

Appropriateness of Care Framework: Stakeholder Involvement Strategy



Stakeholder Involvement Strategy: Patients, Families, Public and Health System

1. Introduction

As well as support and commitment from the larger health care system and physicians, it is important to involve patients, their families and the public in improving Appropriateness of Care. It's critical to educate and engage patients so that they can make informed choices about their care: help patients learn about the tests, treatments or procedures in question, when they are necessary and when they are not, and what they can do to improve their health. .

As part of the framework, this engagement plan provides key messages as well as specific strategies for involving health system leaders, patients and families, and the public in improving Appropriateness of Care.

2. Strategic Considerations

- The Saskatchewan health system has embarked on a fundamental cultural transformation, shifting from a process-driven system to one that is driven by the health needs of patients. There are inevitable challenges in overcoming resistance to changing the way things are done.
- Communication, collaboration and commitment are needed to achieve a more patient- and family-centered system.
- Change fatigue is a risk, particularly with people who are tackling multiple changes at once, or who feel they have no say in how the changes are implemented.
- The shift to a culture that fully supports clinicians in improving Appropriateness of Care will take several years to accomplish.
- Early adopters of new methods will need to forge ahead, without waiting for everyone to buy into all aspects of the change.
- When research, discussion and consensus-building fail to result in meaningful change, incentives, disincentives and policy change may be needed to achieve changes in behavior.

3. Key Messages to Communicate with Stakeholders about Appropriateness of Care

- Appropriateness of Care is a fundamental component of health care quality. The issues around Appropriateness of Care were raised in the Patient First Review, *For Patients' Sake*, released in October 2009. According to this report, patients

with the same health issues often receive very different care, depending on where they live.

- Overuse, underuse, misuse and variation in healthcare services are characteristics of inappropriate care. For example, unnecessary diagnostic testing and treatments may expose patients to potential harm or negative outcomes, and increase wait times for those patients who truly need to access these necessary testing and treatments.
- The Saskatchewan health system has committed to improving Appropriateness of Care through working collaboratively with physicians, other healthcare professionals, patients and researchers in embedding the Appropriateness of Care framework into the system.
- The intention of providing a framework for Appropriateness of Care is to provide a strategy for the healthcare system, ultimately ensuring that all patients in Saskatchewan receive *“The right care provided by the right providers, to the right patient, in the right place, at the right time, resulting in optimal quality care.”*²³

4. Involving Health System Leadership and Providers

Health system leadership support is critical for the success of the Appropriateness of Care program as they are important decision makers within the system. Although the Provincial Leadership Team (PLT)²⁴ has endorsed Appropriateness of Care program through the Health System Strategic Planning process (Hoshin Kanri), there is still a perception of lack of urgency and uncertainty in the financial commitment required for broad implementation of the framework. Other healthcare clinicians (nurses, pharmacists, physiotherapists, dietitians, etc.) and the research community, such as the Saskatchewan Center for Patient Oriented Research (SCPOR) are also important stakeholders as they are important providers to patient care and need to be involved in Appropriateness of Care. The driver diagram in Figure 1 below illustrates the goal, key drivers and the actions to engage health system leadership and providers.

Goal: to create an environment where health care providers are supported to implement the Appropriateness of Care framework within their organizations and practices.

²³ Canadian Medical Association 2013

²⁴ PLT is comprised of the Ministry of Health Deputy Minister’s Office, CEOs of health regions, Saskatchewan Cancer Agency (SCA), eHealth, and 3sHealth, Board Chairs, and physician representatives. They are the decision makers of the Saskatchewan health system.

