

Evaluating patient participation in Value Based Health Care: current state and lessons learned

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Research question

What is the current state of patient participation in the Santeon Value Improvement (VI) teams, and what are the lessons learned?

Methods

A mixed-methods approach was used consisting of three

① Interviews with VI team members (n=15), either HealthCare Professionals (HCPs) or patients

② Questionnaire (PPEET) completed by members (n=147 of 76 VI teams)

③ Second round of interviews with VI team members (n=15)



Results

Barriers



- Hierarchy
- Medical jargon
- Representativeness of patient
- COVID-19 and online meetings
- HCP does not want to burden patient
- Staff readiness is low
- Size of VI team
- No one responsible for patient participation
- Subjects discussed are not relevant or confronting for patients

Facilitators



- More than 1 patient in team
- Moderator
- Structure, e.g. agenda send in time
- Feedback on input
- Patient is seen as equal partner
- Clear goal for patient participation and explanation of role for patient
- Important to maintain professional relationship with HCP
- Method for patient participation should be customized per team

Characteristics of patient

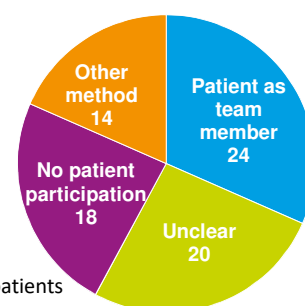


- Motivation: improve care, personal interest, and giving back
- Patients often have previous experience with patient participation
- Patient should be critical, interested in healthcare, verbally strong, and have a helicopter view

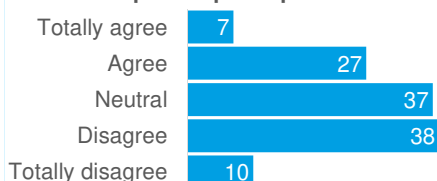
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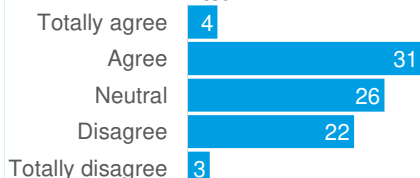
- More partnership for patients
- Patient has different knowledge compared to HCPs
- Patient does not feel taken seriously, tokenistic participation
- Patient does not feel competent enough



The VI team has a strategy for patient participation:



Overall, I am satisfied with the patient participation in the VI team:



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"We are talking about VBHC, and improving care for the patient, so patient participation is essential"

Conclusion

Our results show that there are positive experiences with patient participation in VI teams, but that there also is room for improvement.

1. We identified several barriers and facilitators for patient participation in VI teams.
2. Several teams did not have any form of patient participation in their VI team, which can be explained by the lack of strategy for patient participation.
3. Multiple VI team members are not satisfied with patient participation in their VI team, while most VI team members stipulate the importance of patient participation in VBHC.