

Values Talk about Patient Care Transition Policy: what values are informing the policy discourse?

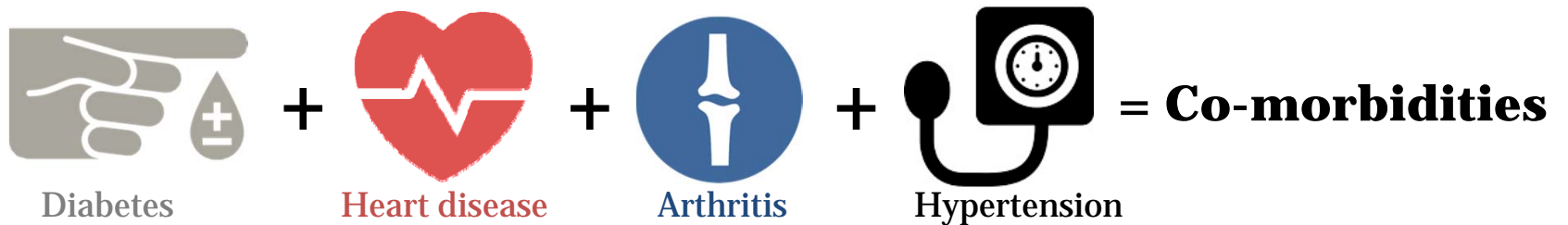
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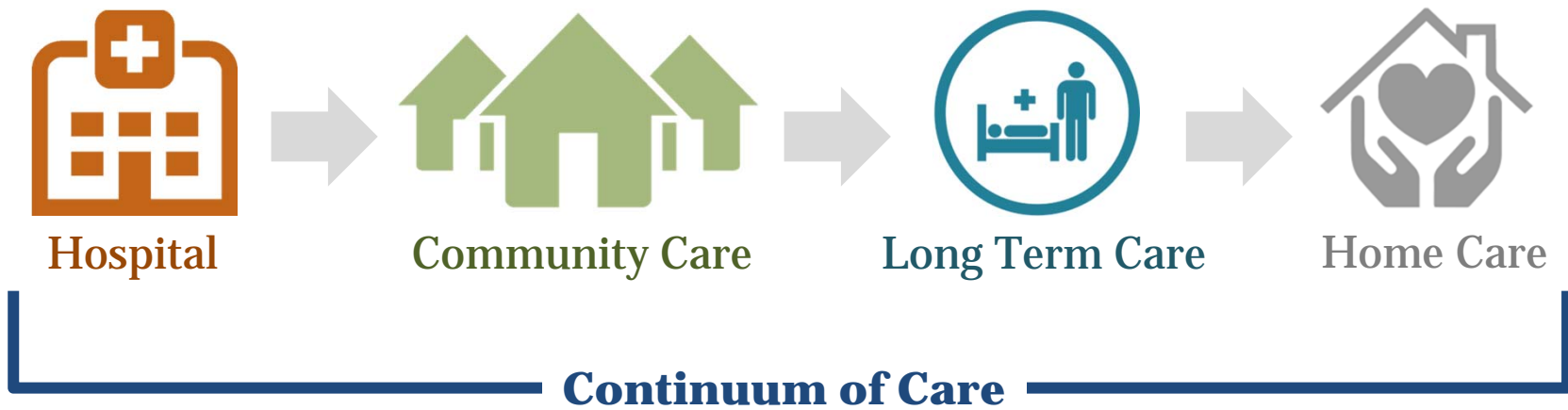
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Complexity of Healthcare Today



