Patient satisfaction in innovating integrated care for older persons : towards care with personal value

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Chapter 8

Summary

Patient satisfaction in innovating integrated care for older persons

Medical care for older persons is changing. This change is reflected in daily practice, amongst others, through increasing numbers of older persons with multiple treatable chronic diseases. There is also a greater emphasis on quality of life, participation and comfort as ultimate goals of care, and no longer merely the absence of disease. This implies new roles and alliances for patients, professionals and informal caregivers.

As a consequence of an increasing trend for older persons to live in the community, these challenges of an ageing society will continue to be met mainly in primary care. There the general practitioner (GP) is still a central, but certainly not the only figure in the provision of care in the community. Meeting the present challenges is now a team effort. Other professionals are increasingly involved and the role of the informal caregivers are becoming formalized. The changed healthcare concept has been captured in the phrase 'person-centered, integrated care' and a paradigm shift has occurred from 'reacting as required' to 'proactive anticipation'.

As an overall measure for the success of the provided care, the concept of 'value' has now become widely used. This concept combines the achieved outcomes of care and the costs of providing them. As one of the determinants of possible outcomes of care, the personal values of individual patients influence the overall collective value. For older persons, particularly qualitative studies consistently show the same personal values, i.e. social relations, functional ability and activities, security and health status. However, inclusion of the personal values of the individual patient in the actual care received remains a vulnerable item.

Ensuring that an individual's specific health needs and desired health outcomes are the driving force behind all healthcare decisions and quality measurements is currently called 'patient-centered care'. When innovating care to meet present and future challenges, the individual and the collective values of patients must be incorporated.

Towards care with personal value

This thesis focuses on combining the process of innovating care practice and the values of the older persons involved, by investigating patient satisfaction as an expression of personal value, while innovating and implementing integrated primary care. The thesis ends by proposing a role for patient satisfaction of older persons in the innovation and implementation of integrated care, thereby addressing the question as to how patient satisfaction can help the innovation of strategies and processes towards 'care with personal value'.

Interacting concepts

The focus of this thesis is on the real-life process of innovating care for older persons living in the community. In this setting, the integration of care is particularly important

to older persons with complex health problems. Since 'person centredness' is a priority, patient satisfaction is a potential instrument and outcome in care innovation and implementation. This involves examining the interaction between the interacting concepts of *Integrated care, Patient satisfaction, Implementation,* and *Complex health problems*.

In this thesis, these concepts are applied according to the following definitions:

Integrated care is defined as: '*the management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system*'.

Patient satisfaction is defined as: *'an evaluation by the patient based on the fulfillment of expectations'.*

Implementation in the context of care innovation and research is defined as: *'methods to promote the systematic uptake of proven clinical treatments, practices, and organizational and management interventions into routine practice and, thereby, improve health'.*

Complex health problems are defined as: *'the accumulation and interaction of problems in multiple domains of i) somatic, ii) functional, iii) psychological and iv) social functioning'.*

The aim and findings of this thesis

The overall aim of this thesis is to provide an evidence-based proposal for the incorporation of the opinions and values of older persons in the innovation of their GP care, by investigating patient satisfaction as an influencing factor in the innovation and implementation of integrated care.

The thesis is based on two large research projects performed within the department of Public Health and Primary Care, as part of the National Program for Elderly Care in and around the city of Leiden between 2009 and 2013.

The first project, Integrated Systematic Care for Older PErsons (ISCOPE) was aimed at i) assessing in general practice the efficacy of a simple monitoring system for determination of the level of complexity of health problems of individual older persons, and ii) the composition and performance of a personalized care plan.

The second project, MOVIT (Medical care optimalization in care homes implementation project) was initiated with the aim to develop a strategy for the implementation of improved integrated care for older persons throughout the (Leiden) region.

The first four studies in this thesis contribute to the overall aim by investigating the relation between various aspects of patient satisfaction, and patient and GP characteristics, during the real-life implementation of integrated care for older persons in the community. The fifth study contributes by positioning patient satisfaction within the implementation strategy and process.

The study presented in **Chapter 2** investigates the relationship between satisfaction and patient characteristics in the ISCOPE study. The aim is to better understand the

seemingly contradictory findings reported by others, that 1) increasing age is related to higher patient satisfaction, while 2) the age-related increase in morbidity is related to lower patient satisfaction. The conclusion of our study is that, in this population of older persons, satisfaction with the GP and practice does not increase with age. However, dissatisfaction with the GP practice is strongly related to the rising level of complexity of health problems, independent of age and demographic and/or clinical parameters. The implications are: i) that when investigating the relation between individual patient characteristics and satisfaction, the complexity of health problems must be taken into account; ii) when the complexity load is greatest and, therefore, the demands on the healthcare system are heaviest, overall patient satisfaction will be influenced negatively; this effect should be taken into account when using patient satisfaction to evaluate care organization and delivery; and iii) dissatisfaction is a relatively infrequent but meaningful indication of the level of satisfaction.

