

Center for Evaluation of Practices & Experiences of Patient-Centered Care (CEPEP)



PATIENT-CENTERED CARE

Evaluation UPDATES

Fall 2014

The *Center for Evaluation of Practices and Experiences of Patient-Centered Care (CEPEP)* is funded by the VA Office of Patient-Centered Care and Cultural Transformation and the Quality Enhancement Research Initiative. The purpose of CEPEP is to evaluate the processes and outcomes of approaches to implementing patient-centered care (PCC) at the patient, family/ caregiver, provider/ employee, and organizational/ system levels within and across the VHA Centers of Innovation (COIs) to identify the most effective ways to change (improve) culture throughout the organization.

PCC Evaluation UPDATES is disseminated to VA leadership, health care providers, and to Veteran consumers of VA health care. It provides information related to the implementation and impact of PCC interventions ongoing at VA COIs and designated pilot sites.

The Director of *CEPEP* is Dr. Sherri LaVela who leads a superb team of talented scientists, clinicians, and evaluation staff with years of valuable experience.

For more information about the resources available through CEPEP and for past issues of Evaluation UPDATES, please visit http://www.cmc3.research.va.gov/CEPEP_Newsletters.asp.

Evaluation Features

The Value of Participatory Research

Sara Locatelli, PhD; Salva Balbale, MS

Participatory methods, such as photovoice and guided tours, are intended to engage the individuals most likely to be impacted by the study topic. Participants can be engaged during multiple stages, from recruitment to interpreting results.¹ By conducting the study in an environment participants were familiar and comfortable with, participants felt more vested in the research. Participatory methods tend to use

qualitative data collection tools to better capture the participants' unique experiences.² Though these methods can be challenging for populations that struggle with verbal communication, visual participatory methods, as we used, offer ways to overcome these challenges.³

In quality improvement (QI) efforts, participatory methods can help facilitate the partnerships needed among key health care

stakeholders that are instrumental for successful QI.⁴ These methods call for continued participant engagement,⁵ reflect a collaborative process, and present benefits for all stakeholders. These methods also help extract insights into local contexts and the impact of interventions,⁶ and identify the needs and preferences directly from patients and providers.⁴

Using both guided tours and photovoice in our evaluation allowed us to learn important lessons about what truly matters to patients, and provide actionable data to be translated into improvements. Both methods give in-depth insights into Veterans'

Using both guided tours and photovoice methods provided a complementary way to learn important lessons about what truly matters to patients, and provide actionable insights that may be translated into timely improvements.

and employees' experiences of patient-centered care (PCC) and the care environment, but they also offer unique strengths. Photovoice allows us to learn more about

individuals' environments at multiple levels, including their homes and communities, while guided tours provide insights into the experience of navigating the health care facility.

Guided Tours: Similarities and Differences in Veteran and Employee/Provider Views

Sara Locatelli, PhD

Guided tours were conducted with both Veterans and employees/providers. We noticed many areas of overlap between groups, as well as some interesting differences.

Both groups discussed the importance of a “welcoming” environment; however, while employees/providers viewed “welcoming” as a physical attribute – such as warm colors and comfortable seats – Veterans discussed “welcoming” in terms of behaviors of employees/providers.

Veterans discussed wait times for appointments more frequently than employees/providers, who instead focused on resources in the waiting area to alleviate frustrations caused by long waits. However, when employees/providers were asked to share what they thought was an ideal experience for Veterans, wait times were universally recognized as important:

“Everything runs on time. That’s ideally what you’d expect as a patient... that your appointment would be when it was supposed to be.”

Both groups identified distinctions in VA care and non-VA care, but in different ways. Employees/providers tended to highlight resources available in non-VA facilities that they thought would benefit Veterans. Veterans tended to discuss perceived differences in wait times for receiving care:

“I’ve only heard that [at non-VA] facilities, they call you at the time that you are allotted. If you have an 8 o’clock appointment they call you [at that time].”

