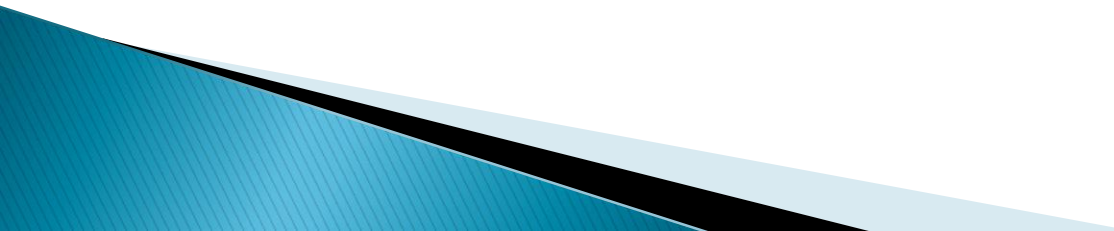


The Value of a Patient Partnership for Health Care Improvement

Diane Moyer, MS, RN, Moderator



Health Care Experiences

- ▶ Adversarial
 - ▶ Hazardous—less independence, less mobility, less capability
 - ▶ Impersonal and rigid
 - ▶ Lacks coordination
 - ▶ Frustrating and tiring
 - ▶ Scary and out of “my” control
- 

Patient *Engagement*

Patient *Experience*

Goals

1. Drive better health and outcomes
2. Empower patients and loved ones to be active in their own care
3. Reduce costs

1. Drive better health and outcomes
2. Exceed expectations
3. Reduce suffering
4. Brand differentiation

Stakeholders

Patient, likely others

Patient, likely others

Context

Patient's own health

All-encompassing (access, communication, food, etc.)

Patient involvement (behaviors and ownership)

Required

Not required (though in an ideal experience, patients are partners and co-designers)

Time

Transactional or longitudinal

Transactional or longitudinal

Use of health self-management tools/services

Yes

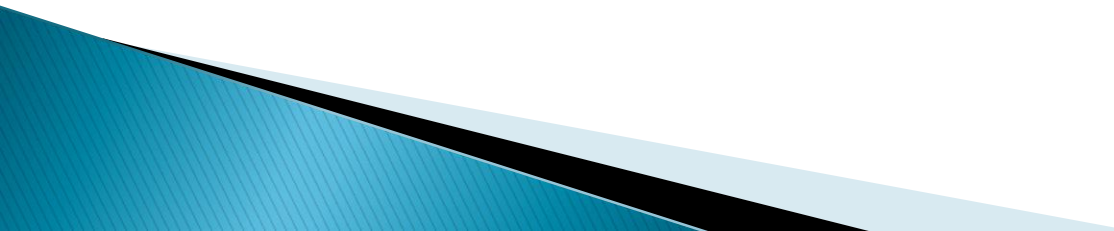
No

Validated measurement

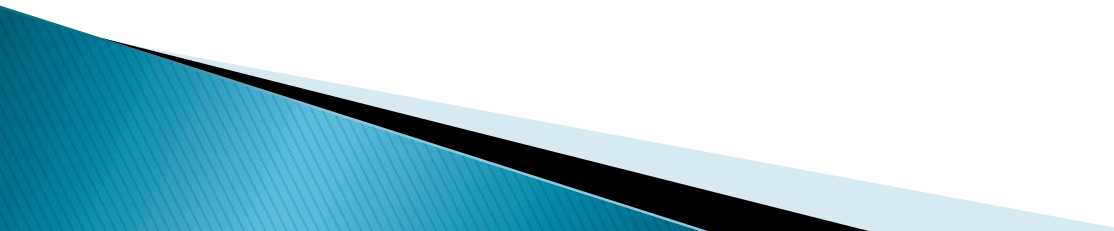
Patient Activation Measure (PAM), PROMIS, Patient Health Engagement (PHE) Scale

HCAHPS, CGCAHPS, etc.

Patient Centered Care

- ▶ Patient / Family / Caregivers
 - ▶ Most important member of the care team
 - ▶ Engaged in care
- 

Why Engagement Matters

- ▶ Increased satisfaction of Patient/Family
 - ▶ Improved outcomes and quality of life
 - ▶ Decreased patient anxiety
 - ▶ Reduce complications
 - ▶ Ensures continuity of care
 - ▶ Promotes adherence to treatment plan
 - ▶ Energizes and empowers consumers to actively be involved in planning their care
- 

Cultural Humility

Enables and doesn't block a "patient's telling his or her own illness or wellness story...Patient is encouraged to communicate how much or how little culture has to do with that particular clinical encounter"

Tervalon & Murray-Garcia, p121.



