

Quadruple Aim Part 1:

Patient Reported Experience: highlights from South Georgian Bay & Ontario Health

HSPN Monthly Webinar

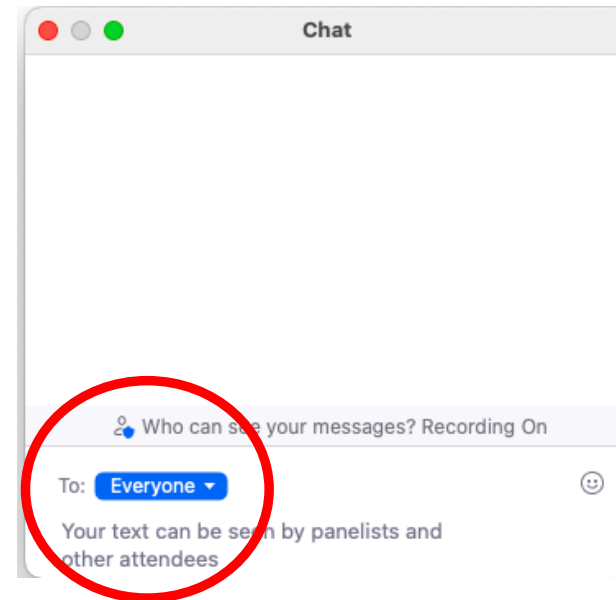
April 26 2022

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 **everyone** 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.

Poll 1

1. Have you joined us for an HSPN webinar previously ? (Single Choice)

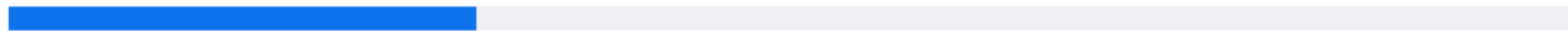
*

202/202 (100%) answered

Yes (142/202) 70%



No, this is my first event (60/202) 30%



Today's event

Patient Experience in OHTs

Host



Dr. Kaileah McKellar
Evaluation Lead
HSPN

Presenters



Dr. Walter Wodchis
Principal Investigator
HSPN



Dr. Kerry Kuluski
Dr. Mathias Gysler Research
Chair in Patient & Family
Centred Care



Sarah Grace
Bebenek
SGB OHT
Project Manager

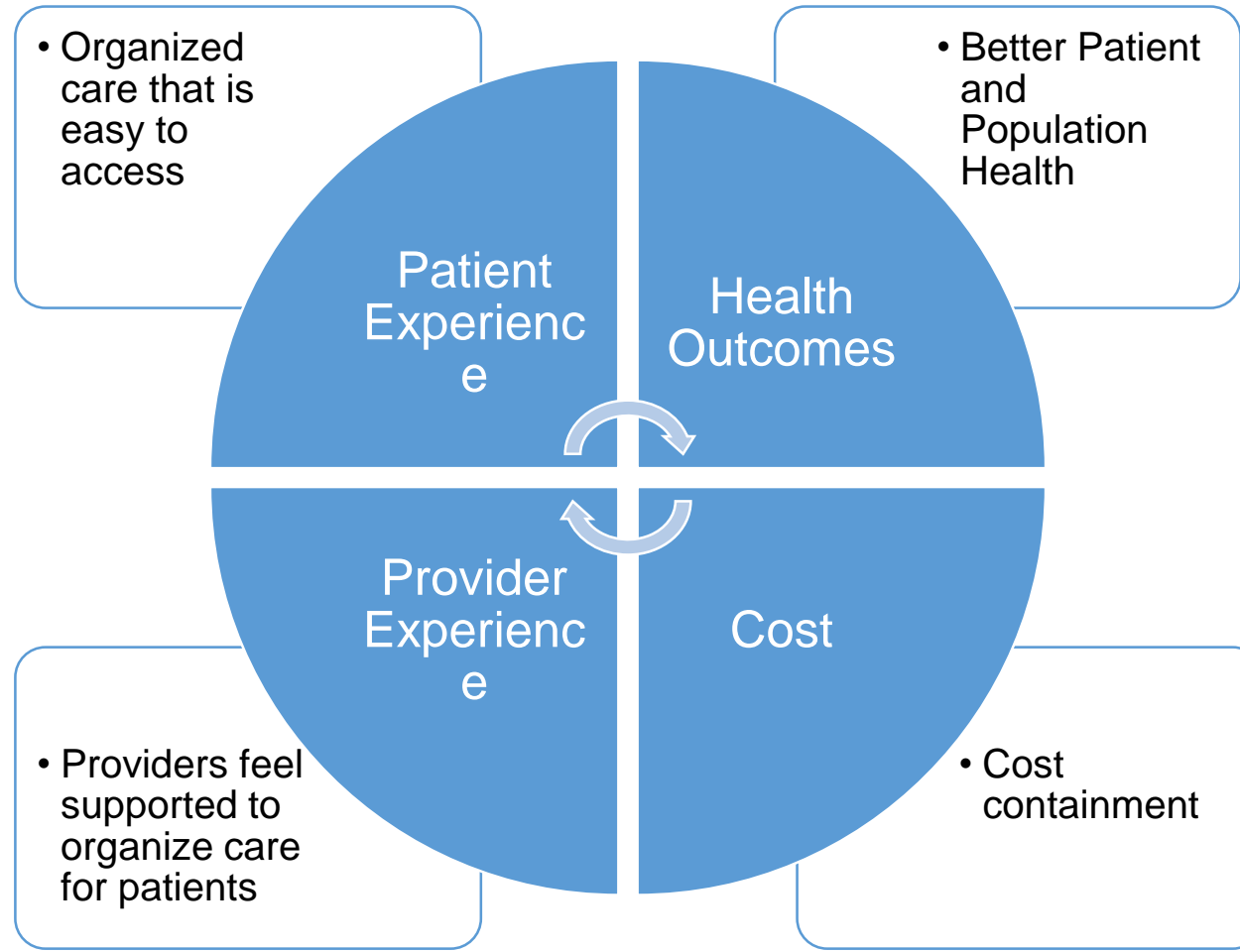


Sheila Koss
SGB OHT
Patient Family Advisory Council



Zahra Ismail
Ontario Health
*Senior Director,
Primary Care and SDOH*

The Quadruple Aim Framework



Agenda

HSPN Patient Experience Measurement

- Attributes of Person-Centred Care
- HSPN Patient Survey

Measuring Patient Experience in the South Georgian Bay Ontario Health Team

Ontario Health: Past Experience, Future Direction

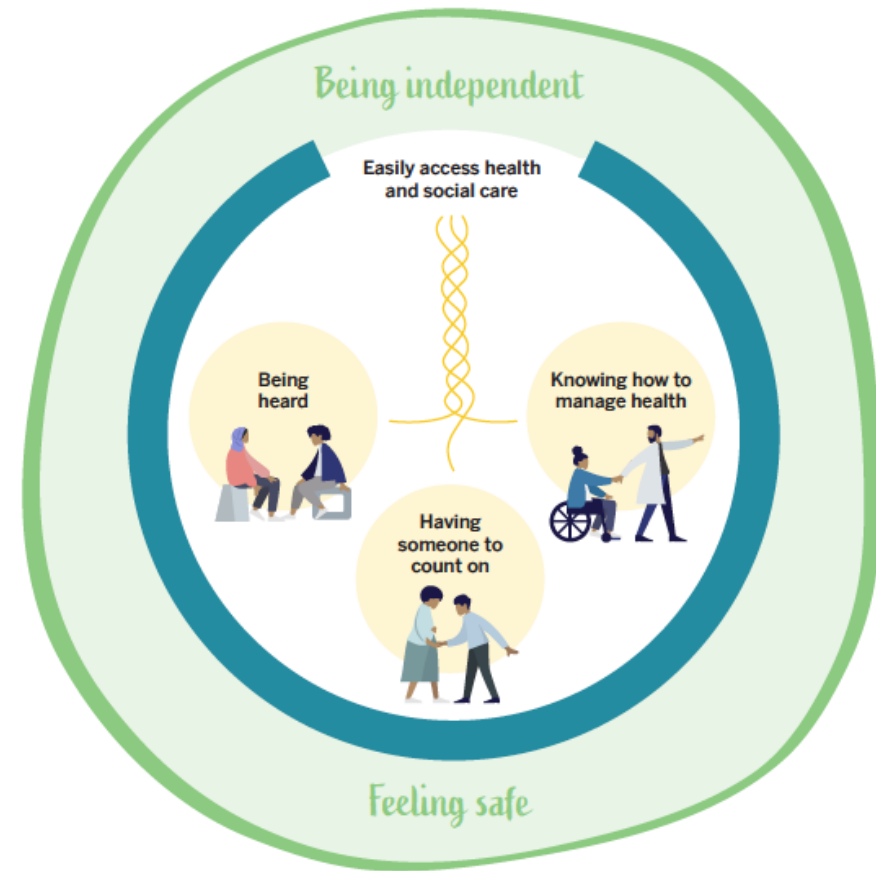
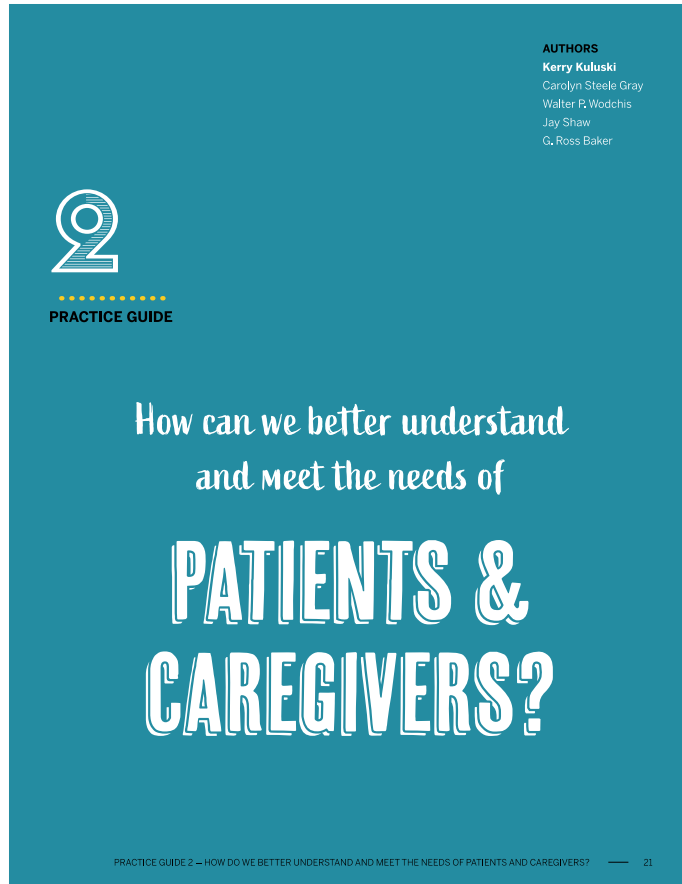
Open discussion throughout