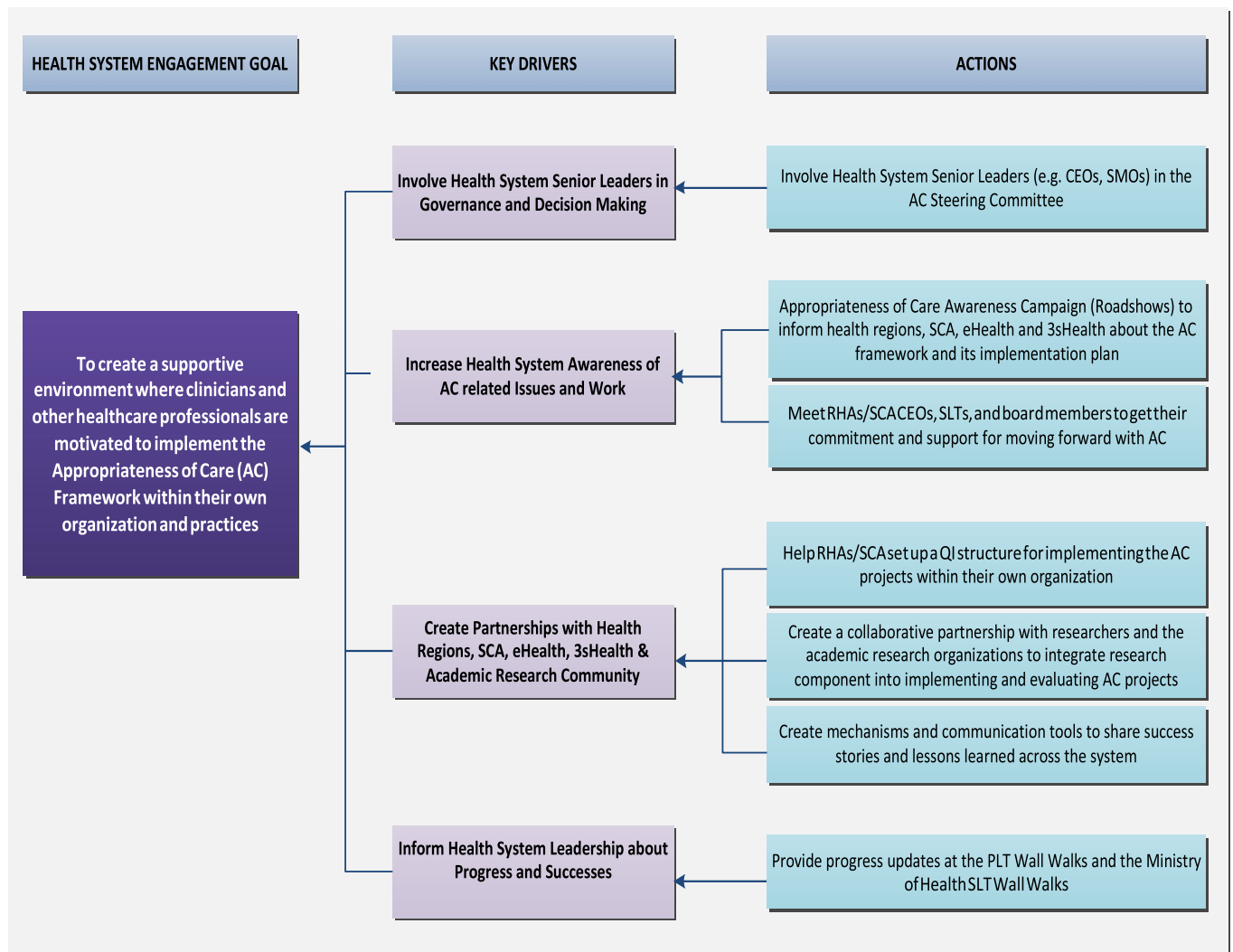
Key Drivers and Actions:

