

Purpose

The learning cycle rapidly explored patient perceptions of Team Based Care (TBC), gaps in communication about TBC, and what communication patients would like to receive about TBC. Patient partners connected with the TBC Advisory have been raising concerns about how TBC is communicated to patients for a long time. This learning cycle was carried out in partnership with a patient Special Advisor, Layton Engwer, who provided exceptional guidance on the design and implementation of the learning cycle.

Process

Between July 10th and September 15th we: 1) conducted a quick literature scan of popular media and academic journals, 2) Held a focus group with the Primary Care Patient Voices Network, and 3) Completed 13 patient Interviews.

Most of the patients interviewed were attached, most to a Family Doctor, one to an NP, a couple to teams. Efforts were made to include diverse patient voices in the learning cycle, including:

- Geographical representation (3 Interior, 1 Kootenays, 6 Lower Mainland, 3 Island)
- People who self-identified as LGBTQI+, seniors & adults 30-45, caregivers, as having chronic illnesses or complex care needs, POC, and Indigenous.
- Some folks with health backgrounds and some without

Through thematic analysis we identified a set of themes at both the system and clinic/team levels. Following the thematic analysis, a list of possible communication actions was developed and tested in a small constructive workshop with 10 participants from HQBC. We planned a short prioritization activity to consider effort and value of a range of communications actions. However, we did not get to this part of the workshop as the participants needed more time to process results before thinking about actions. Appendices 1 & 2 summarize these matrix activities, which might be useful in future.

Literature Scan Learning

Popular media has focussed primarily on how TBC will benefit providers. There has been almost no reporting or media about how TBC will impact patients, the benefits to patients, and speaking directly to perceived risks for patients and how those will be mitigated.

The quality of patients' communication with a primary care provider (PCP) and a patient's expectations for care are significant determinants of patient satisfaction¹. When care received matches patients' expectations, the patient is satisfied. However, when expectations and experience don't match patient feels that difference². There is also a perception that TBC can/will disrupt the quality of communication and the care relationships (relational continuity) and fragment care delivery across numerous team members², resulting in decreased satisfaction.

Strategies to counter this perception of fragmentation include promoting the team as a well-functioning body to patients² and incorporating a “showing you care” style of communication where all team members involved reinforce the idea that their primary concern is the patient’s welfare³. Additionally, the use of a patient engagement strategies, including patient advisory councils, can result in clearer patient educational materials, more user-friendly systems and processes, and improvement to the overall patient experience in accessing care⁴.

Interview & Focus Group Learning

System Level Themes

- **Health system capacity is in real crisis and patients feel ‘lucky’ to have a primary care provider.** But people worry that accessing a team, privileges those already with access and they feel guilty that they might be over-utilizing healthcare human resources. Patients also want more choice and control over who they will choose to see for their healthcare.
- **The idea of TBC resonates with almost everyone** BUT there is no shared understanding of how TBC works and what it means for patients.
- **There are beliefs, hierarchies, and cultural systems that may make the transition to a team harder for some patients.** We need to recognize that TBC may not be what everyone wants or may not be available to all patients.
 - *Is this an all or nothing transition? Who should expect TBC? Can patients choose TBC? What if I do/don't want TBC – do I have a choice?*
- **Patients want more communication about primary care and team-based care.** There is a preference for that message to come from professional communicators through a wide range of mediums (social media, websites, conventional media). This is more than a policy change, it is a culture change for patients.
 - *What exactly is primary care? What is included or not included? When will I have a team? Why do I need a team? How will a team benefit me?*
- **Patients want to understand how this will be funded.**
 - *If we can't even get patients attached to doctors, how will the system pay for all these other professionals? If I am lucky enough to have a team, do I now have access to free services that others don't?*

Team Level Themes

- **Patients want to understand why the change is happening and what to expect.** They prefer change to happen slowly, (i.e. 1-2 new team members at a time for newly expanding teams).
- **Indigenous patients want to feel confident that the full team will ALL provide culturally safe care.** Concerns raised about whether a team could be diverse enough to meet an individual's unique needs (i.e. language, culture etc.)
 - *How is this communicated to patients? What if not all team members feel safe? Can I choose to see a different team member? What if I experience culturally unsafe care? How do I report that?*
- **Patients want to understand how the team will work together and communicate.** They do not want to retell their health story to each member of the team. Most patients trusted a doctor to suggest a different team member for their care but only with intentional interpersonal hand-off. Trust increases when patients experience the team working together.
 - *How can I trust that the team is working together well to provide care without patients falling through the cracks? (eg. I thought you were doing that?). How do they talk to each other? How often do they meet? Who comes to those meetings? Is the focus on a single patient or many? Can I be part of meetings about my care? Do they not meet at all and just communicate via medical record notes? How will my team know if they are doing a good job? How do I give feedback? How will they know what they are doing is working?*
- **Patients need to understand the clinic workflow for how patients are matched to a team member.** This was perceived by patients as one of the *highest risk* parts of the TBC experience. Perception of being passed off to a “lesser” professional because their concern is not important enough to see the doctor. Patients want more control and flexibility - to book with the doctor or to see only some team members b choice.
 - *Am I not allowed to see my doctor? Who matches me? How can I trust that they will do that well? What if I have multiple concerns - does that mean I need to come back multiple times to see multiple people on my team? Faster access to the wrong person?*
- **Patients want frequent, regular, and consistent communication about TBC at the clinic level.** Before a person books, when a person arrives, after a person leaves, in follow-up. Communication must highlight the process for patients, from a patient's perspective (ie. A video walk-through of the clinic or a flow chart of how a patient navigates the team.) Patients want this communication to be accessible through a variety of methods: emails, videos, posters, page on website, options in phone tree, infographics etc. [ARHQ provides an excellent guide integrating patient-centered care with TBC which speaks to many of the communication needs.](#)⁵
- **Roles need to be transparent to patients.** Concern about whether someone would be “quarter-backing care” and a desire for the doctor to be in this role and making the final call. This includes clear roles for patients in designing changes to how patients access, book, navigate, and communicate with their healthcare providers, team, and clinic.