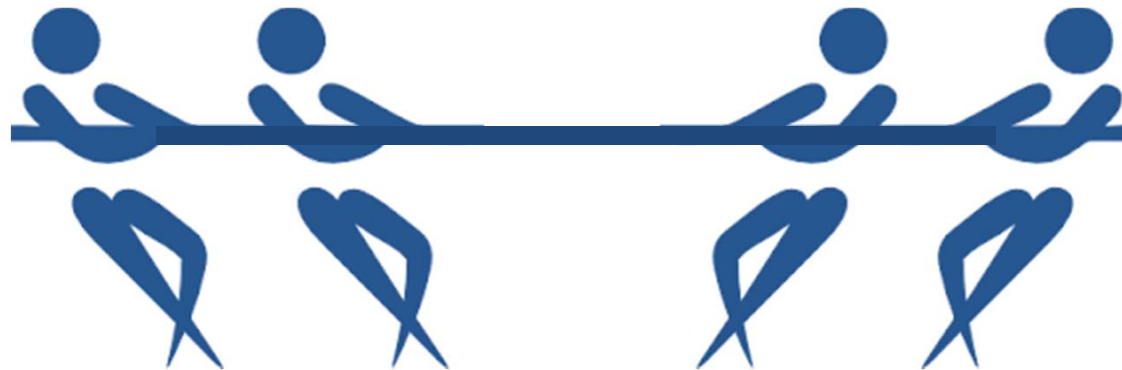
Care Transitions



“Patient first” Policies

Objective

Explicitly identify values informing current policy discourse on patient care transitions and how values-based tensions are addressed.



Data Collection

Website search for policy actors:
LHINs, MOHTLC, health sector
agencies, professional associations

Website searches for Think Tanks

Inclusion criteria:

- Publicly accessible
- Provide recommendations relevant to Ontario
- Published during 2007-2012

Documents solicited from key informants during interviews

Documents identified by investigators' pertaining to field

Exclusion criteria:

- Reporting empirical findings

16 documents

Data Collection

Perspective	Policy Actor
Advocacy	CARP ACE
Think Tank	The Change Foundation IRPP Health Council of Canada
Professional Association	Canadian Home Care Association Canadian Medical Association (CMA) Ontario Medical Association (OMA)
Expert	MOHLTC Commissioned MASS LBP (Prepared for ESC LHIN) Conference Board of Canada (Prepared for Ontario LTC Association)

Data Analysis

Step 1: Descriptive Analysis

- Purpose of the document
- Framing of the policy issue
- Key recommendations

Step 2: Ethical Analysis

- Identify explicit & implicit values
- Usage of the values
- Interaction of values

Step 3: Synthesis

- Alignment of goals
- Agreement on definition of “good patient care transitions”
- Comparison of use and prioritization of values

Framing the policy issue

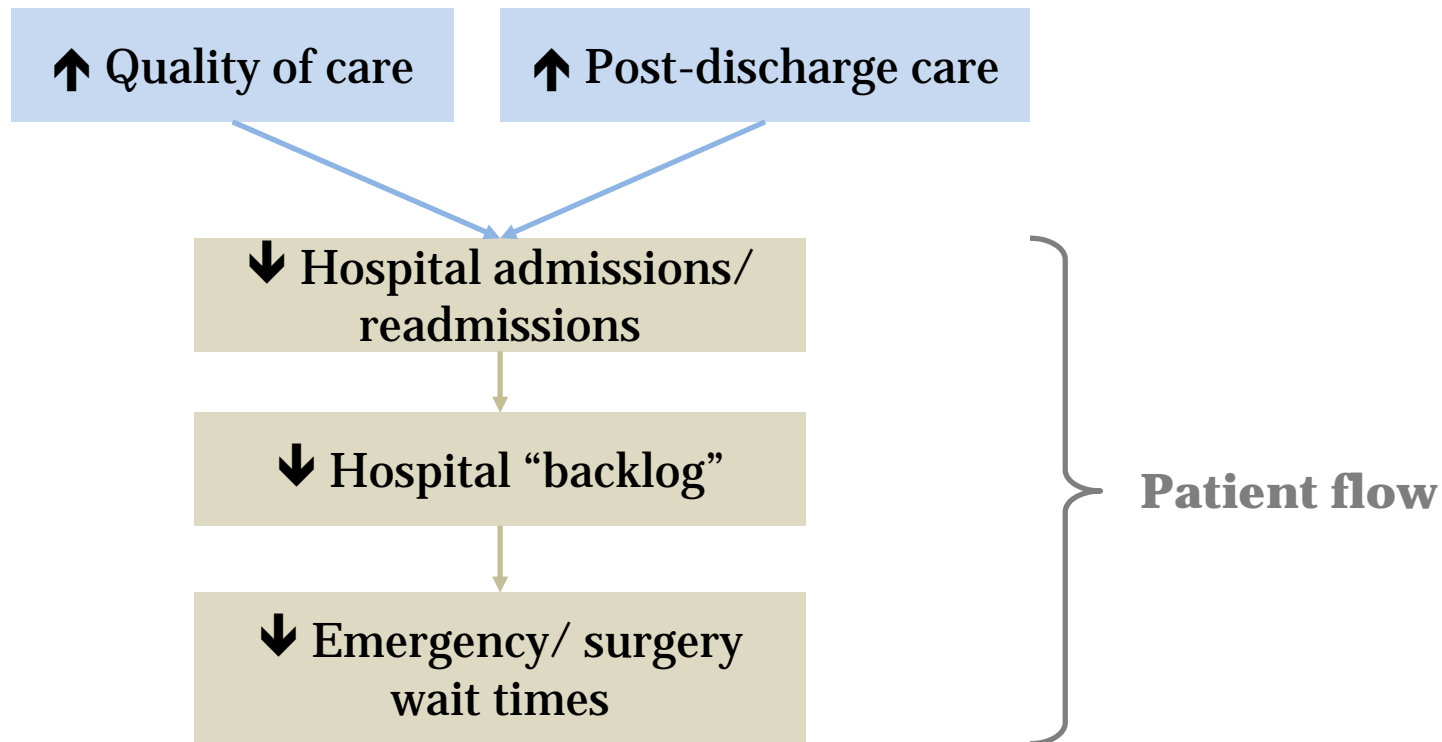
Care transitions identified as “gaps” and “cracks”