Veterans also discussed positive differences, such as the fact that their fellow patients are also Veterans, which contributes to a welcoming, social atmosphere:

“There’s a camaraderie among Veterans... They feel comfortable when they walk in the door. And they feel at home because they’re all Veterans... They would not change care anywhere... because they feel comfortable here.”



Photo: Dr. Sara Locatelli presents the guided tours work at AcademyHealth on June 8, 2014 in San Diego, CA



Photo: CEPEP staff member Salva Balbale presents the photovoice work at AcademyHealth on June 8, 2014 in San Diego, CA

Secondary Data Collection: VA Administrative Databases Analysis

Patient-Centered Care: Provider Perspectives

Lisa Burkhart, PhD; Neil Jordan, PhD; Elizabeth Tarlov, PhD; Min-Woong Sohn, PhD; Brian Bartle, MPH; Scott Miskevics, BS

In previous newsletters, we have described how some providers have transformed their practices toward patient-centered care (PCC), and how patients have experienced better access and more appropriate utilization of care during the two years after the implementation of these innovations. Below we describe some key findings about changes in employee satisfaction and organizational climate, also hypothesized to improve with implementation of PCC innovations, using 2009-2012 data collected from the annual All Employee Survey (AES).

Provider Satisfaction: For most types of providers, there is no evidence that employee satisfaction with work environment increased at Centers of Innovation (COI) since patient-centered care and cultural

transformation (PCC&CT) implementation compared to changes in employee satisfaction with work environment among comparison site providers during the same time period. However, a different story has emerged among advanced practice nurses (APNs), defined here as certified registered nurse anesthetists, clinical nurse specialists, and nurse practitioners. At COIs, overall job satisfaction among APNs was significantly higher than among comparison site APNs at baseline. However, after controlling for changes occurring in non-COI sites, APNs at COIs were significantly less satisfied in the post-implementation period, which was contrary to our hypothesis. In particular, APNs at COIs in 2011-

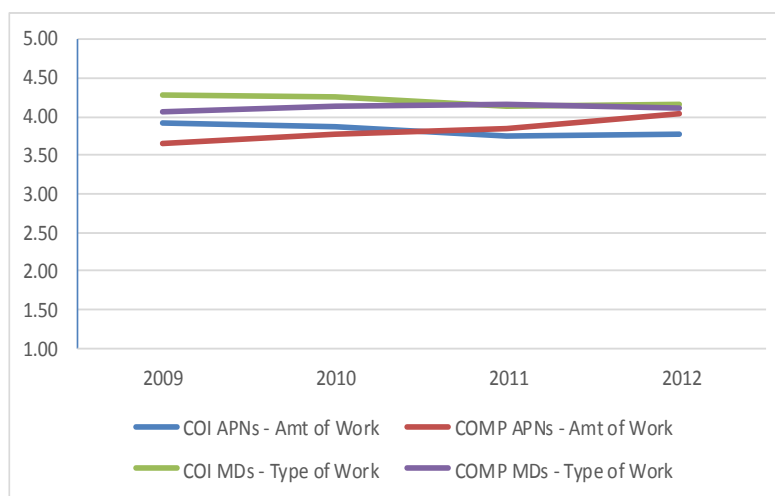
2012 were significantly less satisfied with the amount of work they did (Figure 1), quality of direct supervision, and working conditions in their job.

Similarly, at COIs, satisfaction with the type of work among all physicians was significantly higher than among all physicians at comparison sites at baseline. However, compared to changes occurring among all physicians at non-COI sites, physicians at COI sites were significantly less satisfied in the post-implementation period than at baseline.

Organizational Climate: There is very limited evidence that COIs experienced improvements in provider perceptions of organizational climate attributes thought to promote PCC since PCC implementation. Primary care physicians at COIs reported a significantly higher level of improvement in employee-VA engagement and a higher level of

improvement in worker safety as a management priority post-PCC implementation than their counterparts at comparison sites. And, contrary to our hypothesis, registered nurses (RNs) at COIs reported a higher change in the likelihood of leaving their current job post-PCC implementation than RNs at the comparison sites.

