BPIC Discussion Paper, ***Incorporating patients as team members***
Bulleted outline -- March 24, 2014

1. **Introduction**

   Compelling aim: *Improve health outcomes and patient satisfaction, and reduce the cost of care.* When patients and families are fully involved in their care decisions and health care practices, better results occur. Hence, achieving this aim requires deepening the understanding of effective practices in helping patients and families become active participants in their own care and on the team. As patients bring unique perspectives and skills to the care team, additional insights are needed to better understand the best practices for fully supporting the patient role.

   a. Addressing challenges of practical application through perspective of:
      i. Patients
      ii. Health care providers
   b. Semi-structured interviews with patients and other stakeholders
   c. Builds on early-stage work group effort
      i. Initial goal: to explore the foundations and articulate core values and principles of team-based health care
      ii. Initial work group products lacked direct patient input

2. **What is known about team-based health care**
   a. High-functioning health care teams characterized by strength of relationships, processes, and interactions with individuals who form team
   b. Conditions necessary to promote team member engagement
      i. Respectful interaction
      ii. Rich communication
      iii. Mindfulness
      iv. Trust
      v. Shared goals
      vi. Participatory leadership
   c. Patient usually has least medical training and preparation, in the traditional sense
   d. Patients bring the knowledge of themselves, their history, personal preferences, and their emotional needs, which are a critical part of the success of the treatment.
   e. Patients' involvement on the team is neither measured nor reported. This paper attempts to fill that gap.

3. **Background**
   a. 20th century: ambulatory health care principally delivered by individual physicians
   b. 21st century: U.S. health care system less than optimally effective and efficient
      i. Development of well-functioning health care provider teams must take into considerations such variations to improve:
         1. Individual health
         2. Population health outcomes
         3. Patients' overall experience
   c. **Central questions** to be addressed by work group efforts:

i. *How can health care teams best work with and for patients to achieve the Triple Aim (as defined by Berwick)?*
ii. *How can patients and their families work best with health care teams to support the objectives of the Triple Aim (as defined by Berwick)?*
iii. *How do involved, engaged, and prepared patients contribute a new dimension to the Triple Aim?*

d. Work group undertaking of three separate activities:
   i. **"Literature Review"** subgroup
   ii. **"Current Knowledge"** subgroup
   iii. **"Data Collection"** subgroup
   iv. Patient outreach:
      1. National Committee for Quality Assurance Level 3-rated facilities
      2. Safety net facilities and organizations
   v. Patient profile summary:
      1. Age range: 45-86
      2. Health conditions: minor illnesses, chronic conditions, multiple ailments
      3. Two caregiver interviewees
      4. Sample selection bias:
         a. Unusually high degree of health care system knowledge
         b. Atypical levels of involvement in own care
      5. Exclusion criteria established and applied to second interview wave
         a. *Purpose*: Enhance patient diversity by age, ethnicity, race, and degree of previous health care exposure
         b. Additional patient interviews began Feb. 25, 2014 (ongoing)

4. **Insights from patients (include summary Table of themes)**
   a. Theme—**Basic definition**
      i. Patients are able to:
         1. Describe rationale behind team-based care
         2. Ascribe value to synergy and knowledge resulting from variety of health care providers with varied training and viewpoints contributing to care
      ii. Patient identification of care team members:
         1. Individual physicians as well as ensemble cast of specialists
         2. Support staff described positively and negatively
   b. Theme—**Input on treatment decisions**
      i. Patients self-identified as members of care team
   c. Theme—**Patient proactivity and responsibility**
      i. Interviewees fully embraced idea of proactive participation in their health care and rejected notion of being "passive"
      ii. Patient competency concerns raised by patient and providers:
         1. Patient aversion to more active roles due to limited patient competency

2. Ex: Comprehension and usage of patient portal for computer illiterate

d. Theme—**Coordinated care**
   i. More frequent users of health care provided most detailed explanations of improving team care
   ii. *Ideal care*: coordinated care
      1. Care coordinator who serves as "hub of […] different spokes"
   iii. Discrepancy between care received and ideal care --> room for improvement

e. Theme—**Communications**
   i. Integral components to well-functioning health care team:
      1. Ability to communicate with clinicians
      2. Effective communication among health care practitioners
   ii. Patient confidence can begin with first person encountered and is reinforced by subsequent encounters
      1. Poor communication can erode patient confidence
   iii. Types of communication:
      1. Face-to-face conversations
      2. Digital communication (increasing)
         a. E-mail messages, text messages, EHRs, patient portals
         b. Patients expressed enthusiasm for digital technology to support communication with health team
         c. Electronic communication to support, not supplant, face-to-face conversations (to enhance communication)

5. **Insights from providers (include summary Table of themes)**
   a. Theme—**Basic definition**
   b. Theme—**Patients' input on treatment decisions**
   c. Theme—**Communications**
   d. Theme—**Challenges**
      1. Culture change
      2. Leadership support
      3. Resources
      4. Time limitations
      5. Difficulty engaging certain patients:
         a. Patients overwhelmed by disease burden of chronic illnesses
         b. Patients entering end of life
         c. Patients who require high levels of specialty care

6. **Discussion**

Conversations continue about underscoring the nature and value of team-based care, as illustrated by NCQA's revision of guidelines in 2014 to place an even higher value on team-based care.

This paper has admittedly simply scratched the surface, due to its limited budget. Yet, even this preliminary look has revealed uncertainty about how to build the most effective teams and which outcomes they produce for individual patients and health care as a whole.

As important, how do you effectively involve patients and clinicians who are currently on the sidelines? This paper describes the perspectives and views of clinicians and patients who are invested in the notion of team-based care and describe themselves as active members of their health care team.

They are in the minority. How you get reluctant patients to become more involved and engaged? Which arguments will reluctant clinicians find persuasive? Are there actions or investments today that may ultimately pay dividends in the future?

In terms of charting the direction of future research efforts, high-functioning teams that include patients on the team provide a promising starting place. The threads raised in this limited set of interviews provide tantalizing clues that could and should drive the next phase of research.