

HEALTH

# How Should Patients Be Involved in Designing VA Care? Results from an Expert Panel

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## Acknowledgments

- Funding from the National Office of Patient Centered Care and Cultural Transformation (PCC&CT)
- Project Team:
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## Increasing Emphasis on Patient-Centered Care

- More active involvement of patients
  - VHA Blueprint for Excellence, PCORI
- Research on patient engagement in own care has shown beneficial outcomes
- Less is known about engagement in design
  - shape priorities for improving care delivery
  - increase relevance to community needs
  - reduce disparities
  - achieve community and policy impacts.



## Objectives

- Provide background on VHA efforts to engage patients in healthcare planning and design
- Present a conceptual model for engaging patients as stakeholders in healthcare design decision-making
- Present results of an online expert panel to discover the feasibility and desirability of different ways of engaging patients
- Discuss implications for VHA's efforts to involve patient representatives in healthcare planning and design



## Background – Patient Engagement in Care Design in VHA

- Survey of Healthcare Experiences of Patients (SHEP), TruthPoint
- Patient advisory councils (PACs)
- Patient advocacy program
- VISN 22 PACT Demonstration Lab Quality Councils  
– practice level QI committee, includes patient representatives



## Background (Cont'd)

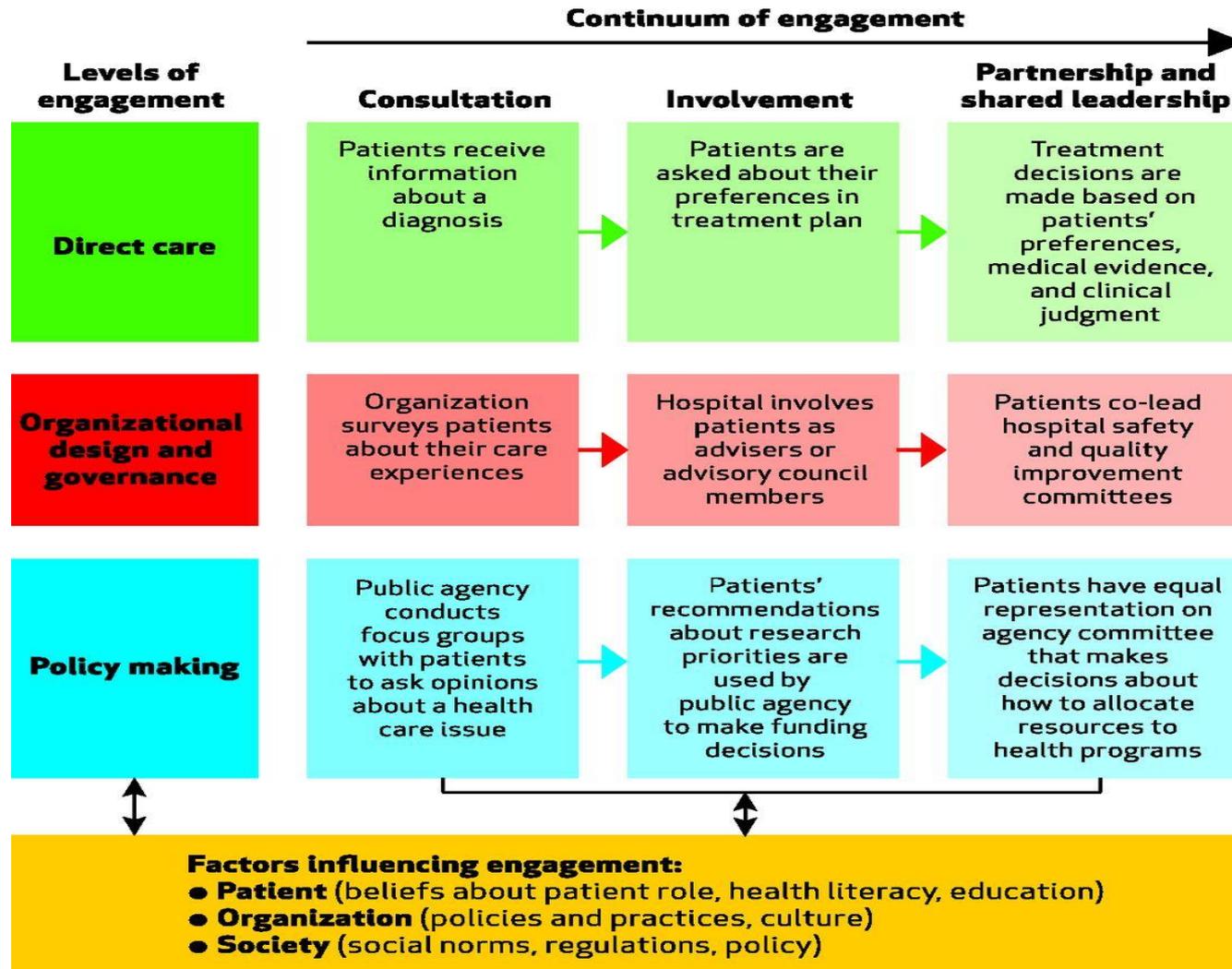
- No systematic studies/evaluations of VA efforts to engage patients in care design
  - Could be wide variation in use/implementation of patient input
- Do patients, caregivers, other VA stakeholders want patients to be more involved in design decision-making?
- What mode (survey, patient councils, VA committees)? At what level (local, regional, national)?



