
BC Patients as Partners

Quality Improvement and Measurement

CHSPR Conference Vancouver

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Ministry of Health, British Columbia

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Overview

1. *Patients as Partners* Context / Mandate
2. Making a Difference: Quality Improvement and Measurement
 - Individual (Micro)
 - Community (Meso)
 - System (Macro)
3. QI and Measurement Continues to Evolve

1. *Patients as Partners*

B.C. Definition: Patients, families and caregivers are partners in health care when they are supported and encouraged to:

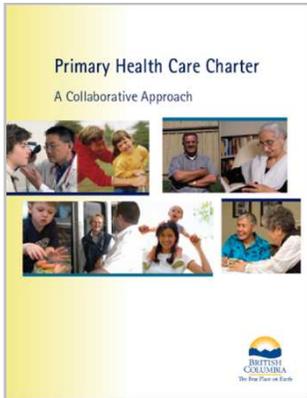
- ✓ participate in their own health care,
- ✓ participate in decision making about that care,
- ✓ participate at the level they choose, and,
- ✓ participate in quality improvement and health care redesign in ongoing and sustainable ways.

Motto's: *Nothing about me, without me ... All teach All learn*

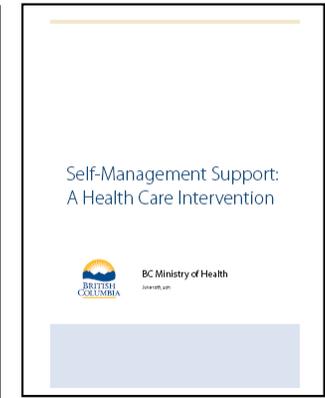
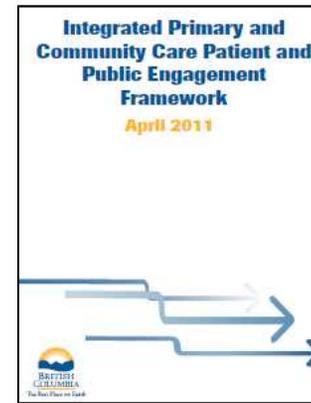
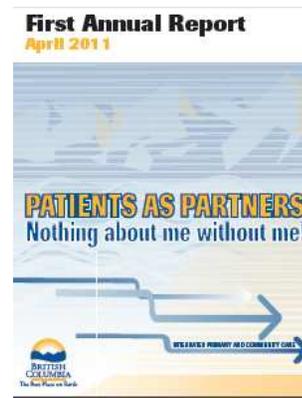
Vision for the future: A health care system that actively reflects the needs and interests of the people it serves... the patients.



1. Guiding Documents



✓ Patients as Partners policy, philosophy and program first described in 2007 MOH Primary Health Care Charter



Patients as Partners Charters

iCON



Individual care

- Patients – involved in their own health – self-management
- Patient-centred care – system is responsive, respectful, collaborative

Bounce Back

CD SMS

iCON



Community Programs and Services

- Patients, families, caregivers, community organizations, strategic partners engaged in design, delivery and evaluation of health care programs and services

