PATIENT EMPOWERMENT – THE POLICY CHALLENGE

TRANSFORMING HEALTH AND SOCIAL CARE THROUGH PATIENT EMPOWERMENT

Angela Coulter
Director of Global Initiatives
April 2012
CHRONIC DISEASE

• 36,000,000 people die from non-communicable diseases each year

• NCDs account for 63% of global deaths

• More than 90% of these deaths occur in developing countries

• Most could have been prevented
MANAGING CHRONIC DISEASE

Professional care – 2 hours per year

Self-care – 8,758 hours per year
WHAT WE HAVE LEARNT

Traditional paternalistic practice styles....... 
• Create dependency 
• Discourage self-care 
• Ignore preferences 
• Undermine confidence 
• Do not encourage healthy behaviours
INFORMED, EMPOWERED PATIENTS

Have the knowledge, skills and confidence to manage their own health and healthcare,
And they......

• Make healthy lifestyle choices
• Make informed and personally relevant decisions about their treatment and care
• Adhere to treatment regimes
• Experience fewer adverse events
• Use less healthcare
SUPPORT WANTED BY PATIENTS WITH CHRONIC CONDITIONS

- Better knowledge/understanding:
  - of condition
  - of treatment
  - of healthy eating and exercise
  - of medicines
  - of coping and prevention strategies
  - of devices/courses/support groups

- Guidance and support on self-care from health professionals
POLICY OPTIONS: CHOICE
POLICY OPTIONS: COLLABORATIVE CARE
Chronic Care Model

COMMUNITY
- Self-Management Support

HEALTH SYSTEM
- Delivery System Design
- Decision Support
- Clinical Information Systems

Improved outcomes
- Informed, involved patient
- Prepared, proactive practice team
- Productive interactions
COLLABORATIVE CARE ENCOURAGED BY CLINICIANS

Commonwealth Fund ‘sicker adults’ survey 2011
**SHARING EXPERTISE**

<table>
<thead>
<tr>
<th>Clinician</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Diagnosis</td>
<td>• Experience of illness</td>
</tr>
<tr>
<td>• Disease aetiology</td>
<td>• Social circumstances</td>
</tr>
<tr>
<td>• Prognosis</td>
<td>• Attitude to risk</td>
</tr>
<tr>
<td>• Treatment options</td>
<td>• Values</td>
</tr>
<tr>
<td>• Outcome probabilities</td>
<td>• Preferences</td>
</tr>
</tbody>
</table>
A process in which clinicians and patients work together to select tests, treatments, management or support packages, based on clinical evidence and the patient’s informed preferences.
KEY COMPONENTS

1. Reliable, balanced, evidence-based information outlining prevention, treatment, or management options, outcomes and uncertainties

2. Decision support with clinician or health coach to clarify options and preferences

3. System for recording, communicating and implementing patient’s preferences
YEAR OF CARE: CARE PLANNING

- Individual’s story
  - Knowledge and health beliefs
  - Emotional
  - Behavioural
- Professional’s story
  - Social
  - Clinical

Share and discuss information

Goal Setting

Action, Action, Action, Action
Engaged, informed patient

Access & communication

IT templates

Awareness of process & options

Structured education/Information

Access to own records

Pre-consultation results

Emotional & psychological support

The clinic experience

Named contact

Registration, recall, review, and follow up

Organisational processes

HCP committed to partnership working

Commissioning - The foundation

IT templates

Awareness of approach to self-management

Consultation skills / competencies

Multi-disciplinary team working

Knowledge of local options

Clinical expertise

The clinic experience

Individual’s story

Professional’s story

Knowledge and health beliefs

Emotional

Behavioural

Social

Clinical

Goal Setting

Action

Action

Action

Action

Share and discuss information

Pre-consultation results

Results

Access to own records

Emotional & psychological support
SELF-MANAGEMENT SUPPORT

- Collaborative care planning
- Decision aids
- Record access
- Telephone coaching
- Educational programmes
- ‘Virtual’ support
- ‘Buddy’ schemes
- Community health workers
- Self-help groups
- Telecare
CHANGING THE SYSTEM OF CARE

Individual patient choices via the care planning process

= micro-level commissioning

Macro-level commissioning on behalf of the whole population
Engaging patients and citizens

- Selecting treatments
- Strengthening self-care
- Ensuring safer care
- Participating in research
- Building health literacy
- Training professionals
- Improving care processes
- Shaping services
CONCLUSIONS

• Patients are co-producers of health
• Policy priorities should include:
  • Integrated healthcare
  • Information sharing
  • Shared decision making
  • Collaborative care planning
  • Coordinated team working
  • Patient education
  • Social support
  • Community engagement