## Poll Question #1

- What type of experiences have you had with engaging veteran patients in care planning and design? (check all that apply)
  1. Involving patients in the development of their own care plan
  2. Asking patients about their care experiences (e.g., through SHEP, TruthPoint, focus groups)
  3. Involving patients as hospital advisory board or safety and quality improvement committee members
  4. Making decisions about research priorities based on patient recommendations
  5. None of the above

# Engagement Framework



# Modified Engagement Framework

Level of the Healthcare System	Patients' Roles			
	Consultation	Implementation Advisor	Partnership and shared decision-making	Patient leadership
Local level care planning and design decision-making	<b>Scenario 1.</b> Patients' input on care planning and design decisions at VA outpatient clinics or hospitals is solicited on an as-needed basis (e.g., through surveys, focus groups, advisory council meetings).	<b>Scenario 2.</b> Patients' input and care preferences affect the way changes in care delivery processes are implemented at VA outpatient clinics or hospitals.	<b>Scenario 3.</b> Patients' input on care planning and design decisions at VA outpatient clinics or hospitals is valued equally to the input of other stakeholders.	<b>Scenario 4.</b> Patients' input in care planning and design decisions in VA clinics or hospitals is more influential than the input of other stakeholders.
Regional level care planning and design decision-making	<b>Scenario 5.</b> Patients' input on care planning and design decisions in Veterans Integrated Service Networks (VISNs) is solicited on an as needed basis.	<b>Scenario 6.</b> Patients' care preferences affect the way changes in care delivery processes are implemented at the VISN level.	<b>Scenario 7.</b> Patients' input on care planning and design decisions at the VISN level is valued equally to the input of other stakeholders.	<b>Scenario 8.</b> Patients' input on care planning and design decisions at the VISN level is more influential than the input of other stakeholders.



