

Centre of Excellence on Partnership
with Patients and the Public
SCHOOL • LAB • NETWORK



The foundations of the « Montreal Model » of partnership in health : implicit and explicit postulates of its education model

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Disclaimers



No financial contribution from private companies.

No association with specific Think Tanks.

Ethically engaged to promote partnership in care.

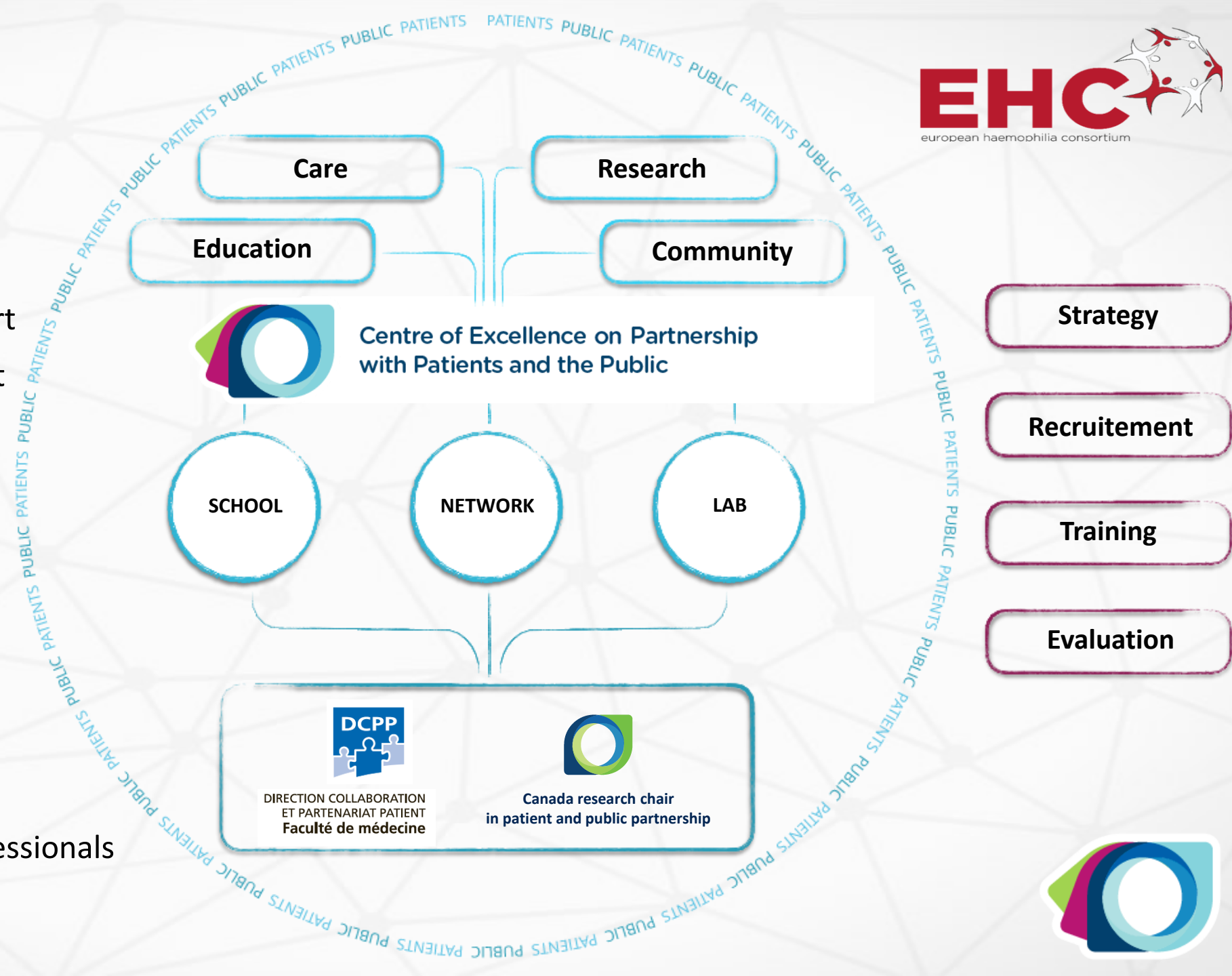


Who are we?

