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

PATIENT-CENTERED CARE

Evaluation UPDATES

Fall 2013

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

What Are Guided Tours?

Sara Locatelli, PhD

I'm standing in the main lobby of one of our study sites waiting for my next participant to arrive. My participant arrives, and before I go through my usual procedure of describing how the guided tour works, she hands me a map. She says, "I just got this map from the information desk. I'm having trouble finding one of the clinics. Can you show me where the women's health clinic is on this map?"

We began to discuss her experience in VA as a woman Veteran, what she loves about her care through VA and what she'd like to see improved.

It was this guided tour that made me truly understand the nature of this evaluation technique. This was not about careful delineations of evaluator-participant, where the evaluator runs the show, asks the questions, and the participant merely gives the answers. Here, the roles were more blurred. Sometimes I was the leader, sometimes the follower. Sometimes the questioner and sometimes the questioned. Together, we were discovering the truth of this Veteran's experience as a patient receiving care.

Guided tours, in which participants lead the evaluator through their environment while commenting on thoughts and experiences,[1] is a form of participatory research methodology.[2] As with other participatory methods, such as Photovoice, the line between the researcher and the participant is blurred, and both complete the journey together to arrive at important conclusions. We are able to share the experience and emotions by engaging each other in discussion, seeing the environment first-hand, and walking through the facility, "in their shoes."[3] These innovative methods allow us to examine participants' real-world experiences and work toward improving care together.
We used this method in our evaluation project to examine patient-centered care (PCC) at VA Centers of Innovation (COIs) from

> "I just got this map from the information desk… Can you show me where the women's health clinic is on this map?"
>
> *Veteran*

the perspective of Veterans. Veterans guided the evaluator through the facility as though they were completing a typical visit to the VA; walking through clinic waiting areas, lobbies, the cafeteria, parking lots, and outdoor walking tracks. After the tour, Veterans completed a short survey about their thoughts on the care they have received through VA.

All guided tours were recorded with the permission of each participant. Participants were asked to hold the recorder and speak directly into it when describing their experience. The recordings were transcribed and the text was analyzed using qualitative techniques. The analysis is intended to extract overarching themes (concepts that come up again and again across the tours), and to understand the meaning behind participants' thoughts and feelings about their health care environment.

Photo: Dr. Sara Locatelli and CEPEP staff member, Scott Miskevics, demonstrate a guided tour.

Guided Tour Findings: Veterans Experiences and Views

Sara Locatelli, PhD; Stephanie Turcios, BS

What patient-centered care means to Veterans:

Though our Veterans may not be familiar with the term patient-centered care (PCC), they understand the nature and intent of this concept. Some framed the idea of PCC as responsibility—of the providers and the Veterans:

> "As a patient anywhere, you have to be proactive. You can't let other people be responsible for your health, or your health care… When they say, 'Oh, we will give you a call in two weeks,' No, I am going to that department and scheduling an appointment [myself]… [From my providers], I expect efficiency… Just get me in and out… Just come in [for my appointment]; I am always going to be 15-20 minutes ahead. Check me in. See me within hopefully 15-20 minutes of my appointment time and get me out… That would be ideal."

Veterans also discussed the importance of having a good relationship with their physician and how that impacts their overall well-being:

> "I leave feeling good about seeing [my doctor]… She listens and tries to get to the root of the problem… It makes you feel good when somebody cares about how you are feeling or how you are not feeling."

The little things: Veterans frequently commented on, "the little things," that helped shape their experience of VA, including waiting areas, and changes to processes:

> "This is the meditating room where… Everyone comes to unwind, listen to the piano play. It is very comforting. Somewhere… quiet, you can sit down and relax and just think."

> "It used to be when you had travel pay, you had to… Fill out papers and wait for an hour or two

hours. Now you fill out the paperwork and they just deposit it right into your checking account. That's very helpful."

Roadblocks: Veterans also experienced some "roadblocks" that interfered with receiving care, such as long wait times or difficulty getting appointments:

"I think the majority of patients… negative remarks about the VA is waiting [for appointments]."

"They made my appointment twice and both times I couldn't do it… I said, 'I can't do it. I'll miss my shuttle back to where I'm staying.' I can't walk 7 miles."

