of time waited)
- Observations of others' behaviour (e.g. doctor, nurse, other staff)

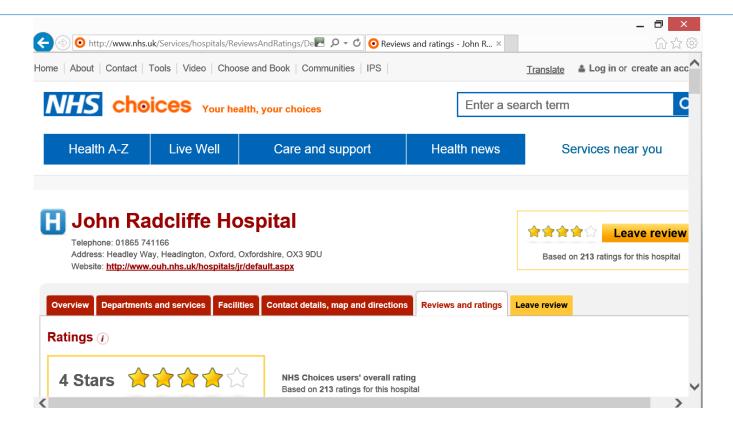
#### ➤ Outcomes observable by patients

- Physical (e.g. climbing stairs)
- Psychological (e.g. mood)
- Subjective (e.g. knowledge)
- Self-management capabilities (e.g. self-efficacy)
- Health-related behaviours (e.g. diet, exercise)
- Use of health services (e.g. number of admissions)

## How are we measuring these things?

- ➤ Quantitative methods
  - Structured surveys (postal, face-to-face, phone, online)
  - Routine data (e.g. HES)
- ➤ Qualitative methods
  - Focus groups
  - Narrative interviews
  - Observations
  - Secondary sources (e.g. social media)

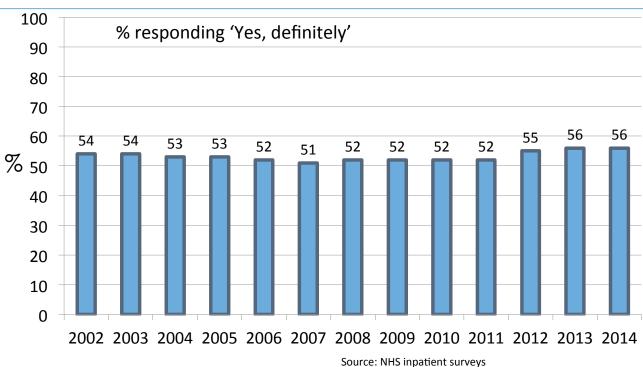
## Patients' Ratings of Hospitals



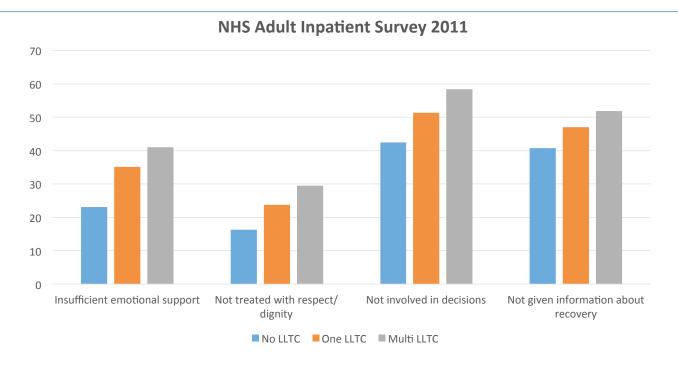
## Patients' Ratings of Senior Doctors



Were you involved as much as you wanted to be in decisions about your care and treatment?



## Problems by Health Status (LTCs)



Hewitson et al. BMC HSR 2014

## Measurement is Not Enough







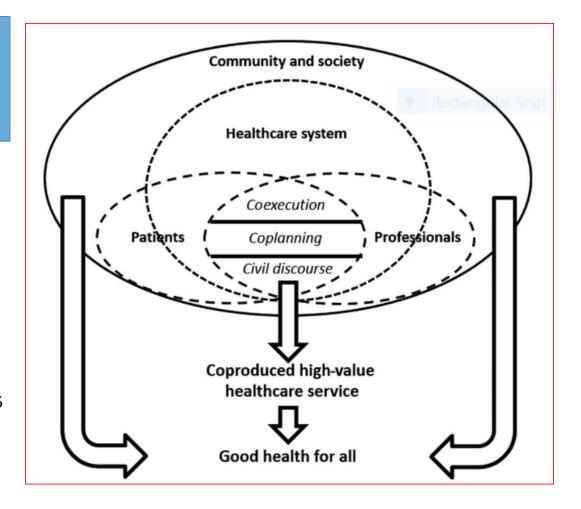
# Co-Production = promoting productive partnerships to tackle difficult problems together



## Co-production

- Healthcare is a service, not a product
- Services are co-produced by service professionals and service users
- Health outcomes are a product of the dispositions, capacities and behaviours of both parties

Batelden et al BMJ Qual Saf 2015

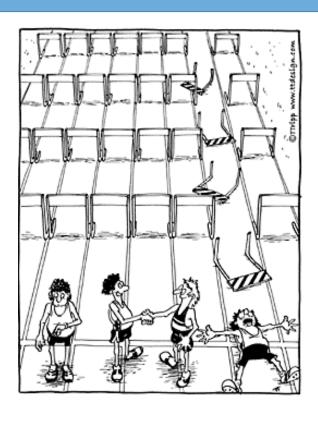


## Experience-Based Co-Design



- Uses all available knowledge, expertise, networks and influence
- Enables new thinking about old problems
- Increases responsiveness and relevance
- Reduces waste and cost

## Barriers and Challenges



- Time/resources
- Inflexible systems
- Clinical culture

## Essential Elements of a Change Strategy

- ✓ Strong, committed senior leadership
- ✓ Dedicated champions
- ✓ Active engagement of patients and families
- √ Clear goals
- ✓ Focus on the workforce
- √ Building staff capacity
- ✓ Adequate resourcing
- ✓ Performance measurement and feedback

Coulter et al. BMJ 2014; ;348:g2225

