“Reorienting Health Services:  
Aligning Primary Health Care and Public Health  
in Pursuit of Health for All”

THEME 5  
“Engaging With the Populations We Serve”  
Vancouver, BC, November 23, 2012

Caryl Harper for Kelly McQuillen,  
Primary Health Care /Specialist Services Branch  
Ministry of Health
Overview

1. Engagement – Foundational Documents
2. Why the Impetus to Engage with Populations…. Patient’s / Population?
3. What is Patient and Public Engagement?
4. How are we engaging with patients and public?
5. Who are we engaging with?
1. Engagement – Foundational Documents

“People have the right and the duty to participate individually and collectively in the planning and implementation of their health care.”


1. Engagement – Foundational Documents

Primary Health Care Charter
A Collaborative Approach

Public Participation:
Principles and Best Practices
for British Columbia

November 2008
2. Why the Impetus for Engagement?

**Evidence** – results in improved quality, safety, experience and outcomes

**Shifting expectations** -
- activated patients, families and communities, shared responsibility for health, self-management
- growing “civil society” discourse; public calls for transparency and accountability from institutions

**Mandated engagement** – senior levels of government or the courts mandating engagement, accreditation standards setting expectations
2. Why the Impetus for Engagement?

An improvement in population health

Healthy People!

Happy People!

And we can afford it!

An improved patient and provider experience of care

Lower per capita costs overall

The Triple Aim, www.ihi.org
3. What is “Patients as Partners?”

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
- participate in quality improvement and health care redesign in ongoing and sustainable ways

Integrated Primary and Community Care Governance Framework

- **Committees**
  - Leadership Council (LC)
  - Integrated Primary Community Care Steering Committee (IPCC SC)
  - Implementation Leadership Committee (ILC)
  - IPCC Patients as Partners Steering Committee (IPCC PasP SC)
  - Integrated Advisory Council (AC)
  - Mental Health and Substance Use Council
  - Collaborative Services Committees (CSC)
  - Joint MoH and BCMA Committee
  - General Practices Services Committee (GPSC)
  - Divisions of Family Practice (DoFP)

- **Organizations**
  - Health Operations Committee (HOC)
  - BC Medical Association (BCMA)
  - Shared Care Committee (SCC)
  - Specialist Services Committee (SSC)
  - Regional Health Authorities and Provincial Health Services Authority

- **Additional**
  - Dotted line indicates voluntary participation
  - SCC provides strategic direction and is accountable for results at the provincial level
  - ILC members are responsible for implementing the initiative province wide at the operational level
  - GPSC fosters development of Divisions

[Diagram showing relationships between committees and organizations]
3. What Is Patient and Public Engagement?

Nothing about me without me.

Diane Plamping, Associate, Centre for Innovation in Health Management, University of Leeds

An innovative approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among health care patients, families and providers.

Institute for Patient and Family Centred Care (IPFCC)

Patient-centred care = care that is respectful and responsive to individual patient preferences, needs, values and includes patient values in clinical decision making.

Institute of Medicine (IOM)

Public engagement – processes by which individuals, groups and organizations have an opportunity to participate in decision-making that affects their lives.

Public Health Agency of Canada (PHAC)
# 3. What is Patient and Public Engagement?

<table>
<thead>
<tr>
<th><strong>What it is</strong></th>
<th><strong>What it is not</strong></th>
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<tbody>
<tr>
<td>Doing with</td>
<td>Doing to / Doing for</td>
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<tr>
<td>Creating the space for authentic dialogue</td>
<td>Not a one way communications exercise</td>
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<tr>
<td>P2 recognizes autonomy of patients and the public</td>
<td>One voice representing many</td>
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<tr>
<td>Part of the decision makers process to consider (e.g. Finance, legal</td>
<td>The only input into decision making</td>
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<tr>
<td>management considerations and other factors)</td>
<td></td>
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<tr>
<td>Diversity of voices / Multiple perspectives</td>
<td>A way to get public agreement on a Pre-determined decision</td>
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4. How? Engaging with patients and public?

PPE Engagement Framework – Three Domains

**Individual care**
- Activated patient – involved in their own health – self-management
- Patient–centred care – system is responsive, respectful, collaborative

**Program and Service Design**
- Patients, families, community organizations, strategic partners engaged in design, delivery and evaluation of health care programs and services

**System and Community**
- Engagement of patients, families, communities, strategic partners in broader policy development or strategic planning
- Representation from patient, families, communities, strategic partners in governance
## Understanding the Spectrum

<table>
<thead>
<tr>
<th>Objective</th>
<th>Inform</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
<th>Empower</th>
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<tbody>
<tr>
<td>Provide balanced information to increase understanding</td>
<td>Solicit feedback on proposals, alternatives and/or decisions</td>
<td>Work with the patient/public to understand and consider concerns, preferences and values</td>
<td>Partner with the public/patient in each aspect of decision-making, including identifying alternatives and preferred solutions</td>
<td>Delegate responsibility for identifying issues, solutions and actions to the patient/public</td>
<td></td>
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<tr>
<td>To keep the public/patient informed</td>
<td>To keep the public/patient informed, listen to concerns and acknowledge how input affected decisions</td>
<td>To understand public/patient perspectives and include them in developing options and approaches</td>
<td>To seek advice and innovations from the public/patients and include these in decision-making to the fullest extent possible, acknowledging how input affected decisions</td>
<td>To work with the public/patient in a supportive role and to implement what they decide</td>
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Before and After Quesnel Patient Journey Maps for Chronic Disease Management

A Vision Map

Doctor's Office
Aim for One-Stop Shop

Care Team
Person with Diabetes
Doctor
MOA
Nurse
Dietitian
Pharmacist
Social Worker
Mental Health Counselor

Major Time Lines
- Diagnosis 1-8 hrs.
- Dx to Pharmacy same day
- Dx to Follow-up Dr. Visit 1-3 wks
- CDM app. Same day – 10 days
- *Indicates Self Management

Community Referrals
- Optometrist
- Podiatrist
- Recreation/Curves
- Wellness Programs

Home Start

Work
Bank

Major Time Lines
- Diagnosis 1-8 wks
- Dx to Pharmacy 1-3 wks
- Dx to Follow-up Dr. Visit 1-3 wks
- CDM app. 1wk-1mo.
- Starting self management
Patient Voices Network

A province-wide mechanism to support the patient voice in improvement by recruiting, orientating and supporting patients, their families and caregivers to become fully engaged in transforming health care in BC.
Values-Based Dialogue

- Build Decision Ownership
- Enlist Supportive Actions
- Raising the Level of Discussion from Tactical to Strategic

![Diagram showing Levels: Positions, Interest, Values, Common Ground, Goodwill]
Key Elements of Successful Transformation

- Quality and system improvement as a core strategy
- Developing organizational capabilities and skills to support improvement
- Robust primary care teams at the centre of the delivery system

- Engaging patients in their care and in the design of care

Source: G.Ross Baker, Ph.D. - University of Toronto
Jean-Louis Denis, Ph.D. - École nationale d’administration publique
Vision for the Future

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