

OAKLAND UNIVERSITY WILLIAM BEAUMONT

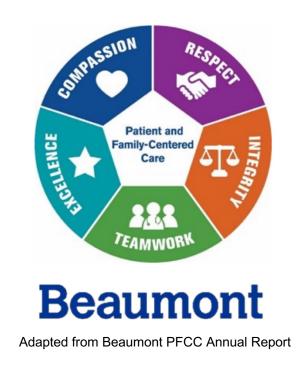
Patient Perceptions of their Health Care Teams and Preferences for Making Decisions regarding Medical Care

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Introduction

Beaumont Hospital values patient and family-centered care, but a clear definition of the types of individuals that make up an individual's perceived medical team have not been well-described. This cross-sectional study intends to better understand the views of patients at Beaumont Hospital concerning various aspects of their health care groups, with the goal of revealing ways in which to improve the safety and efficacy of the medical care setting. Through recognizing the types of individuals outside of the health care field, such as family members or friends, that patients consider to be vital to their delivery of care, physicians and other health care providers can include them in the care setting and foster a patient and family-centered environment. It is also important to identify the individuals within the health care field that patients recognize as important to their medical teams, as this understanding may contribute to the application of interprofessional collaboration, which has been shown to improve quality of care and health outcomes for patients.4 Finally, as patients may have varying degrees of willingness to participate in making choices that affect their health, it is necessary for health care providers to recognize the unique ways in which patients may make decisions concerning their medical care. It is the goal that, through a comprehensive understanding of patients' preferences and perceptions of their health care teams and their medical treatment, the practice of patient and family-centered care can be optimized.



Aims and Objectives

I. The primary goal of this study is to determine how patients' care teams impact the ways in which they make decisions regarding their medical treatment. This aim will be achieved by analyzing how study participants make medical decisions with individuals that work in health care and with family members and/or friends, which will be stratified by various measures of the patients' health statuses.

II. A secondary goal is to determine the individuals, both inside and outside of the health care setting, that make up patients' care teams. This objective will be achieved through descriptive analysis of the various types of people that study participants indicate as important members of their health care teams.

Methods

Data Collection

- The methodology of this research project included enrolling 42 patients of the Internal Medicine resident clinic at Beaumont Hospital, Royal Oak that were ≥ 18 years of age. In order to participate in this study, patients scanned a QR code using their smartphones, which led them to an online survey to be completed at their own convenience.
- The online survey collected participants' background information, including age and sex. Patients were also asked about various measures of their overall health, including number of chronic conditions, how many times they had stayed overnight in the hospital, and the total number of days they had spent in the hospital over the past year (Table 1). The survey then asked study participants questions concerning their health care experiences, including who they consider to be part of their health care teams and how they prefer to make decisions about their medical treatment.

Data Analysis

- The survey outcomes were first assessed by analyzing the frequency of responses to the following multiple-choice questions:
 - Who do you consider to be part of your health care team?
 - When making decisions about your own health with individuals that work in health care, to what extent do you include them in your decisionmaking process?
 - When making decisions about your own health with family members and/or friends, to what extent do you include them in your decision-making process?
- In order to assess if patients' relative health statuses and the ways in which they make decisions about their medical treatment are correlated, participants' preferences were then compared to the following markers of health:
 - Number of chronic diseases
 - Number of times the patient had stayed overnight in the hospital over the past year
 - Total number of days the patient had spent in the hospital over the past year

Table 1: Demographics and markers of health of

Variable	Response	Number of Responses (n=42)
Age Groups (Years)	18-30	15 (35.7%)
	31-40	6 (14.3%)
	41-50	8 (19.0%)
	51-60	5 (11.9%)
	> 60	8 (19.0%)
Sex	Female	28 (66.7%)
	Male	14 (33.3%)
Number of chronic illnesses	0	11 (26.2%)
	1	13 (31.0%)
	2	10 (23.8%)
	≥ 3	8 (19.0%)
Number of hospital		
admissions over past year	0	27 (64.3%)
	1	10 (23.8%)
	2	3 (7.1%)
	≥ 3	2 (4.8%)
Total number of days spent		
in the hospital over past year	0	27 (64.3%)
	1-5	9 (21.4%)
	≥ 6	6 (14.3%)

