



**Patients Canada**

# How to Make Effective Interventions in Complex Systems : Use Patient Experience-Based Concrete Performance Targets

Make your  
experience  
count

Presented by

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To: CHSPR Conference Vancouver

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# Agenda

1. A healthcare experience
2. A step back – healthcare in Canada
3. Canada today
4. Concrete performance targets

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# A brief history of our health system

## Before 1850

- Longevity = 35-40 years
- Leading causes of death – infectious diseases
- Cholera, tuberculosis, small pox, typhoid fever, etc.

## Major Innovations 1850-1880

- 1850 – Use of Ether as Anaesthetic
- 1867 – Joseph Lister & carbolic acid
- 1880-81 Robert Koch and Louis Pasteur discover cause and vaccine for anthrax and other infectious diseases

# Patients in the early 20<sup>th</sup> century healthcare system

- First Class Patients
  - Paying for everything
  - Private Rooms
  - Private Nursing
  - Open Visiting

## Second Class Patients

- Paid wards
- Daily Visiting Hours
- Regular nursing staff

## Third Class Patients

- Public wards
- Regular Nursing Staff
- Weekly Visiting Hours



# Our health care system begins

Rapid decline of % of death by acute infectious diseases – **success!**

- Hospitals grow
- Doctors specialize
- Laboratory success including the discovery of insulin
- Penicillin begins to save lives in WWII (1940-45)
- New surgeries are performed
- Medical science promises silver bullets
- Cures all around!

# Canadian medicare

## Saskatchewan

- 1947 Saskatchewan Hospital Insurance Program
- 1962 Saskatchewan Hospital & Doctor care

## Canada

- 1957 A National Hospital Insurance Program
- 1966 Medicare Hospital & Doctor care
- 1984 Canada Health Act: Medically necessary
  - Covers hospital care and Doctors fees
  - Does not cover drugs
  - Does not cover much non-medical treatment

## 20th century medicine

Did amazing things **to** patients

Did wonderful things **for** patients

Did very little **with** patients

. . . to say nothing about their family caregivers

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# Disease shifts: acute > chronic

## Canada today\*

- 89% of deaths due to chronic diseases
  - Cancer, heart disease, lung disease, diabetes (WHO Atlas)
- <3% deaths due to acute infectious diseases
- 49% of the population is on long term medication (Survey Data)
- Almost everyone over 65 has at least 1 chronic condition (Primary Care Doctor)
- 2005 76% of people 65+ had taken medication within 2 days (Survey Data)
- Between 30% and 50% of people with chronic conditions have 2 or more (no clear data)
- Canada has second highest per capita expenditure on prescription drugs in the world (over \$900 per capita) (Health Council of Canada)

\*Stats from 2012



# Acute/chronic comparison

## Acute diseases

- Simple or complicated
- Have clear diagnoses
- Can be “conquered” with vaccines and respond well to established procedures without much patient participation
- Care in Hospital and with specialist

## Chronic conditions

- Complex
- Many causes
- Need patient & family participation
- Care in the community



# The patient challenge defined

With acute disease	With chronic condition
<b>Complicated</b>	<b>Complex</b>
<ul style="list-style-type: none"><li>• Body to be treated</li></ul>	<ul style="list-style-type: none"><li>• Person with history</li></ul>
<ul style="list-style-type: none"><li>• Individual – not linked to others</li></ul>	<ul style="list-style-type: none"><li>• Person with people close to them</li></ul>
<ul style="list-style-type: none"><li>• Focus on disease or organ repair</li></ul>	<ul style="list-style-type: none"><li>• Partner on the health team</li></ul>
<ul style="list-style-type: none"><li>• Try prescribed treatment</li></ul>	<ul style="list-style-type: none"><li>• No clear protocol: n of 1 approach</li></ul>
<ul style="list-style-type: none"><li>• Medicare card name</li></ul>	<ul style="list-style-type: none"><li>• Person with healthcare experience as patient or caregiver</li></ul>

## Types of Projects - Examples

Simple	Complicated	Complex
Step by Step Recipe	Building a Bridge	Raising a Second Child
Steps are critical	Formulae are critical	Formulae useful but not alone
Steps are tested so they work each time	Building 1 bridge helps make sure the next will be ok	Raising 1 child is no assurance of success with the 2nd
No particular expertise needed	Expertise in many fields required + coordination	Expertise helpful but not alone
Same results every time	High certainty of outcome	Optimism despite uncertain outcome