Figure 1: Provider satisfaction* with amount of work



*Likert scale from 1 ("not at all satisfied") to 5 ("very satisfied")

Conclusions: Overall, our analyses of existing VA data sources found some improvements in provider care practices and organizational climate at COIs but also decreased satisfaction in several workplace characteristics among APNs, physicians, and RNs since PCC implementation. Changing the model of care delivery changes the status quo for providers, and that is hard to do. Care delivery changes also impact some types of VA providers differently than others. More information is needed about provider experiences to further explore how to improve their work environment.

Economic Analysis

Health Utility Associated with Patient-Centered Care and Cultural Transformation: The Road To Cost-Effectiveness

Neil Jordan, PhD; Kevin Stroupe, PhD; Brian Bartle, MPH

One of the longer-term questions of interest is the extent to which patient-centered care and cultural transformation (PCC&CT) is cost-effective relative to existing models of care within the VA. There are many ways of measuring effectiveness. In this article, we will highlight one of those measures—health utility—and talk about how it can inform future analyses of the cost-effectiveness of PCC&CT.

What is health utility?

Health utility refers to a person's preference or value for particular health states.⁷ Health utility is measured on a scale of 0 to 1, where 0 means death (or the worst possible health state you can imagine) and 1 means perfect health.

How is health utility measured and calculated?

While there are methods for directly soliciting patients about their preferences for particular health states, researchers often use existing, more general questionnaires to measure health-related quality of life, which serve as a proxy measure of patient preferences. As part of the CEPEP evaluation, we used the Veterans Rand 12 Item Health Survey (VR-12)⁸ to measure health-related quality of life among Veterans at the four Centers of Innovation (COI)—Birmingham, Greater Los Angeles, New Jersey, and North Texas—and at four matched comparison sites. The VR-12 items were included within a larger mailed survey of Veterans at the eight sites that was conducted during February/March 2013. We then used a statistical procedure developed by the VR-12 developer⁹ to convert the VR-12 data into health utility scores.

How does health utility among the COI site Veterans compare to their counterparts in the comparison sites?

Among all survey respondents with sufficient VR-12 responses at the COI (n=2731) and comparison (n=2162) sites, the average health utility was 0.63

for all COI respondents and comparison site respondents (Table 1). We also assessed health utility in four subgroups of respondents with common chronic conditions -- congestive heart failure (CHF), diabetes, hypertension, and respiratory conditions (which include asthma and chronic obstructive pulmonary disease). Among COI respondents, average health utility ranged from 0.56 for Veterans with CHF to 0.61 for Veterans with hypertension. Among comparison site respondents, average health utility ranged from 0.59 for Veterans with CHF, diabetes, or respiratory conditions to 0.61 for Veterans with hypertension. None of the differences in average health utility between COI and comparison site respondents were statistically significant.

Table 1: Average Health Utility, COI vs. Comparison Site Respondents

	Average Health Utility	
	COIs	Comparison Site
All respondents	0.63	0.63
Respondents with:		
Congestive heart failure	0.56	0.59
Diabetes	0.58	0.59
Hypertension	0.61	0.61
Respiratory conditions	0.58	0.59

How can health utility inform future analyses of the cost-effectiveness of PCC&CT?

Health utility can be measured over time and used to assess changes in effectiveness of interventions longitudinally. Utility values are often converted to quality-adjusted life-years (QALYs), which is a commonly used denominator in cost-effectiveness analysis and provides a uniform metric for cost-effectiveness comparisons to other interventions and systems changes.⁷ Although VR-12 data are not routinely collected for VA patients, advances in the VA's use of information technology would make it relatively easy for VR-12 data to be captured in the future.