## Questions Addressed by Our Expert Panel

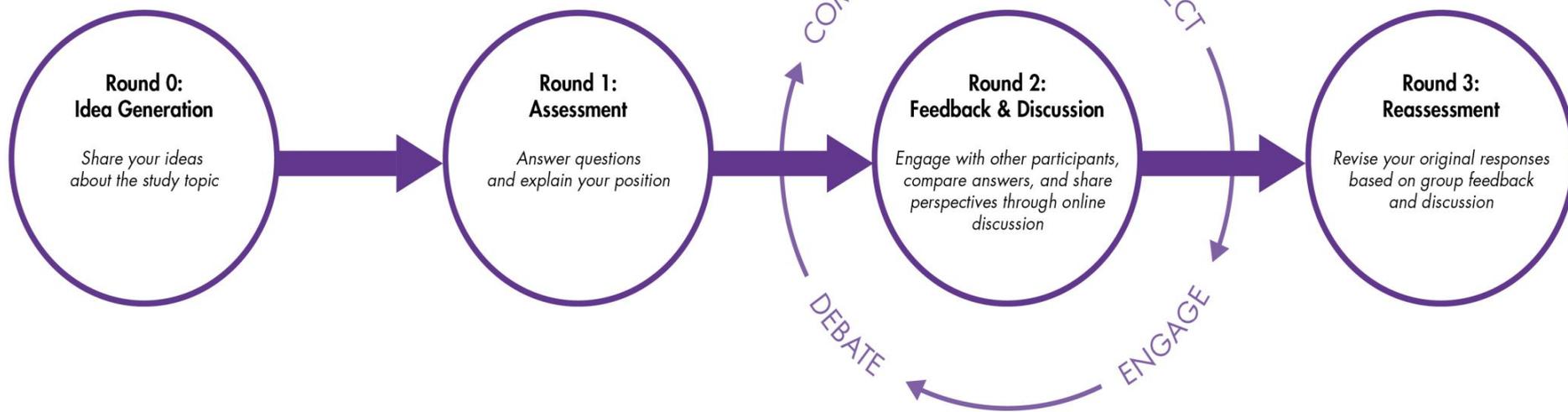
- Which patient engagement scenarios are most desirable? Why are they desirable?
- Which scenarios are likely to affect patient-centeredness and quality of VA outpatient care the most? Are these desirable and feasible?
- At what level (local, regional) should patients be engaged and what role should they play in the process of planning and designing VA outpatient care?

# Project Methodology

- Online, modified-Delphi expert panel



## ExpertLens Process





## Poll Question #2

- How familiar are you with the Delphi method of expert elicitation? (choose only one)
  1. Very familiar
  2. Somewhat familiar
  3. A little familiar
  4. Not at all familiar



## Recruited Participants

- A snowball sample of 59 experts on patient engagement within and outside of VA
  - Patient advocates
  - VA patient council representatives
  - VA care providers
  - VISN-level administrators
  - Researchers

## Round 1

- Open between August 25 and September 5, 2014
- Participants rated 8 patient engagement scenarios on 6 criteria

### Feasibility

How feasible is it to solicit patients' input on care planning and design decisions at VA clinics or hospitals?

**Very unfeasible**   1   2   3   4   5   6   7   8   9   **Very feasible**

Optional: Please provide the rationale behind your answer



## Round 1 (cont'd)

- Scenarios covered engagement at **local outpatient facilities** and at the **VISN level**
- Scenarios described different patient roles:
  - **Consultant:** Veterans provide input on an as-needed basis
  - **Implementation Advisor:** Patients' input and care preferences affect the way changes in care delivery are implemented
  - **Equal Stakeholder:** Input of patients is valued equally to the input of other stakeholders
  - **Lead Stakeholder:** Patients' input is more influential than that of other stakeholders



## Scenario Examples

### ***Scenario 1. Local Level: Consultation***

**Patients' input on care planning and design decisions at VA outpatient clinics or hospitals is solicited on an as-needed basis (e.g., through surveys, focus groups, advisory council meetings, etc.).**

**Example:** A VA hospital surveyed its Veteran patients to determine their satisfaction with care and to solicit suggestions for improvement. Hospital leadership was briefed on survey findings.

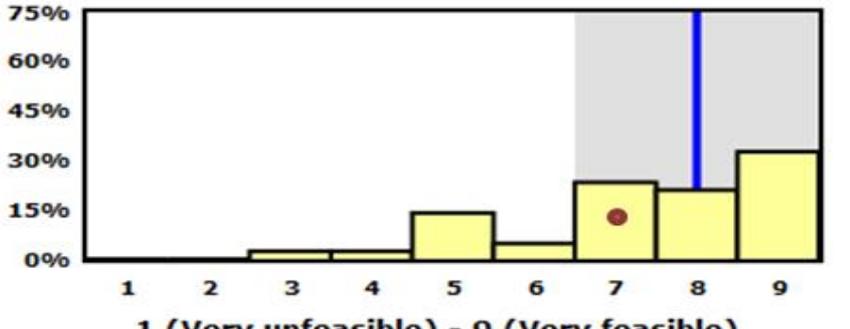


## Round 1 Rating Scales

- 9-point Likert-type rating scales:
  - Feasibility
  - Patient ability
  - Physician/staff willingness
  - Patient-centeredness
  - Healthcare quality
  - Overall desirability