The study presented in **Chapter 3** further explores the relation between the complexity of health problems and patient satisfaction in relation to the perceived health state of the older persons. The aim is to shed light on the question whether the decreased satisfaction level with a higher complexity of health problems (found in Chapter 2), is related more to the health status of the patients themselves, or to the failure of the provided care to meet the expectations and needs of these patients. This study (also using ISCOPE data) shows that the perceived health state in itself does not modify patient satisfaction. The implication is that the decreasing level of patient satisfaction with increasing complexity of health problems is more likely to be an indication of a discrepancy between patient need versus care organization, than a result of a negative state of the mind and body of the patients.

The study presented in **Chapter 4** investigates the doctor-patient relationship in the MOVIT study, as perceived by the older persons, and the role it plays in their level of satisfaction with the GP. A better GP-patient relationship, as perceived by the patient, is shown to be related to higher patient satisfaction. The participating GPs score well on being polite and kind, whereas understanding the personal situation and paying attention to the older patient as an individual show room for improvement. The implication is, therefore, that these potentially modifiable aspects deserve particular attention from GPs in maintaining and possibly improving patient satisfaction.

Chapter 5 examines the changes in perceptions of aspects of integrated care among older persons and GPs during the implementation of integrated care in the MOVIT project. Investigating these differences in parallel helps to highlight differences in values. While general satisfaction with the care received and provided does not show the need for any relevant changes among older patients and GPs during implementation, the satisfaction with specific aspects of integrated care does. For example, an emphasis was found on interpersonal aspects among older patients and organizational aspects

among GPs. The practical implications are that, if possible, the choice and nature of changes in care should be tailored to accommodate the expectations and preferences of the groups affected. Proactive explanations might be required when negative effects on satisfaction from a change in care are expected for one group, whereas the change is nevertheless considered worthwhile.

Chapter 6 focuses on the process of implementation. Retrospectively, a matrix was developed to capture and analyze the implementation process of the MOVIT project and to delineate a role for patient satisfaction. The matrix provides a tool for analysis of the implementation strategy and its relevant elements. It shows that the main target of the implementation was the cooperation of professionals while the resulting changes had a much broader impact on (amongst others) the patients as individuals and as a group. Therefore, although not a pre-specified topic in this study, patient satisfaction and involvement are highlighted and the possibility arises that their use could have helped the adoption and sustainability of the implementation of MOVIT.

Key findings

The key findings of this thesis are:

1. In older persons, the level of patient satisfaction is lower in persons with a higher complexity of health problems, irrespective of the individual's age.
2. This inverse relation between patient satisfaction levels and complexity of health problems is related more to a discrepancy in patient needs and care organization, than to a negative state of the patient's mind and body.
3. Communicative aspects of the GP's behavior are related to patient satisfaction and are potentially modifiable.
4. While overall general satisfaction with the care received and provided may not change among patients and GPs, specific aspects can change and can reveal different values.
5. In a multi-level and domain-implementation strategy, patient satisfaction can be used as an instrument for patient involvement at various levels.

Answering the question and proposing a solution

By combining the findings of the studies in this thesis and the theoretical perspectives on implementation and patient satisfaction, an answer can be proposed to the central question: How can patient satisfaction be used to tailor care for older persons to fit their expectations and values, and implement this in our changing world?

Firstly, we conclude that quantitative expressions of patient satisfaction provide relevant information about aspects of care provision and organisation which can be used in innovating care in the setting of integrated primary care for older persons. We also conclude that these expressions need to be interpreted and applied with caution

and that they provide only a partial picture of the expectations and values of patients and of how they are met. Qualitative and individual patient expressions are essential to complete the picture. We also conclude that patients need a clearly defined position in the implementation process in order to ensure that their expectations and values are expressed in the final care innovation.

As an answer to the question as to how patient satisfaction can be used to tailor care, we propose a layered approach based on shared decision-making between the individual patient and caregiver, augmented by regular and structured investigation of patient satisfaction, and topped off by structural patient engagement in care innovation and implementation.

We have visualized this layered approach using the analogy of a cupcake: with a base of shared decision-making, an icing of structured investigation of satisfaction, and a cherry of patient engagement.