The Patient Experience: Survey Findings

Veteran Perceptions of Empathy and Communication in Medical Encounters

Bella Etingen, MA

Empathy in the medical encounter refers to health care providers' understanding of their patients, and ability to effectively and compassionately communicate with patients during clinical encounters.^{10, 11} Improvements in patient/provider communication and empathy during clinical encounters are associated with positive patient outcomes,¹²⁻¹⁷ and contribute to a therapeutic relationship between patients and their providers, an important component of patient-centered care (PCC).

To assess patient perceptions of empathy during medical encounters, we used the Consultation and Relational Empathy (CARE) scale.^{10, 11} The CARE asks patients to answer 10 questions about a recent medical visit. Response options are on a 5-point scale ranging from 'poor' to 'excellent,' and are added for a maximum score of 50 and minimum of 10. Higher scores reflect greater perceptions of provider empathy and communication.

5,507 Veterans receiving care from Centers of Innovation (COI) and matched control sites responded to our survey. CARE scores among Veterans overall (38.5) and COI respondents specifically (38.2) were slightly below the normative mean (43).¹⁸ Specifically, COI respondents provided high ratings, on average, to questions asking how well VA providers made them 'feel at ease,' allowed them to express 'their story,' and held a generally 'positive attitude.'

Efforts to enhance provider's skills in the area of provider empathy and communication may be beneficial.¹⁹ Initiatives aimed at improving patient-provider communication, such as health coaching (HC) training, may engender a valuable impact on this important area of PCC. Several COIs have already begun implementing HC training programs for providers.

Veteran Perceptions of Chronic Illness Care in VA

Salva Balbale, MS

Chronic illnesses remain a driver of escalating health care costs, death, and disability.¹⁹ Over 70% of Veterans suffer from one or more chronic conditions,²⁰ and chronic care accounts for a disproportionate share of VA health care expenditures.²¹ Characterizing Veteran perspectives and experiences around chronic care is essential to enhance patient-centered care (PCC).

We used the Patient Assessment of Care for Chronic Conditions (PACIC) to assess views of chronic care. PACIC measures patient experiences with specific aspects of care congruent with the Chronic Care Model.²² Subscales assess perceptions of patient activation, delivery system design/decision support, goal setting/tailoring, problem-solving/contextual counseling, and follow-up/coordination. PACIC scores range from 1-5; 5 is the highest perception of

care. Higher scores indicate higher subjective ratings of care received.

5,507 Veterans receiving care from Centers of Innovation (COI) and matched control sites responded to our survey. The average PACIC score for Veterans was 3.03. Scores were higher in the patient activation (3.30) and delivery system design/decision support (3.38) subscales, and lower in the follow-up/coordination (2.54) subscale. The goal setting/tailoring subscale score was 3.00; and 3.21 for problem-solving/contextual counseling.

Perceptions of care among Veterans at COIs are generally high. High scores in the patient activation subscale indicate that patients felt their perspectives were incorporated into treatment planning; high scores in the delivery system design/decision support subscale suggest that patients perceived their care to be organized and that providers clearly demonstrated how patients could help improve their own health. Lower scores in the follow-up/coordination subscale suggest a need to improve coordination and continuity of care. These findings highlight key insights from patients that can be used to optimize chronic care.

- We conducted a cross-sectional, national survey of Veterans receiving care at VA facilities during February/March 2013. The survey packet was mailed to Veterans' homes, with a 4-week follow-up for non-responders. The Veteran survey packet collected data on demographics and several validated PCC measurement instruments (e.g., CARE, PACIC).
- CARE and PACIC are two useful instruments that can be used to measure important aspects of PCC.

Implementation Tips

Constantly Evolving: Changes in PCC Implementation at COIs 18 Months Later

Jennifer N. Hill, MA

It's been 18 months since our CEPEP evaluation began, so we followed up with the leaders, providers, and employees at the two Centers of Innovation (COI) to discuss their experiences.