A Veteran community: To Veterans, VA is more than a place to receive care. It is a place to connect with other Veterans and a place to experience the camaraderie and support of their fellow Veterans:

"The Vets that you meet [here] are very cordial… You can easily get [into] a conversation with someone."

"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."

VA was also viewed by some Veterans as a place to come for other resources, beyond health care, and they felt this could be expanded upon to create a Veteran community:

"It seems to me that this campus should be run like a Veteran's community and that everything should be available for the Veterans to use… It should be run like a Veteran's community, which keeps our minds and bodies healthy and in tune with today's society."

Moving forward: Veterans had many thoughts about potential improvements to their facilities that would help VA move forward in the delivery of truly PCC. In addition to decreasing wait times, Veterans wanted other improvements to the process of receiving care and resources from VA. For example, though some Veterans liked the change to direct deposit for travel reimbursement, some still felt this process was too slow:

"If I'm going to be reimbursed… I bought the gas a month ago… We are living on military disability from service… I don't have the resources to carry a reimbursement for a month or so."

"Especially my income the way it is, it costs me just about everything in my pocket to get down here… Sometimes I need that money to get home on."

Other Veterans wanted to see more availability of information resources, such as a computer lab open to Veterans:

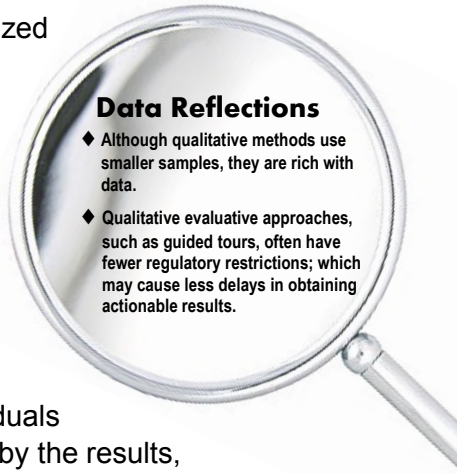
"It would be helpful for us to go in and use the computer to look up [information]."

Veterans also wanted to see more improvement happening from the inside and greater involvement by local staff and Veterans in facility improvements:

"Just ask the people from within, not the people from the outside looking in… I understand the thought of hiring outside companies… but that is never going to fix it because they do not… know the needs of the Vets… [It] doesn't get me to the department I need when I need to."

However, Veterans recognized that the system will always need to be improved or refined:

"It's always probably going to need work… it's a work in progress."



Qualitative participatory methods engage the individuals who will be most impacted by the results, and are increasingly viewed as an important component of PCC quality improvement. These experiences help to guide PCC innovations going forward.

Photovoice

Veteran Experiences and Views

Salva Balbale, MS; Megan Morris PhD; Stephanie Turcios, BS

Twenty-two Veteran patients across two VA sites participated in the photovoice project. Median age was 58 years, and 18 participants (81.8%) were male. Veterans responded positively towards the application of photovoice to describe their perceptions of patient-centered care (PCC).

Participants defined PCC broadly as caring for a person as a whole while accommodating for individual needs and concerns. Our findings indicate that patients view PCC as a team effort to provide individualized health care. Many participants believed that, to obtain high-quality care, patients had a responsibility to actively participate in their own care and work closely with providers. Participant-generated photography and interview data also revealed various contextual factors influencing PCC perceptions. Patient-provider communication and relationships played a key role in patient perceptions, and were closely tied to overall perceptions of quality of care. In addition, environments of care, both physical and social, and accessibility of care were important aspects of the patient experience.

Employee/Health Care Provider Experiences and Views

Salva Balbale, MS; Megan Morris PhD; Stephanie Turcios, BS

Twelve VA employees across two VA sites also participated in this photovoice project to explore perceptions of patient-centered care (PCC) The median age among employee participants was 56 years, and 10 (83.3%) were male.

Preliminary findings show that VA employees and patients shared a similar definition of PCC with a strong emphasis on viewing the patient as a whole. Employees described PCC as providing services that go above and beyond the patient's needs and having the necessary resources on hand to assist patients.