Patients and health professionals
in a public institution
offering a methodological support
to leaders of patient engagement
projects in :

- Healthcare and services ;
- Healthcare management ;
- Healthcare teaching ;
- Health research.

CEPPP build and sustain
the **practice** and the **science**
of partnering with patients, professionals
and the public.



What am I referring to with “education model”?

Education

The act or process of developing particular comprehension and competencies in order to increase individual and interdependent (collective) autonomy.

Education model

Formalization of environmental factors and both individual and relational competencies that facilitate education.



In what situation are we ?

50% + of western countries' populations suffer from at least one chronic illness.

50% to 70 % of patients suffering from chronic illnesses are considered non-compliant.

80% of patients search online for health-related information.

Burn-out and **search for meaning** for a significant proportion of healthcare professionals.

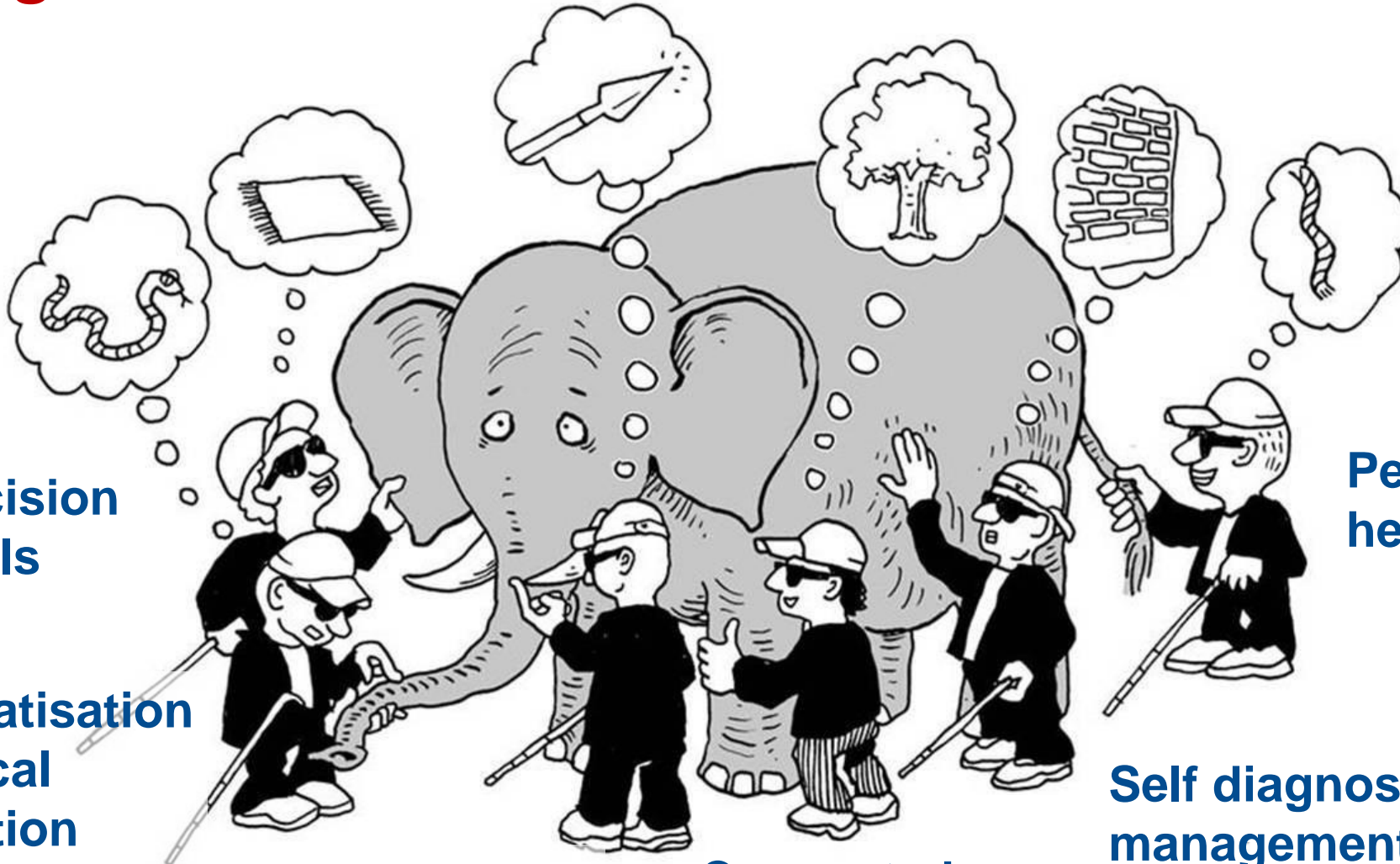
With an healthcare system focus on emergencies and acute care but also a curative perspective.

