

What does Patient Empowerment Mean to You?



Community Engagement Advisory Network Forum
Saturday March 15th, 2014

Introduction

The Community Engagement (CE) department of Vancouver Coastal Health (VCH) works to enhance patient and public involvement in health service planning and decision-making. CE is supported in that work by the Community Engagement Advisory Network (CEAN), a group of individual community members who wish to support patient and public engagement in health service planning and decision-making at Vancouver Coastal Health.

Each year we provide opportunities for VCH staff and leadership to meet with members of CEAN to discuss health service issues that are of interest to both VCH and the public. Past forums have covered topics such as health literacy, advance care planning, and bridging the gap between how the public measures quality of care and how VCH, as an organization, measures quality.

Forum Planning, Agenda and Attendance

CEAN members and CE staff met to determine the theme for the forum. Several themes were discussed and both VCH staff and CEAN members agreed and understood that whatever theme was chosen, particularly for the workshop portion, it was important to ensure relevance and the ability for VCH to influence planning and effect change. A couple of different ideas were explored before another timely topic came forward: The Choosing Wisely Initiative. With support of the VP Medicine, Quality & Safety and the Executive Director of Patient Safety, Quality & Community Engagement, the topic for the idea lab was set.

Choosing Wisely ties in to the larger theme of Patient Empowerment in that it touches on patients being more informed and active in the decisions around their healthcare. An idea lab format was settled upon for the afternoon in order to explore questions around the initiative.

Another request from the planning committee, and indeed from many CEAN members, was to see a bigger picture of the results of their work and how their feedback has influenced the health authority. We decided to include a presentation acknowledging CEAN's work into the day.

In September of last year a new Chief Financial Officer, Glen Copping, joined Vancouver Coastal Health. We thought the forum would be a good opportunity for CEAN members to meet Glen, and also for him to be introduced to CEAN and its work. Glen accepted our invitation and also agreed to give a budget update – another topic of great interest to CEANs. The agenda for the day was set, with presentations on CEAN and a budget update in the morning, and idea lab on Choosing Wisely in the afternoon.

A total of 37 people attended the workshop, with representation from members of CEAN (17), the Patient Voices Network (5), members of VCH Mental Health Services advisory committees (3), as well as staff and leadership from VCH (10), and members of the VCH Board (2).



Patient Empowerment

We wanted to know what patient empowerment meant to attendees of the forum. We hung a poster on the wall asking “What does patient empowerment mean to you?” and several people filled in their thoughts. We also had people draw an image of an empowered patient as an icebreaker activity. We developed a word cloud based on all the input.

Presentations

CEAN Acknowledgement Presentation (included at the end of this report – Appendix A)

We started off the presentation with a look at how much CEAN has grown in recent years. Since 2012 CEAN membership has gone from 60 people to over 90. In addition to the growth of the network, we looked at the growth of the number of CEAN members VCH has sitting on advisory committees. VCH now has 26 CEAN members sitting on various advisory committees – 9 in total, and that number continues to grow.

You support patient and public involvement at VCH	You are community members that are interested in healthcare	You help to promote an understanding of different perspectives	You believe that the voice of patients and the public need to be taken into account when VCH makes decisions that will effect care
You are an important link between VCH and the communities it serves	You share your knowledge, skills and experience with health authority leaders	You provide feedback to VCH on a range of issues and initiatives	You provide a forum for resolving issues

Thank You

You bring forward issues that are important to the community	You are trusted and valued friends of VCH	You collaborate with VCH to improve the services we provide in order to enhance the health of our communities	You are citizens who want to make a difference!
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In order to show CEANs how they have influenced healthcare planning in small to big ways, we highlighted several projects of different scopes:

Decluttering of Patient Rooms & Handwashing – Reducing the incident of hospital acquired infections is a priority for VCH hospitals. It is important for VCH to recognize and not lose sight of the “optics” from a patient/public perspective around hand hygiene practices. CEAN was consulted to bring in that perspective. Infection Control has found that CEAN feedback around communicating to staff the importance of washing their hands and keeping patient rooms clean has been extremely valuable and actionable.

You and Your Meds - The patient handout entitled You and Your Medications had been in use sporadically throughout VCH since March of 2011. VCH Medication Safety requested input from CEAN to update and refresh this booklet to ensure it is clear, understandable and useful to patients. CEANs were asked several questions after viewing the pamphlet:

- 1) Consider the title. Is it clear, and does it make sense to you?
- 2) Do you feel the most important information is included and in the right place?
- 3) Is the information organized in a way that is clear and easy to understand and follow?
- 4) Is there information that needs to be repeated or highlighted?
- 5) Is the language used easy to understand?
- 6) What information would you take out?
- 7) What information would you add?

The Project team stated that CEAN members provided insightful and thoughtful feedback that will help ensure the information in the pamphlet is understandable and useful to our patients.



