



Rural and
Remote Health
SA



We acknowledge this land that we meet on today is the traditional lands for the Kaurna people and that we respect their spiritual relationship with their country.

We also acknowledge the Kaurna people as the custodians of the Adelaide region and that their cultural and heritage beliefs are still as important to the living Kaurna people today.

We also pay respects to the cultural authority of Aboriginal people visiting/attending from other areas of South Australia/Australia.



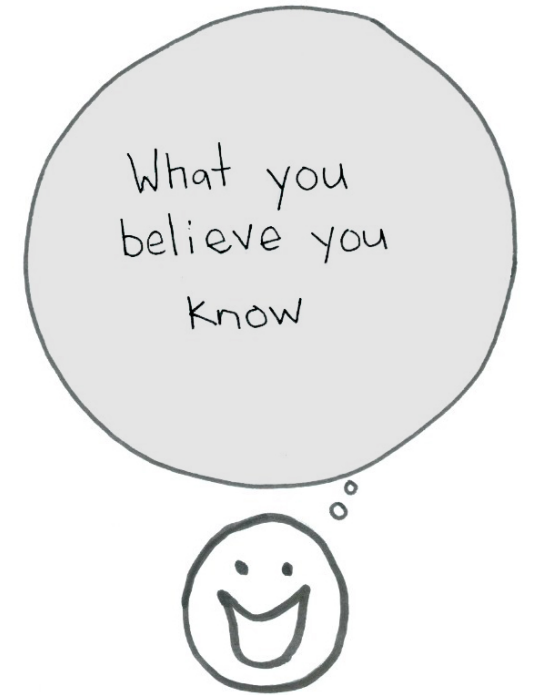
The terminology used around consumer '**involvement**' can be confusing since it is used interchangeably with related terms like 'consultation', 'participation', 'engagement', 'partnership', 'co-production' and 'collaboration'. A useful way to think of consumer involvement is decision making **with** or **by** consumers, rather than 'to', 'about' or 'for' them (Ocloo and Matthews 2016).

How do we know we are doing well?

The state of health services partnering with consumers: evidence from an online survey of Australian health services

Farmer, J., Bigby, C., Davis, H. *et al.* *BMC Health Serv Res* **18**, 628 (2018). <https://doi.org/10.1186/s12913-018-3433-y>

The survey is the first to include responses about consumer partnering from across Australia. While many respondents partner with consumers, it is clear that more easily-organised activity such as involvement in existing committees or commenting on patient information occurs more commonly than involvement in strategy or governance