« **A key actor is missing in the innovation process of our struggling health system.** »

- Dean of the faculty of medicine at Université de Montréal (2010)



It's time to pool of efforts to understand what's going on...



Shared-decision making tools

Personalised healthcare

Democratisation of medical information

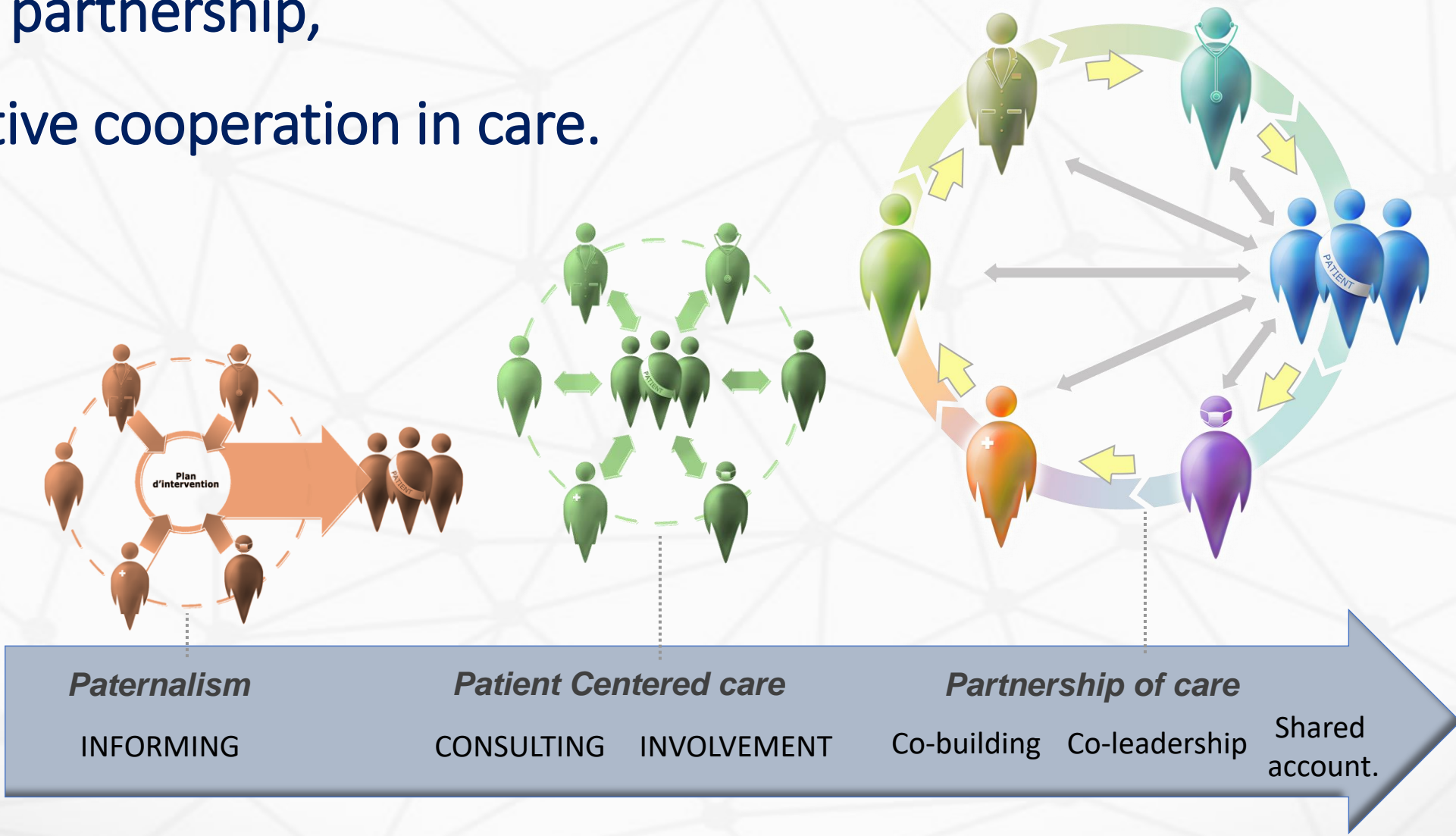
Self diagnostic / management tools

Therapeutical education

Connected tools

What can we do ?

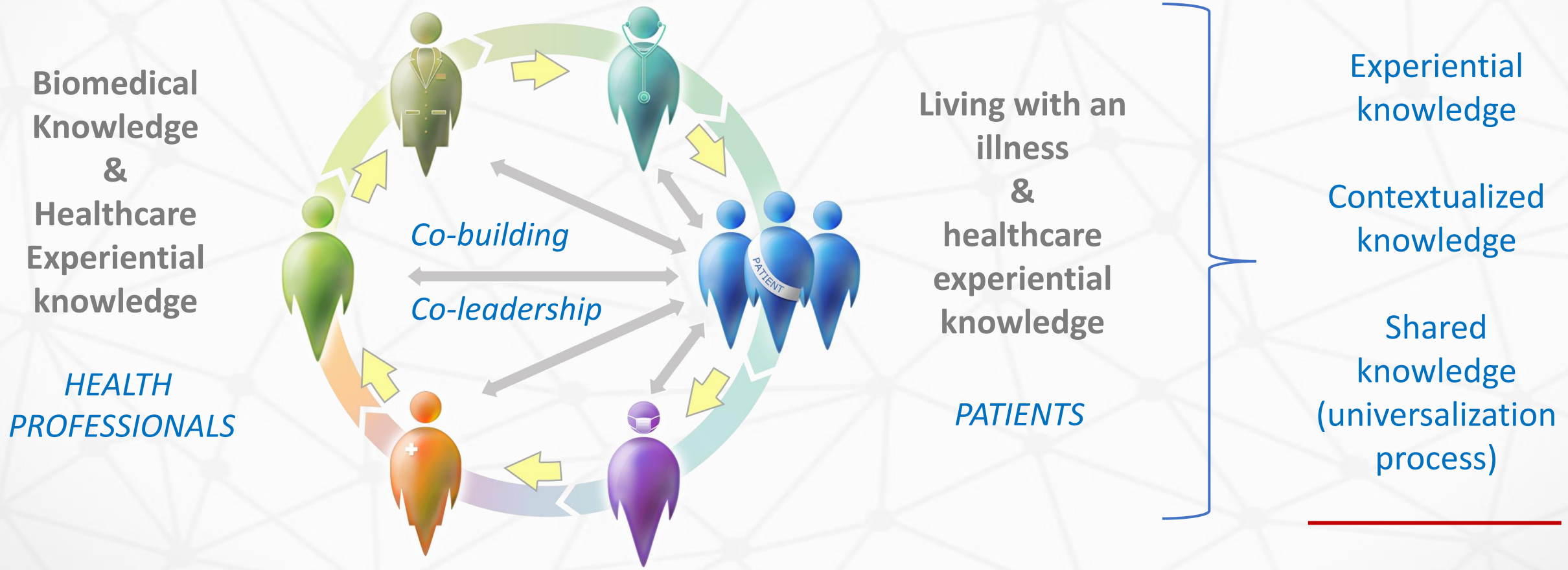
Move to partnership,
to an active cooperation in care.



The Montreal model



Move to partnership, to an active cooperation in care.



Acknowledged complementarity and interdependence

Inspired by Olivia Gross's work

The Montreal model

Distinguishes between

Patient partner of his own care

and

Patient-as-teacher

.....as-ressource

.....as-researcher

.....cooperating with a team of health professionals for the care of others



The Montreal model

First of all : an ethics of care that aims at

emancipation

individual and collective empowerment

through cooperation in care.

