A System Approach to Assessing Clinical Care Gaps across the Patient Trajectory

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Background

- Health care has been in a state of change over the past decade. The broad-based landscape of these changes affecting health care is extensive and complex
- The aim of the healthcare reform in Canada is to develop healthcare systems that are more coordinated, patient-centred, accessible, and community focused, and that emphasize illness prevention, health promotion
- Despite these changes and reforms, many critical gaps in our healthcare systems hinder optimal patient care
- Majority of gaps reveal themselves at the system and healthcare provider levels
- Most critical gaps according to the literature are:
- Evidence-based medicine is not well translated into clinical practice
- Healthcare system public debate is centred around costs instead of health outcomes
- Under-treatment and under-diagnosis is widespread
- Fee-for-service physician remuneration is not aligned with managing complex chronic conditions
- Patient nonadherence is under-recognized and very complex to manage
- Patients are dissatisfied with their current access to quality interactions with healthcare professionals

Research Objectives

- To identify and better understand patient care issues, challenges and their causality from multiple perspectives (patient population, healthcare professionals in community interdisciplinary group practices, hospital and government administrators)
- To better understand patients' experiences within the Canadian healthcare system in multiple therapeutic areas
- To identify gaps and barriers to optimal care, and their causes, in the current Canadian context given the changes in Canadian healthcare system
- To expand understanding of the healthcare environment beyond the individual physicians' perspective

Prop	leathcare ofessionals General Practitioners, Family Physicians, htalomologists, nurses, nacists, physiotherapists, dieticians)	Patients (Diagnosed with one of the targeted disease area)	Administrators (Regional health authorities, hospitals)	Total
Qualitative	119	66	25	210
Qualitative	755	422	10	1187
Total	874	488	35	1397

Methodology

Literature review and environmental scan Ethics (IRB approval)

Phase 2

Collaborative mixed-methods design

Qualitative data collection

18 Focus groups (n=88) 122 Telephone interviews (n=122)

Phase 4

Quantitative data collection 23 National online surveys (n=1187)

Phase 5
Collaborative triangulated analysis

Patient Trajectory Adherence /

Key Patient Care Gaps

Suboptimal collaboration and integration between HCPs

"It was a merry-go-round from a referral from an endocrinologists to a gastrointestinal person to a second opinion and I could not find their final conclusion and my family doctor did not get the information from the other doctors." Patient - Diabetes

Patients not active participants in their health management

"People are resistant to becoming responsible for their care, their health. So initially they just want me to prescribe something magic to make it all go away." GP/FP - Migraine

Therapeutic relationship undermines patients' adherence

"It's a frustration. Definitely. We waste so much time counseling patients and they don't do what you say anyway." GP/FP - Hyperlipidemia

GPs/FPs struggle to provide emotional and psychological support to patients

"They (doctors) just sort of said: "Well you're fat because you eat, or what you eat and this is what you should be eating. Then you won't be fat. And if you're fat tomorrow it's because you didn't listen to us. So that was very impersonal, very cold. Very cold delivery." Patient - Obesity

GPs/FPs not providing patient education to support necessary lifestyle changes

"I had no idea what I was supposed to eat. I got a brochure somewhere and I followed that." Patient - Diabetes

"We have never, ever been educated in what is healthy diet, what is healthy lifestyle, how should we be counseling our patients?" GP/FP - Obesity