## Round 2: Statistical Feedback

- Open between September 5 and September 15, 2014
- Participants saw how their Round 1 answers compared to those of other participants

Questions	Round One																				
<b>Patient Engagement Approach 1</b>																					
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<b>Feasibility (n=43)</b>	 <table border="1"><caption>Feasibility Rating Distribution (n=43)</caption><thead><tr><th>Rating</th><th>Percentage</th></tr></thead><tbody><tr><td>1</td><td>0%</td></tr><tr><td>2</td><td>0%</td></tr><tr><td>3</td><td>5%</td></tr><tr><td>4</td><td>5%</td></tr><tr><td>5</td><td>15%</td></tr><tr><td>6</td><td>5%</td></tr><tr><td>7</td><td>25%</td></tr><tr><td>8</td><td>20%</td></tr><tr><td>9</td><td>30%</td></tr></tbody></table>	Rating	Percentage	1	0%	2	0%	3	5%	4	5%	5	15%	6	5%	7	25%	8	20%	9	30%
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## Round 2: Group Discussion

- Participants discussed Round 1 responses using online discussion boards:

### Discussion on Patient Engagement Approach 1

Start New Discussion Topic

Title	Posted By	Replies	Latest Post
Patient Engagement Approach 1			
Whose input should be solicited?	Moderator 01	26 replies	Sep 15, 2014 06:52 AM
Summary of Round 1 results: What do you think?	Moderator 01	3 replies	Sep 15, 2014 06:39 AM
What is the relationship between obtaining patient feedback and healthcare quality?	Participant 37	1 reply	Sep 11, 2014 04:20 PM
The most desirable patient engagement approach	Moderator 03	8 replies	Sep 11, 2014 01:51 PM
What is the relationship between obtaining patient feedback and being patient-centered?	Participant 37	0 replies	Sep 11, 2014 01:08 PM

## Round 3

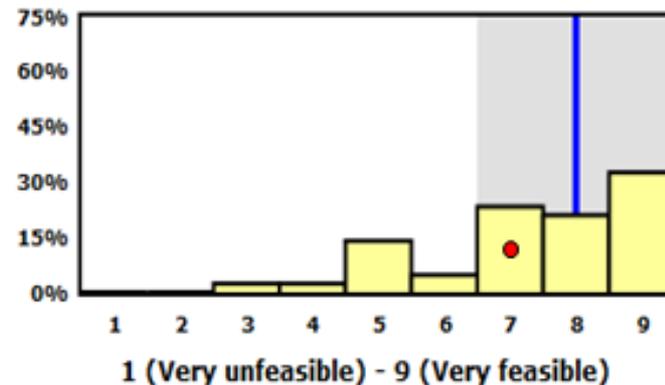
- Open between September 15 and October 2, 2014