Then : an ecosystemic strategy that

allows and promotes

the emergence, development and sustainability

of this specific ethics of care.



What changes are occurring?

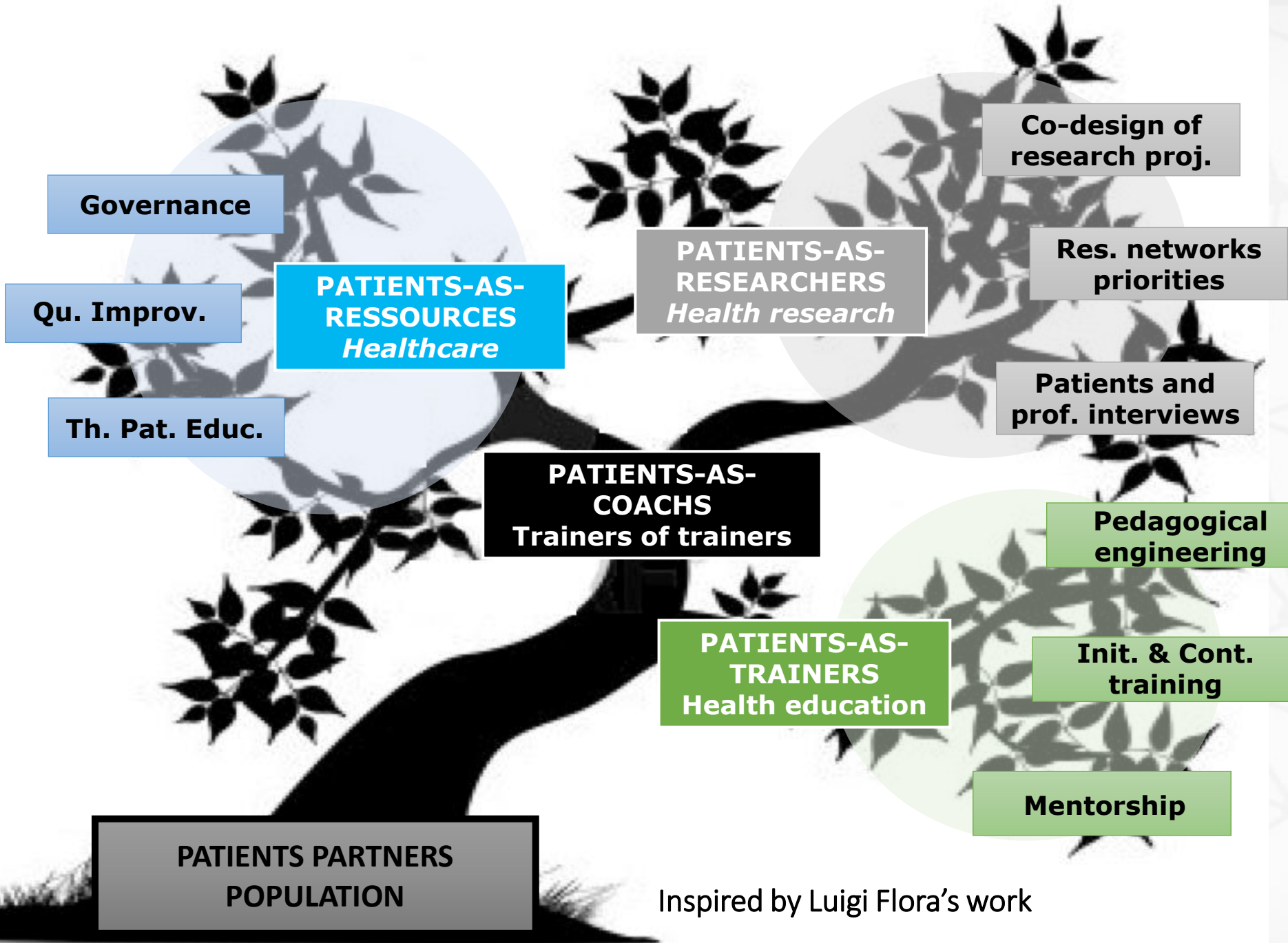


The patient of today is :

