

Increasing Patient Engagement Using Community-Based Resources

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Citation: UBCMJ. 2019; 10.2 (47-49)

Abstract

Patients' level of engagement in their health and health care is a key determinant of their health status and should be maximized. This article highlights two organisations ("InspireHealth" and "Self-Management BC") offering free patient engagement interventions within British Columbia and discusses the need for better publicizing of these and other community-based patient resources to ensure that patients receive the best available care.

Patient engagement has been referred to as "the blockbuster drug of the century"¹ and is the cornerstone of patient-centred care. For the majority of the population, their level of engagement and ability to self-manage is likely to be the primary determinant of their health.

What are self-management and patient engagement, and why are they important?

Self-management refers to all the things that patients do to manage their own health. This includes day-to-day activities such as maintaining a healthy diet, doing regular exercise, and mitigating stress, as well more directly medically-related actions such as taking medications, monitoring blood sugar, and interacting with the health care system in various ways.²

The term "patient engagement" or "patient activation" refers to patients' ability to self-manage their health. This is determined by their knowledge, skills, confidence and motivation, and is often correlated with socioeconomic status.³ Indeed, greater patient activation is associated with lower rates of smoking and obesity, improved A1C, HDL and triglyceride values, increased participation in cancer screening programs, and fewer emergency department visits.³

Increasing patient engagement

Given the great importance of patient engagement, how can we increase the engagement of all our patients? Primary care physicians can play a key role. A mere 2-4 minute counselling session with a family physician followed by referral to a health educator was shown to increase patients' cardiovascular fitness.⁴ Likewise, a 30-minute session providing advice and information about the importance of physical activity reduced patients' cardiovascular disease risk factors 6 months later.⁵

In their 2016 study, Greene et al. used a validated survey-based measure of patient activation (the patient activation measure or "PAM") to assess how PAM changed across a two-year period. They found that changes in PAM levels were positively associated with changes in health status. They also found that some physicians were more successful at increasing patient activation than others. Those who were most successful tended to use five key strategies: emphasizing patient ownership; partnering with patients; identifying small steps; scheduling frequent follow-up visits; and showing care and concern for patients.⁶

However, despite the impact that physicians can have on patient activation/engagement, many physicians are failing to discuss lifestyle changes with their patients. For example, in their 2011 study, Yang et al. found that only 40% of pre-diabetic patients reported having been advised about lifestyle modifications by their healthcare provider within the last year.⁷ It is likely that time constraints⁸ and

limited training in motivational interviewing are limiting factors for many family physicians.⁹

Thankfully, physicians do not have to tackle patient engagement on their own, and there are a growing number of studies describing community-based patient engagement interventions.² Evidence suggests that self-management interventions are effective in improving patients' confidence, knowledge and feelings about their condition and self-management behaviours, while findings are more mixed regarding quality of life, service utilization, health outcomes, and mortality.² Interventions tend to be more effective for patients with less severe illnesses or in the early stages of disease.¹⁰⁻¹² Outcomes are also likely to depend on the patients' stage of change and level of engagement with the intervention¹³, which may reduce the apparent effectiveness of interventions during randomized controlled trials. However, in real-world situations, where motivated patients self-select by choosing to participate in programs, the benefits may be more consistent.

My personal experience with patient engagement programs in British Columbia

Given the possible benefits of supplementary patient engagement interventions, I was interested to learn about two such programs that are freely available to patients in B.C.

In December 2017, I attended a two-day patient education program at "InspireHealth", a not-for-profit supportive cancer care organisation with locations in Vancouver, Victoria, and Kelowna (www.inspirehealth.ca). The "LIFE Program" is a free course for cancer patients and their supporters. Approximately 20-40 people can participate in a given course, and they are offered regularly throughout the year. The course includes talks on a range of topics, including nutrition, exercise, mindfulness, and even laughter yoga. It provides patients with easy-to-digest information about how to maximize their health and well-being in the wake of their cancer diagnosis. Furthermore, it gives patients an opportunity to meet with others going through similar experiences (peer support and social connectedness have been shown to be associated with positive health behaviours).^{14,15} Within two days, there was a palpable increase in morale and the participants seemed more empowered and optimistic. Even though I was there as medical student rather than a patient, I too was motivated to prioritize my health and felt a strong bond with the other participants.

