The Evolution of Patient and Family Engagement and Partnership Models in Quebec
Welcome

With us today:

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Improvement Lead, CFHI

Armand Boudreau
Host
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Patient Advisor

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Executive Advisor, Quality, Accreditation Process and Client Experience
Centre intégré universitaire de santé et de services sociaux de la Mauricie-et-du-Centre-du-Québec
On today’s webinar:

• Learn about the Montreal model
• Discover different models of patient engagement, examining their strengths and weaknesses, through the Centre intégré universitaire de santé et de services sociaux de la Mauricie et-du-Centre-du-Québec example
• Lay the groundwork for innovation by involving all relevant stakeholders at the outset, including research
• Uncover pathways to innovation in the area of patient engagement
Canadian Foundation for Healthcare Improvement (CFHI)

**Mission**
CFHI identifies proven innovations and accelerates their spread across Canada by supporting healthcare organizations to adapt, implement and measure improvements in patient care, population health and value for money.
Aim:
To build capacity and enhance organizational culture to partner with patients and families in order to improve quality across the healthcare continuum.

Care Environments
- 7 Primary care & community care
- 4 Rehabilitation or Continuing care
- 9 Acute care: 7 adult & 2 pediatric
- 2 Mix of acute care & cancer agencies

Top 4 Domains of Quality
(identifying by teams):
*many teams are measuring multiple domains of quality

- 95% Patient Experience
- 23% Coordination of Care
- 50% Effectiveness and Appropriateness
- 23% Patient Safety
1. Foundational Components of the Montreal Model
From Building "For"... to Building "With" the Patient

Levels of patient engagement

**DIRECT CARE** (MICRO = CLINICAL)
- Patients receive information (diagnosis, treatment)
- Patients are consulted on their perceptions
- Shared decisions concerning treatment preferences
- Patients make their own decisions based on their life objectives; interdisciplinary intervention plan

**ORGANIZATION AND QUALITY OF SERVICES** (MESO = ORGANIZATIONAL)
- Documentation on their illness given to patients
- Focus groups on specific themes
- Creation of committees with patients
- Co-construction of services, programs, quality improvement projects

**HEALTH POLICIES** (MACRO = POLITICAL)
- Information center for patients/the media
- Focus groups to collect public opinion
- Recommendations made by patients on health care priorities
- Co-construction of health policies with patients/citizens

**FACTORS INFLUENCING PATIENT ENGAGEMENT:**
Belief, literacy, education, organization, culture, practices, society, standards, regulations, policies
EXPERT PATIENTS: Categorization

- PATIENTS as ADVISORS - In Care
- PATIENTS as RESEARCHERS - In Research
- PATIENTS as COACHES
- PATIENTS as EDUCATORS - In Education

- GOVERNANCE
- QUALITY
- CARE
- CO-DESIGN
- PARTICIPATIVE RESEARCH
- EXPERIENCE CATALYST
- CO-DESIGN
- TRAINING
- MENTORSHIP

POPULATION of PATIENT PARTNERS
PARTNERING IN RESEARCH
4 national research networks

• RESEARCH GOVERNANCE
• RESEARCH CO-DESIGN
• RESEARCH TRANSLATION

PARTNERING IN HEALTH EDUCATION
240+ patients as educators

• PROGRAM TRANSFORMATIONS
• STUDENT TRAINING
• STUDENT MENTORING

PARTNERING IN CARE
+ 90 patients as advisors

• HEALTH CARE QUALITY IMPROVEMENT
• HEALTH GOVERNANCE
• PUBLIC POLICY DEVELOPMENT

« The Montreal Model »

A vision for partnerships in health

DEDICATED TO KNOWLEDGE SHARING AND CO-BUILDING IN HEALTH

A CO-MANAGED FACULTY STRUCTURE

Patient Experts
Health Professionals
Collaboration and Partnership Unit
Researchers
Health Managers

Faculté de médecine
Université de Montréal
cpass

CO-LED UNIT DEDICATED TO CO-BUILDING AND PATIENT PARTNERSHIP

The Montreal Model

A vision for partnerships in health
1re partie – Nouveaux rôles et compétences des patients

