



**INNOVATION
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UNIT**

Patient Perspectives on Communication of TBC

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Learning Cycle Goal

To learn from the experiences and perspectives of patients and key stakeholders to:

- Determine patient perceptions of TBC
- Identify the gaps in communication about TBC
- Learn what patients need in terms of communication about TBC

We asked about both system-level communication AND clinic-level communication

What did we do?

Between July 10th and September 15th we:

- Conducted a quick literature scan of popular media, academic journals, grey literature
- Held a focus group with the Primary Care Patient Voices Network
- Completed 13 patient Interviews with a diverse group of patients

What we found in the literature

- Popular media has focussed primarily on how TBC will benefit providers.
- The quality of patients' communication with a primary care provider (PCP) and a patient's expectations for care are significant determinants of patient satisfaction^[1].
- There is a perception that TBC can/will disrupt relational continuity and fragment care delivery.
- Patients are generally willing to accept TBC when it is recommended by their primary care provider.

^[1] (Stockdale et al., 2018)

What we heard in interviews: System Level

Health system capacity was recognized as being 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 resonated 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 or team-based care. Preference for that message to come from professional communicators. This isn't just a policy change but a culture change for patients.

What exactly is primary care? What is included or not included? What is TBC? When will I have a team? 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

What we heard in interviews: Team Level

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).

Indigenous patients need to feel confident that the full team will ALL provide culturally safe care. And patients with other unique cultural or linguistic needs also 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? What is the complaint process and how do I know it will remain confidential and maintain my safety?

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 team 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 patient 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?

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?

Communication from teams

- 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.
- In particular, communication that highlights 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 mediums
- ARHQ has an excellent guide integrating patient-centered care with TBC which speaks to many of these communication needs.

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 focussed 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 to start developing system-wide communications



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Questions?