Our initial assessment included 26 individuals across the two sites. To understand if and what changes in culture and perception occurred since our initial assessment, we conducted 12 follow-up interviews.

Follow-up interviews covered topics such as: changes in level of involvement in patient-centered care (PCC), progress on new/planned PCC innovations, and internal efforts to evaluate the progress/impacts of PCC innovations at their facility.

To date, staff describe their journey as an "evolution." It is clear that the role of the providers and staff in PCC is maturing; becoming more refined and clear. There are some challenges that remain, such as space and staffing. Some challenges have been reduced with improvements to documentation of PCC innovations with the "creation of CPRS notes," particularly in the areas of complementary and alternative medicine and primary care mental health, as well as the "development of performance measures" to support PCC practices.

PCC innovations that were previously being piloted at one or two COIs are expanding to other sites. Respondents at one COI indicated that both health coaching and the GetWellNetwork (an interactive system used for patient education, entertainment, and obtaining real-time feedback from patients on their care and needs) were now offered at their site and in the early stages of implementation. At another COI, employees were proud to report that previous iterations of programs have been expanded into second and third phases such as the Connect2Recovery program which provides cell phones for Veterans who are homeless to facilitate personal, professional, and health care related calls.

Most respondents emphasized that their journey is ongoing, but that there is still progress to be made. However, they indicate being "proud of where we are, where we've been, and where we are going."

Center of Innovation Spotlight

VA North Texas Health Care System

Jennifer Sippel, PhD

VA North Texas Health Care System (VA NTHCS) piloted a course called Training Mindfully with Qigong Principles (TMQP). TMQP classes were provided to Veterans and staff at Dallas, Bonham, and Fort Worth Outpatient Clinic (FWOPC) facilities. TMQP provides training in combining healthy breathing, good posture, and gentle expansion of movement and strength. Included in the training is a discussion of Qigong energy qualities important to both body and mind health. Initial program evaluation information from the contracted teachers indicates participants really liked the intervention, and also experienced some reduction in blood pressure and pain. During interviews in early 2014, Veteran TMQP participants expressed feedback that was overwhelmingly positive. Many Veterans have been submitting regular requests for more TMQP classes. Veterans tell stories about results such as weight loss, lower stress, improved coping strategies, and overall better quality of life after participating in the TMQP program.

At FWOPC, Recreation Therapist Jennie Tate has developed a Recreation Therapy Wellness Program of Yoga, Tai Chi, and Qigong classes for Veterans. Veterans can be referred by their PACT providers or they can just show up and participate as long as Ms. Tate sees they are vetted in the system. Her classes provide a variety of options for Veterans of various skill levels or functional capacity. Ms. Tate assesses the skill level of each group class, and provides personal attention and a customized movement class experience for each Veteran. Aromatherapy can be incorporated into classes while music and low lighting are used to create a healing atmosphere. Ms. Tate is also sharing her practices and program information with recreation therapists at the main Dallas facility and the Bonham facility. Veterans have told her that they have experienced improved flexibility and strength, decreased back pain, the ability to get off the floor without a chair, being able to stand up straight for the first time in years, and, in some cases, weight loss. Additionally, FWOPC offers classes for Veterans with specific conditions, such as PTSD.

