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Do We Want to Know about patients' perceptions of care?

Insights from implementation science

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Disclosures

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AHRQ 4R18HS022757 Detecting, Addressing and Learning from Patient-Perceived Breakdowns in Care, Kathleen Mazor, Pl

AHRQ K08HS024596 Patient-Perceived Breakdowns in Care: Informing Physician Responses and Improvements in Healthcare Delivery Kimberly Fisher PI

Background

- As many as 1 in 4 patients experience a care breakdown
 - Many do not make their concerns known
 - Worry about impact on care
 - Systems for reporting not obvious, easy
 - ■Suspect it will not make a difference
 - Desire to focus on getting well
 - Don't want anyone to "catch heck"

Why encourage patients to report

- Patient insights could lead to better care
 - For reporting patient
 - ■For future patients
- If we don't know about patients' concerns, we can't correct misperceptions

Current systems are inadequate

- Emerging reporting systems have limitations
- Active, intensive, multi-modal outreach is necessary
- Real-time responses to "fix" wrongs, and processes to prevent recurrences also needed

We Want to Know



Goal

Patients and family members who have concerns about care find it **easy** to express their concern and get a **response**

The Vision

- Campaign materials get the message out to patients and family members
- "Outreach" interviews screen for concerns
- Message is reinforced by staff and providers on the unit
- Patients & family members utilize 800#, website, email
- WWTK specialist responds to concerns engaging other team members as needed

The Reality

- Campaign
 - delayed, limited, uncertain reach
- "Outreach" interviews screen for concerns
 - easier than anticipated!
- Staff and providers reinforce message
 - delayed; questionable reach, fidelity
- Patients & family members initiate reporting
 - few use; uncertain awareness
- WWTK specialist responds to concerns
 - Yes, with caveats

Implementation Science

- Adoption: the decision of an organization or a community to commit to and initiate an evidence-based intervention
- Implementation: the process of putting to use or integrating evidence-based interventions within a setting
- Sustainability: the extent to which the intervention delivers its intended benefits over an extended period of time after external support ends

Rabin, B.A., Brownson, R.C., Haire-Joshu, D., Kreuter, M.W. and Weaver, N.L., 2008. A glossary for dissemination and implementation research in health. *Journal of Public Health Management and Practice*, 14(2), pp.117-123.

Adoption...the decision of an organization or a community to commit to and initiate an evidence-based intervention

- A promise is not a decision
 - Site investigator and 1 leader = limited influence
- Priorities are critical, vary over time, and conflict
 - System-level vs hospital- vs unit-level
 - Provider and patient level
- Things change....
 - Reality at the time of the promise differs from reality when the application is funded.

Implementation...the process of putting to use or integrating evidence-based interventions within a setting

Implementation required a vehicle

- Made possible by embedding in another initiative
- Not the vehicle originally planned
- Significantly delayed

Adaptation was inevitable

- Systems, hospitals, providers, adapted the training, message, materials
- Tracking was challenging to impossible

Sustainability... the intervention delivers its intended benefits over an extended period of time after external support ends

- Leaders (system- and hospital-level) like the program
- But many unanswered questions
 - Who will pay for it? What will they pay for?
 - Who will "mind the store"?
 - What happens when there is a new initiative?

What we learned

- Be wary of promises
- Stakeholders at different levels have different (and possibly conflicting) motivations, priorities, constraints...
- Distance makes everything harder
- Documentation, tracking is critical (and hard)
- Adaptation is inevitable
- Relationships are important!

Thank you

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