



IxResearch Briefing: November 2006

Patient-Focused Interventions: A Review of the Evidence

Introduction:

Patient-focused interventions involve patients as active participants in securing appropriate, effective, safe and responsive healthcare. They enable consumers to improve their health through wellness and prevention efforts, shared decision-making (SDM) and self-management of chronic conditions. Angela Coulter and Jo Ellins from the Picker Institute Europe completed a 300-page comprehensive review of the evidence base for patient-focused interventions in order to inform decision-making in policy, management, clinical practice and research. It also offers best practices for implementation. This research briefing provides an overview of some of the key insights explained in the report.

1. Communicating Health Information:

- Health literacy: Consumers must have a competent level of health literacy in order to be able to obtain, process and understand basic health information so that they can effectively care for themselves and make appropriate health decisions.
- Written health information:
 - Has been demonstrated to improve patients' recall of important information.
 - The most useful forms of written information are specifically tailored to a patient's needs, include accurate and unbiased information, and are presented in plain language that is enhanced with visual aids.
- Other vehicles for information delivery:
 - Alternative format resources, such as Web sites and audiotapes, have been shown to beneficially impact self-efficacy and confidence in patient-doctor relationships.
 - They lead to increased patient satisfaction and may have a beneficial impact on health.
 - Tape-recordings of consultations have been shown to reduce follow-ups and costs.

2. Improving Clinical Decision-Making:

- While a patient's desire to participate in SDM varies by age, education, culture, disease state and condition severity, it also depends on the patient's circumstances. It is best if clinicians ask patients what role they want to play instead of making assumptions. However, several general trends regarding patients' likelihood to engage in SDM have been observed:
 - Young, educated patients are more likely to want to play a greater role in SDM, though elderly patients also typically want to be involved in end-of-life decisions.
 - Involvement in SDM varies based on the stage of a disease episode and the severity of a condition. Healthy patients (with either a non-life threatening conditions or in an early stage of a disease) typically want more involvement in SDM.
- Communication skills training for physicians has been shown to improve a clinician's ability to gain competency in the principles and practice of SDM, which has increased their use of SDM and improved patient satisfaction. Effective training has focused on how to take account of patients' values and beliefs about treatment options, and involving patients in developing management plans.

- Coaching patients on communication skills and question prompts (that instruct patients on how to raise issues and express preferences) have been shown to improve their knowledge and information recall.
- The most effective decision aids incorporate three key elements: information provision and risk communication, values clarification, and guidance or coaching in deliberation and communication.
- Decision aids that use a variety of media to help patients clarify their values and the understand the pros/cons of their options (such as audiotapes, computer programs, interactive videos, etc) have been shown to improve knowledge and information recall, increase involvement in SDM, and lower costs through a reduction of service utilization.

3. Improving Self-Care:

- Educational programs that teach practical self-management skills are more effective than the provision of information alone.
- Self-management education has been shown to improve knowledge, coping behavior, adherence, self-efficacy, and symptom management. Some evidence suggests a reduction in health service utilization and cost, and enhanced quality of life. Home-based tele-care can reduce a patient's sense of isolation, and improve self-efficacy, quality of life, patient empowerment and psychological outcomes.
- Patient-centered strategies are best for supporting self care if they involve (1) a good relationship between the provider and the patient, (2) information that is easily accessible, (3) support strategies that are tailored to meet individual needs, and (4) a provision of service that is flexible enough to fit with the patient's other commitments.

4. Improving Patient Safety:

- Successful partnerships with patients can only occur when patient involvement is valued and when patients have a competent level of health literacy so that they can understand and act on information about safety and risk.
- Factors that influence a patient's ability to participate in safety improvement include demographic characteristics, a patient's perceived vulnerability to harm and a patient's confidence in challenging health professionals.
- Patient-focused safety initiatives should not be a substitute for efforts to change professional behavior or address systemic problems, but should instead work alongside these efforts.
- Patients can help ensure the safety of their care by doing the following:
 - Making informed provider choices
 - Helping reach an accurate diagnosis
 - Sharing decisions about treatments
 - Contributing to safe medication use
 - Participating in infection control
 - Confirming the accuracy of records
 - Checking care processes
 - Reporting treatment complications
 - Practicing effective self-management
 - Shaping the design and improvement of services
- Patient involvement in campaigns around hospital infection has had positive effects. For example, initiatives that encourage patients to ask health workers if they have washed their hands, in combination with an increase in hand-washing facilities, have been shown to lead to significant improvements in hygiene compliance.

5. Improving Access to Health Advice:

- Telephone consultations:
 - Have been shown to be effective in improving health care access, especially for rural populations.
 - A study investigating a telephone consultation service operated by nurses using decision support software found that such a service could reduce general practice workload and costs, which was primarily due to a reduction in emergency admissions and a decrease in short hospital stays.
 - Telephone services that send out appointment reminders have also resulted in increased attendance.
- Remote tele-consultations (such as videoconferencing):
 - Are particularly useful for remote and hard-to-reach populations.
 - Videoconferencing has been found to be an effective way to improve health outcomes, increase patient access and enhance satisfaction levels, due to lower cost for consumers and a reduction in patients' travel and waiting time.
 - Remote tele-consultations have been particularly effective in the areas of dermatology, psychiatry and cardiology.

6. Improving the Care Experience:

- Patient feedback surveys can help improve care by giving practitioners insight into a patient's experience, establishing benchmarks that create competition, informing patients of providers' quality performance and, ultimately, by motivating providers to improve quality.
- Public disclosure of hospital performance data has been effective in encouraging providers to implement quality improvements.

7. Improving Service Development:

- Improving service development includes the practice of public involvement, in which consumers participate in decisions about the development, planning and provision of health services.
- Methods for public involvement include informing the public with objective information, collaborating with the public and empowering the public with the ability to make decisions regarding service development.
- Although there is currently little evidence supporting the effects of public involvement on service improvement, it was developed as a way to yield the following benefits:
 - The development of effective health services that are responsive to people's needs
 - A reduction in health inequalities
 - Improved public health
 - The creation of societal benefits that increase societal capital

Citation:

Coulter, A, Ellins, J. Patient-focused interventions: A review of the evidence. *The Health Foundation* 2006.

Can be accessed at: http://www.pickereurope.org/Filestore/Downloads/QEI_Review_AB.pdf.