➔ “Siloed” healthcare system

Goal: Continuum of care

- ① Patient flow
- ② Inappropriate use of hospitals
- ③ Patient-centred care

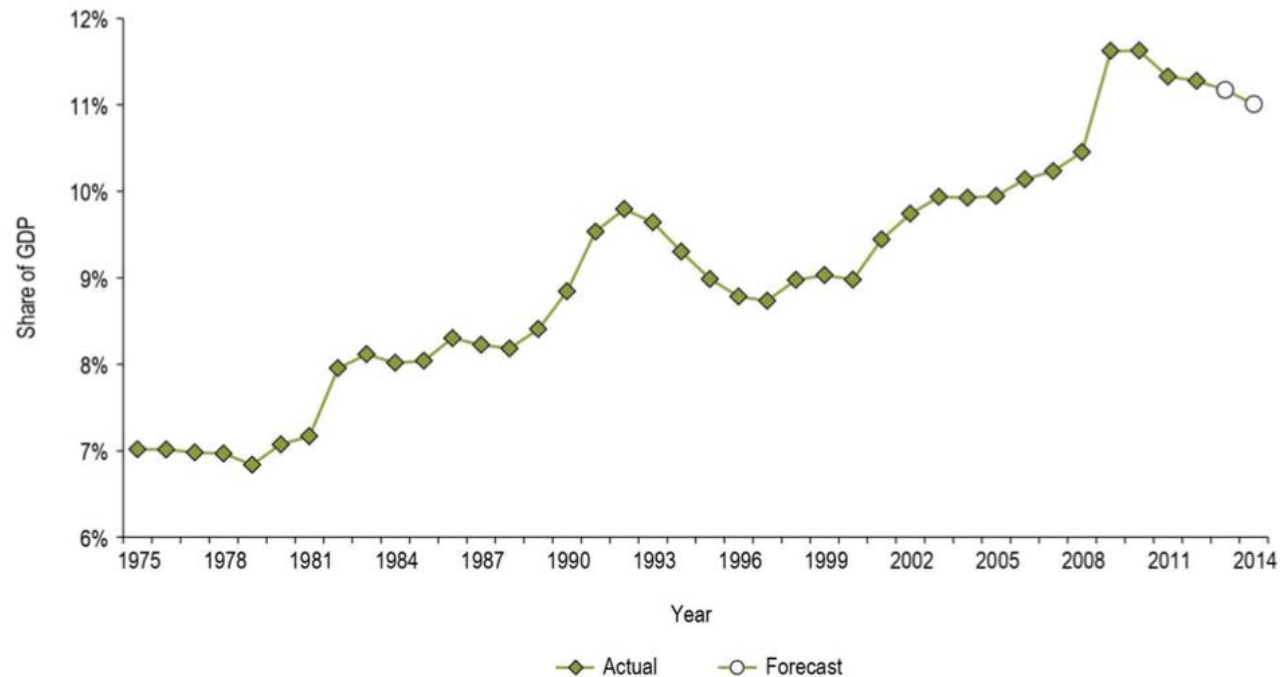
1 Hegemony of Efficiency



Quality of care: Meeting the patient's needs in the most *efficient* way possible; enhanced quality of life