Le « Montreal model » : enjeux du partenariat relationnel entre patients et professionnels de la santé

The Montreal model: the challenges of a partnership relationship between patients and healthcare professionals

Marie-Pascale Pomey¹, Luigi Flora², Philippe Karazivan¹,³, Vincent Dumez⁴, Paule Lebel⁵, Marie-Claude Vanier⁶, Béatrice Débarges⁴, Nathalie Clavel⁷, Émmanuelle Jouet⁸
2. Quebec's Ecosystem of Partnerships in Care and Services
3. Engagement at the Clinical Level: the Patient Advisor
The CEVARMU Case

• Unique centre of expertise in replantation (surgical reattachment) in Quebec (and Canada) located in the Centre hospitalier universitaire de Montréal (CHUM)
• Optimizes accessibility to microsurgical and medical care, peri and post operative care, for all of residents of Quebec who undergo the traumatic amputation of an upper limb
• 150 patients per year
• In 2013, 85% of the CHUM’s patients adequately followed their treatment plan versus only 35% of patients outside the CHUM.
• Suggested solution : the patient advisor (PA)
Idea

Funding opportunity by CFHI

Change in organizational culture

Review of pilot project outcomes

Implementation of the IP

Reflection on how to implement the IP

Validation of PA content for intervention

Consolidation of interdisciplinary team, including one patient

$50,000 funding - $5,000 for research

CEVARMU

CEVARMU
Patient Advisor Perceptions

Topics CEVARMU patients felt were significant

- Emotional/psychological reactions
- Financial hardship
- Circumstances of the accident
- Family and friends
- Return to daily life
- Social perception of the accident
- Experience of care/hospital stay

PA perceptions, following their encounter

• "I came away feeling good about the meeting"
• "I am surprised, the patient needed to talk rather than hear my story"
• "Great pairing... some elements were similar to my own story, [it helped with the experience sharing]"
• "Similar injury, so interesting to be able to share"
• "More listening than sharing. An important role nonetheless because talking seemed to have helped the patient."
• "Patient seemed relieved after the meeting."
PA TIME COMMITMENT

• Patient advisors are volunteers...

• No requisite time commitment on their part.

• Most meetings (70%) last between 30 and 60 minutes + travel time

• Each patient advisor gets involved based on his/her availability and is occasionally asked by the care team to come in, but the frequency and duration of interventions depend on the patient's expressed needs.
Preliminary Results

• For patients
  Improvement of compliance / Improvement of hand functionality (DASH) / Reduced post traumatic shock
  Better reintegration into society

• For patient advisors
  Closes the bereavement loop / Feeling of being useful
  Risk of depression ?

• For teams
  Challenging internal and external processes / Standardisation of practices
  Revised educational material
Bringing patient advisors to the bedside: a promising avenue for improving partnership between patients and their care team

Karine Vigneault
McGill University Health Centre. Centre for Citizenship Identities and Governance (Open University) and Centre de recherche sur la communication et la santé (Université du Québec à Montréal), karine.vigneault@muhc.mcgill.ca
4. Engagement of Patient Advisors at the Tactical Level
The Patient as Partner Program (PPS)

• History
  • Based on an original idea by Dr. Paule Lebel on interdisciplinarity
  • Involvement of patients with the addition of Vincent Dumez
  • Project borne by the Direction Collaboration et Partenariat Patient (DCPP), Faculty of medicine, University of Montréal

• Objectives
  • Develop a culture of partnership through intervention and learning strategies in order to improve the quality of care and services
    • Skills development / Consolidation of collaborative practices
    • Co-building between patients, clinicians and managers

http://medecine.umontreal.ca/faculte/direction-collaboration-partenariat-patient/
THE PCP PROCESS

- **Phase A**
  - Préparation
  - Formation / Information
    - Coaching LCE
    - Info équipe
    - Coaching patients ressources

- **Phase B**
  - Bilan de l’équipe
  - Outils diagnostiques
    - Structures
    - Fonctionnement
    - Résultats

- **Phase C**
  - Plan d’action
    - Pistes d’amélioration
      - Objectifs SMART
      - Choix des priorités
      - Planification

- **Phase D**
  - Transformation
    - Soutien du CPASS
      - Ateliers / coaching
      - Réseautage
      - Autres...