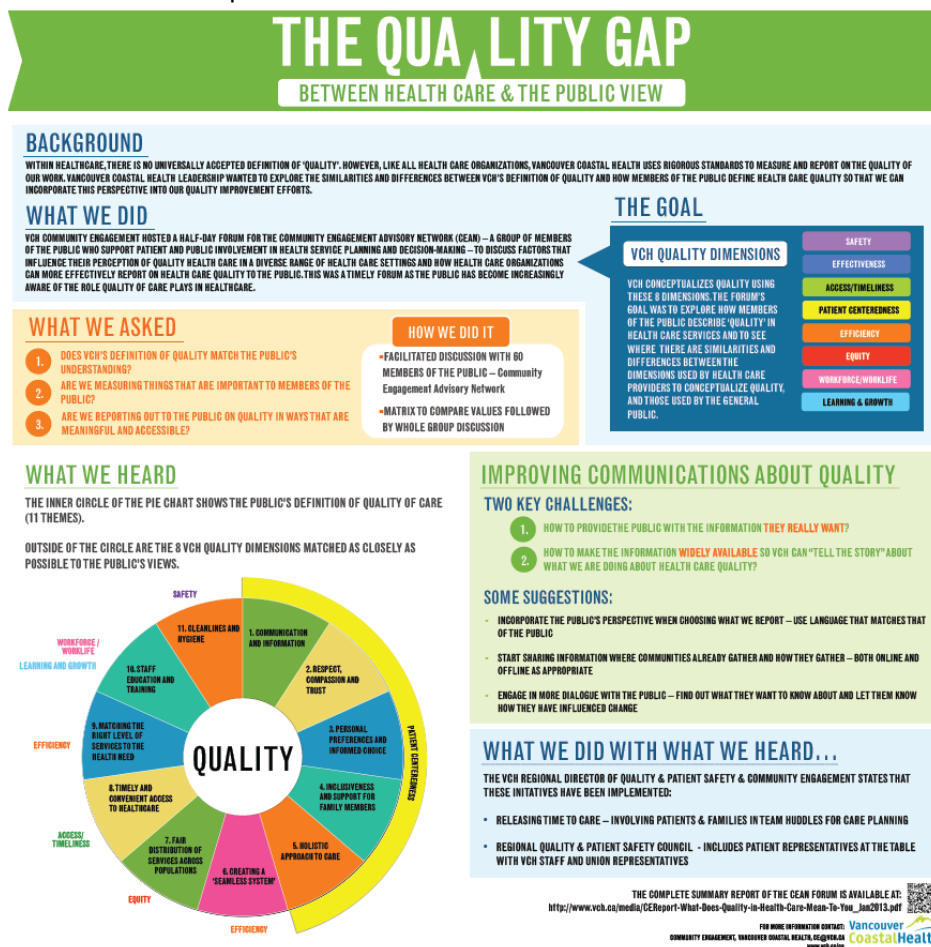
My Health My Community is an interactive web-based health and wellness survey that will generate local-level information about the health status and health needs of the local population. At the CEAN forum in May 2013, CEAN members discussed the [My Health My Community](#) initiative and how it will affect our communities. Some topics for discussion included:

- How to raise awareness about the *My Health My Community* initiative
- How to encourage participation
- How to share the results with members of the public.

CEAN feedback was used to shape the promotional materials (including a [promotional video](#)) as well as the partnership strategy. Several CEAN members also participated in a user-testing session to ensure that the survey questions were clear and easy to understand.

ED Dashboard - In the spring of 2012, CEANs gathered to give their feedback on a project to create a website that would give the public real time information on [Emergency Department \(ED\) wait times](#) at select hospitals in Vancouver, Richmond and the North shore. Members of the Patient Voices Network also joined in on providing feedback. Participants viewed a mock up of the website and gave comments on its design and functionality. Simplification of the website, in terms of the variety of information, quantity of information, layout, and level of detail, was the significant and substantial recommendation. Many of the recommendations that CEAN & PVN members made were listened to when the site went live.

The Quality Gap - At the 2014 Quality Forum held in late February, the CE Team presented a Storyboard on work CEAN produced at the Fall 2012 CEAN Forum: “What does Quality Mean to You?” At the forum CEAN and PVN members were broken up into small groups and facilitated discussions were conducted to develop 11 themes that defined quality to them. These 11 themes were used to identify the gaps in how the public defines healthcare vs. how VCH defines quality healthcare. Initiatives developed coming out of the forum include Releasing Time to Care (involving patient and family members in care huddles on the units) and having patient/public members on the Regional Quality and Patient Safety Council where they engage in planning with members of VCH staff and union representatives.



Hand-Hygiene Campaign - In January of 2012, members of the Richmond Health Advisory Committee (also CEAN members) gathered to view presentations given by students in the Health Design Lab at Emily Carr. With the help of these CEANs, a campaign was chosen to use within VCH hospitals.

The presentation also looked at some of the tools developed with the help of CEAN input. Examples given included *Dorothy's Story* – a tool to help healthcare professionals and patients/ family members when dealing with seniors in Emergency Rooms, *The Advisory Committee Workbook* – a tool to help guide staff members who are considering having patient/public members on an advisory committee, and *The Patient & Public Advisors Handbook* – a tool for patients/public members on advisory committees.



To end the CEAN acknowledgement, we looked at some excerpts from quotes from VCH staff members who had consulted with CEAN members on their projects. The quotes are important in that they show the value the project teams put on feedback that CEANs provided.

"CEAN are highly committed, highly effective supporters and communicators of the people we try to serve..."

"...it is CEAN feedback that often helps direct the conversation i.e. moving from focusing on what matters to a clinician to what matters to a patient and family/caregiver."

The full quotes were displayed on the wall at the forum and we have also included them at the end of this report (Appendix B).

Budget Update Presentation– Glen Copping, Chief Financial Officer, Vancouver Coastal Health



The CFO started off his update with stating that the healthcare system is a publicly funded system, with funding primarily coming from taxpayers. In Canada, we have a fairly expensive healthcare system – equaling 11.4% of our Gross Domestic Product (2010). BC's budget for healthcare is \$16.5 billion, with \$3 billion dollars going to VCH/PHC.