- **Involve health system senior leadership in governance and decision making.**
 - Currently, several CEOs of health regions and healthcare organizations are sponsors of the Appropriateness of Care program and are accountable for the framework development and implementation.
- **Increase awareness and understanding of Appropriateness of Care issues (overuse, underuse and misuse of healthcare services) and the work that is currently underway (i.e. the Provincial Appropriateness of Care program and the provincial framework)**
 - Increasing awareness of Appropriateness of Care through a series of presentations to key stakeholders was started in late 2014-15. The series presentations kicked off at the Ministry of Health Senior Leadership Team meeting to obtain the Ministry's endorsement of the provincial Appropriateness of Care program.
 - Creating awareness of Appropriateness of Care will continue throughout 2015-16 to engage RHAs, and other health care organizations, soliciting their support and willingness to implement the framework in their organizations.
- **Create collaborative partnerships with health regions, Saskatchewan Cancer Agency (SCA), eHealth, 3sHealth and the academic research community**
 - Success of the Appropriateness of Care framework will require a support structure at the local organizational level that will facilitate health regions, the SCA and other healthcare organizations within the system to undertake their own Appropriateness of Care projects. The provincial Appropriateness of Care project team was established to develop the Appropriateness of Care framework and implement provincial Appropriateness of Care projects. This team will provide support to health regions or healthcare organizations interested in developing their own support structure to initiate Appropriateness of Care. This will include advice, tools, and education and training to clinicians and quality improvement staff about the framework and methodologies, etc.
 - The Canadian Institute of Health Research (CIHR) launched a nation-wide strategy for improving the patient oriented research (POR) capacity in Canada. Saskatchewan stakeholders have been working on developing a business plan that will be submitted to CIHI in June, 2015 to implement a POR strategy in Saskatchewan. The SCPOR group is comprised of researchers and academic research organizations (University of Saskatchewan, University of Regina, First Nations University, Saskatchewan

Polytechnic, and HQC). They have identified Appropriateness of Care as their initial priority. SCPOR will work collaboratively with the provincial Appropriateness of Care project team as well as regional Appropriateness of Care programs to provide research support required for Appropriateness of Care projects, including: literature review on best practices; clinical guidelines and tools; development of data; and evaluating the impact of the project in improving patient experiences and outcomes.

- Various communication mechanisms and tools (e.g. electronic newsletter, website, will be developed to communicate with health system partners about the progress of improving Appropriateness of Care and to share success stories and lessons learned from projects.
- **Inform health system Leadership about the progress in implementing the Appropriateness of Care framework and the success stories so that they can provide continued support for improving Appropriateness of Care.**
 - Performance measures as well as success stories will be reported to PLT on a quarterly basis and to the Ministry of Health Senior Leadership Team (SLT) on a monthly basis.

Figure 1: Involving Health System Leadership and Providers



5. Involving Patients, Families and the Public

"I believe that when patients are given the information and the opportunity, we will become better partners with our Healthcare providers regarding appropriate testing (better partners in all aspects of our care). I think most patients and families want our healthcare providers to know that when we are asking questions.....it is not to challenge them.....but only to understand....We can begin to make good, informed decisions "with" our doctors, rather than having decisions made "for" us."

- Cindy Dumba, a Patient and Family Advisor

Acknowledging that patients and families are not only the recipients of healthcare services but also should be important partners in improving quality and safety of healthcare services, the Saskatchewan health system has committed to achieving Patient- and Family-Centered Care (PFCC) by making PFCC one of the foundations for achieving its strategic goals. Many health regions and organizations have already established a structure to engage patients and families in quality improvement work, and have been actively involving them using Lean strategies and tools (e.g. Rapid Process Improvement Workshops, Value Stream Mapping, 3P events) and other strategic initiatives. This is significant progress for the Saskatchewan health system, however, there is more work to be done in involving patients and their families in their care and treatment decision making. In order for them to be involved in their own care, they need to be fully informed about their diagnosis, treatment options, risks and benefits of each option.

Many patients often conduct their own research and consult their social networks (Frosch et al, 2012) and use Internet-based resources to supplement the information they receive from their physicians. The quality of information obtained from the Internet, however, tends to be poor as they often lack scientific, evidence based information (Griffiths and Christensen, 2000; Kisely et al, 2003). This can potentially provide patients with misleading information and demand for unnecessary treatments.

There is an argument that patient demand for certain diagnostic testing or treatment can lead to inappropriate care. For example, availability of advanced medical technology has contributed to increased patient demand for unnecessary diagnostic and screening tests that may provide no values to their treatment and can potentially lead to early detection of diseases resulting in over-diagnosis and over-treatment.