Although perceptions of PCC were described with the patient in mind, participants also noted the importance of employee resources that promote job satisfaction and help to create a patient-centered environment. These employee-level resources included wellness programs, opportunities for training and education, and access to technology in the workplace. Other factors identified through employee photographs and interview data included working in an aesthetically pleasing environment and the availability of healthy initiatives directed toward employees and patients. Employees reported that participating in the photovoice project gave them the chance to reflect on their job and recognize how it plays a significant role in the PCC model.

Photo: Artwork in a VA waiting area.

> "Artwork, in general, in an environment, really adds to the mood. But sometimes artwork in itself… If put on a wall in a waiting area, can almost serve as something to focus on for guided imagery purposes. So really artwork, if it's picked correctly, serves dual purposes. And this adds to the overall healing environment."
>
> *VA Provider*

Secondary Data Collection: VA Administrative Databases Analysis

Effect of PCC on Employee Satisfaction

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

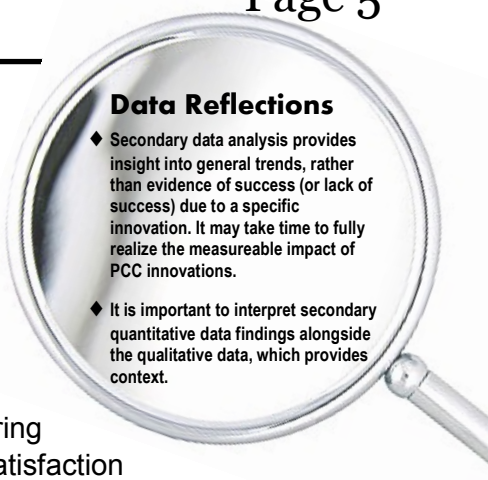
Using VA administrative data, we studied select outcomes related to patient-centered care (PCC) in Centers of Innovation (COIs) to identify changes associated with PCC innovations. Innovations were not evaluated independently, but as part of broader 'cultural transformation' trends. This article focuses on employee satisfaction in COIs, matched comparison sites, and overall VA. Evidence suggests that PCC may improve job satisfaction and retention, particularly among nurses.[4,5]

Using the All-Employee Survey (AES), we compared changes in employee satisfaction prior to implementation of PCC innovations (2008-09) to more recent levels (2010-12). For the most part, to date, job satisfaction has not noticeably improved for nurses or employees at COIs. Among nurses, only one COI (site 4) showed a modestly positive increase in job satisfaction over time (Table 1). Average overall job satisfaction has risen from 3.54 (FY07) to 3.79 (FY12). At site 4-comparison, there were notable improvements in average overall job satisfaction among nurses from FY07 to FY09, but average overall job satisfaction dropped during the FY10 to FY12. There was no noticeable upward (or downward) trend in job satisfaction among nurses at the other 3 COI sites. Overall job satisfaction among nurses across VHA has remained almost constant over the six years observed, with an average rating of 3.75 in FY12.

Table 1: Job satisfaction: Nurses

	FY07	FY08	FY09	FY10	FY11	FY12
Site 1	3.86	3.98	3.98	3.99	4.02	3.83
Site 1-Comparison	3.74	3.84	3.95	3.92	3.93	3.88
Site 2	3.59	4.06	3.94	3.91	3.79	3.71
Site 2-Comparison	3.83	3.63	3.76	3.59	3.84	3.76
Site 3	3.87	3.92	3.90	3.95	3.91	3.90
Site 3-Comparison	3.95	4.02	3.99	4.15	4.12	4.09
Site 4	3.54	3.61	3.78	3.88	3.74	3.79
Site 4-Comparison	3.55	3.71	4.05	3.91	3.71	3.78
All VHA	*3.74*	*3.82*	*3.90*	*3.82*	*3.82*	*3.75*

Rated on Likert Scale: 1 - Not at all satisfied, 5 - Very satisfied



Among all COI employees, there were no COI sites with a positive increase in job satisfaction (Table 2). Site 4 showed steady but modest increases in overall job satisfaction among all employees during FY07 to FY10, but job satisfaction leveled off during the latter two years. At site 4-comparison, all employees exhibited a similar trend to that of nurses, with notable improvements in overall job satisfaction from FY07 through FY09, but a drop during the FY10-FY12 period. Overall job satisfaction among all employees across VHA has remained almost constant over the six years observed, with an average rating of 3.78 in FY12.