VCH's approach to manage the budget consists of:

- Re-designing programs, services and delivery mechanisms to deliver the same services, but more efficiently and effectively for changing population needs
- Focusing on supply costs to reduce deficits and maximize care giver staff
- Reward quality care and shift acute care to community as appropriate
- Promote Choosing Wisely and Appropriate Care to manage demand
- Reduce variation and make best use of resources
- Deliver high quality care to reduce misspent resources managing complications

For this fiscal year VCH will balance our total budget, thanks to much hard work by all of our staff to improve quality of care and manage cost pressures and patient flow. We also received some one time assistance from the Ministry of Health which helped. A copy of the presentation is included at the end of this report (Appendix C).

Choosing Wisely Idea Lab

To provide context and background for the idea lab, Dr. Patrick O'Connor, VP of Medicine and Patient Safety & Quality gave a presentation on [Choosing Wisely](#) (included at the end of this report – Appendix D) which focuses on encouraging physicians, patients and other health care stakeholders to think and talk about medical tests and procedures that may be unnecessary, and in some instances can cause harm. VCH is planning on rolling out this initiative, so it was very timely to be able to get patient/public feedback.

wise
/wiz/
- having or showing experience,
knowledge, and good judgment

Following the presentation, forum participants were organized into small groups, to discuss 3 questions on the initiative. Each small group recorded the content of their discussion, and facilitators identified key recommendations for action. The complete list of ideas generated can be found in Appendix E.

QUESTION 1 – How do we raise awareness about Choosing Wisely to the public?

Messaging:

- Look to successful campaigns that have shifted behaviour such as antibiotic use, tobacco use and “do all bugs need drugs”
- Use various methods and forums to raise awareness of the campaign
 - Create an interactive website that people can go to ask questions and find information
 - Collaborate with our community partners to share the messaging with clients
 - Use social media and viral videos to message out to the masses
 - TV screens in GPs offices – have this message right in the Doctor’s offices
- Engage patients in developing the messaging to tailor it for patients
- Local newspapers to get the message out

Changing the culture through education:

- Educate the GPs and other Health care providers how to have those honest conversations with patients
- Promote that there is a “wider spectrum of choice”
- Post “10 questions to ask your doctor” in their offices (GP’s offices). This gives you permission to ask those questions and empowers patients
- Partner with community groups to empower patients – community funding for small groups, skill building, practicing behavior of being assertive
- Start young – course in elementary school on “lifelong healthcare; self-responsibility, considering options”
- Involve libraries in promoting topic specific choices related to specific chronic conditions such as diabetes

QUESTION 2 - What do you like about Choosing Wisely or what concerns you?

Likes:

- Potential for big system impact
- Recognizes patient and family need to understand their own illnesses
- Economic benefits from avoiding over testing
- Empowers patients and families
- Dialogue with care provider is good. Offer a framework to evaluate what test will do for me – risks/benefits
- Involving patients and public at the decision making level and throughout the process of planning and implementation

Concerns:

- Name – “Choosing Wisely” implies there is a one “wise” decision according to the medical profession. An alternative could be, “Knowing Your Options” –implies that there are other options.
- Choosing Wisely structure silos the various specialties, but one patient may have issues that crosses many specialties – need to look at the whole person
- Tension between patient empowerment and standardization
- Need to have patients involved in the development of the Canadian version
- Doctors will require education on how to communicate very clearly so the patient can choose
- Doctors may not be open to a patient initiating dialogue
- Will take a long time to effect change

QUESTION 3 - How can physicians & patients work together to make wise healthcare decisions?

- Having a GP and Specialist with a patient in a consult together
- Provide patients and physician a guideline to assist them in having the dialogue
- Provide education to physicians to develop communication skills
- Empower patients to not abdicate their decision making role to the physician; support confidence building by having physicians and health care providers ask them to be involved in their care and the decision related to their care
- Do we get directives to force change?
- Include patients in high level planning discussions
- Provide a forum for discussions
- Develop tools that support information sharing – physician to patient and family and vice versa
- Develop technology supports such as one patient record that allows physicians and their patients to access the same information and improved access to diagnostics
- Doctor to see the patients as partners

Next Steps

Feedback generated from this forum will directed to VCH Leadership to inform how VCH could implement this initiative. The Community Engagement Team will initiate a meeting to share the feedback and discuss how it can be used.

Evaluation

CEAN participants completed an evaluation of the forum which indicated a high level of satisfaction for the event overall.

The format and agenda were specifically mentioned as positive aspects. Participants enjoyed being able to talk about Choosing Wisely, as well as hearing from the CFO and the VP of Medicine. Participants felt like they were able to speak up and that their opinions were respected and valued. Participants were unanimous in their opinion of the idea lab as a useful method to explore the topic of Choosing Wisely.

When asked what they liked about the workshop, respondents stated:

“Well engaged participants, enthusiasm of and respect for patients/volunteers as valued participants”

“Variety of people, access to high level VCH staff we normally would not have access to”

“Patient/public voice articulated clearly”

Participants expressed the need to know how their input was used by VCH, what actions were informed by their comments and how it would impact system change.

Participants also indicated that more rigorous facilitation during the idea lab portion may have helped everyone get a chance to speak and keep the discussions more focused. Also, noise and sound feedback – We competed with the event in the adjacent room and it would be handy to have a wireless microphone so everyone could be heard.

All the feedback will be considered when planning the next event. Thank you for your comments!