- *Who is responsible for knitting together the team and points of care into a cohesive experience? What happens if professionals don't agree on care plans/actions, what if the professionals disagree?*

Recommendations

- Record and share stories and video vignettes from patients, talking about their TBC experiences, to help shift culture and publicize the benefits of TBC for patients and distribute them widely using different mediums.
- Build templates to help “map” a patient pathway through a TBC team, introduce new staff members, and share with patients what to expect from this change.
- Create a checklist for patient communications for new teams to ensure TBC change is communicated to patients and ensure consistent messaging.
- Develop patient/family focused communication assets (eg. Posters, social media, emails, website content)
- Clearly outline cultural safety efforts being taken by the whole team and a clear complaint process that affirms patient confidentiality and safety throughout the process.
- Create a communication task group with regional leads to start developing system-wide communications

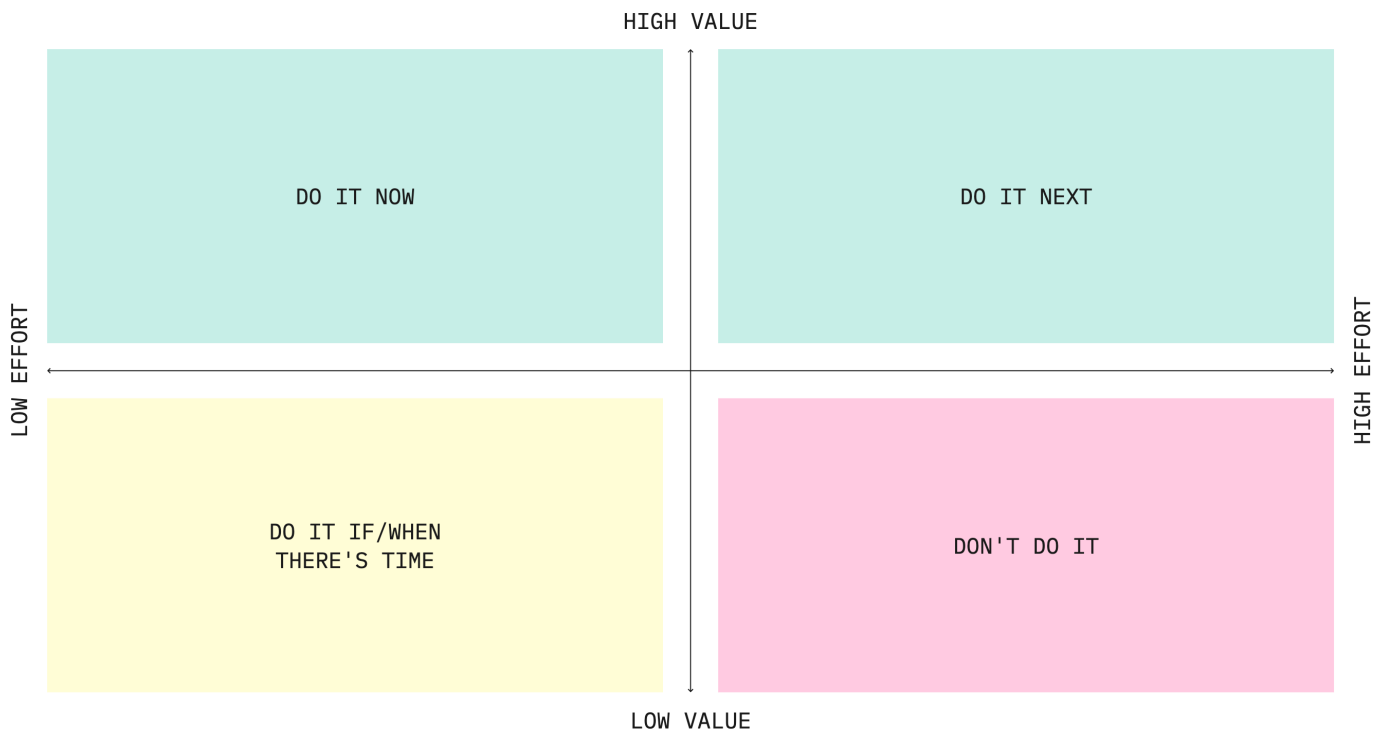
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Appendices

Appendix 1: Value & Effort Matrix

This activity was not implemented in the Learning Cycle but was developed as part of the process and is shared here for future use.



Appendix 2: Idea to Action Quadrant Activity

This activity was not implemented in the Learning Cycle but was developed as part of the process and is shared here for future use.



Idea to Action: Planning Quadrants