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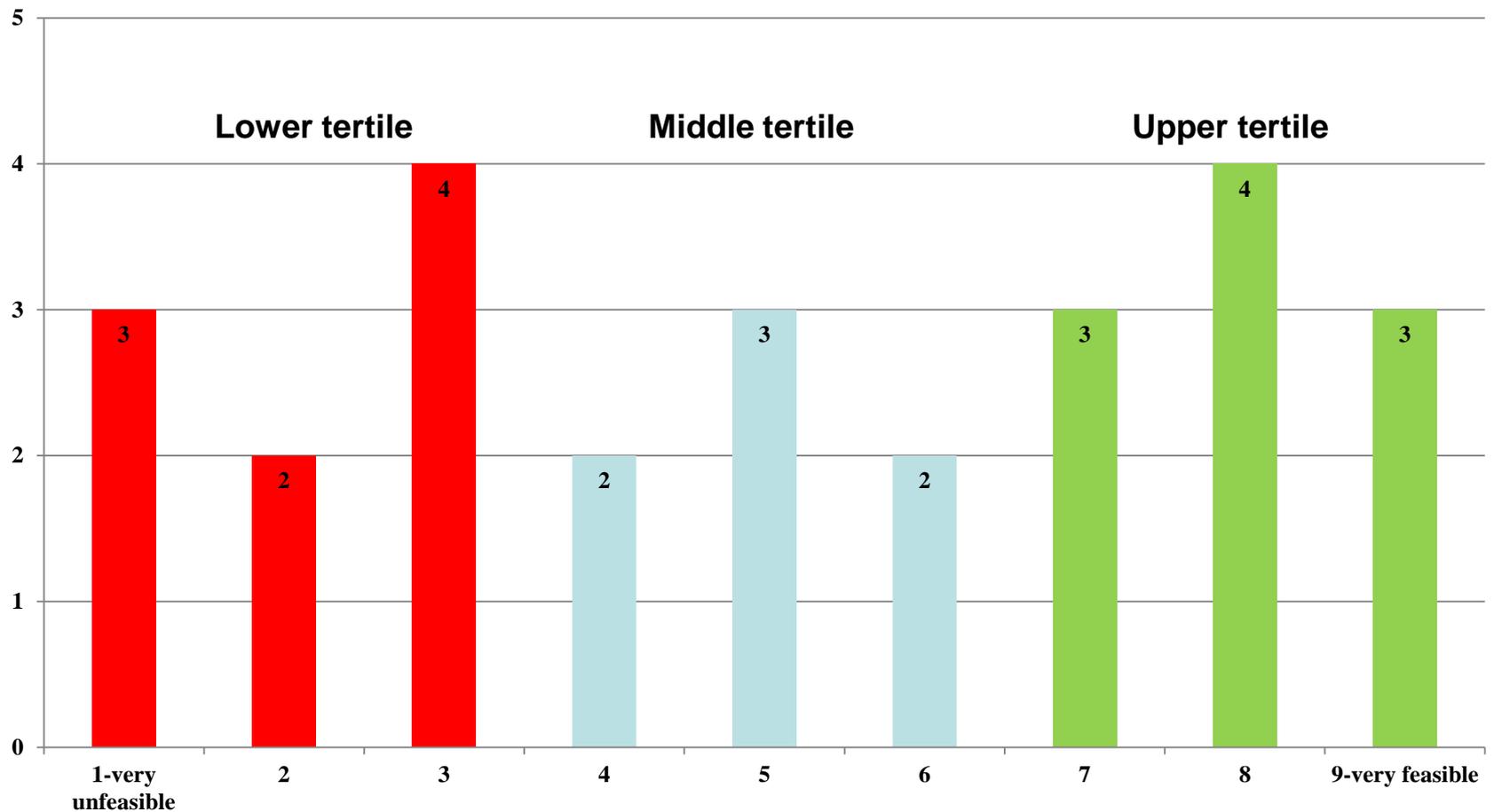