Appendix A – CEAN Recognition Presentation

You support patient and public involvement at VCH	You are community members that are interested in healthcare	You help to promote an understanding of different perspectives	You believe that the voice of patients and the public need to be taken into account when VCH makes decisions that will effect care
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Thank You

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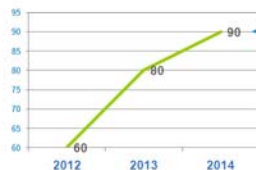
Let's take a look at some of our achievements...



Vancouver Coastal Health
Promoting wellness. Empowering you.

My, how you've grown!

Not only has the number of CEAN members grown significantly over the past few years, the number of CEAN members sitting on VCH advisory committees has also continued to grow.



90 CEAN Members!

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Number of CEANs currently on VCH Advisory Committees

VCH Advisory Committee	# of CEANs
VCH Regional Patient Safety Advisory Committee	3
Home is Best Committee	2
Regional Cardiac Quality & Safety Council	2
North Shore Integrated Primary & Community Care	1
Richmond Integrated Primary & Community Care	1
Richmond Collaborative Services Committee	1
Richmond Mental Health & Addictions Family Advisory Committee	4
Richmond Health Advisory Council (RHAC) *Several members of the RHAC also sit on various Richmond operational and planning teams	9
Clinical Systems Transformation Planning Committee	1

That's 20 CEANs on VCH Advisory Committees!

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CEAN Represents!

In their capacity as patient engagement champions, many CEANs have attended events over this past year.

- Quality Forum
- True North Forum
- Open Board Meetings
- My Health My Richmond
- Patients as Partners Provincial Dialogue



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CEAN talks and VCH listens...

Now let's take a look at some other examples of how your voice - the voice of the patient/public, has influenced the work of Vancouver Coastal Health



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Project: Decluttering of Patient Rooms & Handwashing

Reducing the incident of hospital acquired infections is a priority for VCH hospitals. It is important for VCH to recognize and not lose sight of the "optics" from a patient/public perspective around hand hygiene practices. CEAN was consulted to bring in that perspective. Infection Control has found that CEAN feedback around communicating to staff the importance of washing their hands and keeping patient rooms clean has been extremely valuable and actionable.



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Project: You and Your Meds

The patient handout entitled You and Your Medications had been in use sporadically throughout VCH since March of 2011. VCH Medication Safety requested input from CEAN to update and refresh this booklet to ensure it is clear, understandable and useful to patients.



The Project team stated that CEAN members provided insightful and thoughtful feedback that will help ensure the information in the pamphlet is understandable and useful to our patients.

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Project: My Health My Community

My Health My Community is an interactive web-based health and wellness survey.

At the CEAN forum in May 2013, CEAN members discussed the *My Health My Community* initiative and how it will affect our communities.

CEAN feedback was used to shape the promotional materials as well as the partnership strategy. Let's check out the [promo video!](#)

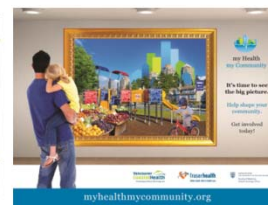


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Have you taken the survey?

Several CEAN members also participated in a user-testing session to ensure that the survey questions were clear and easy to understand.

Want to take the survey or learn how to get involved with *My Health My Community*? Check out: www.myhealthmycommunity.org



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Project: ED Dashboard

In the spring of 2012, CEANs gathered to give their feedback on a project to create a website that would give the public real time information on Emergency Department (ED) wait times at select hospitals in Vancouver, Richmond and the North shore.



Click [here](#) to go to the live website!

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Before and After

Proposed Site View



Live Site View

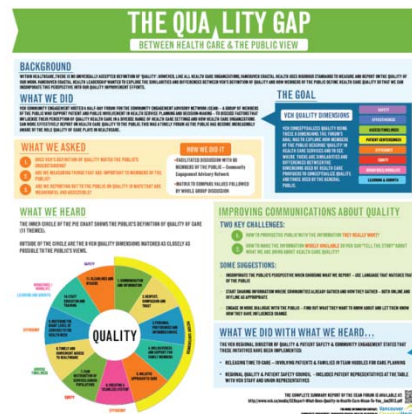


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Project: The Quality Gap

At the 2014 Quality Forum held in late February, the CE Team presented a Storyboard on work CEAN produced at the Fall 2012 CEAN Forum: "What does Quality Mean to You?"

Let's take a look at the poster which is also on display here today.



Initiatives developed with the help of patient/public input

Project: VCH Hand Hygiene Campaign

In January of 2012, members of the [Richmond Health Advisory Committee](#) (also CEAN members) gathered to view presentations given by students in the [Health Design Lab](#) at Emily Carr.

With the help of these CEANs, a campaign was chosen to use within VCH hospitals. Let's take a look at some of the elements!



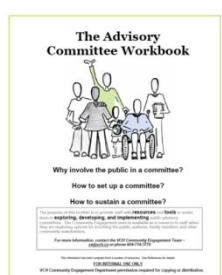
CLEAN BEFORE YOU CROSS



Teaching People to Fish

With the help of [CEAN](#), the Community Engagement Team has been able to develop several [tools](#) to help others do [patient and public engagement](#).

Let's look at some examples of tools we have created with the help of CEAN!



Staff Quotes on CEAN

"CEAN are highly committed, highly effective supporters and communicators of the people we try to serve..."

"Having a structure like CEAN within VCH made it possible to reach out to a wide variety of members of the public from all walks of life..."

"...CEAN members embedded into our planning work is invaluable to ensuring new service delivery models which keep the client needs front and center."