CEPEP Products

Publications and Papers

- **Locatelli SM, Turcios S, LaVela SL.** Veterans' Experiences of Patient-Centered Care: Learning from Guided Tours. *The Patient Experience Journal*. 2014;1(1):88-94.
- **Balbale SN, Morris MA, LaVela SL.** Using Photovoice to Explore Patient Perceptions of Patient-Centered Care in the Veterans Affairs Health Care System. *Patient*. 2014;7(2):187-95.
- **Bokhour BG, LaVela SL, Fix GM, Hill JN, Barker AM, Locatelli SM, Mueller N, Solomon JL, VanDuesen-Lukas C.** Lessons from the Field for Implementing Patient-Centered Care and Cultural Transformation. White Paper.
- **Balbale SN, Turcios S, LaVela SL.** Health Care Employee Perceptions of Patient-Centered Care: A Photovoice Project. *Qualitative Health Research*. 2014. doi: 10.1177/1049732314553011
- **Locatelli SM, Turcios S, LaVela SL.** Optimizing the Care Environment: Results of a Guided Tours Study with Healthcare Employees. *Health Environments Research & Design Journal*. In Press.
- **LaVela SL, Gallan A.** Evaluation and Measurement of Patient Experience. *Patient Experience Journal*. 2014;1(1):28-36.
- **Wolf JA, Niederhauser V, Marshburn D, LaVela SL.** Defining Patient Experience. *Patient Experience Journal*. 2014;1(1):7-19.
- **LaVela SL, Hill JN.** Re-Designing Primary Care: Implementation of Patient-Aligned Care Teams. *Health Care: The Journal of Delivery Science and Innovation*. In Press.

Presentations

AcademyHealth 2014 Panel

- **LaVela SL.** Participatory evaluation methods of patient-centered care innovations across a large integrated health care system (Veterans Affairs). *2014 AcademyHealth Annual Research Meeting*. San Diego, CA. Panel. 06/08/2014.
- **Balbale SN, Morris M, LaVela SL, et al.** Using Photovoice to Explore Patient Perceptions of Patient-Centered Care in the Veterans Affairs Health Care System.
- **Locatelli SM, Turcios S, LaVela SL.** Walking through the patient-centered care environment:



Photo: CEPEP team at AcademyHealth 2014 in San Diego, CA
From left to right: Salva Balbale, CEPEP Director Dr. Sherri LaVela, Jennifer Hill, Dr. Sara Locatelli, and Dr. Saul Weiner

Results of guided tours with health care providers and employees.

- **Weiner SJ, Schwartz A, Kelly B, Binns-Calvey A, Sharma G, LaVela S.** Evaluating the Impact of Innovations to Improve Patient-Centered Care on Contextualization of Care.
- **Hill JN, LaVela SL, Locatelli SM, Bokhour B, Krejci L.** Using Theory-Guided Formative and Summative Interviews to Evaluate Implementation of Patient-Centered Care at Department of Veterans Affairs Centers of Innovation.

Additional Select Presentations and Posters

- **Burkhart L, Jordan N, Sohn MW, Tarlov E, Bartle B, Miskevics S, LaVela SL.** Effect of Patient-Centered Care & Cultural Transformation on Health Care Utilization in VA Facilities. *2014 Ruth K. Palmer Research Symposium*. Rome, Italy. Oral Presentation. 5/15-16/2014.
- **Hill JN, Miskevics S, LaVela SL.** Electronic Medical Record Documentation of Practices, Patient Experiences, and Impacts of Integrative Medicine. *Integrative Medicine and Health Conference: Strengthening Research In Integrative Healthcare Around the World – Miami 2014*. Miami, Florida. Poster Presentation. 05/13-16/2014.
- **Balbale S, LaVela SL.** Using Photovoice to Explore Perceptions on Patient-Centered Care in the Veterans Affairs Health Care System. *APHA*

141st Annual Meeting and Exposition. Boston, MA. Poster Presentation. 11/4/2013.

- **LaVela SL, Drinkwater TA, Etingen B, Miskevics S.** Do Perceptions of Family-Centered Care Differ in Older and Younger Family Caregivers? *18th Annual James E & Bonnie L. Eckenhoff Lecture and John & Gwen Smart Symposium. Buehler Center of Aging Health & Society Northwestern University Feinberg School of Medicine.* Chicago, IL. Poster Presentation. 10/21/2013.
- **Hill JN, LaVela SL.** Promoting patient-centered care in VA primary care: Implementation of PACT. *Improvement Science Summit on Research Methods.* San Antonio, TX. Poster Presentation. 07/09/2013.

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