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

Special Guest:

Kerry Kuluski

What is important to patients & caregivers ?



<https://hspn.ca/hsprn-practice-guide-on-implementing-integrated-care/>

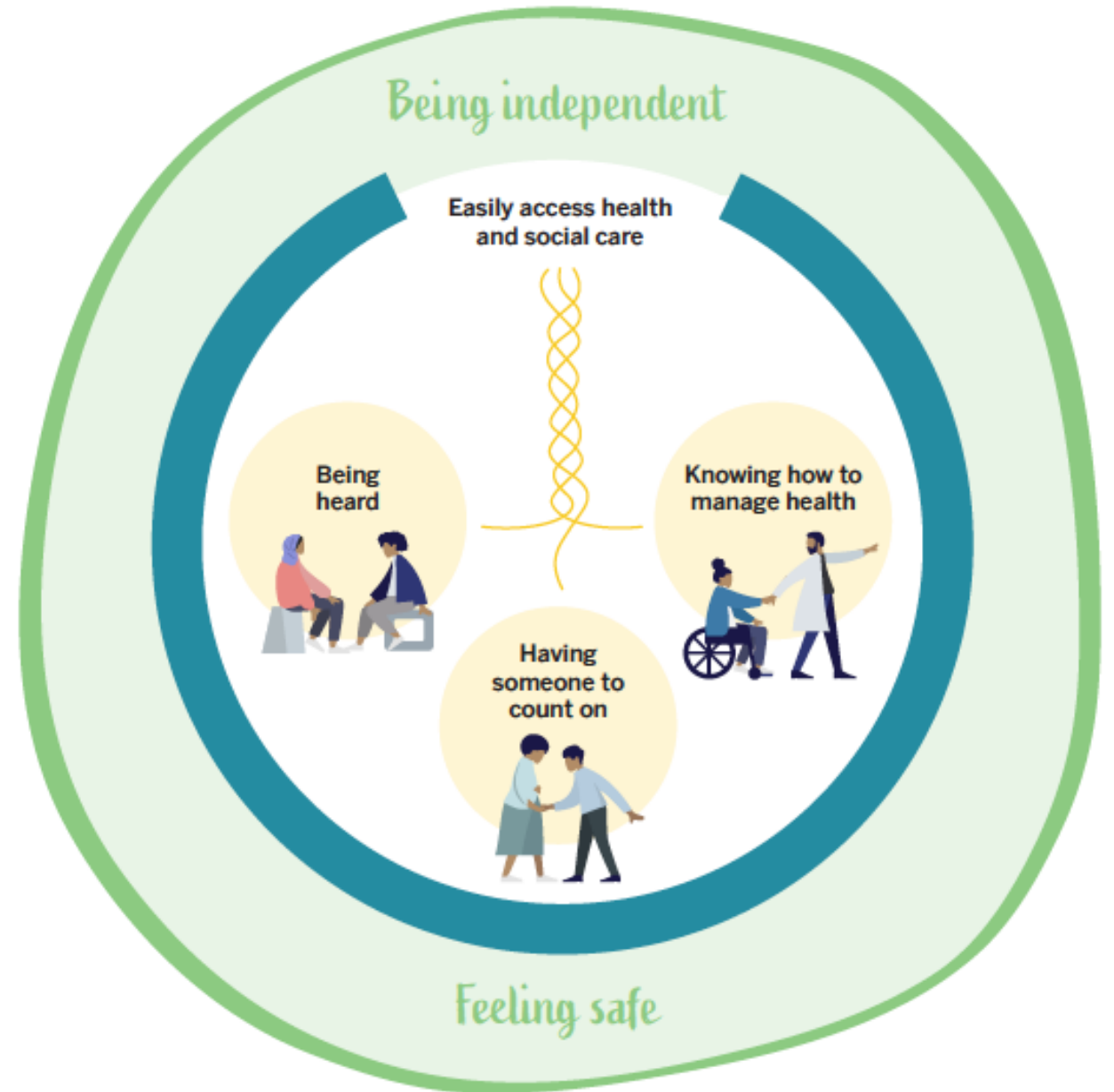
Discussion

Do you have questions about the attributes?

Do you think we should have other attributes?

Walter Wodchis

Measuring Patient Experience the HSPN Patient Experience Survey



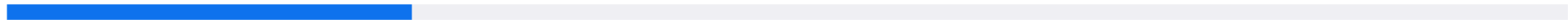
Poll 2

1. How has your OHT included patient experience measurement in your plans? (check all that apply)

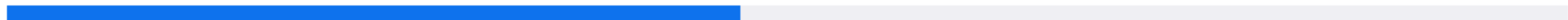
(Multiple Choice) *

170/170 (100%) answered

Measuring patient experience is included in our Ministry-OHT agreement (45/170) 26%



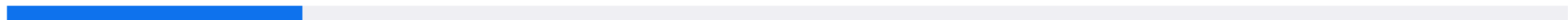
Measuring patient experience is part of our Quality Improvement Plan (QIP) (80/170) 47%



Measuring Patient experience is part of our internal measurement and monitoring (95/170) 56%



We are not planning an experience survey yet (32/170) 19%



Survey Development

>175 1+hr interviews

Extensive qualitative analysis

- 4 processes & 2 outcomes
- Values...what is valued

Ontario Home Care

4-part project

- Survey analysis (>20,000 resp)
- Literature review
- 12 Client/Caregiver engagements
- Field Testing

Representativeness
over time and tools

Patient Experience

Bundled Care + Health Links

- Client and caregiver surveys
- Feedback to providers
- Health links in one region

Validation

Pilot Testing

- Field test with Health Care Experience Survey
- Focus groups with patients and caregivers involved in Ontario Health Teams
- Reviewed survey and refined based on feedback
- Ongoing evaluation OHTs

Patient Survey



6 attributes of patient-centredness:

- Easily access health & social care
- Having someone to count on
- Being heard
- Knowing how to manage health
- Independence & Well-being (PROM)
- Feeling safe

Other measures:

- Health services and digital use
- Transitions(acute, ED, physician, lab)
- ❖ Age, Gender, Race/Ethnicity
- ❖ Income, Food, Housing Security₁₆

Easily access health and social care



Example questions

Experience with access to usual provider of care

- How would you describe the length of time it took to access your regular healthcare provider ?
 - About right
 - Somewhat too long
 - Much too long

Have someone to count on



Example questions

Experience with follow-up care from your health care professionals

- In general, how confident are you that your usual provider of care or other health care professional checks to make sure that you receive the health care you need?
 - Very confident
 - Somewhat confident
 - Not very confident
 - Not confident at all

Being heard



Example questions

Experience with health care providers

- When you see your usual provider of care or someone else in their office, how often do they involve you as much as you want to be in decisions about your care and treatment?
 - Always
 - Often
 - Sometimes
 - Rarely
 - Never

Transitions



Example questions

IF treated in an emergency department:

- When you left the emergency department, how confident were you that you had the information you needed to care for and manage the health problem for which you went to the emergency?

IF visited a specialist physician/provider

- After you saw the specialist, did your usual health care provider seem informed and up-to-date about the care you got from the specialist?

Overall health



EuroQol 5 Dimension 5 Level

Mobility

- No problems...Unable to walk about

Self-care

- No problems...Unable to wash/dress myself

Usual Activities

- No problems...Unable to do usual act.