While I found InspireHealth's LIFE program to be excellent for cancer patients, I wanted to know what programs are available

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for patients with other conditions. I was therefore excited to learn of “Self-Management BC”, an offshoot of the University of Victoria’s Institute on Aging and Lifelong Health. Self-Management BC runs free educational courses for patients with any chronic health condition, as well as courses specifically catered to those with diabetes, chronic pain, or cancer. Similar to InspireHealth, their courses cover healthy eating, exercise, pain and fatigue management, and stress management, as well as how to communicate effectively with healthcare professionals, manage medications, plan and problem solve. Courses are delivered in weekly, 2.5-hour group sessions over a period of six weeks and are offered in multiple languages throughout the province (see www.selfmanagementbc.ca for more information). They also offer an online version of the course and an extended telephone-based “Health Coach Program”, in which patients speak with a trained health coach for 30 minutes a week, over a period of three months. Self-Management BC’s evidence-based courses follow the approach of the Self-Management Resource Centre (previously known as the Stanford Patient Education Research Center) in Colorado, USA, which has been found to be efficacious in a large number of studies (see www.selfmanagementresource.com/resources/bibliography). The Self-Management BC website also provides useful links to government resources, advocacy groups, nutrition and lifestyle resources, and some disease-specific support groups.

Moving forward: publicizing patient engagement resources

These free courses offered by InspireHealth and Self-Management BC have the potential to improve both patients’ subjective experiences as well as their health. However, few patients (and physicians) seem to know that they are available. Indeed, most of the patients I met in the InspireHealth program had heard about the course through friends and family, rather than their health care providers. This realization made me wonder what other courses, community resources, and support groups are available to patients but under-utilised due to a lack of publicity.

In their 2015 international survey of patients with a range of chronic health conditions, the health consulting company, Accenture, found that only 19% of patients are aware of the therapeutic services available to them.¹⁶ However, of those patients who are aware of services, 58% use them and 79% consider them to be very or extremely valuable. Furthermore, as awareness increases, so do participation rates. This lack of awareness of services is also an issue in Canada and appears to be a significant barrier to service use among Canadian dementia patients and carers.^{17,18} Furthermore, those family physicians who attempt to link patients with community-based services are relying on out-of-date resources and inefficient search strategies to do so.¹⁹

A key issue seems to be the lack of a single authoritative and centralized list of patient resources. As mentioned above, the Self-Management BC website provides a list of patient resources, as does the B.C. government (<https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/registeredgroups.pdf>). However, neither list is fully comprehensive (the Self-Management BC’s site does not include information about InspireHealth, while the B.C. government does not mention either organisation).

“Pathways” (pathwaysbc.ca) is a new online resource that

provides family physicians and their staff with access to lists of local specialists to whom they can refer patients, as well as lists of relevant patient support services. Pathways can be accessed through the Electronic Medical Record system and is hoped to help family physicians connect patients with resources at the point of care. However, it is not clear what measures will be taken to ensure that the Pathways list of patient resources will have more comprehensive coverage than the pre-existing lists mentioned above. I also fear that by restricting access to this list to health care providers, we are preventing patients from researching resources on their own, reducing their self-efficacy. Conversely, leaving patients to “Google it” for themselves, puts too much onus on them and means that resources will be discovered only by highly determined patients who know what they are looking for and which search terms to use.

I therefore suggest that there is a need for a well-promoted and comprehensive database of all patient resources (interventions, education programs, support groups etc.) that is easily accessible to both physicians and patients, and can be filtered by geographical location. Indeed, the development of an “easily searchable ‘one-stop-shop’ online database with all available community services” was also strongly recommended by Canadian family physicians interviewed by Ploeg et al.¹⁹

Ontario’s “thehealthline.ca” has made great strides towards meeting this goal. It provides an easy-to-navigate listing of community care and social services and is accessible for both physicians and the public. This is an excellent resource, and other provinces could benefit from adopting something similar (or, ideally, a single nationwide site). However, it is worth noting that a website of this format will require vigilant updating to remain comprehensive.

An alternative is to create a collaborative wiki site that physicians, support organisations, and patients can access and contribute to. A collaborative format would allow patients to play an active role, reduce both the likelihood that resources will be omitted, and share the workload involved in creating and updating the site. Other examples of successful healthcare wiki sites that allow contributions from both patients and physicians include wikicancer.org and diabetes.wikia.com. Contributions can also be moderated by an editor before being published in order to prevent errors. Once created, this site would need to be actively promoted in order to increase awareness and encourage use; however, I propose that this would be a highly cost-effective way to improve patient engagement, health, and well-being, while ensuring that existing services are fully utilised.

Conclusion

As physicians, we need to be aware of and open to using all available resources that can help improve our patients’ health. Community-based resources that have the potential to increase patient engagement are freely available in B.C., and patients should be made aware of these resources so that they can participate if they wish. The current lack of awareness of such resources among physicians and patients demonstrates the need for better publicity of patient services and support groups within British Columbia. I suggest that this could be achieved through the use of a collaborative wiki site that can be accessed and contributed to by both physicians and patients.

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