

Quadruple Aim Part 2:

Provider Reported Experience: highlights from Couchiching OHT Palliative Care Working Group

HSPN Monthly Webinar

May 24, 2022

Welcome & thank you for joining us!

Please let us know who you are by introducing yourself (name & OHT or other org)

≻Open Chat

Set response to <u>everyone</u> in the chat box







Land Acknowledgement

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.



Have you joined us for an HSPN webinar previously?





Agenda

- 1. HSPN Provider Experience Measurement → Development of the HSPN Provider Experience Survey
- 2. Measuring Provider Experience in the Couchiching Ontario Health Team – Palliative Care Providers





Today's event: Provider Experience in OHTs



Dr. Ruth Hall OHT Evaluation Co-Lead HSPN



Elana Commisso HPSN



Dr. Erika Catford Palliative care physician and primary care provider



Annalise Stenekes Executive Director, Mariposa House Hospice, Orillia



Angela Munday Co-Chair COHT Palliative Care Working Group



Host

Dr. Kaileah McKellar Evaluation Lead HSPN



Chris Archer Digital Health Information Manager, COHT

The Quadruple Aim Framework





Development of the HSPN Provider Experience Survey

Kaileah McKellar



Measuring Provider Experience



Current Measures of Provider Satisfaction

- Physicians and nurses
- Measure burnout

Our Aims

- Capture provider experience domain of the quadruple aim
- Applicable to *all* provider groups
- Includes multiple dimensions of care provision experience, autonomy and well-being
- Developed in context of Ontario Health Teams

Desired outcome: "Providers have high levels of confidence in the system and provider health is supported"

Survey Development





Survey Development

1. Non-systematic Rapid Literature Review

Developed broad categories and created an inventory of items

- How has the construct of provider experience been operationalized in the literature?
- What existing measures have been developed to assess provider experience?



Literature Review

Developed board categories based on survey questions' themes or domains

- Burnout/Stress
- Workplace Culture
- Autonomy/Valued
- Satisfaction
- Job oriented dimensions of experience
- Alignment between job and personal experience



Survey Development

2. Modified

Delphi

1. Non-systematic Rapid Literature Review



Categorized broad categories and created an inventory of items

- How has the construct of provider experience been operationalized in the literature?
- What existing measures have been developed to assess provider experience?

Domain and item selection

- Use of the RAND survey, Gittel et al., Relational Coordination
- Inventory of Items ~90 items
- HSPN Modified Delphi with 3 rounds to select 39 items within 5 domains



The Draft Survey

39 items





Five domains:

- ➤ Care coordination
- Workplace culture
- > Autonomy
- Burnout/satisfaction
- Digital/virtual care

Other measures:

 Age group, Gender, Race/Ethnicity, Provider type, Workplace setting, Employment status, OHT Involvement

Survey Development





The HSPN Provider Experience Survey





Ontario Health Team Provider Experience Survey

Welcome to the Ontario Health Team Provider Experience Survey from the Health System Performance Network. The survey uses a combination of existing and adapted items to assess the dimensions of autonomy, satisfaction, care coordination and workplace culture identified as relevant to capturing provider experience in their work/care setting.

The survey asks a few questions about you work/care setting. Your name will not be at will remain anonymous.

OHTs will be provided with aggregated res summative responses across OHTs will be dimensions of the provider experience whe improvements.

The survey will take approximately 15 minu

Thank you for taking the time I

HSPN

Mean your patients/centers have any you know the reason for the visit?
 When your patients/centers are admitted to the hospital, how often do you know the reason for the admitsion?
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 Here often drops with the admitsion?
 Here often drops with the admitsion?
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Ontario Health Team Dynaider Experience Syrum

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SECTION B: CARE COORDINATION EXPERIENCE

https://hspn.ca/evaluation/oh t/provider-and-patientexperience-surveys/providerexperience-survey/

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	HSPN 🌑					8				

Care Coordination (9 items)





Example questions

Experience with care coordination across providers that your patients/clients receive care from

- How often do you know about all the visits that your patients/clients make to other health care providers (including physicians & other care providers)?
- How often is patient/client care wellcoordinated with community resources?

Workplace Culture (15 items)





Example questions

To what degree does the following statement reflect the conditions in your work/care setting?

- In my practice/care setting differences of opinion can be voiced and heard.
- Leadership promotes an environment that makes the work I do enjoyable.

OStrongly ODisagree	 ○Neither Disagree/ Agree 	oAgree	OStronglyAgree
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Autonomy (4 items)





Example questions

In your work/care setting, to what extent do you have input into the following?

- The allotment of additional time for difficult-to-help patients/clients
- The way things are done in daily work

	○Not at all	oMinimal	oSometimes	○Moderate	oGreat deal
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Burnout/ Satisfaction (5 items)





Example questions

- Using your own definition of "burnout", please select the statement that best describes your situation at work
- I receive useful information about the quality of care I deliver
- Overall, I am satisfied with my current job

 OStrongly ODisagr Disagree 	e ONeither Disagree/ Agree	oAgree	OStronglyAgree
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Digital/ Virtual Care (6 items)





Example questions

- We rely on electronic information systems (e.g., Meditech) to share patient information with other providers
- The use of digital methods (e.g., video call, telephone, SMS, email, etc.) to communicate with a patient improves the quality of care

OStrongly OD Disagree	<u> </u>	ONeither Disagree/ Agree	⊖ Agree	 OStrongly Agree
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Discussions

Do you have questions about the survey or the domains?