Pain/Discomfort

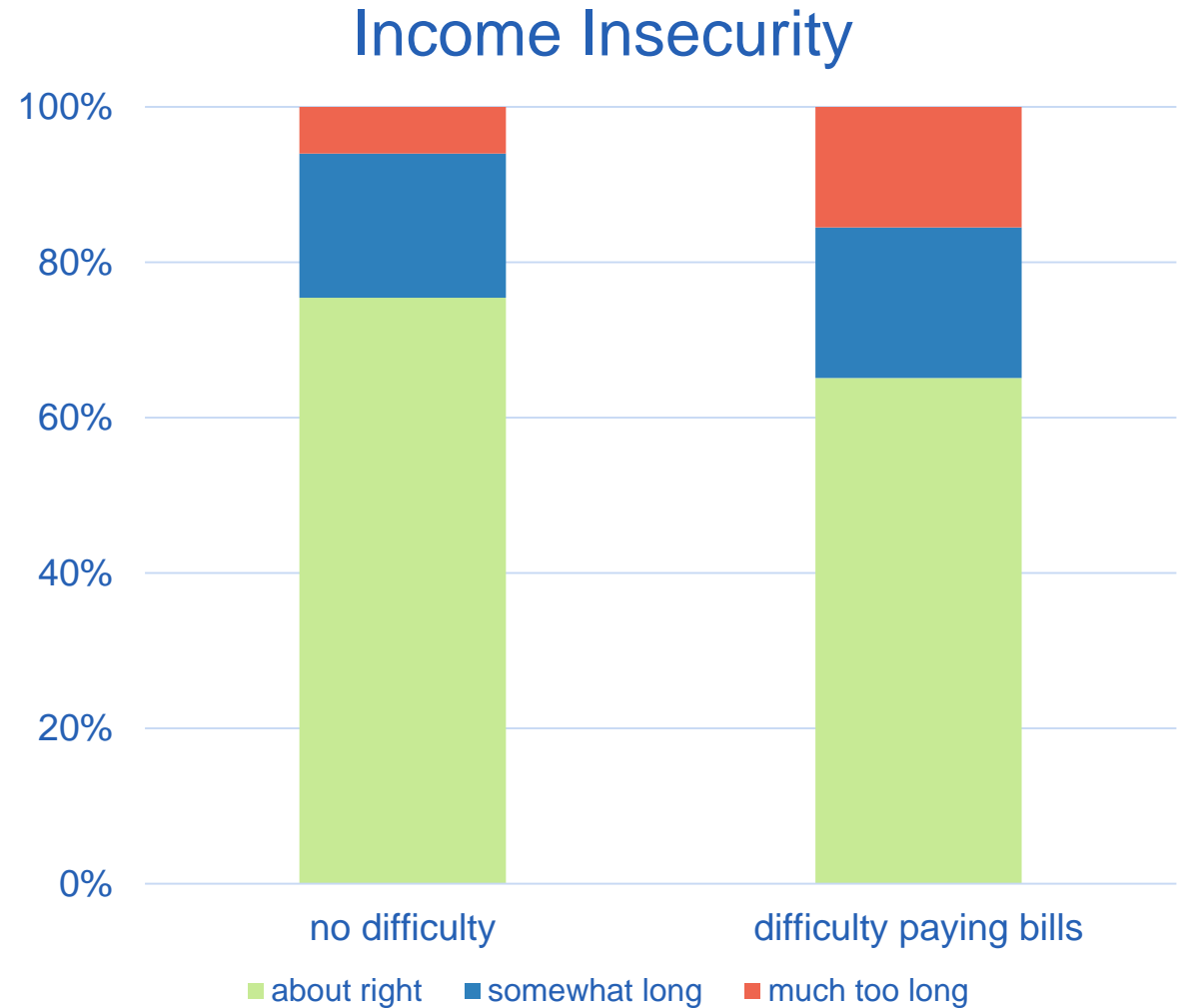
- No pain...Extreme pain/Discomfort

Anxiety / Depression

- None...Extremely anxious/depressed

Equity assess all measures

e.g.
**Income
&
Access**

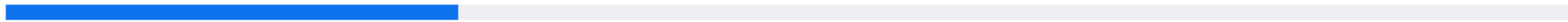


Poll 3

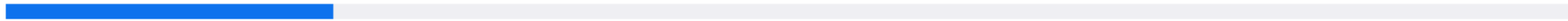
1. How are you thinking to measure patient experience? (Single Choice) *

119/119 (100%) answered

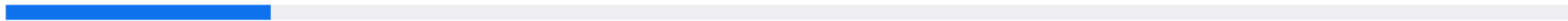
We plan to use an existing patient experience survey already in use in our OHT (35/119) 29%



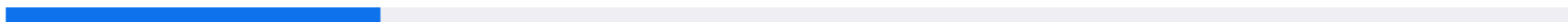
We have developed or plan to develop a new survey for our OHT (25/119) 21%



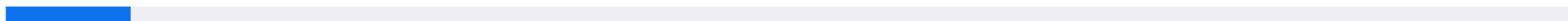
We plan to use the HSPN survey (20/119) 17%



We are NOT planning an experience survey yet (29/119) 24%



We have other plans ... (explain in the chat) (10/119) 8%



Discussion Question

What are your OHT's plans on implementing a routine survey amongst those individuals receiving new OHT models of care?



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



Quadruple Aim- Patient Experience

HSPN Presentation - April 26, 2022

Objectives

- Overview of engagement of patients, families and caregivers in the SGB OHT
- Measuring patient experience across our attributed population
- How we will work together to enhance the patient experience in South Georgian Bay

About the South Georgian Bay Ontario Health Team



South Georgian Bay Ontario Health Team Strategic Plan

December
2019

The co-designed shared purpose, principles, and year 1 priorities began in December 2019

January 2021

SGB OHT partners, governors, and patients, families and caregivers held a strategic planning session in January 2021, which formed the following Strategic Plan.

Now

Using a shared accountability and distributed leadership approach, we will collaborate with our OHT action teams to advance activities to support the SGB community.



South Georgian Bay OHT Strategic Framework

Our Shared Purpose

We strive to be the healthiest community in Canada. We, as a community, will co-design an innovative and equitable system that anticipates, meets, and exceeds the needs of all our people.



Principles

- We are willing to change despite discomfort
- We promise to share information and communicate broadly
- We believe in shared accountability and decision making across our network
- We believe in the value of co-design in everything we do
- We are committed to inclusivity
- We are committed to what is best for the community
- We want to be nimble together
- We will incorporate evidence-based decision making
- We are dedicated to a culture of kindness
- We will be innovative in how we reach our goals

Priorities

Population
Based
Integrated
Care

Innovation

Responding to
Shared
Community
Priorities (i.e.
COVID-19)

Building our
capability for
shared
leadership across
our OHT

Enabling a
communications
strategy that
creates community
cohesion

South Georgian Bay OHT Action Teams

Population Based Integrated Care

Innovation

Responding to Shared Community Priorities (i.e. COVID-19)

Building our capability for shared leadership across our OHT

Enabling a communications strategy that creates community cohesion

Patient, Family and Caregiver Advisory Council

Digital Health and Innovation

COVID-19 Planning Roundtable

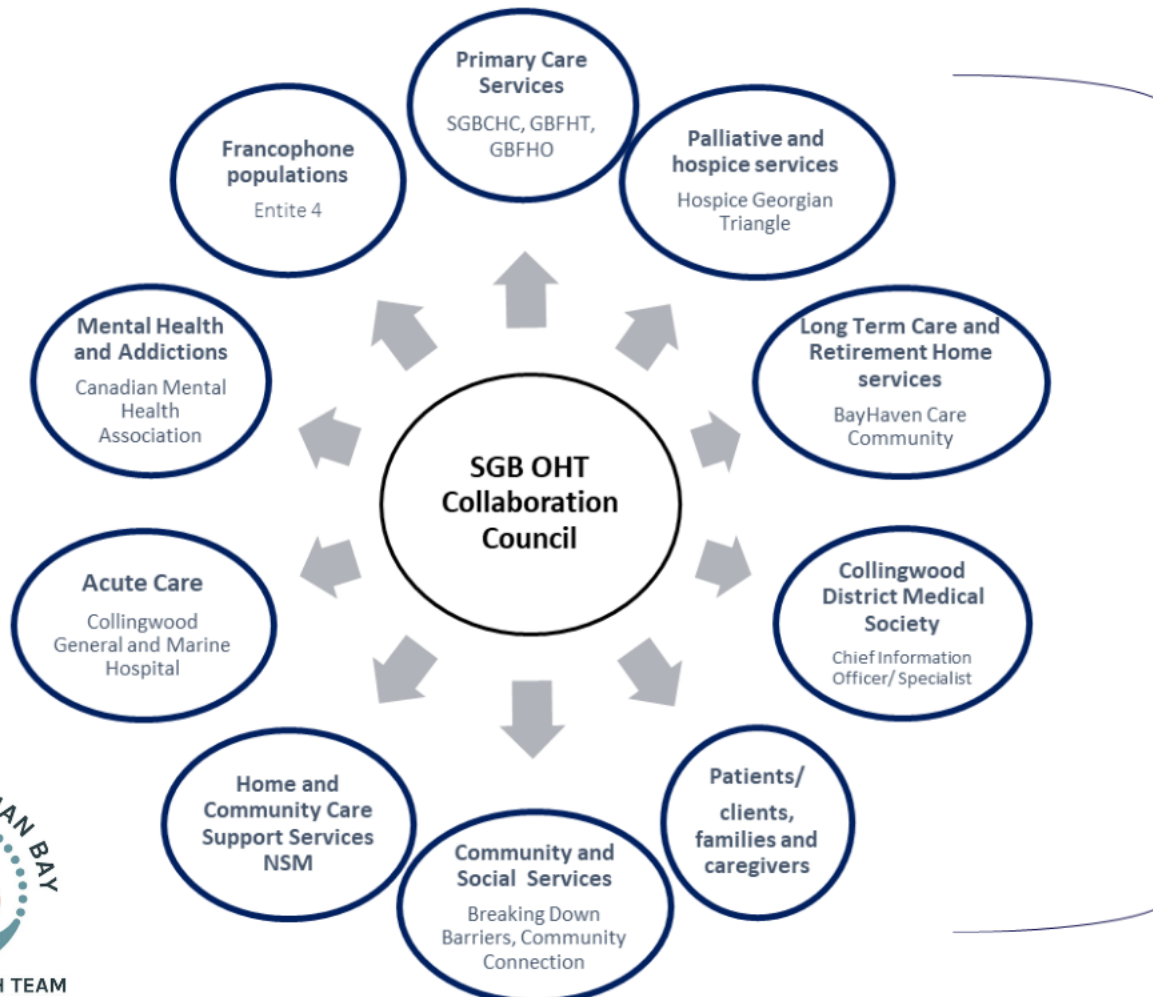
Communications

Mental Health Collaborative

Congregate Care Settings

Supporting Seniors

Home and Community Care Transition



South Georgian Bay OHT PFAC

“

I feel that living in a community is more fulfilling if you are able to help other members of the community live healthy enriched lives.