- **DAC**

- **Continuous Improvement Committee (CAC)**
  - patients
  - stakeholders
  - managers
  - LCE
Evaluation
(DCPP, 2014; Pomey et al. 2015; Lebel et al. 2016)

• 26 teams throughout Quebec
• At the senior management level: a change in culture that fosters collaboration between managers, physicians and patients.
• At the team level, it enabled them to:
  1) give meaning to their activities and better capture the impact they have on patients and families in their daily interactions with them
  2) strengthen team work by getting individual team members consult each other and base their actions on the patients’ life goals
• At the patient level, their involvement helped:
  1. use their experience to benefit other patients who, in turn, feel welcomed and respected by the stakeholders
  2. give meaning to their story by transforming a difficult experience into a constructive and rewarding experience.
Patient partnership in quality improvement of healthcare services: Patients’ inputs and challenges faced

Marie-Pascale Pomey
University of Montreal, marie-pascale.pomey@umontreal.ca
5. Engagement of Patients at the Strategic and Overall Institutional Level
Senior Management Engagement

CSSS DE L’ÉNERGIE’S STRATEGIC PLANNING OBJECTIVE 2012-2015:
“50% of clinical directorates will implement interdisciplinary collaborative practices”

- Appointment of a directorate in charge of supporting and rolling out the approach and hiring an advisor: our meeting with a dynamic person!

- Partnership with the Montreal and Laval RUIS (Integrated University Health Network): a landmark partnership!

- Customizing the approach: bring a theory to life and get off the beaten track...

- Go back to our roots:

- Organizational values: respect-empathy-solidarity-consistency-excellence

“Walk the talk!”
<table>
<thead>
<tr>
<th><strong>Strategic planning</strong></th>
<th><strong>Implementation of 2 CAC</strong></th>
<th><strong>Creation of a Community of Practice for designated users</strong></th>
<th><strong>Participation in « Patient-coach » training offered by the DCPP</strong></th>
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<tbody>
<tr>
<td>Collaboration with the RUIS of Université Laval and Université de Montréal</td>
<td>Creation of an enquiry form</td>
<td>Canadian Foundation of Healthcare Improvement bursary</td>
<td>Participation in « Formateur PII » training offered by the DCPP</td>
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<tr>
<td>Dedicated Senior Advisor</td>
<td>Logic model design</td>
<td>Drafted 8 articles</td>
<td>Drafted the terms of Reference</td>
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<td>Continued promotion</td>
<td>Creation a participation guide for patients</td>
<td>Hiring a designated user for 2 days/week</td>
<td>Drafted descriptions of designated users</td>
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<td>Recruited 10 LCEs</td>
<td>Creation of 2 explanatory brochures about CSP</td>
<td>Drafted 3 articles</td>
<td>Participation in Lean Santé work</td>
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<td>Determined compensation arrangements for designated users</td>
<td>Welcome package for new designated users</td>
<td>Drafted 3 articles</td>
<td>Developed involvement process for designated users</td>
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<td>Recruited 1st designated user</td>
<td>Created corporate brand</td>
<td>Research projects</td>
<td>Create integrating model of participation</td>
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<tr>
<td>Number of trained users: 6</td>
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<td></td>
<td>Develop tools</td>
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<tr>
<td>Number of completed enquiries: 16</td>
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<tr>
<td>Number of trained users: 21</td>
<td>Number of trained users: 21</td>
<td>Number of trained users: 35</td>
<td>Number of trained users: 64</td>
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<tr>
<td>Number of completed enquiries: 65</td>
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<td>Number of completed enquiries: 110</td>
<td>Number of completed enquiries: 167</td>
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<th><strong>2012</strong></th>
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<th><strong>2014</strong></th>
<th><strong>2015</strong></th>
<th><strong>2016</strong></th>
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Influence strategic governance
Overview of initiatives in former institutions
Support continuous improvement projects (CAC and enquiries)
Kaizens
Common reflection with GM/Dir./DSRP/DQEPE
Develop deployment strategy
Create integrating model of participation
Develop tools
Number of trained users: 6
Number of trained users: 21
Number of trained users: 35
Number of trained users: 64
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Guiding Principles

This approach must take into account the socio-demographic attributes, management philosophy and organizational values of the population.

