



LA TROBE
UNIVERSITY



Cochrane
Consumers and
Communication

Connecting evidence and experience: What difference could we make?

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Centre for Health Communication and Participation

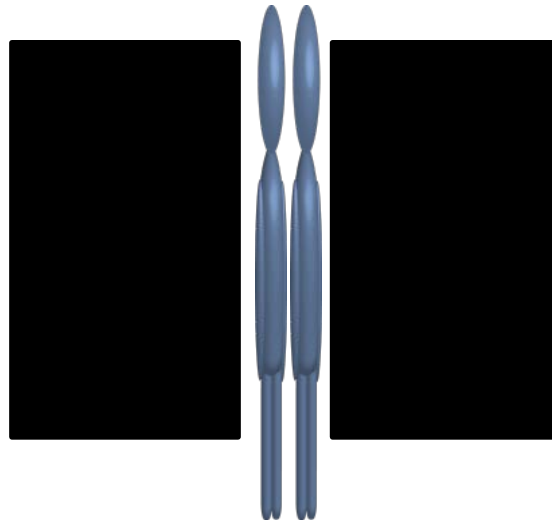
13 November 2015

Context, aim and overall conceptual framework

Context: Let's acknowledge the competing pressures

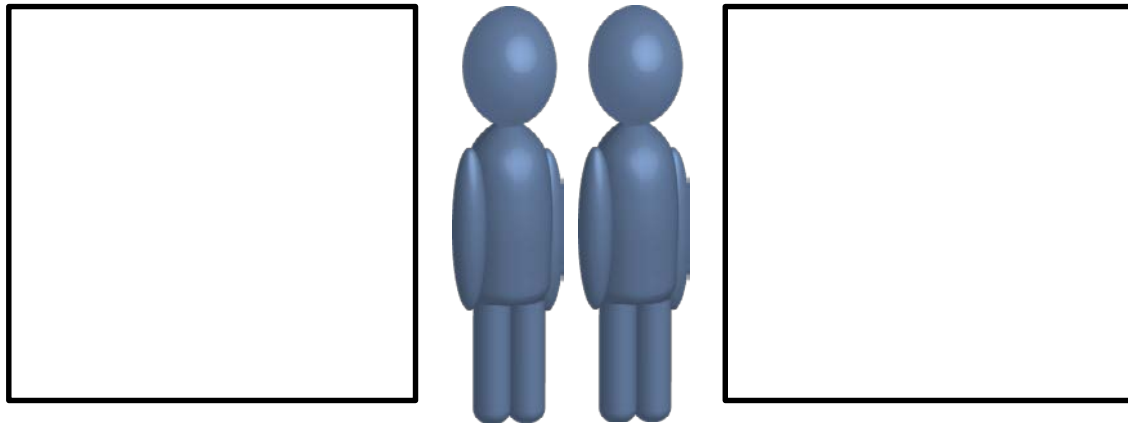
Pressure to
move patients
through safely

Pressure to
communicate
effectively



Aim: to suggest some ideas to create space to work together

From research



From health
service staff

From patients,
carers & community
members

Conceptual framework of Centre: Combine science and democracy for better health

KNOWLEDGEABLE PATIENT: KNOWLEDGEABLE SOCIETY

*Research about experiences, needs,
preferences*

Democratic participation

*Research on the effects of interventions
for communication and participation*

**BETTER HEALTH
OUTCOMES**

Hill S (2011) *The Knowledgeable Patient*. Wiley Blackwell

Sub-concepts informing our work

Consumer participation	Health literacy
Patient-centred care	Evidence-informed health care
Shared-decision making	Co-production

Connections between evidence and experience: 3 ideas

1. Improving communication leads to improvements across a range of outcomes
2. You may struggle to improve communication without listening carefully to patients
3. You can't address patient experience without addressing health professionals' communication skills

1. Improving communication leads to improvements across a range of outcomes

- Key message from a solid body of evidence summarized in systematic reviews is that improving communication between health professionals and patients through purposeful interventions leads to improvement on a range of outcomes
- There are different ways this can be achieved – 2 examples

Interventions (mostly training) for providers to promote a patient-centred approach in clinical consultations

Consultation processes

- Clarifying patients' concerns and beliefs
- Communicating about treatment options
- Levels of empathy



Patient satisfaction with care



Patient health behaviour



Patient health status and wellbeing



Resource issues:

Short-term training (< 10 hours) is **as successful** as longer training

Cochrane review of 65 controlled trials (Kinnersley et al., 2013)

Interventions to promote informed consent for patients undergoing surgical and other invasive health care procedures

Patient **knowledge**



Patient **satisfaction with decision-making**



Decisional conflict reduced



Resource issues:

Interventions increased consultation length by an average of **2** minutes

Summary

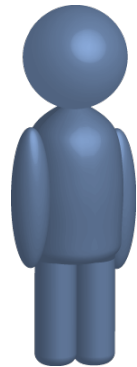
Purposeful communication leads to improvements across a range of outcomes

These include:

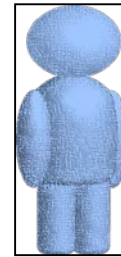
- Beneficial communication outcomes for patients and clinicians
- Clinicians' skills
- Improvements in patients' evaluations of care
- Improvements in patient behaviour
- Improvements in health status

2. You may struggle to improve communication without listening carefully to patients

What I learned from one conversation



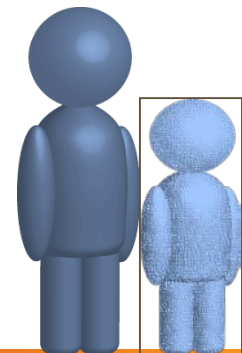
Patient
record =



A very health literate patient who had two hip replacements this year

- Good health outcomes, but some interesting interactions
- Admission sources of information
- Patient monitors what is done to him
- Patient experience with medical students
- Patient learns useful pain reducing options and passes them on
- Patient researches key information post-discharge for preventing adverse event

What could be learned from this one experience?



Patient stories and patient experience improvement

- *Experts with experience*
 - A phrase that King's Fund in England uses to describe knowledgeable consumers involved in projects and service improvement (Quote from Chris Ham's talk at 2015 NHMRC Research Translation conference)
- *Experts with experience* provide *patient stories*: a descriptive narrative of the treatment and journey through a health service
- They can be used to encourage discussion in team or board meetings, particularly with regard to patient safety issues. (Foot et al., 2014. King's Fund. UK.)
 - Let's examine some intersections with the Victorian Health Literacy consultation and the new (draft) National Standards

Connecting with health literacy consultation



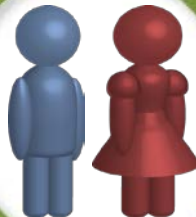
Multiple communications associated with entry points – information ‘dumps’ are common

Admission



Patient may have to communicate with many people – patient and record are unique point

In hospital



Surgery

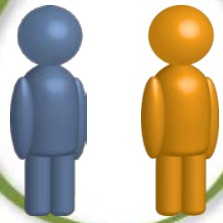
Patient and health professionals need to work more in partnership - could patient be viewed as a member of the team?



At home

Multiple communications associated with exits – gaps common

Connecting with new (draft) Standards



Health literacy: Provide information tailored to diversity of patients (PC4)

Admission



Governance:
More linkage between HS records and consumer records (GS11)

In hospital



Surgery

Governance:
Consumer and health professional use information from the analysis of near misses (GS9)



Partnering:
Communications associated with exits (PC4)

At home

Building individual stories into improving the patient experience: advice from UK resources

- Identify quick wins
 - 1) ‘things that can be tackled immediately’
 - e.g. patients not knowing which doctor is in charge of their care
 - 2) short-term improvements requiring 1–3 months planning
 - e.g. patients not receiving test results
 - 3) medium-term improvements requiring 3–12 months planning
 - e.g. patients wanting more say in decisions about their care’ (Coulter et al., 2009. King’s Fund. UK)
- Experience-based co-design (Foot et al., 2014. King’s Fund. UK.)
- Build the capacity of consumers, carers and community members to influence the health literacy agenda and outcomes (Hill. 2014. CHCP)



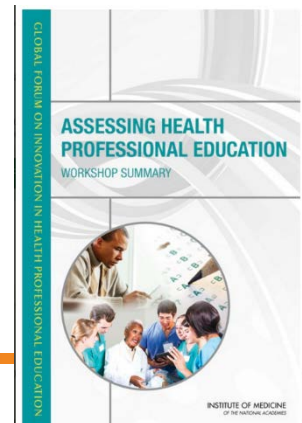
Summary

Patients with experience can provide key insights and critical information about a range of interactions and incidents which can be used to identify problem areas or ways of improving the treatment pathway