- Member on being a part of the SGB OHT PFAC

”

South Georgian Bay OHT PFAC

THE **CHANGE**
FOUNDATION
ENGAGE, EXPLORE, EVOLVE

3

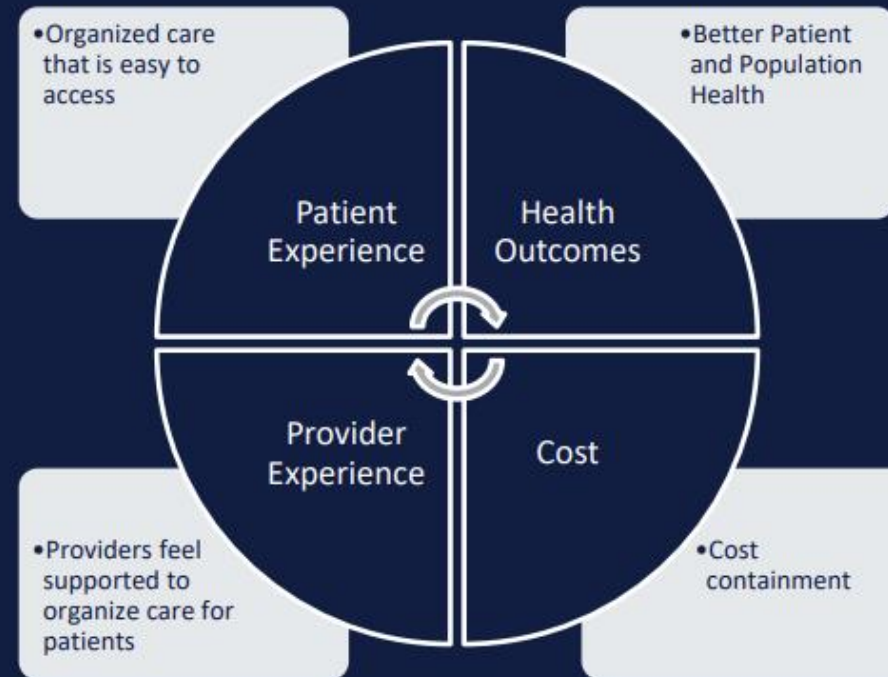
Supporting the OHT Goals

When co-designing integrated care with communities, the following steps can be helpful in meaningfully engaging with patients, caregivers/families and providers across organizations.



Patient Experience- Quadruple Aim

Quadruple Aim Framework





November 2021



Step One

SGB OHT PFAC reviewed the HSPN Survey and recommended it to be used as a tool to evaluate the patient experience in South Georgian Bay, as a baseline to inform future work



December 2021

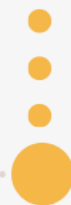


Step Two

Survey distribution list developed based on data collected from the South Georgian Bay community EMR. Those who had a primary care appointment in the last two years were included in the survey distribution.



January 2022



Step Three

All patients with an email recorded in their chart, and consent provided, were emailed the survey link through the secure Ocean platform, via the SGB OHT license. A random sample of those with no email were mailed a copy of the survey with a return envelope



April 2022



Step Four

Collect survey results from HSPN, and meet as a PFAC to explore how we can work together to improve patient experience in South Georgian Bay

South Georgian Bay Survey Response

38164

SURVEYS EMAILED
SECURLY THROUGH OCEAN

350

SURVEYS SENT BY MAIL TO
THOSE WITH NO EMAIL

6018

SURVEY ENTRIES/CLICKS

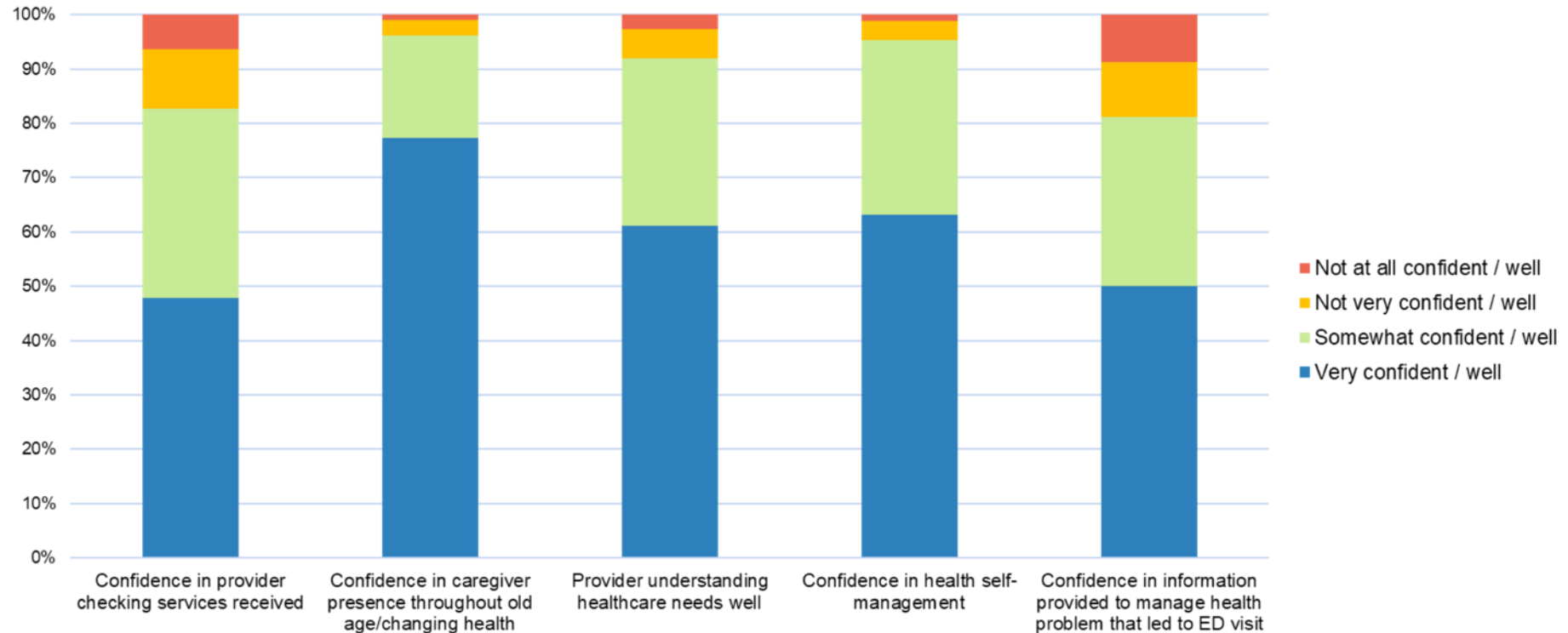
3600+

COMPLETE SURVEY
RESPONSES

How will the data be used?



Someone to Count On



How will the data be used?



SGB OHT PFAC Webpage

<https://southgeorgianbayoht.ca/patient-family-advisory-council/>

Questions?

Discussion

What questions do you have for South Georgian Bay?

How are you involving your patients and families in your discussions about patient experience measurement ?

Zahra Ismail

Patient Reported Measurement at Ontario Health

Zahra Ismail

Senior Director, Primary Care, Social Determinants of Health, and Person Centred Care
Population Health and Value Based Systems

HSPN
April 26, 2022

Strategic Priorities at Ontario Health

Our focus area



Reduce health inequities



Transform care with the person at the centre



Enhance clinical care and service excellence



Maximize system value by applying evidence



Strengthen Ontario Health's ability to lead



Person-centred care influences each strategic priority

The Quadruple Aim



Patient Reported Measurement: Ontario Health's Priorities



Maintain Leading Programs

- Disease-specific PROs: hip and knee continued roll-out, supporting existing cancer PROMs
- PREMS: support cancer specific measurement



OHT Strategy for PREMs and PROMs

- Aligning with partners (MOH, HSPN, RISE, CIHI)
- Implement proms/prems across OHTs in a phased manner – starting with cardiac proof of concept



Best Practices for PREMs/PROMs

- Host expert advisory tables



Governance of Centralized Electronic PROM/PREM collection)

- Ensure the provincial asset is meeting the needs of the proms/prems strategy

Examples of PREMs and variation across Ontario

Known Surveys Created/Collected by OH

- Commonwealth Fund Health Policy Survey^{^*}
- Cancer (Your Voice Matters In-Person/Virtual)
- Hip & Knee PROMS (one PREM question)
- Home Care
- Palliative
- Primary Care (data not collected by OH)
- Renal
- Virtual Care (OTN programs)

Known Surveys Outside of OH

- Canadian Community Health Survey[^]
- Health Care Experience Survey^{^*}
- Community pharmacists^{*}
- Hospital:
 - Adult Inpatient^{*}
 - Pediatric Inpatient
 - ED (Adult & Pediatric)
 - Day Surgery^{*}
 - Outpatient^{*}
 - ICUs
- LTC
- Mental Health
- OHT Evaluation Surveys
- Virtual Care: Family Health Teams^{*}

[^] Population health surveys

^{*} OH consulted

Cancer – Your Voice Matters

Your Voice Matters is:

- A set of questions that gives a patient the chance to share thoughts about their visit
- **Confidential** and will not impact care. Healthcare providers do not see the answers a patient shares.