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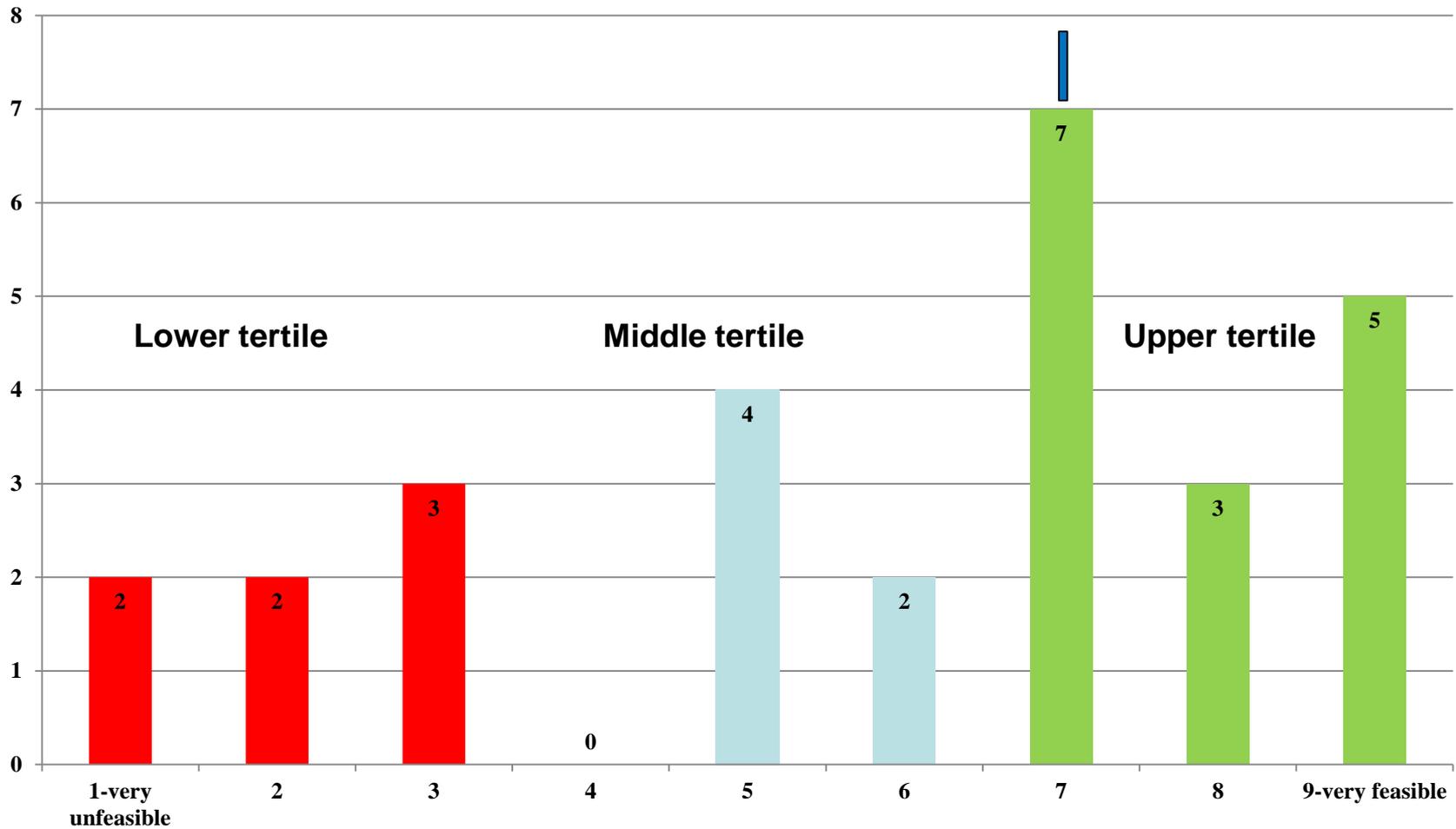
Feasibility (n=43)