- Overloaded with health information
- Lacking support to understand their choices
- Challenging healthcare professionals with new information/questions
- Unaware of how new healthcare technologies are/will impact their health
- Not involved in the development of healthcare's future

The patient of tomorrow:

- Recognized as a full actor of care
- Owns their medical information
- Connected (self-monitoring)
- Better informed
- Better decision maker
- Helping to inform a healthcare environment that is ethically and socially responsible

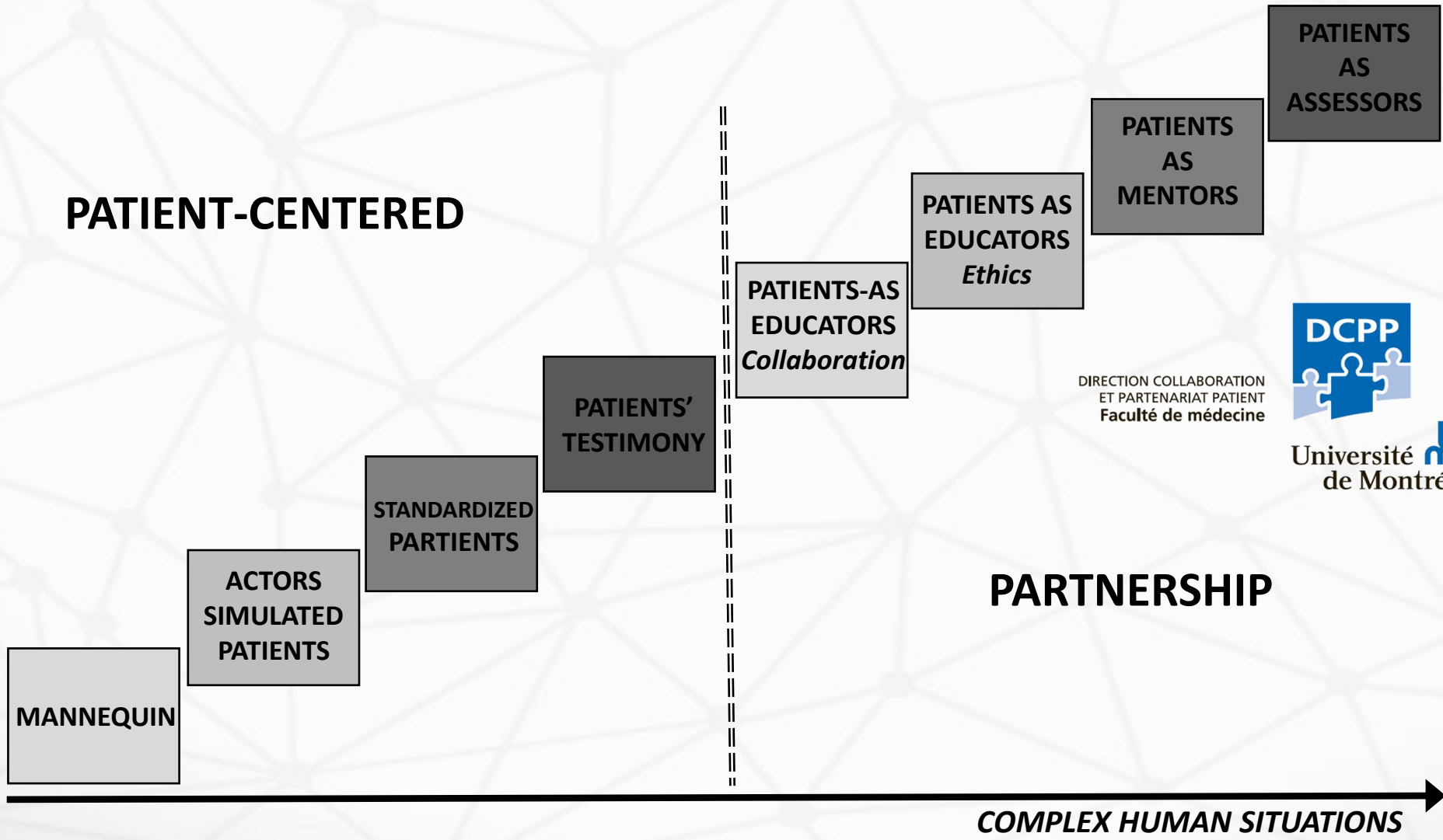


What
roles ?

