Consumers Health Forum of Australia (2016)
The Patient Centred Health Workforce. Canberra, Australia

P: 02 6273 5444
E: info@chf.org.au
twitter.com/CHFofAustralia
facebook.com/CHFofAustralia

Office Address
7B/17 Napier Close,
Deakin ACT 2600

Postal Address
PO Box 73
Deakin West ACT 2600

Consumers Health Forum of Australia is funded by the Australian Government as the peak healthcare consumer organisation under the Health Peak and Advisory Bodies Programme.
Introduction

The health sector, both in Australia and internationally is increasingly being pushed to do more with less, provide for disparate populations and meet the increasingly complex needs of people who use our health systems. While the practice of patient centered care has been shown to benefit the health system on a range of levels, from the individual patient to the health system at a macro level, the degree to which this has been implemented by health professions remains unclear.

Patient centered care benefits individuals through an increased level of trust and confidence in services (1,2); provision of services that offer personalized healthcare and value for money (3); recognition of their right to equitable access to healthcare (1) and increased rates of health literacy (4). The benefits it can provide to health services and practitioners include: an increased perception of public value (1); robust and enduring partnerships between services, practitioners and clients (5); and patients being more compliant with treatment regimens (2). Finally, the benefits to the wider health system include: efficiency gains and consequently a reduction in overall healthcare costs (1,2,4); outcomes that patients value (5); improved health outcomes (2); and improved patient satisfaction (2).

Despite these well recognized benefits, however, the extent to which patients are at the centre of the Australian healthcare workforce remains unclear. Health Workforce Australia’s 2013 review of Australian government health workforce programs noted that when health workforce programs are considered policy and practice regularly become too focused on the needs of practitioners and institutions, rather than those of patients and consumers (6). While attempts have been made to change this, such as the Australian Commission on Safety and Quality in Health Care’s development of a guide for health service organisation boards to help them engage with their national standards, the understanding of how central patients are to the Australian health workforce remains unclear (7).

In an attempt to change this CHF undertook a survey in August 2016 of 55 health workforce professional organizations. Three areas were investigated:

- Attitudes toward and understanding of patients as partners in care
- Policies, practices and procedures of the organizations regarding patients as partners in care
- Organizations views of wider health system and workforce reforms
Key findings and discussion

The surveyed organizations display a strong understanding of the principles behind patient centered care, showing that they clearly understand that there is a strong rationale behind patient centered care.

However – the translation of patient centered care into organization’s practice is an area in need of development. Contrasting with the high rates of understanding are the relatively low rates at which organizations have enshrined patient centered care in writing in their organizations. This is also supported by the mix of views regarding how patient centered the entry level curricula are and if the fee for service funding model needs to be changed to allow organization’s members to work in a patient centered way.

The varied opinions regarding the impact of health workforce reforms and changes may be indicative of either that there is a low level of awareness of the reforms and their origin or that organizations disagree on the impact that they have had. These findings suggest that further awareness needs to be developed of these reforms. The area of strongest agreement was that the current fee for service model needs to be changed to allow organization’s members to work in a patient centered way, which suggests that this is an area that warrants particular further attention in the area of workforce reforms.
Results

The organisations surveyed were peak bodies or professional representative organizations in the health field. Potential respondents were approached via an email to their CEO, policy officer or general email address. The initial email introduced potential participants to CHF, provided background to the survey and asked them to complete it. Two follow up emails were sent over a period of three weeks following the initial email to organizations who had not completed the survey.

The twenty organisations who responded to the survey were:

Audiology Australia, Australian and New Zealand Arts Therapy Association, Australian College for Emergency Medicine, Australasian College of Podiatric Surgeons, Australasian College of Dermatologists, Australian College of Nurse Practitioners, Australian Dental Association, Australian Diabetes Educators Association, Australian Music Therapy Association, Australian Primary Health Care Nurses Association, Australian Psychological Society, Exercise and Sports Science Australia, Faculty of Radiation Oncology RANCR, Occupational Therapy Australia, Osteopathy Australia, Pharmaceutical Society of Australia, Royal Australasian College of Physicians, Rural Health Workforce Australia, Rural and Remote Allied Health Professionals and Students and Speech Pathology Australia.