Patient Experience Dimensions

- | | |
|--|--|
| <ul style="list-style-type: none">• Respect for preferences• Coordination of Care• Information and Education• Physical Comfort• Emotional Support• Family and Friends• Continuity and Transition | <ul style="list-style-type: none">• Access to Care• Comfort and Competency• Appropriateness of Care• Confidence and Trust |
|--|--|

QUESTION 7

Based on your last visit, how would you rate the following on a scale of 1 to 5, with 1 being the worst possible experience and 5 being the best possible experience:

	Worst					Best	N/A
	1	2	3	4	5		
The clinic was easy to find, with clear signage for how to get there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The wait time to check in when you first arrived at the clinic was reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The wait time between when you checked-in and when you met with the first healthcare provider was reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The reception staff was polite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The reception and waiting area was comfortable and clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Your overall experience from when you arrived at the clinic to when you started your appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Use of Cancer PREMs at Ontario Health

Summary for
All Questions,
All Variables

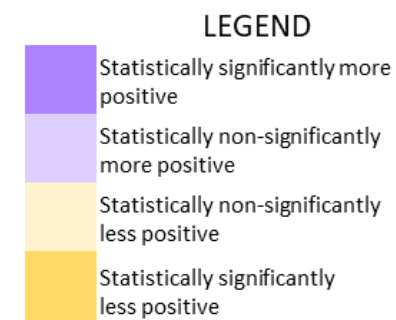
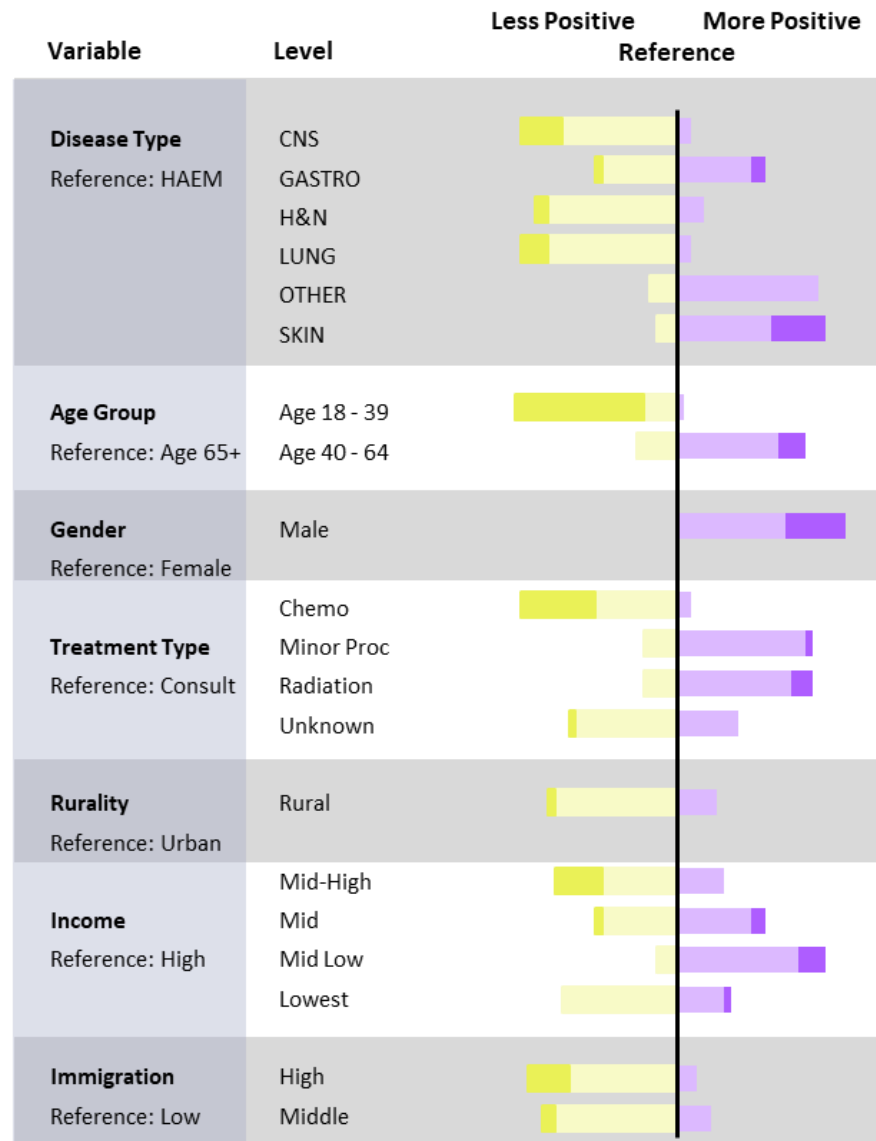
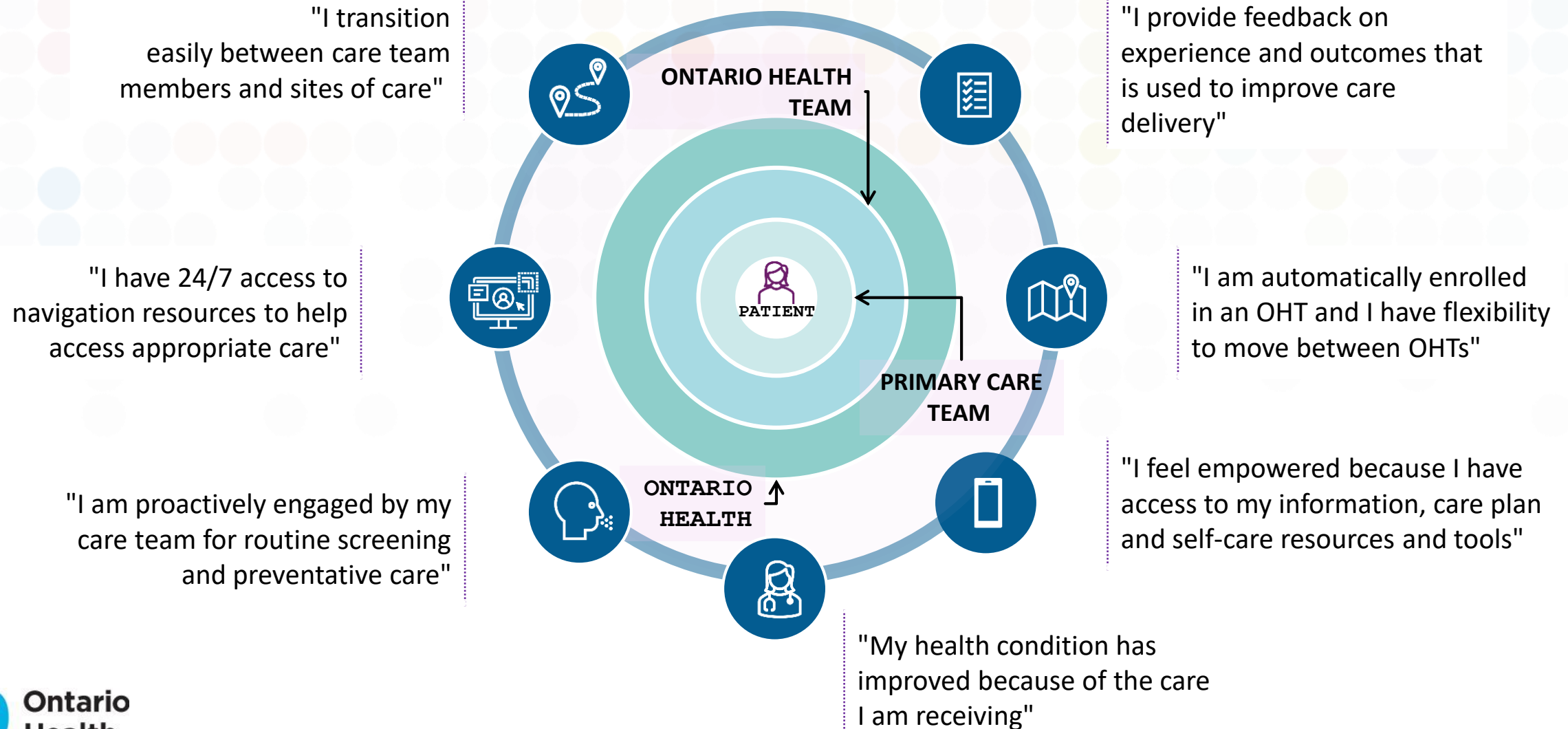


Figure 2: Summary of variable levels compared to reference level for all characteristics

At maturity, OHTs will plan and deliver integrated health and social services for a defined patient population, guided by the Quadruple Aim



Why are patient reported measures important for OHTs?