"...it is CEAN feedback that often helps direct the conversation i.e. moving from focusing on what matters to a clinician to what matters to a patient and family/caregiver."

"My work with CEAN has continually reinforced that I am – we all are – wiser from the listening than from the telling."



We can't thank you enough!

Your dedication **inspires** us! You all take time out of your lives to **contribute** in small to big ways. You do it because it means something to you to have your **voice heard** and to **improve healthcare**. We salute you and are proud that you have chosen **CEAN** as your vehicle through which **you make change happen**.



We're Listening.

Tell us what you think. We are open to feedback. We encourage you to contact us with any ideas on how to improve what we do and the work of CEAN. For more information on any of the projects in this presentation feel free to contact us.

VCH Community Engagement
ce@vch.ca
Linda, Belinda, Katie, Breann & Saori
www.vch.ca/ce



Appendix B - Staff Quotes



"CEAN are highly committed, highly effective supporters and communicators of the people we try to serve. They are a critical intermediary between the larger community and Vancouver Coastal Health; they have a well established 'foot in both camps' and provide an extremely important service to both VCH and their communities."

"I have always been so impressed by their commitment to the work they do as partners in the health care system. They go above and beyond!"

**-Jeff Coleman, VP Regional Programs & Service Integration
Vancouver Coastal Health**



"BC is in the process of developing a new provincial patient experience survey that follows the patient's journey through the continuum, centred on a hospital episode of care. On short notice, CE was able to mobilize CEAN members to participate in a prioritization exercise to inform the continuity of care themes to be included. We were thoroughly impressed with CEAN members' enthusiasm to give their own personal time to participate in a rather lengthy, detailed (and somewhat tedious) exercise. The quality of the insight that came through in the exercise and the many narrative comments from CEAN members were top-notch, particularly the richness of detail and the focus on whole system rather than one individual patient story."

Having a structure like CEAN within VCH made it possible to reach out to a wide variety of members of the public from all walks of life, which would have otherwise been very challenging to do given the tight timelines. The information that CEAN provided will be presented on March 6 to the survey's provincial consultation group, and will guide the selection of the survey question themes for the province of BC. Thank you for all you do to carry the voice of patients and their loved ones. I will definitely be reaching out to CEAN again to help us keep the patient in the centre of our quality improvement initiatives..."

**-Serena Bertoli-Hayley
Accreditation and Patient/Client Satisfaction Leader**



"CEAN members provide value in so many ways for VCH and our partners! One example is in terms of supporting VCH to establish priorities: community members highlighted the importance of clinical care transitions for seniors in emergency, which led to the 2008 VCH "Transforming Seniors Care" initiative, which eventually led to the provincial mandated 48/6 guideline work that is currently a priority for all health authorities. Another example is in terms of providing feedback for a specific request – CEAN members provided very skilled support to the Complex Residential Care Working Group when we wanted resident/family feedback into what mechanisms are effective to ensure the resident/family voice are heard in residential care. This work led to a toolkit that is used in residential care and has been shared provincially.

In addition, CEAN members embedded into our planning work is invaluable to ensuring new service delivery models which keep the client needs front and center. For example, the CEAN members who have been involved with VCH Home Health Redesign have been very skilled at raising the "where is the client in this?" question at strategic points; and having the client voice at planning tables along with Home Health staff and physicians has led to very innovative solutions. An example is the self-assessment tool that a potential client can use, if they wish, to prepare for a formal Home Health assessment."

**-Shannon Berg, Executive Director Home & Community Care
Vancouver Coastal Health**



"Unfortunately I am not able to be there today. I know it will be a great event with a lot of wonderful ideas generated. It was fantastic to see so many members of CEAN and PVN at the recent Quality Forum. Thank you all for your time and commitment to VCH. We really appreciate and value your contributions."

**-Linda Dempster, Executive Director
Quality & Patient Safety, Infection Control & Community Engagement**



"We have two CEAN members on our IPCC steering committee in Richmond. They are very committed and attend our monthly meetings which start at 7:30am! One of the key contributions is that they readily provide their input from a "consumer" or patient perspective - and it is this feedback that often helps direct the conversation i.e. moving from focusing on what matters to a clinician to what matters to a patient and family/caregiver.

We have been fortunate to also have one of our CEANs sat a smaller working group - this working group worked on one of the integration initiatives which was to develop a seniors directory re. the non medical resources available in Richmond for Family Physicians and Community Clinicians. Our PVN representative would remind us to use plain language when creating the content for patients and also what resources to include that would be important to an individual/family (that we would have likely forgotten)."

Also, one of our CEANs is very good at bringing the cultural lens to the discussion and highlighting the gaps or unmet needs of our patients with different ethnic backgrounds.

I believe their presence and contribution has strengthened the work of our committee"

**-JoAnne Douglas, Project Manager Integrated Primary & Community Care
Vancouver Coastal Health**



"My work with CEAN has continually reinforced that I am – we all are - wiser from the listening than from the telling."



"It feels good to go into meetings, and ask if anyone has consulted with patients or their families, and increasingly find that the answer is 'yes.' I know that we still have a long way to go and that there are so many more opportunities we can explore, but I feel like we're committed to involving patients, their family members, and members of the public, in our work, and that we have a good foundation going forward."