Some argue that physicians' opinions or personal beliefs may influence patient's decision on their treatments (Wright et al, 1999; Bederman et al, 2011; Fowler et al, 2000; Pearce et al, 2008). Not all clinicians agree on the best treatment option for a patient with a particular condition when more than one treatment option is available. This may result in clinical practice variation. Advocates for patient and family involvement in their treatment decision making argue that informing and involving patients in the decision making process may potentially reduce not only patient demand for unnecessary healthcare services but also clinical practice variation.

Current healthcare culture is not entirely supportive of patient involvement in the decision process. Some of the barriers include:

- The current clinician payment structure (fee for service) makes it difficult for physicians to involve patients in treatment decision making due to time constraints. Physicians may need more consultation time to fully involve patients in treatment decision making. The average primary care visit is 15 minutes, and

during this time, the clinician often has to take a history, perform a physical examination, make a diagnosis, review concerns and write a prescription. Providing detailed information on treatment options and eliciting patient's values and preferences for treatment choice on top of their routine exam may take more than 15 minutes.

- Not all patients understand medical terminology and the resulting risks presented by their physicians. Studies suggest that there are a few ways to communicate effectively with patients about risks associated with treatment choices. There is evidence that graphics, pictures and visual metaphors are better understood by patients with low health literacy (Gigerenzer et al, 2008; Houts et al).
- Some patients may have the fear of being assertive. Patients may feel that questioning their physician's advice might be seen as challenging their authority, which may threaten the future of their relationship with the physician as well as the care they receive.

Some of these barriers to involve patients in treatment decision making will be addressed through Shared Decision-Making (SDM), a collaborative decision making process shared between patients and their clinicians to make mutually agreed upon healthcare decisions using evidence-based information, patient's needs, values, preferences, and cultural/religious beliefs and background (see the SDM Toolkit for more detailed information on SDM).

The goal, key drivers, and the actions to increase patients/families/the public involvement in improving Appropriateness of Care are:

Goal: To create a collaborative partnership with patients and families in improving Appropriateness of Care.

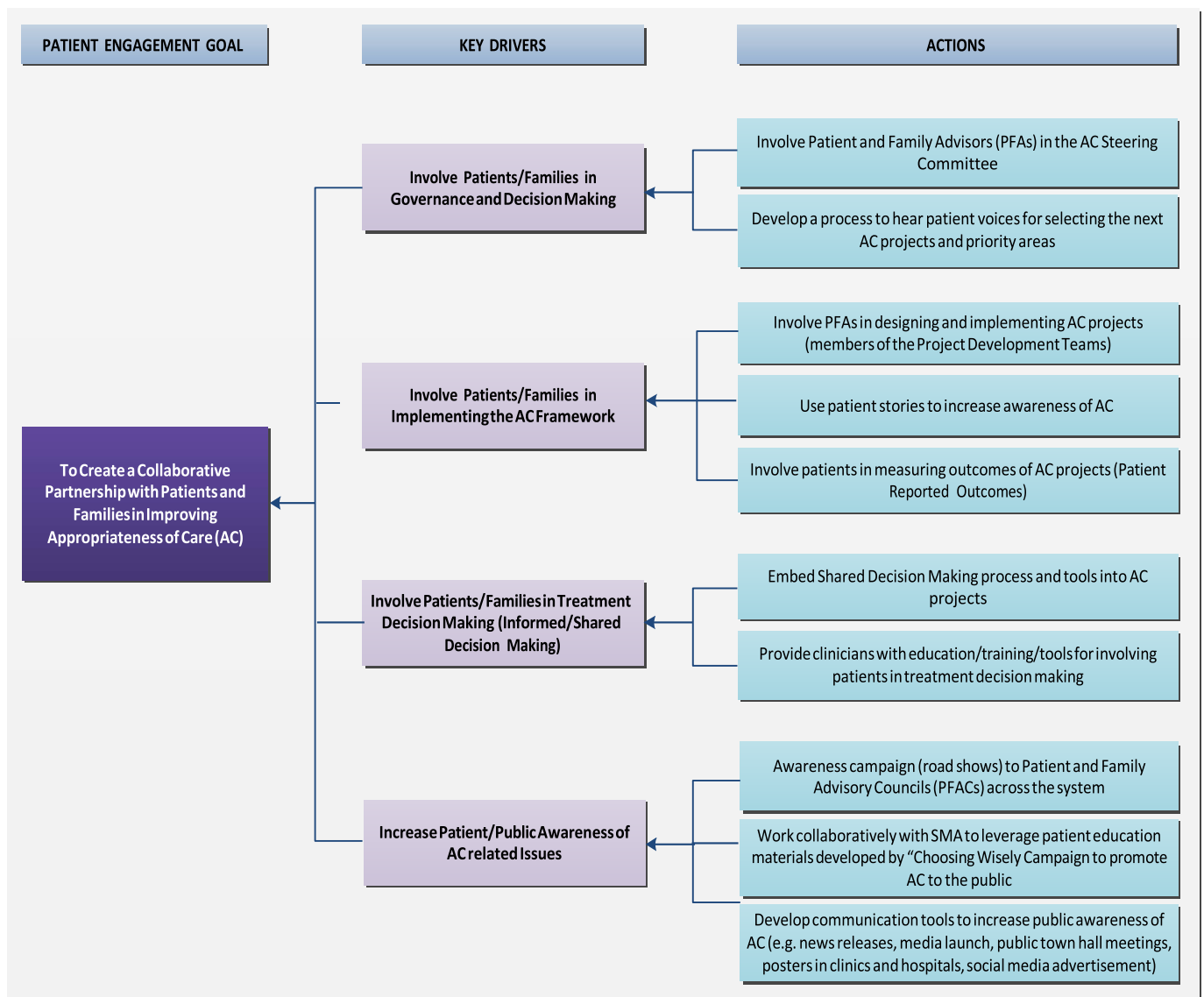
Key Drivers and Actions:

- **Involve patients and families in the governance and decision making process**
 - Two Patient and Family Advisors are currently involved in the Appropriateness of Care Steering Committee, providing strategic direction and oversight to the provincial Appropriateness of Care program.
 - A process for gathering patients' voices and perspectives on selecting clinical areas of focus for Appropriateness of Care projects will be developed and implemented.

- **Involve patients and families in implementing the Appropriateness of Care framework**
 - Patient and Family Advisors will be involved in designing and implementing Appropriateness of Care projects to ensure that the process and outcomes meet the needs of patients rather than the needs of providers.
 - Two PFAs are currently being involved in the MRI of Lower Back Pain project as part of the project development team comprised of mainly clinicians (orthopedic surgeons, neurosurgeons, radiologists, and family physicians) and a few researchers.
 - Patient stories will be used to increase awareness of Appropriateness of Care as well as get buy-in and support from various stakeholder groups, including health system leaders, clinicians and other providers. They are powerful tools for communicating why the system needs to address issues related to Appropriateness of Care.
 - Ideally and if possible, Appropriateness of Care projects will use patient reported outcomes measures (PROMs) to assess the impact of the projects in patient outcomes. Patients and families will be involved in the process of measuring these outcomes.
- **Involve patients in treatment decision making at the level they choose, so that their values and preferences for treatment choices are incorporated into their treatment plan (Shared Decision Making).**
 - Shared Decision- Making process and tools will be embedded into Appropriateness of Care projects. This will help patients understand the information they received from their clinicians about their diagnosis and treatment options as well as help clarify their values and preferences for the treatment options (See the SDM Toolkit for further detailed information).
- **Increase patient/public awareness of potential harm associated with unnecessary diagnostic testing and treatments**
 - The Choosing Wisely Canada Campaign focuses on addressing issues related to overuse of unnecessary treatments and diagnostic tests. This campaign targets both physicians and patients and has been supported by the Canadian Medical Association and the Saskatchewan Medical Association (SMA). The provincial Appropriateness of Care program will work collaboratively with SMA to leverage resources developed by the “Choosing Wisely Canada Campaign” to publicly promote appropriate uses of various diagnostic testing and treatments in Saskatchewan.

- Various communication tools will be developed to increase public awareness of appropriate uses of healthcare services as well as of importance of patient and family involvement in healthcare treatment decision making. Some of the methods and tools may include a news release, a media launch, presentations to Patient and Family Advisory Councils in health regions and the SCA, public town hall meetings, posters in clinics and hospitals, advertisements in newspapers and radios, use of social media to share success stories.