Brief Action Planning

iCON

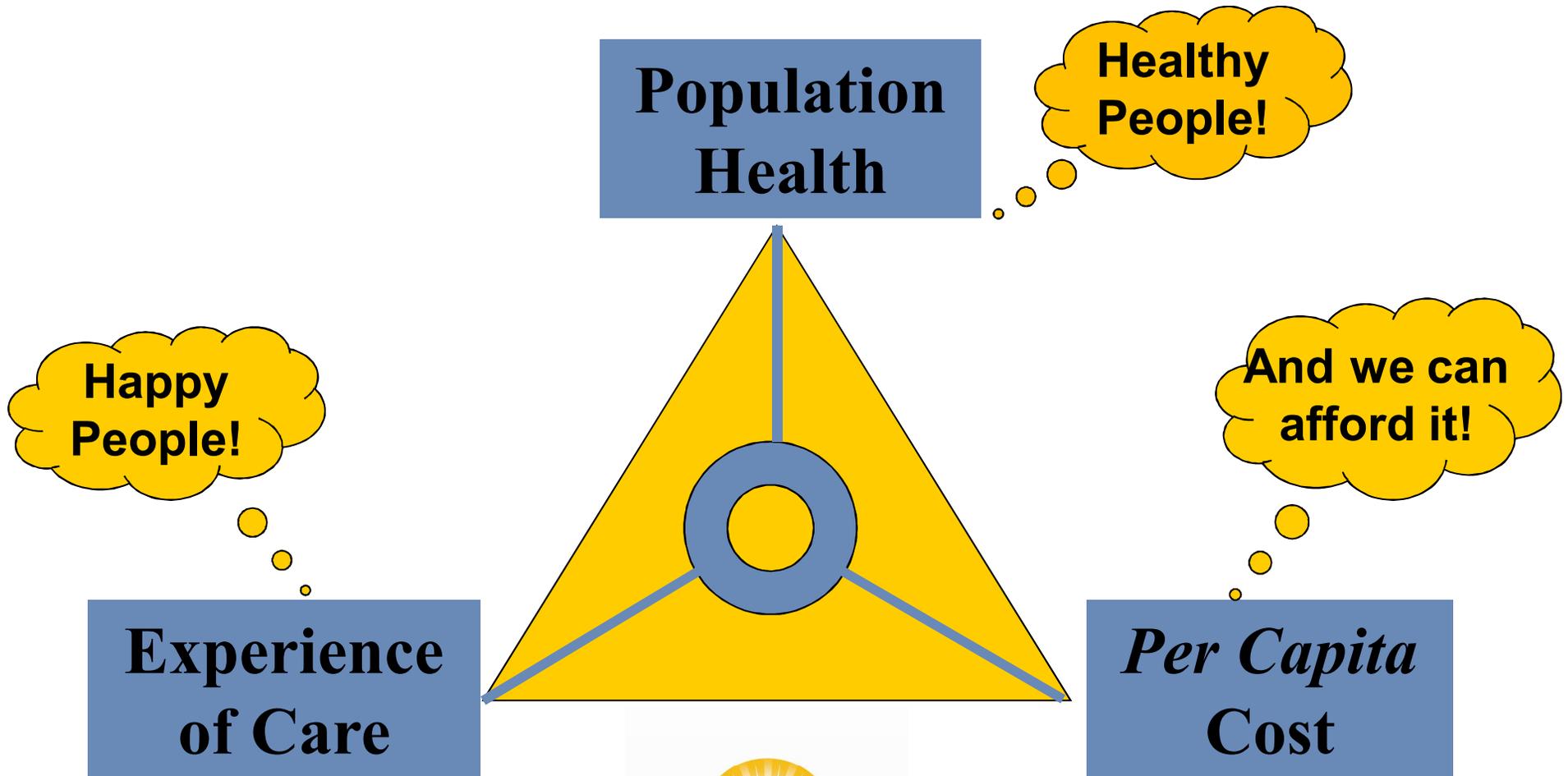


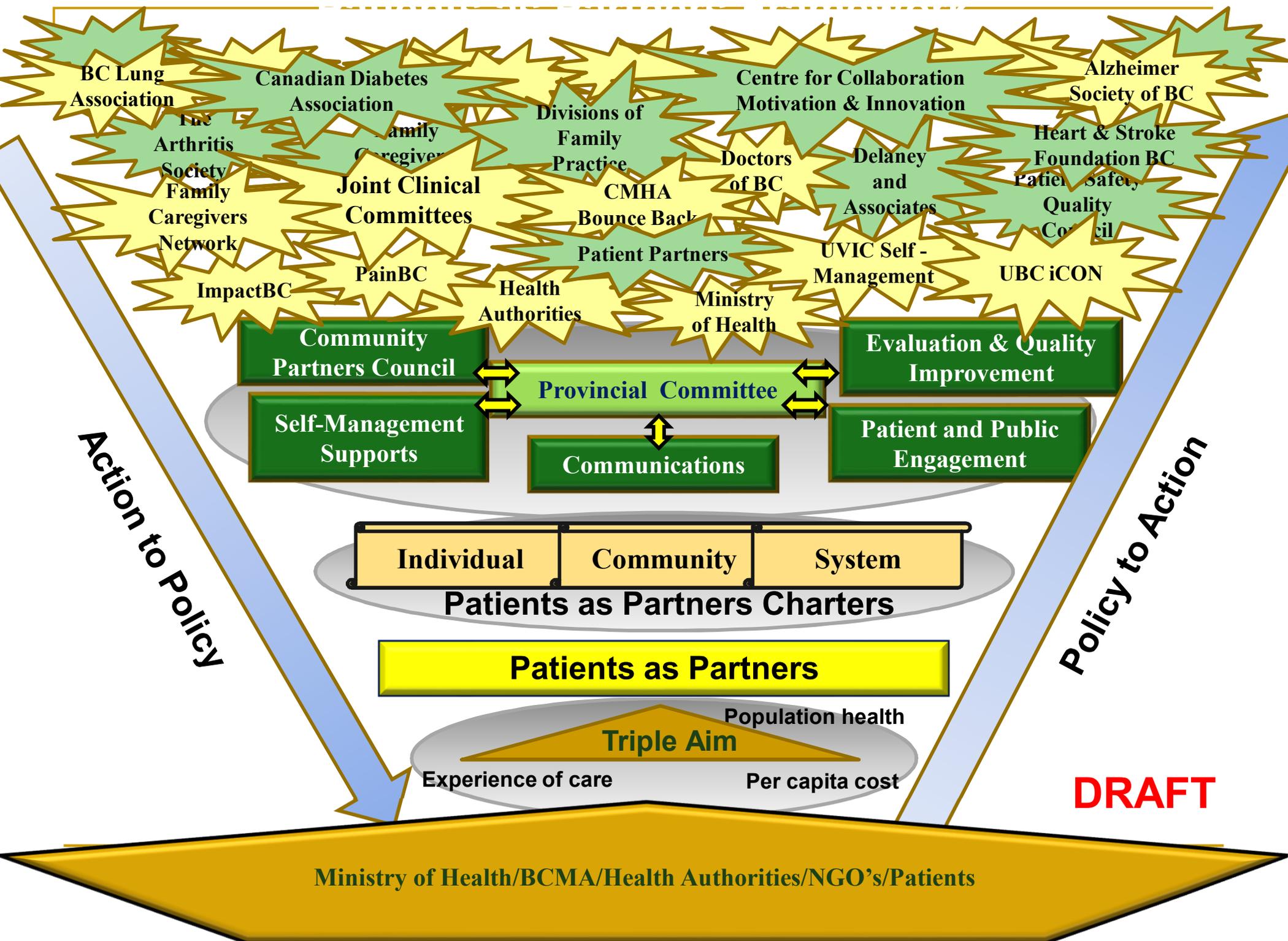
System Redesign

- Engagement of patients, families, caregivers, communities, strategic partners in broader policy development or strategic planning
- Representation from patients, families, caregivers communities, strategic partners in governance

PVN

Patients as Partners improves health care in 3 ways—Triple Aim





DRAFT

2. Individual: QI and Measurement

- *Patients as Partners* funded programs: measures of reach and effectiveness:
 - Bounce Back depression and anxiety supports (Canadian Mental Health Association, BC Division)

Self-Management *British Columbia*

- Chronic Disease Self-Management Program (University of Victoria Self-Management)



2. Individual: QI and Measurement

□ Brief Action Planning (Centre for Collaboration, Motivation & Innovation)

“I believe BAP is a very valuable tool for health care providers in supporting First Nations clients to make healthy changes in their lives. It is important for health care providers to have knowledge about using this tool due to the high incidence of chronic disease in First Nations”

**Bernice Johansen, RN, BSN, MN Clinical Nurse Specialist - Healthy Living/Chronic Disease Nursing Services,
First Nations Health Authority**



2. Community: QI and Measurement

❑ Intercultural Online Health Network (iCON)

Community Engagement initiative

Culturally appropriate chronic
disease information UBC Faculty of Medicine

- ❑ Multi-channel engagement:
 - Live in-person health forums
(live through webcasting or VC tech
AND iCON Web 2.0 platform)

iCON
interCultural Online
Health Network



2. Community: QI and Measurement

- Patient and Public Education (PPE)
 - Pre-Post measures on achieving educational goals and 6-month follow up on usefulness
- Patients as Partners linkages