- The **patient perspective** is increasingly relevant in overcoming the demographic, epidemiological and economic challenges faced by all health systems
- The rise of **chronic conditions** coupled with better technologies to manage them and prolong life, heightens the need for a more people-centred approach ¹

PREMs

Patient Reported Experience Measures (PREMs) are about measuring, reporting and improving patients' experiences during the care process using a valid approach to gather accurate and actionable results that can be easily interpreted and addressed.

Were you involved as much as you wanted to be in decisions about your care and treatment? ²

☐ Never
☐ Sometimes
☐ Usually
☐ Always

PROMs

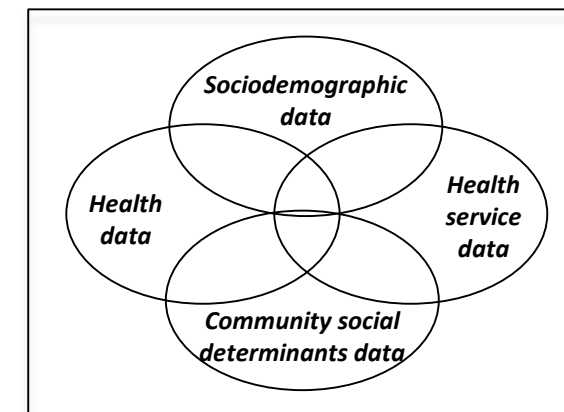
Patient-reported outcome measures (PROMs) are used to assess a patient's health status at a particular point in time. PROMs tools can be completed either during an illness or while treating a health condition.

2. Over the past 2 weeks, how many times did you have **swelling** in your feet, ankles or legs when you woke up in the morning? ³

Every morning	3 or more times a week, but not every day	1-2 times a week	Less than once a week	Never over the past 2 weeks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRISMs

Patient-reported or inferred social measures (PRISMs); Data to identify “upstream” causes of “downstream” issues⁴

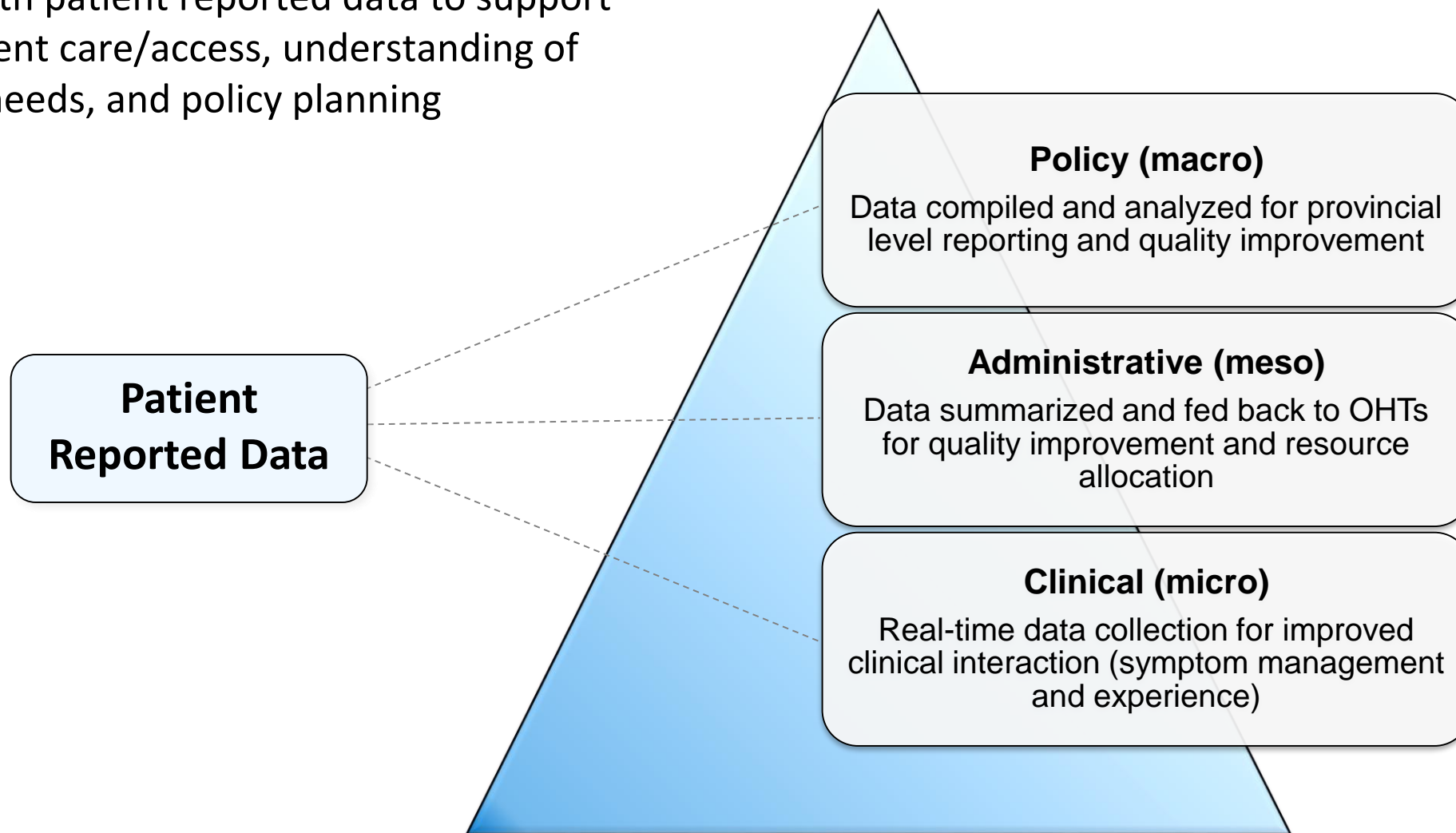


Potential OHT Surveys

	All OHTs (macro)	Condition Specific: Optional (meso/micro)
PROMs	<ul style="list-style-type: none"> • EQ5-D • PHQ-2 	<ul style="list-style-type: none"> • Mental health (PHQ-9) • Chronic disease (PROMIS-chronic conditions, PAM) • Orthopedics (Oxford Hip and Knee) • Congestive Heart Failure (MLHFQ, KCCQ-12) • Cancer (ESAS-r, MDASI, EPIC) • Frail elderly (Bristol ADL scale, PRISMA-7)
PREMs	<ul style="list-style-type: none"> • HSPN PREM 	<ul style="list-style-type: none"> • Cancer (Your Voice Matters) • Inpatient Care (CPES-IC) • OHA PREM
PES	<ul style="list-style-type: none"> • Employee and Service Provider Surveys under ECFAA 	<ul style="list-style-type: none"> • Discipline specific (CMA Workforce Survey, National Survey of Canadian Nurses) • Collaborative Practice Assessment Tool

Opportunities to use patient reported data within OHTs

Equip OHTs with patient reported data to support improved patient care/access, understanding of jurisdictional needs, and policy planning



Where do we need to go from here?



Conduct a jurisdictional scan for PREMs in Ontario: Establish a PREM inventory that can be used and adapted across stakeholder groups to enhance coordination and alignment at an institutional level in Ontario



Take a system level approach to implement and expand PREMs: Leverage the OHT model to establish overarching patient experience priorities based on well-established person-centred care principles



Appendix

ISAAC

The primary mode of PROMs & PREMs collection will be a standardized and secure web-based tool accessible to patients and clinicians

- **Patient Portal:** Platform for patients to complete PROMs at different timepoints
- **Administrative Portal:** Platform for clinic staff to enroll patients, upload survey data, access reports, configure devices

Primary access point for patients

- Home/remote completion via URL

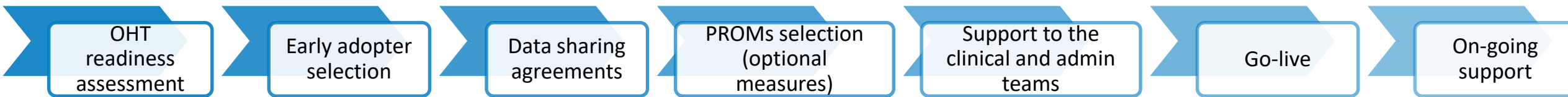
Additional collection methods available (as needed):

- Paper-based, telephone

All data will be PHI linkable



Critical Path for PREMs/PROMs OHT Implementation



Implementation Considerations

1. Population/condition of focus/setting

- Analysis of options, OHT preferences, general vs specific (e.g. chronic conditions, mental health and addictions issues, older adults with greater needs, palliative care needs)
- Likely related to the care setting (e.g., primary care, specialist clinic in-hospital)

2. Measure selection

- Identification of candidate measures (literature, existing initiatives (PaRIS), legacy measures)
- Analysis of measure characteristics (domain coverage, usability, and psychometric properties)
- Potential for standardization and utility for promoting PCC and population health