Results

Perceptions of Personal Health Care Team Members

- When considering health care professionals as members of participants' care groups, more than half of patients indicated that doctors (97.6%), nurses (83.3%), and pharmacists (52.4%) are integral team members (Figure 1).
- Although not the majority, some patients indicated that social workers (n=9) and case managers (n=6) play a role in their care teams.
- When considering non-health care professionals, half of individuals indicated that a spouse/significant other is important to their care group, while a large majority omitted children (95.2%), siblings (92.9%), and friends (88.1%).

Preferences for Making Decisions regarding Medical Care

- In comparing the relative health statuses of participants to the ways in which they preferred to make decisions regarding their health care, individuals that responded "Make your decisions without much advice" and "Get advice" from these individuals and then make decisions" were grouped together as those that independently make decisions. Patients that responded "Make decisions together" and "Allow them to make the decisions" were grouped together as those that dependently make decisions (Figure 2).
- Fisher's exact test was used to determine if there was a significant association between the number of patients' chronic illnesses and the ways in which they prefer to make health care-related decisions. There was not a statistically significant association between number of chronic diseases and how patients make medical decisions, when considering the help of both health care professionals (p=0.94) and family members and/or friends (p=0.88).

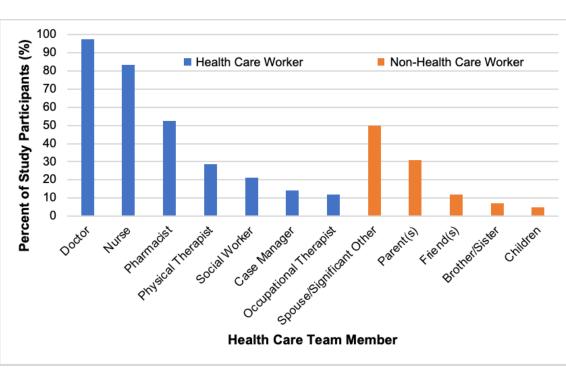


Figure 1: Individuals that patients indicated as important members of their health care teams

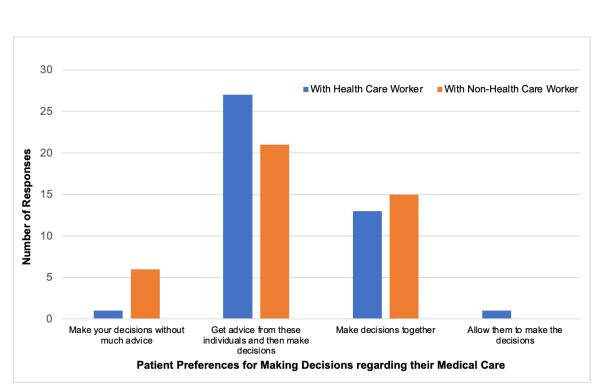


Figure 2: The extent to which patients include both health care professionals and family members and/or friends when making decisions regarding their medical care

Conclusions

- This study demonstrates the many types of individuals that patients at Beaumont Hospital, Royal Oak consider to be integral to their medical care teams. Participants considered a variety of health care professionals, such as nurses, physical therapists, and social workers, to be vital members of their health care groups. These findings support the utility of interprofessional care in the treatment setting, as patients find many types of health care workers to be fundamental to their medical care.
- In addition, the research study results suggest that various family members, friends, and other loved ones play an important role in a patient's care team, which emphasizes the need to include these individuals in order to optimize the efficacy of the patient care setting.
- Findings from this research study elucidate the unique ways in which patients make decisions regarding their medical care. Results from this study demonstrate no statistically significant association between various markers of participants' health and the extent to which patients include members of their health care teams in making decisions about their medical care. These outcomes emphasize the importance of providing patients with care that best addresses their individualized
- Through having a more comprehensive understanding of patients' preferences about their medical care, it is the hope that treatment that is both patient and family-centered can be optimized to provide patients with the highest quality of care.

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