**-Jody Sydor Jones, Coastal Director Strategy Deployment & Clinical Optimization
Vancouver Coastal Health**



“There is no doubt that your team makes sure that the voice of the community is heard! At times we take for granted your efforts and then I find myself at a public forum and realize that your work has ensured that our concerns have a place to go. Whether it be environmental issues, food source issues, access to GP's or hospital concerns - you make it possible for us to voice our fears and celebrate the strength of our health system”

-Joan Glossup
Community Engagement Advisory Network Member



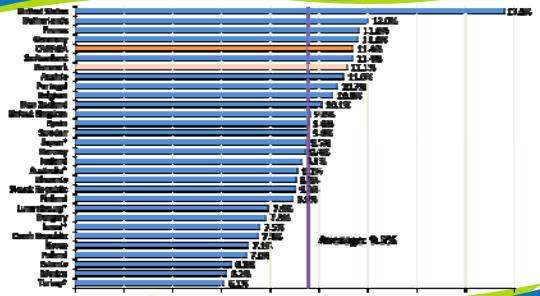
**Vancouver
Coastal Health**
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Financial Update

Glen Copping
Chief Financial Officer and
Vice President, Systems Development & Performance

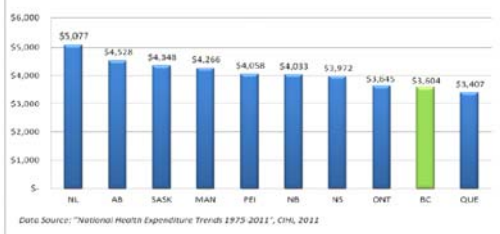


Total Health Expenditure as a Percentage of GDP, 30 Selected Countries, 2010



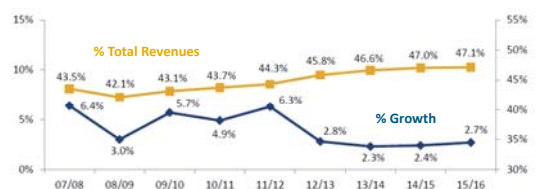
Note:
* Data for 2009; † Data for 2008.
Source:
OECD Health Data 2012, June edition

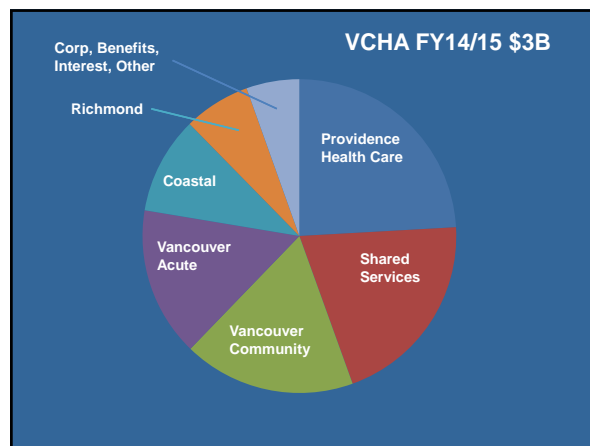
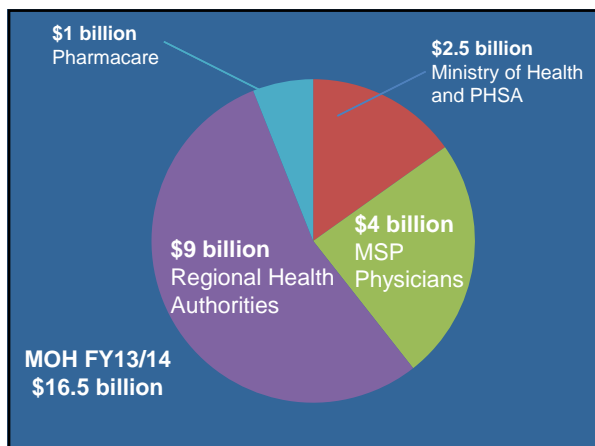
Per Capita Health Care Spending by Provincial Government, 2011



Data Source: "National Health Expenditure Trends 1979-2011", CHS, 2011

Provincial Budget Funding - MOH







What can you do
to help?



CEAN Forum
March 15, 2014



Wise



Having or showing
experience, knowledge and
good judgement



What is it?

- *Choosing Wisely*® was initiated by American Board of Internal Medicine
- Aim is to promote conversations between physicians and patients by helping patients choose care that is:
 - Supported by evidence
 - Not duplicative of other tests or procedures already received
 - Free from harm
 - Truly necessary



5 Things

CARDIOLOGY	RADIOLOGY	PAEDIATRICS
<p>Choosing Wisely American College of Cardiology Five Things Physicians and Patients Should Question</p> <ol style="list-style-type: none"> 1. Don't perform cardiac catheterization or percutaneous coronary intervention (PCI) without evidence of a significant obstructive coronary artery disease. 2. Don't perform cardiac catheterization or PCI in patients with no or minimal obstructive coronary artery disease. 3. Don't perform cardiac catheterization or PCI in patients with no or minimal obstructive coronary artery disease. 4. Don't perform cardiac catheterization or PCI in patients with no or minimal obstructive coronary artery disease. 5. Don't perform cardiac catheterization or PCI in patients with no or minimal obstructive coronary artery disease. 	<p>Choosing Wisely American College of Radiology Five Things Physicians and Patients Should Question</p> <ol style="list-style-type: none"> 1. Don't perform CT scans for the detection of renal colic without evidence of a high pre-test probability of renal colic. 2. Don't perform CT scans for the detection of renal colic without evidence of a high pre-test probability of renal colic. 3. Don't perform CT scans for the detection of renal colic without evidence of a high pre-test probability of renal colic. 4. Don't perform CT scans for the detection of renal colic without evidence of a high pre-test probability of renal colic. 5. Don't perform CT scans for the detection of renal colic without evidence of a high pre-test probability of renal colic. 	<p>Choosing Wisely American Academy of Pediatrics Five Things Physicians and Patients Should Question</p> <ol style="list-style-type: none"> 1. Don't perform CT scans for the detection of renal colic without evidence of a high pre-test probability of renal colic. 2. Don't perform CT scans for the detection of renal colic without evidence of a high pre-test probability of renal colic. 3. Don't perform CT scans for the detection of renal colic without evidence of a high pre-test probability of renal colic. 4. Don't perform CT scans for the detection of renal colic without evidence of a high pre-test probability of renal colic. 5. Don't perform CT scans for the detection of renal colic without evidence of a high pre-test probability of renal colic.