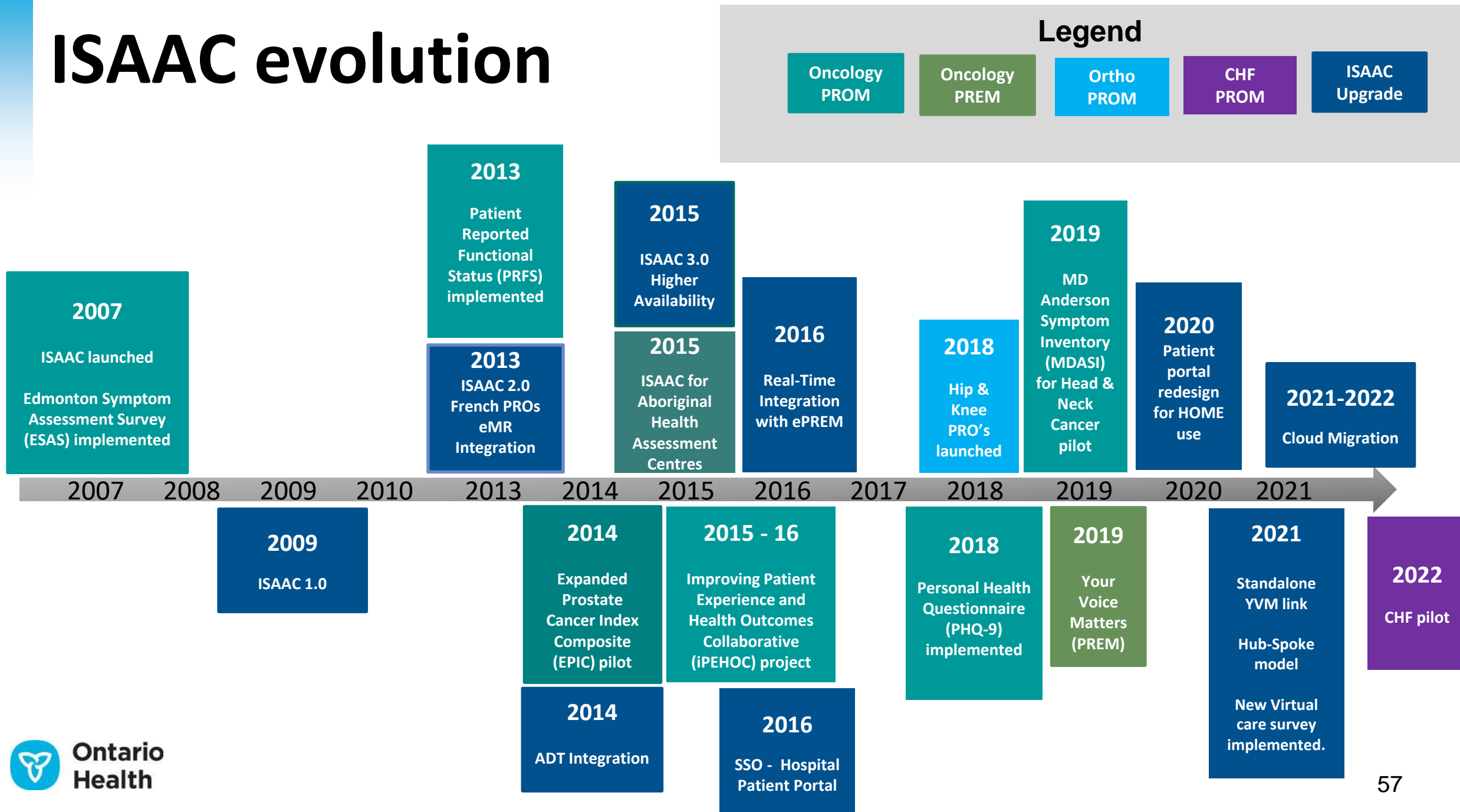
3. Data collection methodology (e-tool, data feedback, and frequencies)

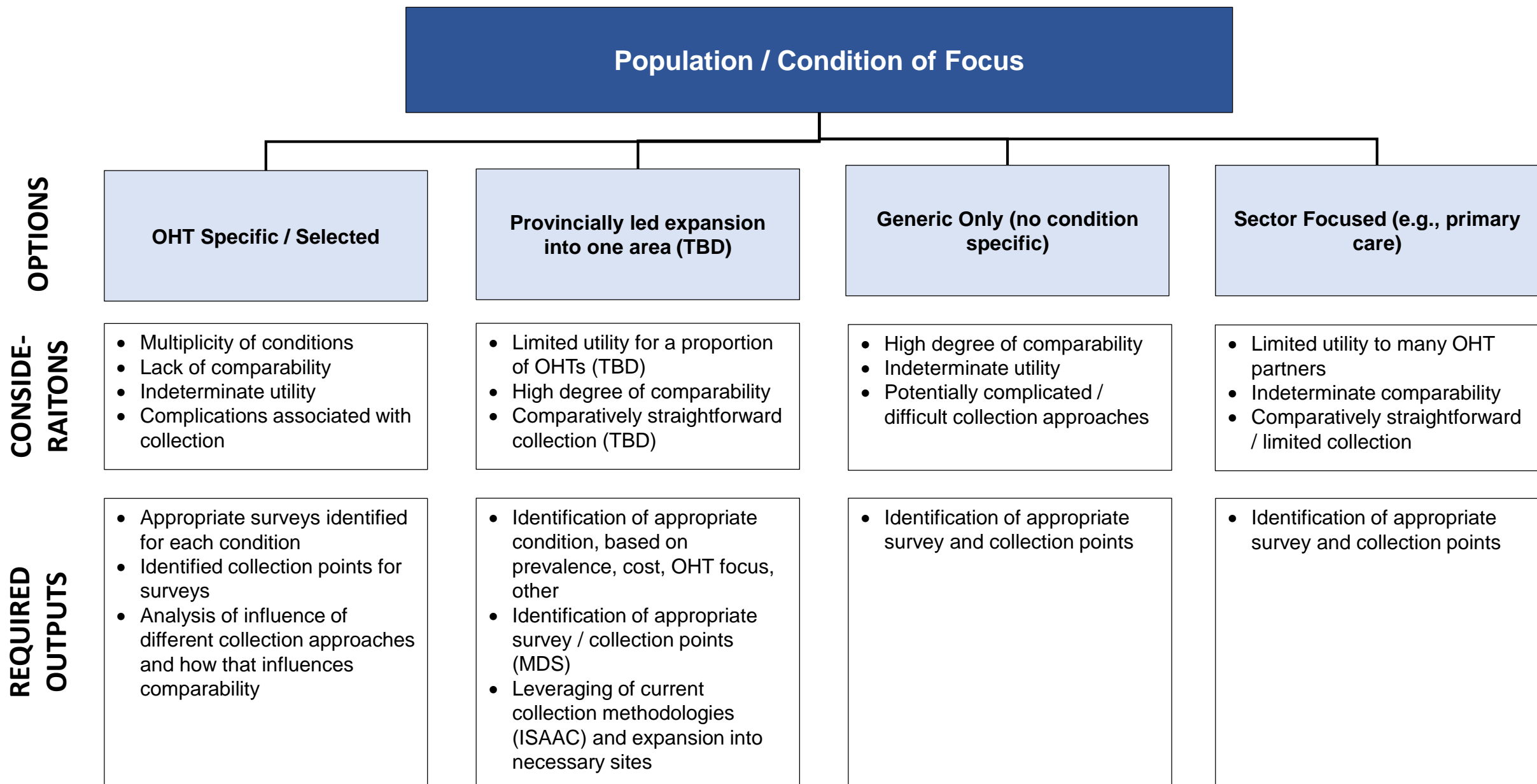
- Analysis of proof of CHF proof of concept
- Paper collection not sustainable. Electronic collection required.
- Analysis of options current practices (e.g. ISAAC), and OHTs capacity/infrastructure

4. Data utilization and reporting

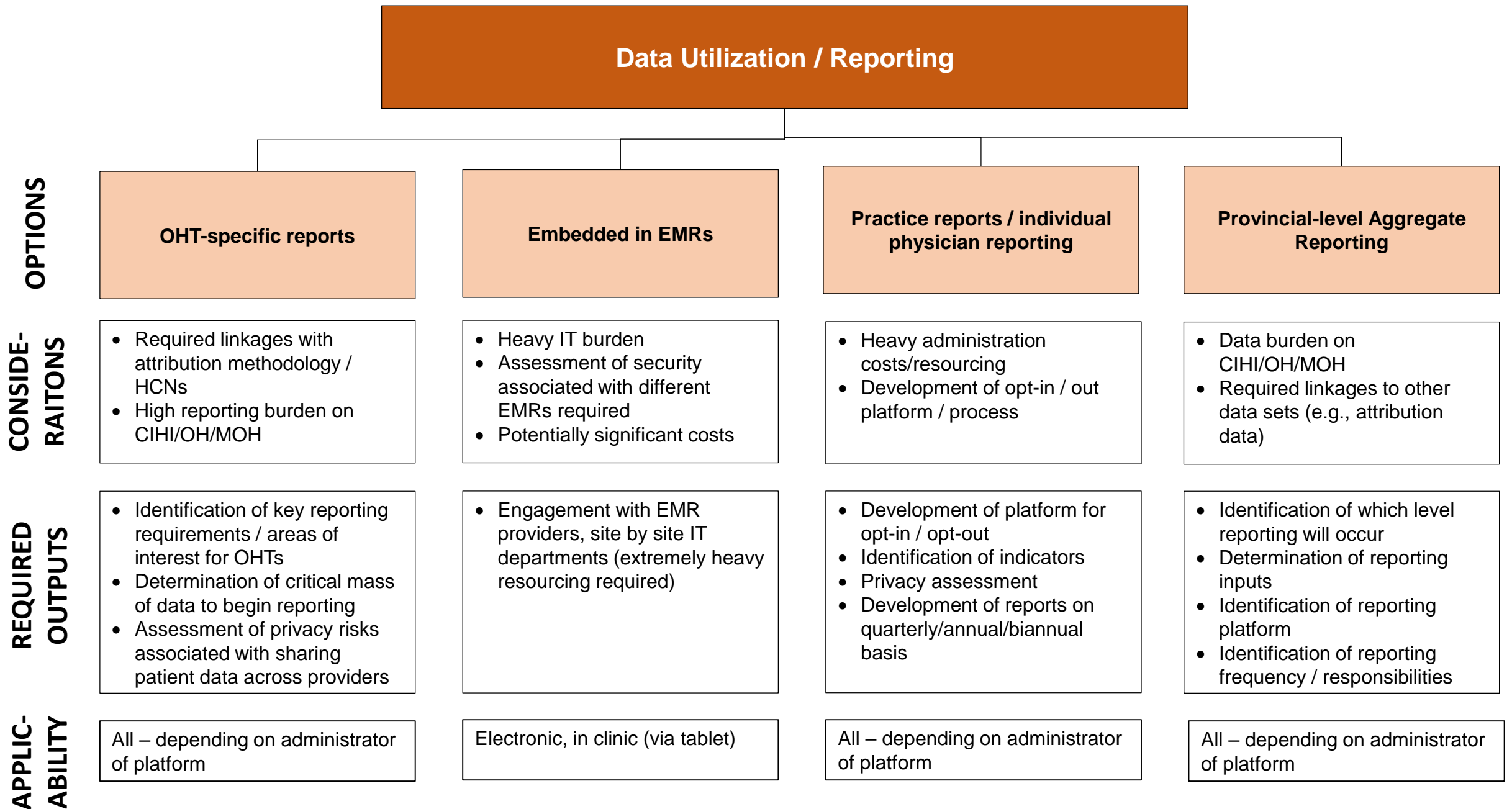
- Micro, meso, macro level data collection and feedback
- Potential for multiple measures collected (social needs, functioning, physical and mental health) and reported at different time points