 - Joint Clinical Committees (Shared Care, General Practice Services and Specialist Services Committees) and other partners—measures of number and level of patient engagement opportunities and experience with engagement opportunities

2. System: QI and Measurement

- Patient Engagement Mechanisms—over 25,000 patient partnerships
- **Interim Governing Council (IGC) Strategy for Patient Oriented Research (SPOR)**
 - SPOR Business Plan Writing Team
 - Island Health (patient partners official role) evaluate research posters
- UBC Faculty of Medicine, Medical Human Resources Planning Task Force, **Residency Allocation Subcommittee**

2. System: QI and Measurement



Inform

provide information to increase understanding



Consult

Solicit feedback on proposals, alternatives and/or decisions



Involve

Work with patient/public to understand and consider concerns, preferences and values



Collaborate

Partner in each aspect of decision-making, including identifying alternatives and preferred solutions



Empower

Delegate responsibility for identifying issues, solutions and actions to patients or the public

2. System: QI and Measurement

- ***Patients as Partners*** - Patient Voices Network (Patients as Partners, Ministry funded, administered by ImpactBC):
 - ❑ ~1,550 patients partners (December, 2013)
 - ❑ Number of patient engagements and IAP2 levels of engagement tracked monthly
 - ❑ Post engagement QI follow-up to measure experiences for both patient(s) and providers of opportunities.
- ***Patients as Partners*** Charters
 - ❑ annual review of aims and measures
- ***Patients as Partners*** priority setting

3. Measurement/QI Continues to Evolve:

- Annual review of goals, aims, measures for *Patients as Partners* overall and for committees to ensure alignment with the Triple Aim as well as ministry and health authority priorities
- Quality improvement measures specific to *Patients as Partners* programs and activities
- Activity measures (to targets) for programs and services
- Outcome measures—patient/provider and public experience