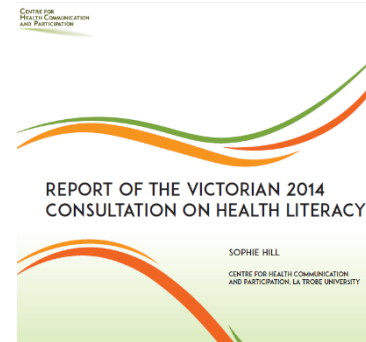
3. You can't address patient experience without addressing health professionals' communication skills



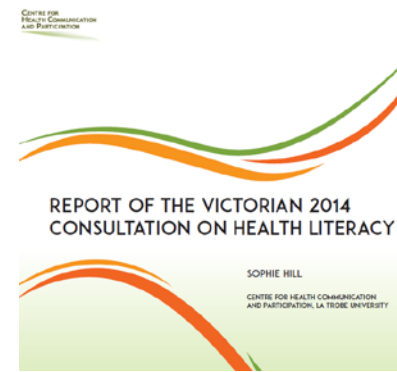
- Lesson from the Victorian health literacy consultation (Hill. 2014. CHCP at <http://health.vic.gov.au/consumer/health-literacy.htm>)
- Looking at the future of educating health professionals
- Communication is the most single important patient safety issue (Cuff 2014. IoM, USA)



Health professionals described these problems (experiences)



- Clinicians new to the workforce want to learn more about how to interact with people more effectively
- Communication skills are a health literacy issue
- Feel under-prepared
- Insufficient attention to communication issues in university
- Move into service culture where communication may not be a priority
- Ongoing training in communication a gap in health services
- New challenges emerge – changing social expectations and socio-demographics



Health professionals mentioned these initiatives

- Training in 'Teachback'
- Use of Ask me 3
- Educating new doctors to the service that communication was a risk reduction strategy

'Teachback':

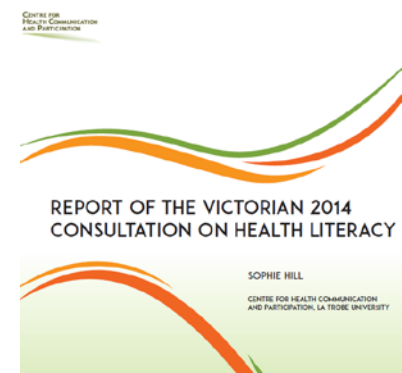
a strategy for clinicians to know that patients understand what has been communicated.

Ask me 3:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Suggested these solutions

- Training that is continuous, covering a range of issues
- Accredited
- Available not only for HP staff but also ancillary staff
- Consider areas for competencies



Putting communication skills training in broader context



- Training for communication skills is on the health literacy agenda
 - There should be an expansion in, and promotion of, accredited communication skills training for health professionals and members of the healthcare workforce, taking into account the diversity of training needs, purposes and modalities (Hill 2014)

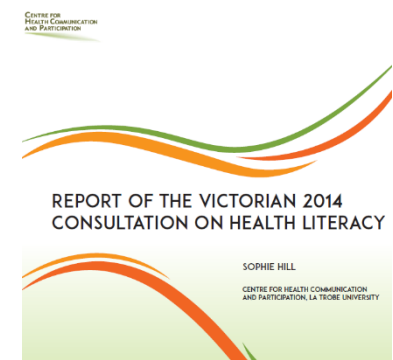
- Standard: Partnering with consumers in their own care
 - The health service builds the capacity of the workforce to form partnerships with consumers in their own care (PC6)

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

National Safety and Quality
Health Service Standards
Version 2:

Consultation draft

Report considers how to implement training



WHO IS THE TARGET?

- Clinicians who are new to the workforce, who need to acquire new skills or refresh their language or skills
- General staff in health services who interact with consumers or carers

WHAT IS THE PURPOSE?

- Specific knowledge or skills
- Mandatory requirements

WHAT SHOULD BE COVERED?

- Learning about different needs (e.g. Cultural and linguistic issues)
- Learning different communication skills (e.g. Shared decision making)

Summary

Patent experience and HP communication skills are different sides of the same coin

Partnership models benefit both parties

Partnership models require building the skills and capacities of all parties to make a partnership work

Partnership models require supportive systems and organizations

Connecting evidence and experience...

1. Will lead to improved health outcomes
2. Will assist in meeting National Standards
3. Will improve health literacy of people and organizations

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Questions?

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Thank you



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