

How can patient empowerment be integrated into change management while scaling-up an integrated care program?

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Introduction

- Patient empowerment (PE) represents process through which greater control over health is gained
- PE is one of the target areas for successful integrated care (IC) deployment and contributes to shared-decision making
- In ACT@Scale, five IC programs identified key issues related to PE and implemented actions to improve it.

Research question

- How can PE be integrated and monitored while scaling up an integrated care program?

Implementation methodology

- Programs apply collaborative methodologies to deploy rapid change while learning cycles are managed by 1 year Plan-Do-Study-Act (PDSA) cycles
- Local multidisciplinary teams defined and implemented PE improvement interventions
- Target: Program staff and patients in existing integrated care programs
- Surveys measuring PE level: patient activation (PAM), psycho-social profile (MAY), program satisfaction (NPS) and staff attitude on PE (CSPAM)
- Outcomes of the PDSA are used for definition of subsequent cycles

Step 1

Patient Empowerment

Step 2 – Example: MM program

Multidisciplinary team chooses improvement area

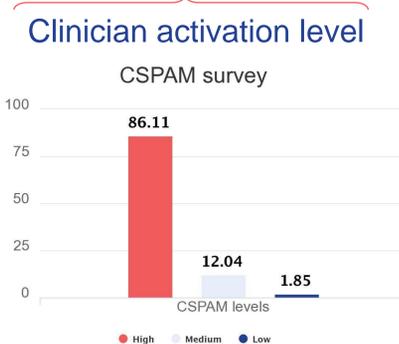
Improvement area	Country	Program
Patient Empowerment	Basque Country	CHF Telemonitoring
		Multimorbidity Integration (MM)
	Catalonia	Frail Older Adults
		Nursing Homes
		Chronic Care

Proposed actions:

- Develop criteria to identify patients and clinicians who need to be empowered
- Empowerment training for clinicians
- Activation of shared decision making process
- Choose tools for evaluation of empowerment level

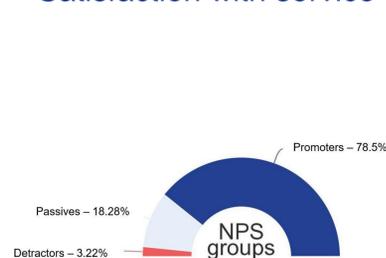
Evaluation tools in ACT@Scale for MM program

Clinicians



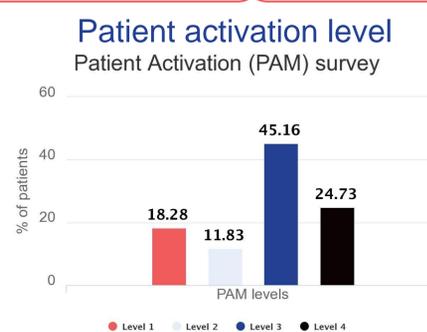
>80 % of clinicians have a positive attitude towards patient self management

Satisfaction with service



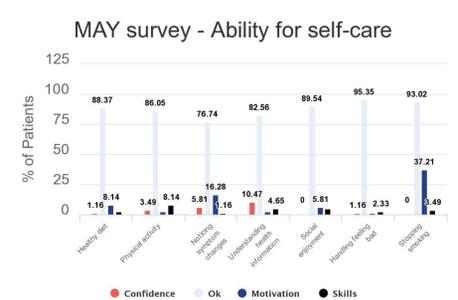
>75 % patients would recommend this program

Patients



Large variation in confidence and skills regarding self management

Confidence, motivation, skills



Self care domain offers insight into patients "empowerment needs" for specific behaviors

Conclusions

Improvements in patient empowerment were transferred in two areas:

- 1) Local healthcare setting
- 2) Learning experience in ACT@Scale transferability events.

By using surveys, we can measure the level of patient empowerment at the program and regional level. The approach is complemented by an ICT solution for data collection and visualization, which collects data and visualizes changes over time to support decision-making.

Discussion

The next step of the intervention is to reassess PE and monitor progress.