- Promote and support the involvement of patients at all levels of the organization
- Support the development of key skills
- Improve patient experience by considering all dimensions of performance
- Ensure the selected patient advisors are representative of the catchment area’s population
Patient advisor involvement process

1. Promotion
   - Need identification
   - Identification of patient advisors

2. Request
   - Feedback adjustments
   - Assignment carried out
   - Preliminary meeting (as needed)

3. Recruitment
   - Preparation (as needed)
   - Patient coach (as needed)

4. Assignment
   - Patient training

5. Evaluation
   - Feedback adjustments
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<tr>
<th>Impact of the partnership on Edith</th>
<th>Impact of the partnership on Catherine</th>
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<td><strong>I REALIZED:</strong></td>
<td><strong>I DISCOVERED:</strong></td>
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| “that it was me and what I did about my disease that made the difference, and that allowed me to take my rightful place as a partner, to make sure the team included me and always considered my needs.” | "The importance of a personalized approach for all patient advisors."
| **NOW:** | "The importance of giving feedback to patient advisors and of continually re-assessing the approach."
| • I get involved | "That beyond our respective roles, we are motivated human beings who are committed to working together."
| • I get ready for my appointments | **I LEARNED:**
| • I want to understand | • that it’s always useful and constructive to listen to our patients
| • I ask questions | • that the program’s impact exceeds our expectations
| • I help the team help me | • that we must never forget that a patient must remain a patient;
| **I’VE COME TO UNDERSTAND:** | • that concrete actions confirm the spirit of the approach;
| “the importance of making use of the experience of those who live with the disease to develop a better project, that’s more adapted to patients’ day-to-day life. Their points of view are complementary to those of professionals.” | • that the partnership gives meaning to our work! |
| **IT HAS ENABLED ME:** | **I ACQUIRED:**
| "to improve my awareness of how to put the patient’s interests at the heart of any project and to seek their full engagement at all stages of the care journey." | "A belief in the relevance of co-building with patient advisors"
| | "A new way of working that always involves patient advisors."
| | "A new humane vision for tomorrow’s care."
| | "New ways of seeing my profession within the network."
Patient Advisors: How to implement a process for involvement at all levels of governance in a healthcare organization

Marie-Pascale Pomey
University of Montreal, marie-pascale.pomey@umontreal.ca
## Benefits and Limits of Each Model

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<th>Models</th>
<th>Benefits</th>
<th>Limits</th>
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<tr>
<td>Patient Advisors</td>
<td>• Affects all aspects of patient health</td>
<td>• Complex intervention to implement (stakeholder buy-in, resistance, patient recruitment, etc.)</td>
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<td>• Able to measure clinical level impacts</td>
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<td>• Leads to reviewing professional practices and the organization of care</td>
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<td>Patient as Partner Program</td>
<td>• Promotes interdisciplinary team work on organizational and clinical problems by including a patient as a full member of the team</td>
<td>• Process is quite cumbersome</td>
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<td>• Localized process / impact primarily felt by people who are involved in the CAC</td>
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<td>• Requires a critical mass of CAC to change the culture</td>
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<tr>
<td>System-Level Integration</td>
<td>• Patient engagement at all levels of governance</td>
<td>• Requires strong commitment from senior management</td>
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<td>• Can affect not only care, but also training and research</td>
<td>• Best to have an expert patient involved</td>
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<td>• Rapid change in culture</td>
<td>• impact on strategic, management and clinical decisions</td>
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<td></td>
<td>• Patients can quickly become involved in any project that would benefit from their input</td>
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Questions?

Please submit your questions/comments electronically using the “Chat Box” on the bottom of your webinar screen.
Upcoming Webinars

January 11th – Transforming Care for the Elderly: ensuring that seniors receive appropriate and person-centred care – Session 2

February 8th - Transforming Care for the Elderly: ensuring that seniors receive appropriate and person-centred care – Session 3

Thank you!