How is VCH responding?

By implementing a project which includes:

- Triple Rule Out Computed Tomography guidelines recently initiated by Medical Imaging and in Emergency Departments
- VCH-FHA Appropriateness Accountability Group
- BC Health Technology Reassessment
- Physician Practice Enhancement
- Clinical and Systems Transformation evidence-based practice




Why is VCH doing this?

To demonstrate the potential to:

- Improve patient quality and safety
- Manage growth and demand
- Reduce variations in practice
- Address utilization of low value add procedures
- Identify opportunities to disinvest/reinvest in existing technology



What can be achieved?

A  at Medical Imaging in Emergency Departments

- Examine physician-level variation in three Medical Imaging procedures in a specific hospital:
 - CT spine
 - CT abdomen
 - CT head
- Preliminary examination of :
 - Volumes
 - Evidence on utilization/appropriateness
 - Impact on volume of reduced variation in utilization
 - Recommended approaches to reduce practice variation



What we found

Discharged CTAS 3 Abdominal Pain Patients with CT Abdomen – VGH ED



Note: 3,060 CT abdomens were ordered just on patients who were ultimately sent home. Traumas were excluded in this set. Patient selection from presenting complaint code G1003 = abdominal pain, undifferentiated.



Who is involved- so far?

- Steering Committee - VCH/PHC Executive and Physician Leadership
- Project Co-Leads ED Regional Programs & Service Integration and ED Decision Support
- Expert advisors
- Small project team
- Liaise with Executive Medical Group (EMG), Health Authority Medical Advisory Committee (HAMAC), Regional Surgical Executive Council (RSEC), Regional Emergency Services Council (RESC)



How far along are we?

- Recommended by Appropriateness Accountability Group; approved by SET
- Project charter and areas of focus approved early January
- Project leadership and analyst support assigned
- Physician leaders engaged for Medical Imaging, Emergency and Orthopedics
- Data analysis nearly complete
- Exploring potential benefits, change strategies and requirements to continue work and expand scope



What comes next?

- CEAN Idea lab at Spring CEANing Forum
- CEAN participation as expert advisors
- Patients and physicians dialoguing to make wise health care and treatment choices
- Empowered patients
- World domination – just kidding ☺



Questions

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Comments



IDEA LAB – Questions



Table 1

Messaging – how do we raise awareness about Choosing Wisely to the public?

Table 2

What do you like about Choosing Wisely? Do you have concerns?

Table 3a

How can patients and physicians work together and have conversations about wise treatment decisions?

Table 3b

How can patients and physicians work together and have conversations about wise treatment decisions?



Spring CEANing Idea Lab Notes – March 15th, 2014

RE: Choosing Wisely Campaign <http://www.choosingwisely.org/>

Idea Lab Questions:

- 1) **Messaging – How do we raise awareness about Choosing Wisely to the public?**
- 2) **What do you like about Choosing Wisely – do you have concerns?**
- 3) **How can physicians and patients work together and have conversations about wise treatment decisions**

Question 1: Messaging – how do we raise awareness about Choosing Wisely to the public?

- Educating patients that some tests are not necessary/no benefit
- Similar to antibiotic campaign – “mock prescription pads”
- TV Campaign – e.g. - not all bugs need drugs
- Don’t wait until there is a crisis to communicate about Choosing Wisely
- Educate the GPs and other HPs and have those honest conversations with patients
- Promote other alternative therapies “wider spectrum of choice”
- Small group learning when introducing subject – lay the foundation
- Toolkit that is not technology dependent; more face-to-face “hearing people’s stories”
- Other models of learning
- Increasing awareness of mind/body connection
- Sharing message with our healthcare partners/support groups etc.- they can share with clients
- Needs to start within healthcare system before opening it up to the public
- It’s about relationship building
- Post “10 questions to ask your doctor” in their offices (GP’s offices). This gives you permission to ask those questions and empowers patients
- Partner with community groups to empower patients – community funding for small groups, skill building, practicing behavior of being assertive
- Start young – course in elementary school on “lifelong healthcare; self responsibility”
- Starting early empowers people right away for taking control of their own health
- Involve libraries in promoting topic specific Choosing Wisely (e.g. – diabetes group presentation)
- Not all bugs need drugs has been very effective – Choosing Wisely message is not as simple
- Collect common themes to make the message tighter
- Choosing Wisely is practitioner focused – tailor it for patients “we need patient input”
- Involve patient/public in problem solving
- Interactive website – public can ask questions (e.g. – Cochrane collaboration)
- VCH feedback line – but not interactive enough
- Use social media and viral videos to message out to the masses
- Local newspapers to get the message out
- TV screens in GPs offices – have this message right in the Doctor’s offices

- Messaging about fewer medications etc. has something in common with alternative holistic medicine – common ground with those professionals
- VCH should have their own TV Channel
- Q&As

Question 2:

Group 1

What do you like about Choosing Wisely?

