
CONFERENCE ABSTRACT**Engaging Patients and Family Members in System Reform: The Ontario Health Team Experience**

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Shannon Sibbald¹, Gayathri Embuldeniya, Kristina Kokorelias, Walter Wodchis1: Western University, Canada

Introduction

Patient and family engagement in healthcare service delivery and design is increasingly recognized as a means of providing more patient-centered care. However, few studies explore methods of building patients' and families' capacities to engage in decision-making or detail how they are involved throughout the design process. Ontario Health Teams (OHTs) are integrated care teams that deliver healthcare within a specified region. OHTs are mandated to engage patients, families, and caregivers in a co-design process, but have the freedom to choose how and when to do so.

Aims Objectives Theory or Methods

The objective of this study was to understand how patient and family advisors (PFAs) were involved in the early stages of planning for health system reform in Ontario, Canada. 127 participants, including 16 PFAs from 12 OHTs participated in semi-structured interviews about their experience in the development of OHTs. Participants were sampled to be representative of the size, geography, and type of lead organization (e.g. primary care vs. hospital). Interview transcripts were coded using deductive thematic analysis.

Highlights or Results or Key Findings

Throughout the planning process PFAs were engaged in one of two key roles a consultative role (through focus groups, town halls, and social media), or a more permanent partnership and leadership roles (e.g. positions on working groups, councils, and voting representation). Most were engaged early in the OHT process and had previous PFA role experience. Capacity-building of PFA occurred through training and education (on jargon, models of care, and funding) and helped PFAs effectively participate. PFAs felt empowered through engagement in important decisions such as participating in hiring decisions. Equal opportunities to participate made PFAs feel like equal partners. Non-PFAs saw PFAs as essential in providing unfiltered and rich perspectives through personal narratives and experience. There was a lack of consistency amongst PFAs and non-PFAs about the time commitments expected of PFAs, how and whether PFAs should be compensated, and the ideal amount of training they should have.

Conclusions

This research provides insights into PFA engagement during system reform. Working through the challenges around compensation, and the amount of training expected of PFAs will be instrumental in building trust and collaborative leadership as OHTs move from planning to implementation.

Implications for applicability/transferability sustainability and limitations

The implementation of OHTs reflects a broader shift in healthcare to more integrated care delivery focusing on patient-centredness. It is important to understand and prioritize continued and sustained PFA engagement from co-design processes into implementation and through to evaluation.