2 Sustainability

Figure: Total Health Expenditure as a Percentage of Gross Domestic Product, Canada, 1975 to 2014



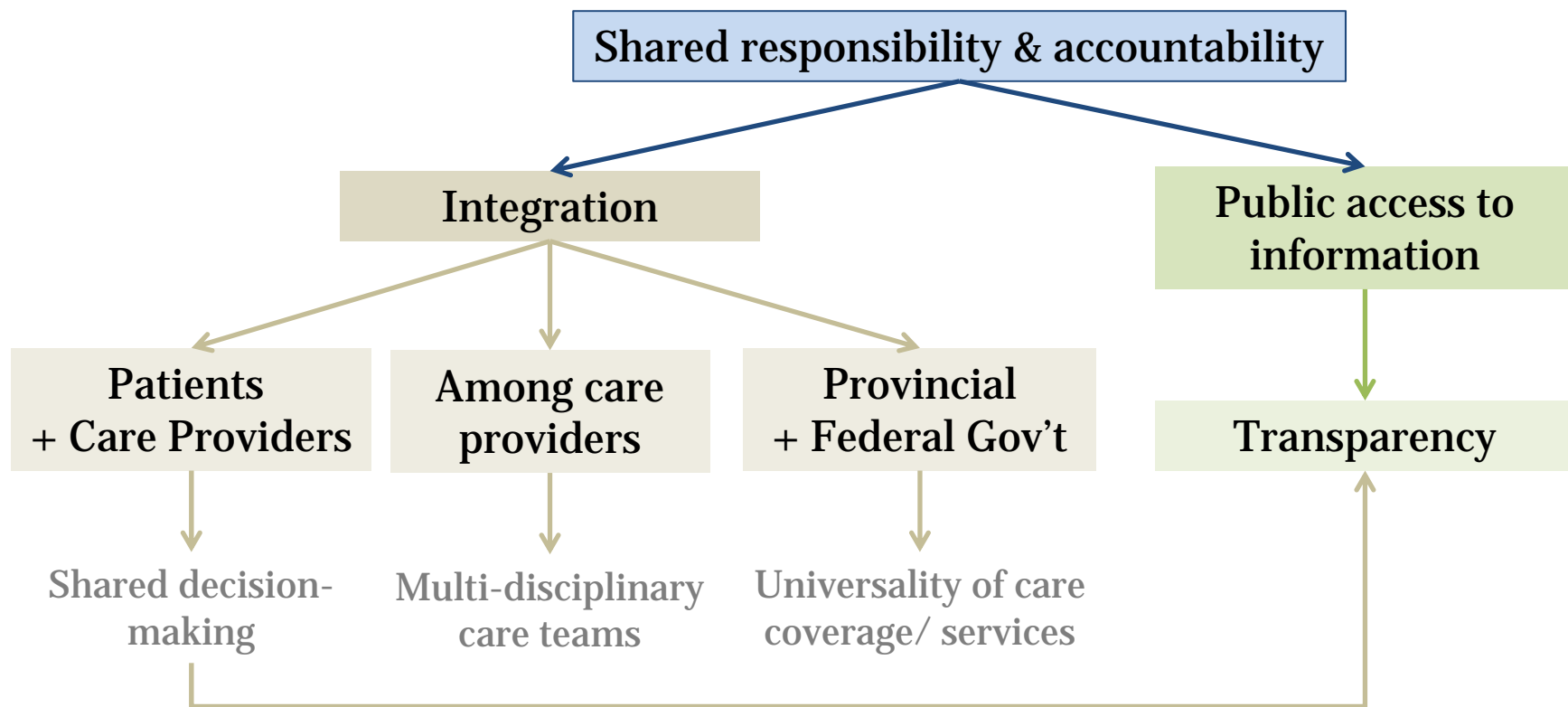
Source: Canadian Institute for Health Information (CIHI), National Health Expenditure Trends, 1975-2014 (Ottawa: CIHI, 2014), Figure 7. Constant 1997 dollars.

Informal caregivers provide \$25 billion annually worth of healthcare in Canada.

Source: Hollander, M.J., J. Miller, M. MacAdam, N.L. Chappell, and D. Pedlar. 2009. "Increasing Value for Money in the Canadian Healthcare System: New Findings and the Case for Integrated Care for Seniors." *Healthcare Quarterly* 12 (1): 38-47.