Attitudes and understanding of patients as partners in care

Organisations strongly agreed that patient centered care is: an important element of high quality healthcare (100%), that it is compatible with their aims (100%) and that they actively promote patient centered care in education, professional development and practice (100%). However, only 50% of respondents felt that they had access to adequate resources from either internal or external sources to assist in supporting a patient centered model of care.
One hundred per cent of respondents agreed that patient centered care is associated with decreased mortality and improved adherence to treatment regimes. Endorsement of the other listed clinical benefits (decreased hospitalization rates, decreased rates of healthcare acquired infections and reduced length of stay) varied between 90 and 95 per cent of respondents, with no respondents disagreeing to any of the statements.
One hundred per cent of respondents agreed that patient centered care is associated with decreased mortality and improved adherence to treatment regimes. Endorsement of the other listed clinical benefits (decreased hospitalization rates, decreased rates of healthcare acquired infections and reduced length of stay) varied between 90 and 95 per cent of respondents, with no respondents disagreeing to any of the statements.
Agreement with the impact of patient centered healthcare to a better patient experience was similarly high. One hundred per cent of respondents agreed that patient centered healthcare contributes to a better patient experience through: services and treatment approaches being tailored to patient’s individual needs and experiences, increased access to health services and more effective communication between practitioners and patients. 90 per cent of respondents agreed that patient centered health care contributes to increased access to health services. The only item in this group which any respondents disagreed with was that patient centered health care contributes to a reduction in time spent in the health system, which 15% respondents disagreed with.
The benefits to the health system which result from patient centered healthcare were endorsed by the majority of participants. Over 90 per cent of respondents agreed that patient centered health care benefits the health system through reduced health system complaints, increased trust in the health system and more appropriate use of services by patients. The least endorsed statement from any of the above sets of statements was that patient centered healthcare benefits the health system overall through decreased costs, which only 80 per cent of respondents agreed with.

Policies, practices and procedures regarding patients as partners in care

Organisations vary in terms of how or where the practice of patients as partners in care is enshrined in organisational policy. Forty five per cent of organisations reported that patient centered care is a stated objective in their code of conduct or professional standards and 40% reported that their organisation had a patient engagement policy.

The most frequent way that patients were involved in organisations was through survey consultations on specific issues relevant to the organisations (65% of respondents). The least frequent way that organisations involved patients was as members of a consumer advisory or critical friends group (25%). Other ways that organisations reported involving patients were as:

- Members of the board or executive committee (40%)
- Through the development of professional standards (50%)
- Through the design and/or delivery of continuing professional development (50%)
Patients are involved in our organisation:

- As members of the board or on an executive committee: 40%
- As members of a consumer/advisory committee or critical friends group: 20%
- Through survey consultations on specific issues relevant to our organisation: 60%
- Through the development of professional standards: 50%
- Through the design and/or delivery of continuing professional development: 50%
**Views of wider health system and workforce reforms**

Respondents varied in their perceptions of the impact of workforce reforms on national policy and incentives that promote workforce innovation and excellence. Forty per cent did not have strong opinions about this, while 35% of respondents agreed that progress has been made. Of the respondents who agreed that progress had been made, only 15% agreed that the progress has had a positive impact on patient centered care. Further to these findings, only 10% of respondents agreed that significant progress had been made on job redesign and professional education changes to make better use of the available health workforce skills.

Regarding the cooperation between the federal government and state/territory governments on workforce improvement, 40% of respondents agreed that this had increased. However, 45% of respondents were unsure regarding this question.

The final area of investigation, whether the workforce development has failed to meet or deviated from the 2005 productivity commission’s recommendations showed similar diversity in opinions as the above questions. The majority of respondents (50%) agreed that there is sufficient focus on patient centered health care in entry-level curricula and that the current fee for service funding model needs to be changed to allow the organisation’s members to work in a patient centered way.
Further work

The results of this survey show that the values of patient centred care are well accepted amongst professional health organisations. There can be little doubt that the professional organisations surveyed are in favour of and understand the values of patient-centred care. However despite that, organisations are not in practice comprehensively including patients throughout their work. Further investigation is warranted to better understand why this is occurring with a view to supporting organisations in doing this better. Consumer groups and advocates, including CHF, have a role to play in helping organisations understand how to include consumers throughout their work.