

# THE PATIENT ENGAGEMENT PROJECT: LESSONS LEARNED

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## Context

- By the year 2030, it is anticipated that adult obesity rates in Canada will have increased from a rate of 23% in 2005 to close to 35%.
- It was anticipated that by understanding the experiences of marginalized populations (patients with obesity) and involving them in our processes to improve their experience we can make the clinic a better place for everyone.

## Setting

- McMaster Family Practice (MFP) in Hamilton Ontario:
  - 13,500 patients
  - 60 health care providers
  - 100 family medicine residents each year

## Recruitment

- All staff at MFP were asked to complete a validated survey designed to measure attitudes towards and beliefs about patients with obesity.
- Patients attending an appointment at MFP completed a validated survey designed to evaluate perceptions of patient-centered care before and after their clinic appointment.
- Patients who self-identified as living with obesity were also asked if they would be willing to participate in an in-depth exploration of their experiences in the form of an interview.

**"YOU KNOW WHAT I'VE ACTUALLY BEEN WAITING FOR A STUDY LIKE THIS TO BE DONE BECAUSE I HAVE AN OPINION AND I WANTED TO VOICE IT AND I DIDN'T KNOW HOW TO GO ABOUT DOING IT SO WE HELPED EACH OTHER." (INTERVIEW 11).**

## Surveys

- 247 patients completed the patient-centeredness survey and results suggested that patients were generally satisfied with their visit.
  - Ceiling effect with high scores overall and little room for improvement.
- 14 clinicians and staff at MFP completed the beliefs and attitudes surveys:
  - Although scores did not fall in the range that suggested strong negative attitudes and beliefs towards patients who are obese, there was still room for improvement.

### What is Working Well:

- Patients like that they can get in quickly for appointments (they do not have to wait in the waiting room long).
- Doctors are generally very personable they come to get you from the waiting room instead of a nurse.
- The primary care doctors are very supportive of patient weight loss, but not pressuring to change before a patient is ready.
- Patients like that they are able to pick up the phone at any time and speak to the on call doctor, they don't have to wait for hours in the ER.

## Interviews

- 77 patients (31.2%) expressed interest in taking part in an interview.
- 38 patients (49.4%) met the criteria (BMI over 30); and 15 were interviewed (7 male; 8 female).
- Most participants were very comfortable talking about their weight.
- Patients described the key thing they required from their doctor was to feel like they are being listened to, and not rushed through their appointments.

### Areas for Improvement:

- Patients often find it difficult to schedule appointments they have to call the day before or the day of to get in to see their doctor.
- One patient described a resident who was very short and abrupt; they only wanted to talk about what the appointment was for, patient felt they were not able to ask questions about other medications, etc.
- Some patients feel that they were not being listened to.

## Patient Advisory Action Group (PAAG)

- Eight patients were interested, and 4 patients became part of the PAAG. Other PAAG members included PI of the study and co-unit director of MFP; System Navigator; & 2 research team members.
- Three meetings were held with the PAAG.
- Documents developed for the PAAG included: Terms of Reference, FAQs, and Evaluation Form.
- The group was tasked with examining suggestions for change brought about from the patient interviews. Discussions included:
  - Introduction to what a family health team is
  - The MyOSCAR personal health record and how this could be used by patients
  - Issues related to appointments for medication refills, provision of comment cards in waiting room, calling for appointments, and clinician's interest in patient's personal life

## Lessons Learned

- Patient engagement within primary care is feasible with patients, staff, and learners amenable to these activities.
- Focusing initial efforts of patient engagement on a marginalized group did not translate into strategies for improving their care delivery; patients who were obese had ideas about their care and their clinical experience was highly generalizable to all patients.
- Patients often lacked understanding of the context of where and how their care is delivered.
- Instead of having one long term advisory group, it is more beneficial to have multiple short term advisory groups, each with a different focus.
- Having key decision makers (unit director, other staff) at the meetings greatly improves the likelihood of suggestions for change being implemented.

## Recommendations & Next Steps

- Provision of basic information about the FHT (in waiting room; electronically; newsletters).
- Provide clear expectations for patients about their role and what they are expected to do.
- Development and implementation of a multi-pronged strategy for patient engagement:
  - Short, focused PAAGs
  - Online Input
  - Post encounter surveys

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