Practice Cultural Humility

- ▶ Knowledge of other cultures
- ▶ Endpoint
- ▶ “I am the expert”
- ▶ Can lead to stereotyping
- ▶ Clinician instituted interviewing
- ▶ See and acknowledge own biases–Can truly only know self
- ▶ Lifelong process
- ▶ “You are the expert”
- ▶ Helps to balance power
- ▶ Patient focused interviewing
- ▶ Enhances partnerships

Cultural Competency

Cultural Humility


Cultural Humility

- ▶ Asking questions
- ▶ Listening and hearing
- ▶ More attainable
- ▶ More respectful

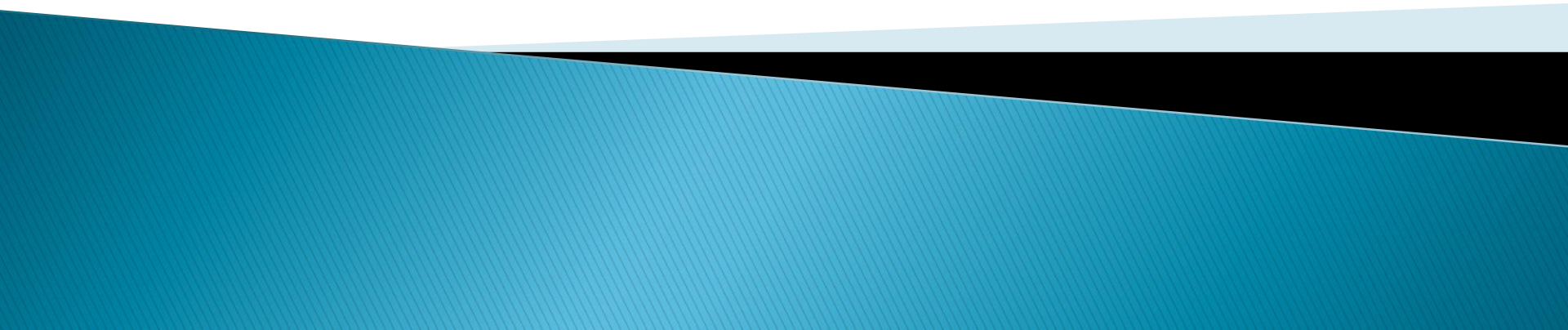
Acknowledging we can never be experts on someone else's life.

J. Nutik Zitter, 2017, *Extreme Measures*, page 154

Kleinman's Questions

- ▶ What do you call your illness or problem?
 - ▶ What do you think caused this problem?
 - ▶ Why do you think this problem started and when did it start?
 - ▶ What do you think this problem does inside your body? How does it work?
 - ▶ How severe is this problem? Will it have a short or long course?
 - ▶ What kind of treatment do you think you should receive?
 - ▶ What are the most important results you hope to receive from this treatment?
 - ▶ What are the chief problems this illness has caused?
 - ▶ What do you fear most about the illness/problem?
- 

**Why are we not engaging
our patients, and truly
making them active
partners in their care?**



Your group assignment

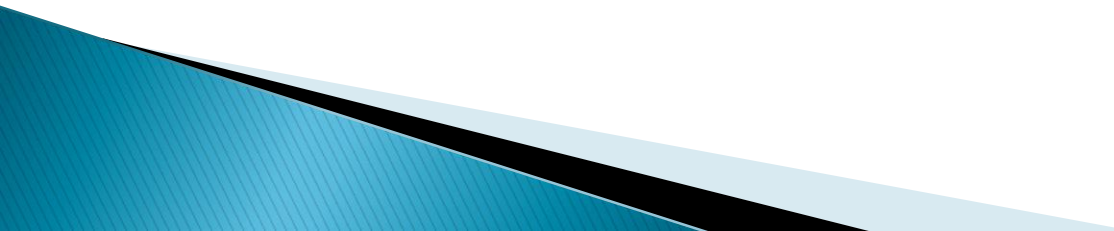
Identify either:

- ▶ Barriers experienced by **Patients and Families**,
or
- ▶ Barriers of **Health Care Systems and Clinicians**

All of you:

- ▶ Identify **actionable steps** to take to actively engage patients and families.

Barriers

- ▶ Patients
 - ▶ Families
 - ▶ Health care systems
 - ▶ Clinicians
- 

Actions to engage patients

Resources

- ▶ A. Boissy, 2017, <http://catalyst.nejm.org/patient-engagement-vs-patient-experience/>
- ▶ J. Nutik Zitter, 2017. *Extreme measures: finding a better path to the end of life*, Avery: New York.
- ▶ M.Tervalon & J. Murray-Garcia, 1998, Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*; May 1998; 9, 2; ProQuest Medical Library, pg. 117,
<http://www.nrchmh.org/ResourcesMHAdminsLeaders/Cultural%20Humility%20vs%20Cultural%20Competence%20a%20Critical%20Distinction%20in%20Defining%20Physician%20Training%20Outcomes%20.pdf>