Figure 2: Involving Patients, Families and the Public



6. Feedback Loop and Evaluation

It is important to inform the stakeholders about the status of implementing the Appropriateness of Care framework and to celebrate successes with them to reinforce the culture change that is happening within the system as a result of this work. The following tools may be used to inform and celebrate successes with the stakeholders:

Health System Leadership and Providers	Patient, Families and Public
<ul style="list-style-type: none"> • Electronic News Letters; • Quarterly Provincial Leadership Team (PLT) Wall Walks • Monthly Ministry of Health Senior Leadership Team Wall Walks • Appropriateness of Care Website TBD 	<ul style="list-style-type: none"> • Social Media to share success stories • Appropriateness of Care Website • News Releases

It is also important to evaluate the effectiveness of the stakeholder engagement process. Tools for evaluating the engagement process may include surveys to stakeholders, particularly clinicians about their awareness of the Appropriateness of Care work and to identify any culture shift among these groups on their perceptions or perspectives of Appropriateness of Care.

7. Multi-year Action Plan

In order to successfully achieve the engagement goals, actions have been prioritized over the next three years. This doesn't mean that the Appropriateness of Care program will be done at the end of the third fiscal year- improving Appropriateness of Care within the system requires a transformation that will continuously evolve over time. The work over the first three years will be foundational and help create an environment where Appropriateness of Care becomes a norm within the Saskatchewan health system in the future.

Phase 1 (2015-16)

- Focus on increasing stakeholders' support for the provincial Appropriateness of Care program and implementation of the Appropriateness of Care framework as well as identify their expectations about the provincial program (i.e. Awareness Campaign)
- Create a collaborative partnership with research communities (i.e. SCPOR) to embed research components into improving Appropriateness of Care
- Continue to inform PLT and other key stakeholders about the progress of implementing the framework

Appendix C: Stakeholder Involvement Strategy

- Continue to involve Patient and Family Advisors in the Appropriateness of Care Governance and the MRI of Lumbar Spine project.
- Provide support to RHAs, SCA and other healthcare organizations in creating regional Appropriateness of Care programs within their own organization to initiate Appropriateness of Care projects
- Develop communication tools for sharing the Appropriateness of Care framework, toolkits, progress update on implementing the framework, and other information with health system stakeholders
- Develop and implement tools to evaluate stakeholder engagement (e.g. surveys)
- Align work with the SMA and Choosing Wisely Canada campaign.

Phase 2 (2016-17)

- Launch the public awareness campaign to educate the public about Appropriateness of Care issues (particularly uses of unnecessary diagnostic testing, treatments and screening), what is appropriate care, and how to get involved in their own care and decision making. The public awareness campaign will be aligned with the Choosing Wisely Canada Campaign to ensure that the public receives the consistent information.
- Develop Shared Decision Making (SDM) tools and embed them into Appropriateness of Care projects where applicable.
- Develop SDM educational tools for clinicians and embed them into the Appropriateness of Care clinician education program that will be developed to train clinicians on Appropriateness of Care and its methodologies and tools. This program will be embedded into the medical school curriculum and the Continuing Medical Education (CME) program.
- Continue to provide support to RHAs, SCA and other healthcare organizations in initiating Appropriateness of Care projects within their own organizations.
- Continue to embed SDM tools into Appropriateness of Care projects where applicable
- Evaluate the stakeholder evaluation plan and communication tools to measure the level of stakeholder engagement and the effectiveness of the plan (e.g. surveys)

Phase 3 (2017-18)

- Continue the public awareness campaign
- Continue to provide support to RHAs, SCA and other healthcare organizations in implementing Appropriateness of Care projects within their own organizations
- Evaluate the stakeholder engagement plan to measure the effectiveness and outcomes of the plan (e.g. surveys)
- Keep momentum going through sharing the lessons learned from Appropriateness of Care projects and celebrate the successes with stakeholders
- Sustain improvements that have been made over the last three years

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