- Large enough to have a big impact but will take a long time
- Recognizes patient and family need to understand their own illnesses. Big gap in Mental Health. Lack of science-based education
- Hope this will be the start of wider psycho education (could borrow model from Early Psychosis Education)
- Economic benefits from avoiding over testing
- More efficient – less waste = better & more fair distribution of resources across the system
- Empowers patients and families if there is the basis of education

What are your concerns?

- Some diseases don't have many symptoms and the choice could be made to not to a test because of Choosing Wisely
- Doctors need to communicate very clearly so the patient can choose
- Tension between patient empowerment and standardization
- Standardization needs careful articulation
- Different communities have different needs
- Does standardization impact physician responsiveness and creativity?
- Do we risk missing prevention of escalating concerns by standardization?
- Name – "Choosing Wisely" is subjective – communicates that you should follow the "list"
- Who is the wisely one?

Group 2

What do you like about Choosing Wisely?

- Canadian content needed
- Knowing costs
- Dialogue with care provider is good. Framework to evaluate what test will do for me – risks/benefits
- Gives docs a chance to compare

What are your concerns?

- Standardization – does it lead to band aids? Flexibility is needed – not everyone is the same
- Mental Health & Addictions gap – need to see 5 things
- Does this include pharmaceuticals? – include issues around interactions of drugs – multiple providers prescribing multiple drugs is a missing piece

- One patient may have issues that cross all these specialities – need to look at the whole person
- Need to have patients involved in the development of the Canadian version
- Cross-reference the lists to make sure they're not working at cross-purposes
- Doctors may not be open to a patient initiating dialogue
- Specialists communication between one another needs to be improved
- On-line engagement of patients of particular specialties – share experience, knowledge
- After hours support when you can't reach your specialist
- Enhance Choosing Wisely by linking it to existing resources – e.g. – online communities, after hours support, holistic
- Including alternate therapies like mindfulness, relaxation
- Practitioner focused list not patient focused

Group 3

What do you like about Choosing Wisely?

- Involving patients and public at the decision making level and throughout the process of planning and implementation
- We are talking about it!
- If adapted to Canadian – practical reallocation of limited resources that can be invested in health and wellness
- That all the groups participated and gave feedback

What are your concerns?

- Very American – adapt to Canada (liability – US Culture)
- Name implies you are not wise – so somewhat condescending
- “Knowing Your Options” – consider this as a name – implies that there are other options and not just a choice
- My wise choice may not include any allopathic treatment – may be more holistic
- Go broadly – not just allopathic but encompass total choice options of treatment and lifestyle
- Physicians need to be engaged to be open to choice
- Residents should spend a night in hospital for the experience

Question 3: How can physicians and patients work together and have conversations about wise treatment decisions?

Group 1

- Having a GP and Specialist with a patient in a consult together
- Something in writing would be helpful to provide to patients to explain the concept – Choosing Wisely
- Physicians have knowledge that can be shared with the patient
- Health Literacy – invest in educating patients
- Good judgement = fair judgement – what is fair?
- Trust is integral
- Patients have varying degrees of awareness of options – needs

- Is the patient the one who makes the final decision?
- Distinction of patients level of engagement in their care
- Patient vulnerability – not wanting to be involved in decision making
- Integrity of the physician
- Interview of physicians to determine level of communication
- Patients often abdicate their decision making to the physician – they trust they have their interests and health in their care
- (Implementation of) Culture change can take many years to complete
- Do we get directives to force change?
- Are we expecting too much of the physicians?
- Model – antibiotics – how did this happen – change through education

Group 2

- Include patients in high level planning discussions
- Getting buy in from doctors
- Provide a forum for discussions
- Physician communication and feedback – closing the loop
- Information sharing – physician to patient and family
- Role for senior management and VCH to play in improving communication (in MH&A) to patients and families
- Provide info to patients about the risks etc.
- Explanation of medications and alternatives (side effects)
- Standardized resource re medication
- Patient is prepared at appointment with GP – Patient is given information and resources previous to appointment so that the most can be made of the time. Patient can bring along whomever they like
- More time to discuss with their GP
- Need to deal better with certain illnesses
- Family caregivers can give the whole picture – should be included
- Incentive for physicians
- CST – bring all patients records together
- Platform for patients and doctors to have access to the same info (records)
- Improve public literacy and knowledge of what to ask
- Outreach person to help communication
- MH&A – professional development of clinical staff – privacy can be maintained
- Culture shift at all levels (top level)

Group 3

- Shared decision making
- Open and honest dialogue
- Patient needs to feel comfortable
- Doctors need to have genuine buy in
- Trust and relationship building
- Good communication skills for doctors

- Good bedside manner
- Doctors need a good sense of time
- Patient needs to know what questions to ask
- Other family caregivers need to be included (patient advocates)
- Use of technology to communicate with patients (e-mails?)
- Time needs to be taken by physician to prepare the patient
- Online tools such as Life Labs – getting test results on your own
- Culture shift
- Doctor to see the patients as partners
- Physician leaders/mentors to help all physicians get on board
- Patients also need to be more open/honest with their doctors
- Education of doctors on shared learning
- Patients need to support doctors to do their job better – i.e. – good bedside manner
- Partnership works both ways
- Find the best way that works for you and your doctor
- Drug interactions and use of technology to support
- Advise doctor of all the supplements you are taking
- Have the doctors tell us about how they like to communicate and collaborate with patients
- Develop a charter and guidelines