ISAAC evolution



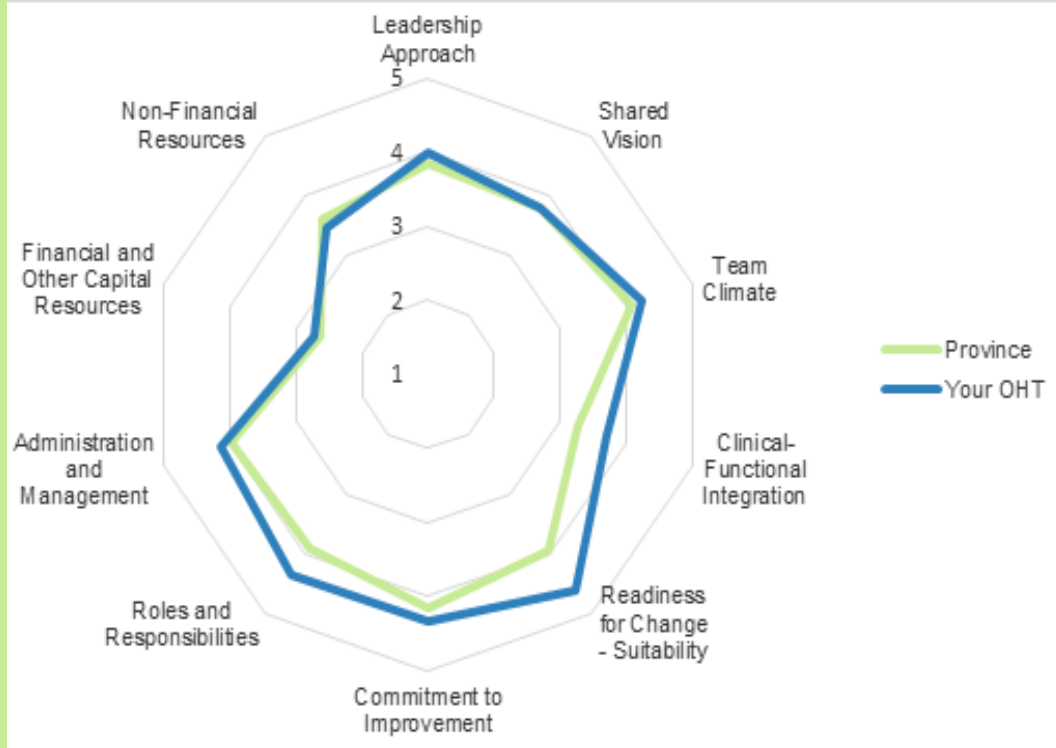


Collection Methodology				
OPTIONS	Electronic	Snail Mail	In-Clinic (Tablet / Paper)	Telephone
CONSIDERATIONS	<ul style="list-style-type: none"> • Complicated collection / identification of patients • Limited burden on providers • Response rates among the elderly tend to be low 	<ul style="list-style-type: none"> • High cost • Long data lag • Heavy burden on providers • Limited response rates amongst younger providers 	<ul style="list-style-type: none"> • Good foundation for expansion • High cost for hardware • Heavy training / clinic flow impact 	<ul style="list-style-type: none"> • Low cost • Staffing pressure • Limited response rates • Inability to target conditions
REQUIRED OUTPUTS	<ul style="list-style-type: none"> • Identification of appropriate platform • Identification of key timepoints and surveys • Development of process for issuance of follow-up / survey email. 	<ul style="list-style-type: none"> • Creation of a platform for the dissemination of letters • Identification of mailing addresses for all recipients • Determination of process for receipt/processing of data 	<ul style="list-style-type: none"> • Issuance of hardware to teams (tablet) • In clinic training for participating sites (tablet) • Minimal impact if paper is primary mode of collection 	Identification of a platform for completing calls.
APPLICABILITY	Generic Only, Provincially Led, Sector Focused	All – with potential for extreme duplication in cost	All – with potential for efficiencies if separate areas of focus are pursued	All – with potential for extreme duplication of cost



Organizing for Ontario Health Teams

Follow-up Survey



BEFORE:

- Cohort 1 OHTs completed in January 2020
- Cohort 2 OHTs completed in January 2021

NOW:

- Cohort 1 & 2 OHTs update + welcome to Cohort 3 Teams

NEW:

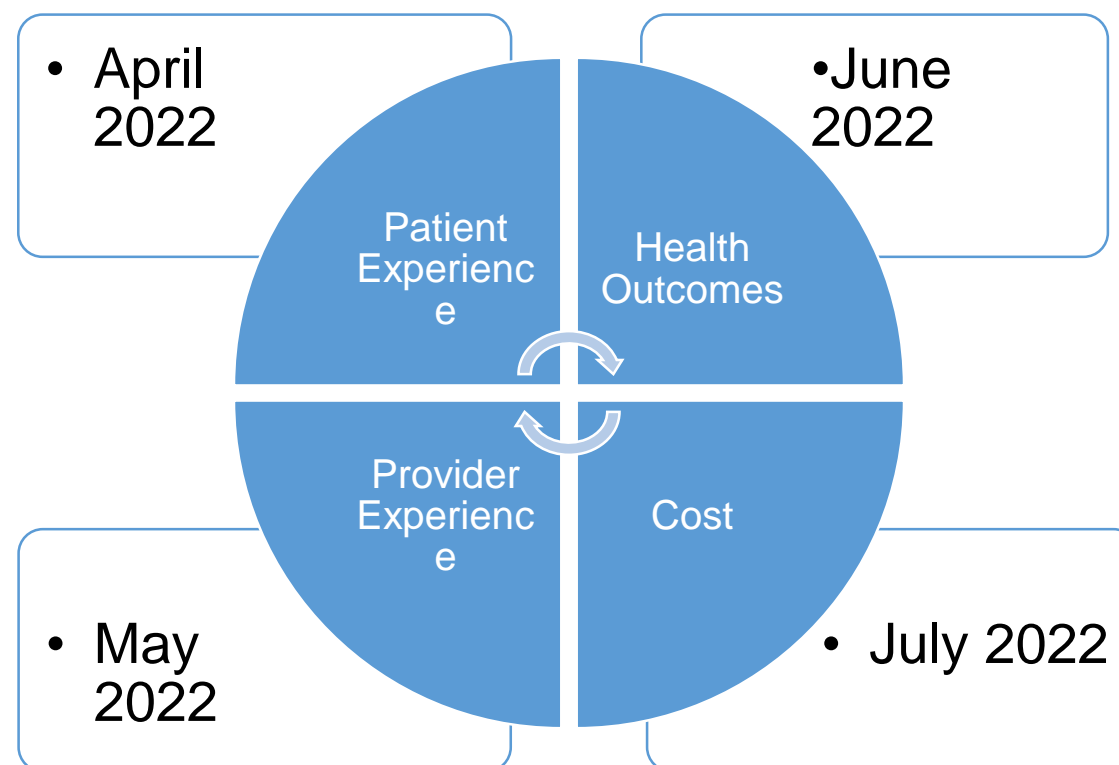
- 6 New items regarding Governance and Decision-making

- **LAST WEEK TO COMPLETE!**
- **SURVEY CLOSING APRIL 30**

Up Next

HSPN Webinar Series

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



Up Next

HSPN Webinar Series

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

Upcoming Topics:

Series in Population Health Management

- Segmentation: Examples in OHTs
- Understanding chronic disease management (e.g. diabetes)

Series in Learnings from OHT Development

- ✓ Early learnings from OHTs in Developmental Evaluation
- Measuring the Quadruple Aim – a Walk around the Quadruple Aim Framework
- Organizing for Ontario Health Teams survey 2.0

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THANK YOU!



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