What types of discussions have you had/are you having in your OHT as it pertains to measuring provider experience ?



Use the chat to <u>all panelists and attendees</u> to respond to this and ask questions.



1. How has your OHT included provider experience measurement in your plans?

Measuring provider experience is included in our Ministry-OHT agreement (8/56) 14%

Measuring provider experience is part of our Quality Improvement Plan (QIP) (12/56) 21%

Measuring provider experience is part of our internal measurement and mo... (15/56) 27%

We are not planning an experience survey yet

(27/56) 48%



2. How are you thinking to measure provider experience?

We plan to use an existing provider experience survey already in use in our	(9/56) 16%
We have developed or plan to develop a new survey for our OHT	(9/56) 16%
We plan to use the HSPN survey	(13/56) 23%
We are NOT planning an experience survey yet	(24/56) 43%
We have other plans (explain in the chat)	(4/56) 7%



3. Which sector is your priority for measuring provider experience?

Primary Care	(26/56) 46%
Acute inpatient hospital care	(2/56) 4%
Emergency department care	(2/56) 4%
Home care	(7/56) 13%
We aim to measure overall experience not sector-specific	(19/56) 34%
Patient population-specific (e.g., Palliative)	(8/56) 14%



Sharing Results with Couching OHT

Elana Commisso



Sample Frame

- Target population: COHT Palliative Care providers
- Conducted between July
 and Oct 2021
- 78 invitations sent out
- 45% Response rate



Results

Average domain scores out 5:

- Autonomy (4.1)
- Digital /Virtual Care

Workplace Culture

- (3.8)
- (3.7)
- Care Coordination
- Satisfaction

(3.6) (3.3)



Detailed Results



Section B: Care Coordination

	Question	Mean Score (/5)
B1	When your patients/clients have an Emergency Room visit, how often do you know the reason for the visit?	4.0
B2	When your patients/clients are admitted to the hospital, how often do you know the reason for the admission?	4.2
B3	How often do you know about all the visits that your patients/clients make to other health care providers (including physicians and other care providers)?	<mark>3.2</mark>
B4	For the patients/clients referred to you by another provider, how often do you receive the information you need?	3.6
B5	How often do you have the information you need from other providers about the ongoing care needs of your patients/clients?	3.7
B6	How often do you receive timely AND accurate information that you need to deliver care from other providers?	3.5
B7	When clinically appropriate, how often is it easy to obtain a ("curbside") consult from peers or other providers in lieu of referring the patient?	3.4
B8	After your patient has seen other providers, how often do you talk with the patient or family members about the care recommendations from other providers?	3.5
B9	How often is patient care well-coordinated with community resources (e.g., support groups, food banks, shelters)?	<mark>3.3</mark>
	Overall (combined)	3.6



Section B: Care Coordination

	Question	Mean Score (/5)
B1		4.0
B2		4.2
B3	How often do you know about all the visits that your patients/clients make to other health care providers (including physicians and other care providers)?	<mark>3.2</mark>
B4		3.6
B5		3.7
B6		3.5
B7		3.4
B8		3.5
B9	How often is patient care well-coordinated with community resources (e.g., support groups, food banks, shelters)?	<mark>3.3</mark>
		3.6



Section F: Burnout

F1. Using your own definition of "burnout", please select the statement that best describes your situation at work:

Completely burned out	I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.
Persistent symptoms	The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot.
One or more symptoms	I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
Occasional stress	Occasionally, I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.
No symptoms	I enjoy my work; I have no symptoms of burnout.

40% of respondents reported symptoms of burnout

67% of physicians compared to 27% of non-physicians



Section F: Satisfaction

	Question	Mean Score (/5)
F2	I receive useful information about the quality of care/services I deliver	3.3
F3	I have enough time in my day for documentation	3.3
F4	My income reflects the value of my contribution to the health of my patients/clients	<mark>2.7</mark>
F5	Overall, I am satisfied with my current job	3.8
	Overall (combined)	3.6



Conversation with Couchiching **Palliative Care Working Group** members

Angela Munday
 Dr. Erika Catford
 Annalise Stenekes
 Chris Archer





What questions do you have for Couchiching OHT?



Use the chat to <u>all panelists and attendees</u> to respond to this and ask questions.



Discussion

What value would measuring provider experience bring to your OHT?

What processes do you have to use this type of data?



Use the chat to all panelists and attendees to respond to this and ask questions.



How likely <u>do you think</u> your OHT will be to adopt the HSPN OHT <u>provider</u> experience survey this year (before December 2022)?

Certainly not this year	(3/35) 9%
Unlikely	(5/35) 14%
Somewhat likely	(20/35) 57%
Very likely	(6/35) 17%
Certain/Nearly Certainly Yes	(1/35) 3%





HSPN Webinar Series

4th Tuesday of the Month: 12:00 – 1:30pm





Central OHT Evaluation Team

Co-Leads



Dr. Walter P. Wodchis



Dr. Ruth E. Hall



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THANK YOU!





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