Table 2: Job satisfaction: All employees

	FY07	FY08	FY09	FY10	FY11	FY12
Site 1	3.82	3.86	3.86	3.93	3.96	3.86
Site 1-Comparison	3.69	3.76	3.84	3.85	3.81	3.70
Site 2	3.68	3.89	3.88	3.84	3.79	3.69
Site 2-Comparison	3.86	3.78	3.84	3.72	3.84	3.78
Site 3	3.86	3.92	3.88	3.93	3.84	3.84
Site 3-Comparison	3.70	3.80	3.86	3.98	3.97	3.85
Site 4	3.60	3.71	3.82	3.86	3.80	3.79
Site 4-Comparison	3.64	3.80	3.92	3.81	3.79	3.79
All VHA	*3.76*	*3.83*	*3.89*	*3.83*	*3.81*	*3.78*

Rated on Likert Scale: 1 - Not at all satisfied, 5 - Very satisfied

The lack of noticeable improvements in overall job satisfaction among VHA nurses and all VHA employees at the COI sites is consistent with a recent study using AES data that showed no significant upward trends in overall job satisfaction among psychiatrists after the introduction of the Comprehensive Mental Health Strategic Plan, an initiative also intended to improve patient care.[6]

Limitations: There are several important considerations that apply when interpreting the findings described above. As with most organizational interventions implemented in actual practice settings (i.e., outside controlled research settings), outcome effects are typically not immediately observable. Further, the spread of PCC innovations to employees at VA facilities is unknown, as such PCC innovations may not demonstrate a significant change in institution-wide employee satisfaction scores.

Implementation Tips

Implementation of PACTs and COIs

Jennifer N. Hill, MA

Patient-Aligned Care Teams (PACTs) embody PCC by integrating the patient and family into the care team led by a primary care clinician who provides coordinated and continuous care throughout the patient's lifetime. Team members share information, and work together in a synergistic way to provide optimal care based on mutually negotiated goals. We explored the process, barriers, and facilitators to PACT implementation as part of our larger evaluation.

We conducted semi-structured interviews with key leaders and staff involved in implementing/ participating in PACT and used constant comparative techniques to explore constructs in implementation and organizational frameworks.

Facilitators to PACT included: availability of training, engagement of staff in PACT delivery, and support for team building. Although support exists for this team-based approach, barriers included: failure to gain staff buy-in early on, failure to alleviate time/ resource issues, incongruent performance measurement, and lack of defined roles and responsibilities.

To support implementation of PACT, hospital leadership should provide education and encouragement prior to its implementation. To promote sustainability, continued attention to team-building efforts and staff engagement are needed. Understanding the organizational factors influencing the implementation of team-based primary care is an essential component to supporting systematic and sustainable changes.

Further discussion of the results can be found at: LaVela, SL, Hill, JN. Re-designing Primary Care: Implementation of Patient-Aligned Care Teams. *Healthcare: The Journal of Delivery Science and Innovation.* In Press.

Lessons From the Field: Implementing PCC—White Paper

PCC Evaluation Teams
CEPEP (LaVela SL, et al.) and
EPCC-VA (Bokhour B, et al.)

The Center for Evaluation of Practices and Experiences of Patient-Centered Care (CEPEP) and Evaluating Patient-Centered Care in VA (EPCC -VA) were selected by the Office of Patient-Centered Care and Cultural Transformation (OPCC&CT) to conduct comprehensive evaluations of PCC implementation at the four established COIs. Results were reported in a white paper entitled "Lessons from the Field for Implementing Patient-Centered Care and Cultural Transformation" to OPCC&CT.

Evaluation activities included site visits with each of the four established COIs which included tours of the facility, observation of care and delivery processes, and interviews with leaders, middle managers, and frontline staff.

Findings were used to develop a list of key take home points. Examples include: engaging and energizing leadership through multiple core leaders at different levels of the organization, engaging staff in idea generation including the use of novel or unconventional approaches, and involving patients/ families in idea generation through formal (e.g., committees) and informal processes (e.g., surveys) to ensure implementation of programs and processes that are most responsive to Veteran's needs.