# Data Analysis: Existence of Disagreement



# Data Analysis: Group Decision





## Data Analysis

- Ranking of patient engagement scenarios with positive determinations:
  - Based on each rating criterion
  - Across scenarios at the local and the VISN levels
  - Across scenarios for each patient role
- Thematic analysis of qualitative data from Round 1 and 2



## Project Participants

- 48 recruited experts participated in at least 1 round (84% participation rate)
- 45 experts (94%) provided Round 1 and 28 (62%) provided Round 3 responses
  - 77% were females
  - 85% had Masters or higher level of education
  - 50% had research expertise
  - 31% had clinical and administrative expertise
  - 21% had experience working at the VISN or national level
  - 23% had served in the armed forces



## Positive Attitudes Towards Engagement

- Soliciting patients' input is essential to:
  - “the survival of the system”
  - ensuring that “patients will follow their own plan of care”
  - ensuring that patients are “partners in the process of care improvement”



## Concerns about Engagement Feasibility

- “There is a potential for feasibility, but currently there are too many barriers for this to happen”
  - organizational culture
  - organizational structure
  - lack of leadership support
  - availability of resources

# Rating Results: Group Decisions and Medians

Patient Engagement Scenarios	Feasibility	Patient input	Physician/ staff acceptance	Patient-centeredness	Healthcare quality	Overall desirability
S1. Local level: Consultation	+ (8)	+ (7)	± (6)	+ (7)	± (6)	+ (9)
S2. Local level: Implementation advisor	+ (7)	+ (7)	± (6)	+ (7.5)	± (6)	+ (8)
S3. Local level: Equal partnership	± (6)	± (6)	± (5)	+ (8)	+ (7)	+ (7)
S4. Local level: Patient leadership	± (5)	± (5)	± (4)	± (6)	± (5)	± (5)
S5. Regional level: Consultation	+ (7)	± (6)	± (5.5)	+ (7)	± (6)	+ (7)
S6. Regional level: Implementation advisor	± (6)	± (6)	± (6)	+ (7)	+ (7)	+ (7)
S7. Regional level: Equal partnership	± (5)	± (5)	± (5)	± (6)	± (5.5)	± (6)
S8. Regional level: Patient leadership	± (4)	± (5)	- (3)	± (5)	± (4.5)	± (5)

**Group Decisions:**    +: a positive decision                    ±: an uncertain decision                    -: a negative decision

**Medians** are presented in parentheses



## Which Patient Engagement Scenarios are Most Desirable and Why?

- Consultation at the Local Level Was Deemed Most Desirable and Feasible
  - Experts also agreed that patients would have the interest and skills to act as consultants at the local level
  - Doing so is likely to have a positive impact on patient-centeredness of VA care



## Which Scenarios Are Most Likely to Affect Patient-Centeredness and Quality of Care? Are They Desirable and Feasible?

- Equal partnership at the local level may be most likely to affect care quality and patient-centeredness, but . . .
  - Experts were uncertain about feasibility
  - Some argued it is impossible for patients to be equal partners or leaders
  - Concerned about physician/staff acceptance:
    - “the level of cynicism directed toward patients”
- Possible *only if*
  - top leadership insisted on it
  - exposed to a collaborative approach



## At What Level (Local, Regional) Should Patients Be Engaged?

- Engagement at the local level may be more desirable than at the regional level
  - “Patients may more readily provide input on ways to improve practices at the local level because they have a concrete point of reference that has immediate relevance to them”
  - “Asking for input at the VISN level may feel abstract and less compelling”



## What Role Should They Play in the Process of Planning and Designing VA Outpatient Care?

- The roles of consultants and implementation advisors may be most desirable
  - “Without patient input care planning becomes one-sided.”
  - Role as consultant – highest overall desirability, highly feasible
    - Familiar role for stakeholders (patients, providers, administrators)
    - Positive impact on patient-centeredness
  - Role as implementation advisor - highest impact on healthcare quality



## Methodological Limitations

- Our sample is not representative
- Not all Round 1 participants provided their Round 3 responses
- We did not target Veteran patients for participation in this panel
- There are probably other patient engagement scenarios we did not think of
- More nuanced scenarios may be needed
- Study results may not be applicable to other healthcare systems



## Lessons Learned

- Engaging patients at the local level may be a crucial stepping stone to broader engagement at the regional level
- While engaging patients as consultants and implementation advisors may be highly desirable, equal partnerships may be more likely to affect care quality and patient-centeredness
- More research is needed on ways to help patients become more involved in care planning and design decision-making and on strategies that can help providers/staff accept patients as equal partners



## References

Carman KL, Dardess P, Maurer M, Sofaer S, Adams K, Bechtel C, Sweeney J: **Patient And Family Engagement: A Framework For Understanding The Elements And Developing Interventions And Policies.** *Health Affairs* 2013, **32**:223-231.



## Question/Comments

### Contact information

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**THANK YOU!**