GPs/FPs avoid situations that will generate patient distress or anxiety

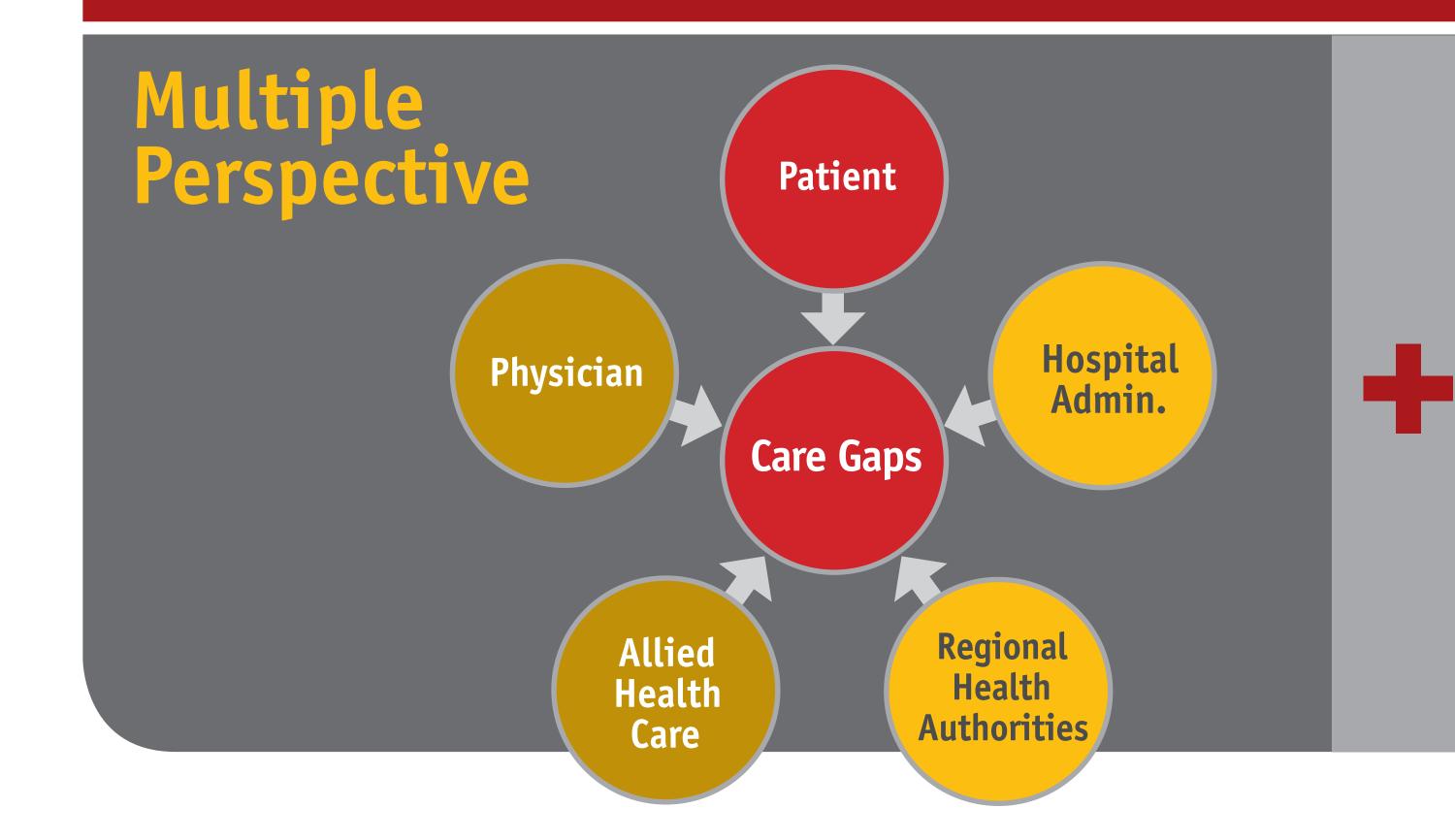
"Basically, it was never diagnosed directly, but it was known by both parties and treated, but there was an unspoken diagnosis. They never said the words." Patient - Obesity

GPs/FPs' emphasis on curative care, neglecting prevention

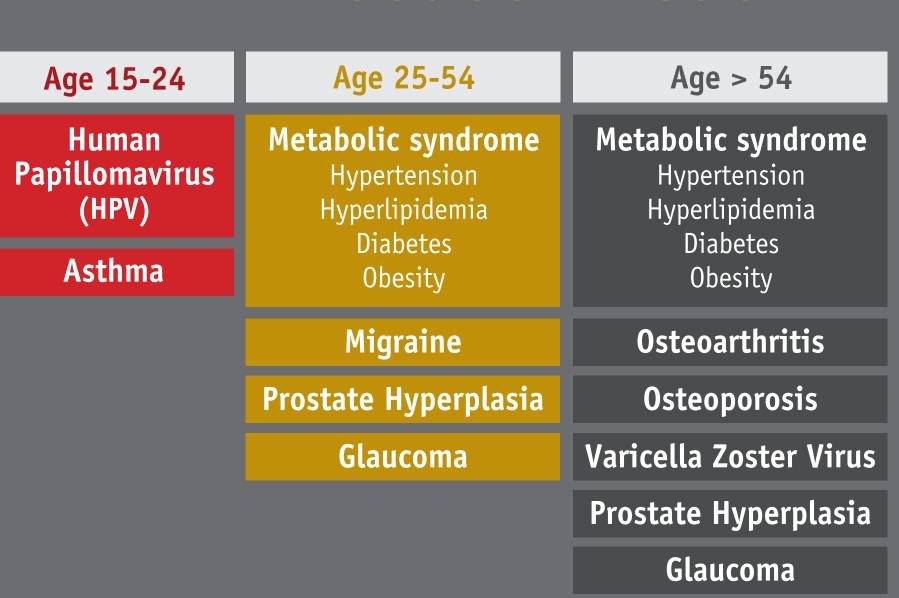
"Preventative medicine is not a key part of how the system in managed.

Preventative medicine for the physician is not rewarded." GP/FP - Hyperlipidemia

"We look at other sources, we also look in how we can sort of, you know beg, borrow; steal from our acute care budget to make things happen (in preventative care)."



12 Disease Areas



British Columbia Alberta Ontario Quebec Nova Scotia

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