3 Accountability, Responsibility, Transparency



4 Patient Autonomy

1) Patient independence:

The wish of the patients to live independently in their old age, an expectation and a deep desire shared with their families and caregivers.



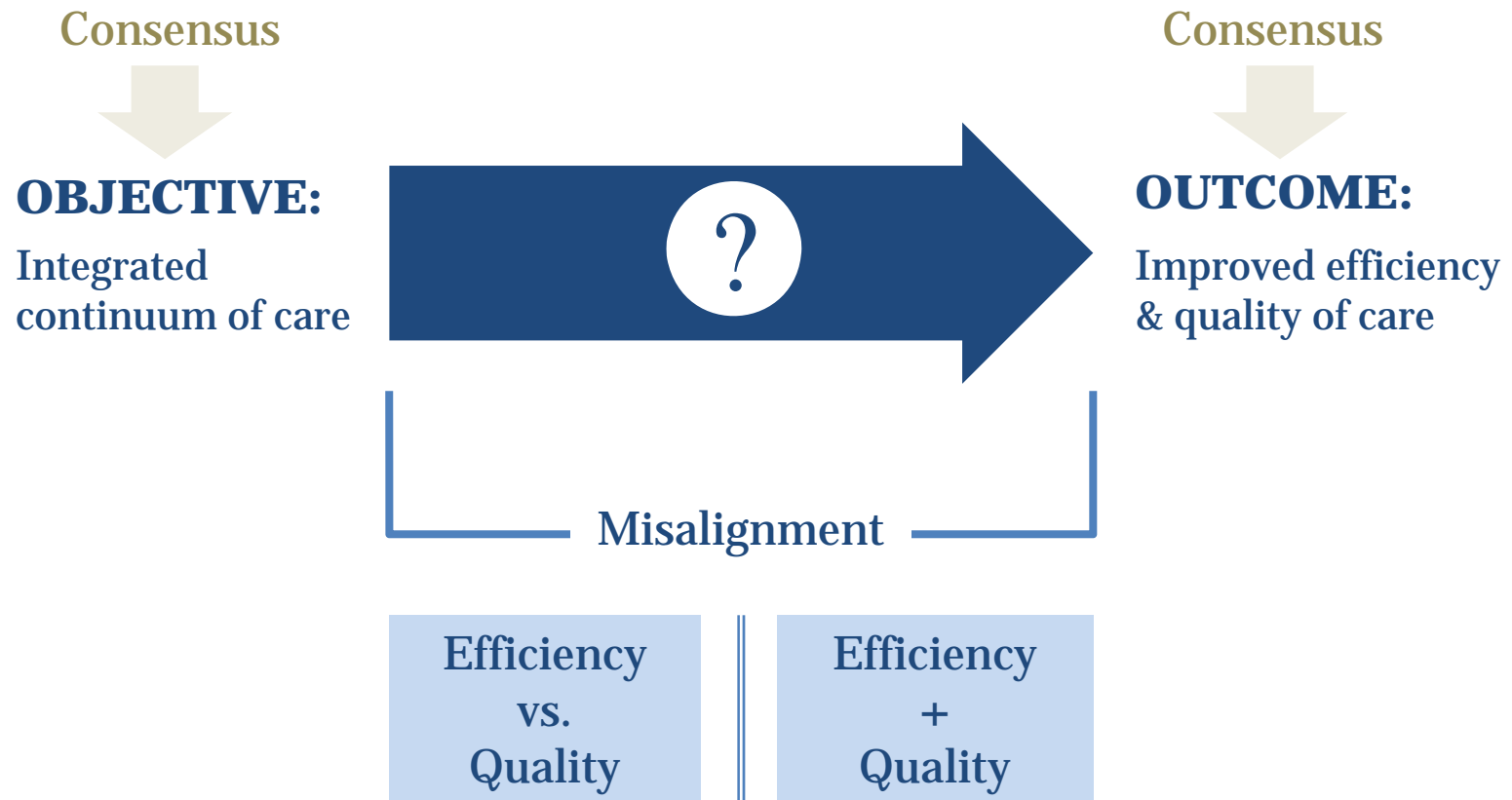
Develop community and home care

High-quality
Available
Accessible

2) Informed consent:

▣ Shared decision making → Patient accountability

Conclusion



Acknowledgements

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Thank you.

Questions?

Citations

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