# Patients in the 21<sup>st</sup> century healthcare system

- **First Class Patients (Best Access to Care)**
  - Celebrities
  - Have easier access to specialist doctors
  - Recipients of professional courtesy including researchers)
  - Jump the queue
- **Second Class Patients (Second Best Access to Care)**
  - Middle class patients
  - Have family doctor
  - Seen at an appointed time
  - In the regular queue
  - Probably have health insurance

# Third Class Patients

- **Everyone Else (Disadvantaged Access to Care)**
  - Rural populations;
  - People without family doctors, particularly those with complex medical issues;
  - Individuals with addictions and/or mental health issues;
  - The poor;
  - The elderly;
  - People whose first language is not English;
  - Those with hearing or vision loss or mobility issues;
  - First Nations communities (Alberta Commission on Privileged Access)
- **Do not have family doctors**
- **Do not have access to quality care for chronic conditions**
- **Do not have health insurance**

# Ontario today

- A high proportion of health care budget (measures go from 58% ) go to 5% of the patients almost all of them chronic with repeated acute care episodes (Revolving Door Patients)
- Total budget for health Care \$48.5 Billion in 2013
- \$24,8 Billion goes to 5% of the population
- Almost all third class patients
- Recent research results of hospital at home suggests that once a revolving door patient begins it is almost impossible to stop the inevitable deterioration (New England Journal Last week) (St, Mikes Unpublished – too late..)
- Use some of the billions to avert trips to the emergency room?.

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# We Base All our Work on Patient Narratives

We hope to make patient experience count

- People send us their stories for our website
- Patients tell us about their wonderful doctors to nominate them for **PatsCan**/OMA Patients' Choice Awards
- People come to **PatsCan** Open Meetings to share their stories and learn from others
- We actively search for patient narratives from many different sources
- We bring these narratives to our **PatsCan** Advisory Panel

# Members of The Patients Canada Advisory Panel

- Patients
- Caregivers
- Nurses
- Doctors
- Researchers
- Lawyers
- Managers
- Governance Experts
- And people who have more than one of the above roles

# The PatsCan Procedure for Indicator Development

- Gather patient narratives about their healthcare experiences
- Bring narratives to PatsCan Advisory panel for discussion
- Discuss and elaborate narratives
- Identify factors which lead to good experiences
- Identify those which lead to experiences that need improvement
- Identify policies and practices which are indicative of good patient experience
- Debate, debate, reduce, edit and reframe.
- Select publishable PatsCan outcome oriented patient experience indicators

# Examples of PatsCan Advisory Panel Targets

- Triage position has a chair for the triage nurse, often one for the patient, but usually none for the family member
  - We found that 90% of patients in ER are not seriously ill
  - But they are anxious
  - Triage nurses are not trained to deal with their anxiety
  - Also it is not part of their job description
  - A way to face so much anxiety is to harden yourself against it
- 
- **PatsCan Indicators for Improved Healthcare Experience**
    1. Triage position has three chairs – for the nurse, patient and family member
    2. Triage nurses are trained to deal with patient anxiety
    3. Dealing with patient anxiety for all is part of the job description
    4. Triage nurses receive support for their own anxiety

## More Examples

- We found from our stories and according to a Commonwealth Foundation survey, Canada is very low on the list of countries in which patients
  - Can make appointments on line
  - Can get test results on line
  - Can renew prescriptions on line
  - Can communicate with their physicians on line
- An Infoway survey of Canadian patients confirmed that they want this
- **PatsCan Indicators for Improved Healthcare Experience**
  - Patients can make appointments on line
  - Patients can renew prescriptions on line
  - Patients can receive test results on line
  - Patients can communicate with their Dr on line



# Some Characteristics of Patients Canada Indicators

- **The indicators add a patient and family caregiver perspective**
  - Providers have their perspective
  - Providers often think they know what patients want
  - Patients have their own and distinct perspective on policies and practices
  - Both perspectives are needed for indicators to be effective
- **The PatsCan Indicators are concrete targets in complex systems**
  - The policies and practices are distilled to provide as much clarity as possible
  - The policies and practices are clear and unambiguous
  - Whether or not they are in place can be definitively determined
- **The PatsCan Indicators will change in time**
  - As these policies and practices are implemented new indicators will be developed
  - The larger target is continuous experience improvement of everyone in healthcare

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