Inspired by Luigi Flora's work



Continuum of patient engagement in education



DIRECTION COLLABORATION
ET PARTENARIAT PATIENT
Faculté de médecine



Université de Montréal



« MTL model » education model : postulates



Build a common representation of healthcare ecosystem : systemic perspective on formal and informal actors and systems of care to reveal the interdependence of actions in care.

Acknowledge the necessity of an active work on experiential knowledge : to be able to contribute for others.

Adopt a socio-constructive and comprehensive perspective on behaviors to allow partnership : building institutional settings and environments that value cooperative behaviors rather than using only ethical injunctions for professionals.

Competency-based : to recruit patient-as-partners (meso & macro).



« MTL model » education model : postulates

Competency-based : examples of patient recruitment criteria (meso & macro)

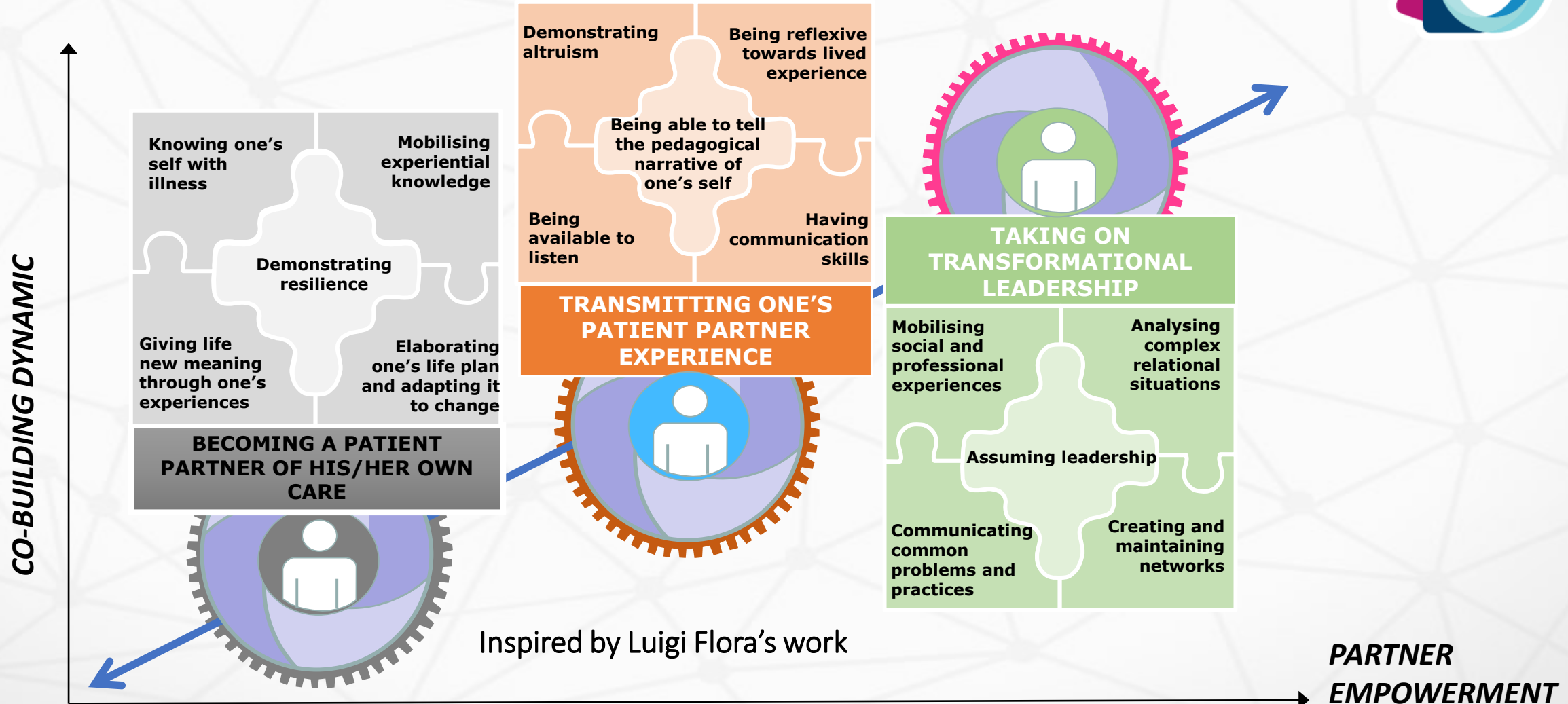
- Demonstrates high level of self-management for his care.
- Reached phase of acceptance of his health problem.
- Can generalize his own experience to other context of care.
- Demonstrate reflective attitude by concrete actions.
- Wants to be involved in training of his peers, students or healthcare providers.