The white paper focuses on making broad recommendations for facilities who may consider joining the COIs on the journey of cultural transformation, but also reflects on the processes and progress made by the pioneering COIs. As the VA continues its transformation, we need to consider the implications of these findings on the sustainability and spread of PCC throughout the organization.

Measuring Patient-Centered Care: Tools and Recommendations

PCC Elements & Measurement Areas

Frances M. Weaver, PhD

Defining patient-centered care (PCC) is complicated because it involves many different elements:

- **Communication:** mutual exchange between patient and provider that is responsive to needs, preferences, and values
- **Empowerment/Activation:** patient assumes greater control and responsibility for their care
- **Shared decision making:** collaborative process between patient and provider to make decisions together
- **Preferences:** what the patient wants
- **Holistic care:** includes the whole person – physical, mental, and spiritual
- **Care environment:** access to care, comfort, surroundings
- **Patient Context:** a person's life circumstances that influence diagnosis and care decisions such as their job, caregiver responsibilities, income

Although the emphasis is on the patient, other important components of PCC involve health care providers, health care teams, and families/ caregivers.

One of the great challenges in the rapidly growing field of PCC relates to measurement. How do we know if and when PCC is being provided? Does PCC result in better outcomes for patients? One of the aims of the Center for Evaluation of Practices and Experiences of Patient-Centered Care (CEPEP) is to review what measurement tools are available and make recommendations regarding best available tools, as well as to identify gaps in measurement for which new tools are needed.

Our review of the literature has identified four areas of measurement:

1. **Observational methods using audio and or video recordings of patient-provider encounters to determine whether the care being delivered is patient-centered.** These strategies are time consuming and labor intensive. They require collecting recordings of actual encounters, reviewing and coding the content of the encounters, and linking the findings to patient outcomes. We have identified at least eight different observational coding strategies that have been used to assess PCC. Several of these coding systems are focused on patient-provider communication. Only two studies have compared different coding schemes in the same study. Both found weak correlations between measures and suggest that how PCC is conceptualized varies across these different coding schemes.[7,8]

2. **Patient perceptions.** This measures whether patients believe the care they receive is patient-centered. These instruments rely on the patient to tell us whether they feel that the care that they receive is patient centered. Measures such as the Global Practice Experience,[9] Consultation and Relational Empathy,[10] Patient Perceptions of Patient-Centeredness, and the Experience of Care and Outcomes Survey (from the Agency for Healthcare Research and Quality), are examples of scales that assess patient perceptions of care.

3. **Patient outcomes that we expect would be better if care is patient-centered.** This includes outcomes such as satisfaction with care, clinical assessments (e.g., improved blood pressure), adherence to treatment, and reduced health care use/costs. PCC should result in greater satisfaction, better adherence, and reduced use of unnecessary services.

4. **Assessment of elements of PCC.** These scales assess components of the definition of PCC such as patient empowerment, patient activation, shared decision making, and patient/provider communication. The expectation is that if a patient feels empowered or activated or is involved in decision-making about their care, then the care

they receive is more patient-centered.

Furthermore, there are some constructs within the various definitions of PCC for which tools are limited or lacking. Cultural sensitivity and environmental factors are two areas in which we found little in terms of measurement.

Because PCC involves multiple constructs, it is unlikely that a single measurement tool can capture all aspects of PCC. Further, use of quantitative assessments, as illustrated by Burkhart et al. (page 5), may be limited in program evaluation and should be used in conjunction with narrative assessments as explained by Locatelli et al. (pages 1-3). A combination of assessment strategies and tools that best assess the key constructs of PCC will likely yield the best method of determining whether care is patient-centered. CEPEP is working with a group of researchers, providers, and patients to make recommendations as to what set of measurements best assesses PCC.

Center of Innovation Spotlight

Birmingham VA Medical Center

Ron Hamner, RT, MBA, MSHA

Medical Center leadership wanted to partner with Veterans to enhance service recovery, guide strategic planning, and shape patient experiences. In response, Birmingham VA Medical Center established the Patient and Family Centered Care (PFCC) Steering Committee. The PFCC Steering Committee is comprised of the medical center director, patient and family advisors, and staff from across the medical center. The purpose of this group is to capture the Voice of the Veteran, obtain recommendations of desired service offerings, and provide committees, improvements teams, and service lines with a Veteran representative for feedback/involvement.

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