« MTL model » education model : postulates



Competency-based :
patient partner competency framework (Luigi Flora)



Existing initiatives : Faculty of Medicine, MTL



- A patient as a co-director of a department of the faculty of medicine : Collaboration and Patient Partnership Unit (since 2010).
- +250 patients-as-trainers (including family members)
- Patients at every level of the organization (faculty counsel, MD program committee, students admission committee, etc.).
- Patients interventions in every year of the MD curriculum and the more strategic ones are :
 - Interprofessional training activities (+1600 students/year, 13 different health disciplines).
 - Clinical ethics workshops (MD/resident/patient-as-trainer)
 - OSCE (objective structured clinical examination) (integrative practical exam to graduate)



Existing initiatives : in haemophilia, Patient and Parent resources and Healthcare Providers trainings (France)



TRA

- expression
- 4/Making medical terms comprehensible
- 5/Selecting accurate training techniques/tools

TRAINING PPR/HP (2 days)

- 1/Implement educ. workshops
- 2/Choose relevant topics for patients
- 3/Structure and formalise as a pair
- 4/Define common intervention principles

CO-DESIGN & CO-FACILITATE

- With a goal of balancing the knowledge asymmetries in Educational workshops
- Locally with their HTC's
 - e-TPE
 - AFH's workshops
 - ...



Existing initiatives in Quebec and in France

- 6 hospitals in Quebec (Parole-Onco) : patients-as-resources in hand transplant and oncology.
 - Offer an active listening space ;
 - Share his own experience ;
 - Share his own recovery process and ressources ;
 - Share recovery ressources identified through peer exchanges.
- Hospices Civils de Lyon (University Hospital) : patients-as-resources in diabetology.
 - Pediatric transition for diabetes patients.
 - Patients-as-resources are present (with the patient) at the last meeting with the pediatric team, go with them through the city to join the adult facility and to assist at the first meeting with the adult team.



What should we be careful about ?

- Asymmetric accountability : over-accountability of patients.
- Tokenism / Instrumentalization of patients : “alibi patients”
- Institutionalization of patients : daily socialisation effects on representations, practices, etc.
- Technological messianism : thinking that technology will solve the majority of healthcare issues.



Existing initiatives : key success factors

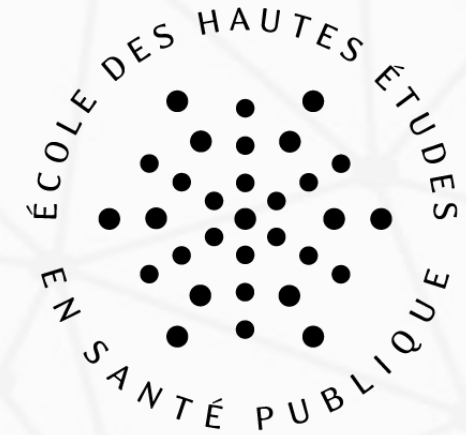
- Strong, visible and sustainable leadership from the institution.
- Patients engaged at meso and macro levels are patients partners in care.
- Patients integrated at different levels of the organization (strategic, tactic, operational).
- Patients selected on competencies, trained with professionals and coached (and so paid for the relevant and competent contribution).
- Patients in position of co-leadership and shared accountability.
- Co-building of contents.
- Formal and precise roles and responsibilities for patients and professionals.





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Let's cooperate !

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