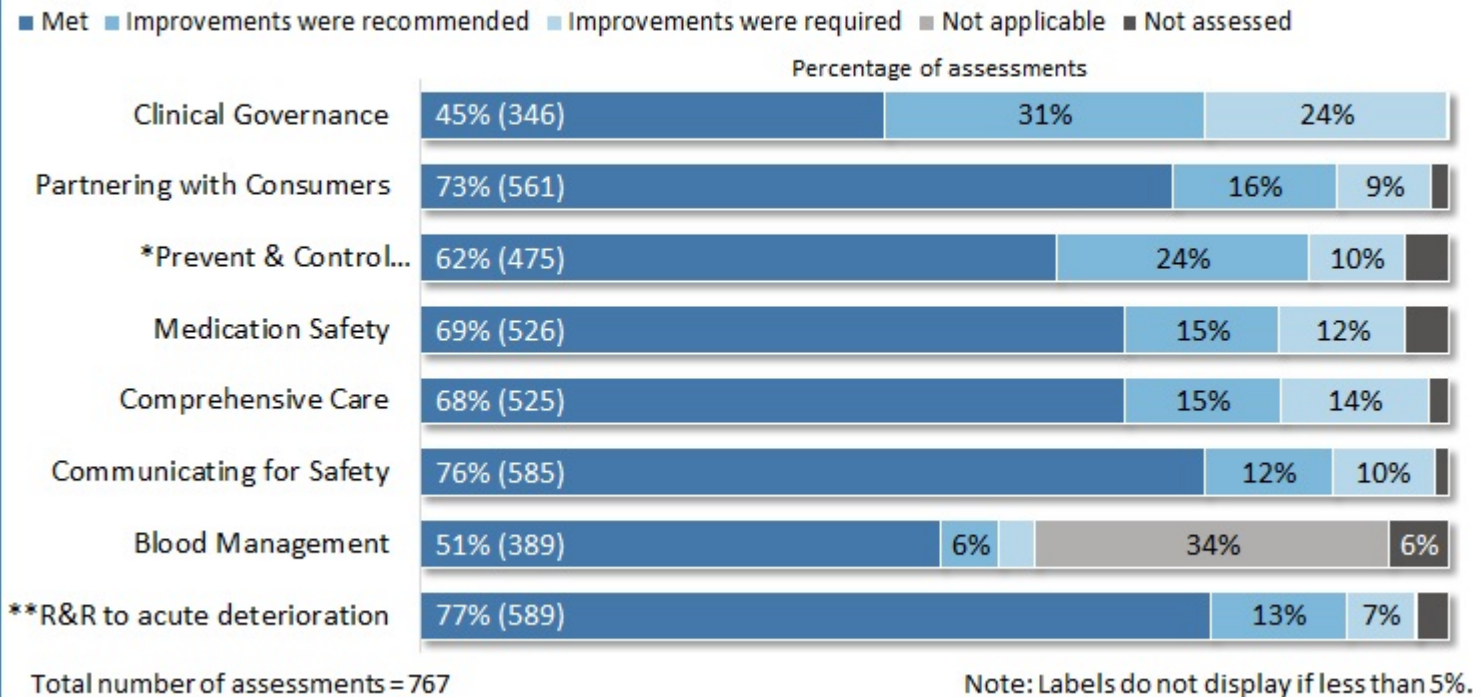


The following data includes finalised assessments for all Australian hospitals and day procedure services up to **October 2021**.

<https://www.safetyandquality.gov.au/standards/nsqhs-standards/implementation-nsqhs-standards/nsqhs-standards-lessons-learnt>



Outcome of initial assessment by standard



Not assessed - The action was not assessed. This can occur in short-notice assessments when only three or four Standards are assessed at a time. These actions are represented in dark grey on the bar graphs

Who wants to be involved in health care decisions? Comparing preferences for individual and collective involvement in England and Sweden?

Fredriksson, M., Eriksson, M. & Tritter, J. Who wants to be involved in health care decisions? Comparing preferences for individual and collective involvement in England and Sweden. *BMC Public Health* **18**, 18 (2018).

<https://doi.org/10.1186/s12889-017-4534-y>

Consumer Engagement through Public Reporting

High-Profile Investigations Into Hospital Safety Problems In England Did Not Prompt Patients To Switch Providers

[Anthony A. Lavery](#), [Peter C. Smith](#), [Utz J. Pape](#), [Alex Mears](#), [Robert M. Wachter](#), and [Christopher Millett](#)

[AFFILIATIONS](#) ✓

PUBLISHED: MARCH 2012 No Access

<https://doi.org/10.1377/hlthaff.2011.0810>

VIEW ARTICLE PERMISSIONS

SHARE

TOOLS

Abstract

Amid international concerns about health care safety and quality, there has been an escalation of investigations by health care regulators into adverse events. England has a powerful central health care regulator, the Care Quality Commission, which conducts occasional high-profile investigations into major lapses in quality at individual hospitals. The results have sometimes garnered considerable attention from the news media, but it is not known what effect the investigations have had on patients' behavior. We analyzed trends in admission for discretionary (nonemergency) care at three hospitals that were subject to high-profile investigations by the Healthcare Commission (the predecessor to the Care Quality Commission) between 2006 and 2009. We found that investigations had no impact on utilization for two of the hospitals; in the third hospital, there were significant declines in inpatient admissions, outpatient surgeries, and in numbers of patients coming for their first appointment, but the effects disappeared six months after publication of the investigation report. Thus, the publication and dissemination of highly critical reports by a health care regulator does not appear to have resulted in patients' sustained avoidance of the hospitals that were investigated. Our findings reinforce other evaluations: Reporting designed to affect providers' reputations is likely to spur more improvement in quality and safety than relying on patients to choose their providers based on quality and safety reports, and simplistic

What does the future of consumer engagement look like?

Are consumers already living the future of health?

And are they already living the future of consumer participation?

Deloitte Survey 2020 of US Health Care Consumers (Betts, Giuliani and Korenda (August 2020) **The Health Care Consumer Response to COVID-19 Survey.**

<https://www2.deloitte.com/us/en/insights/industry/health-care/consumer-health-trends.html>

'In many ways consumers are taking charge of their health more than ever before. They are learning about their health risks, communicating with their doctors in new and different ways, and changing their attitudes about data privacy.

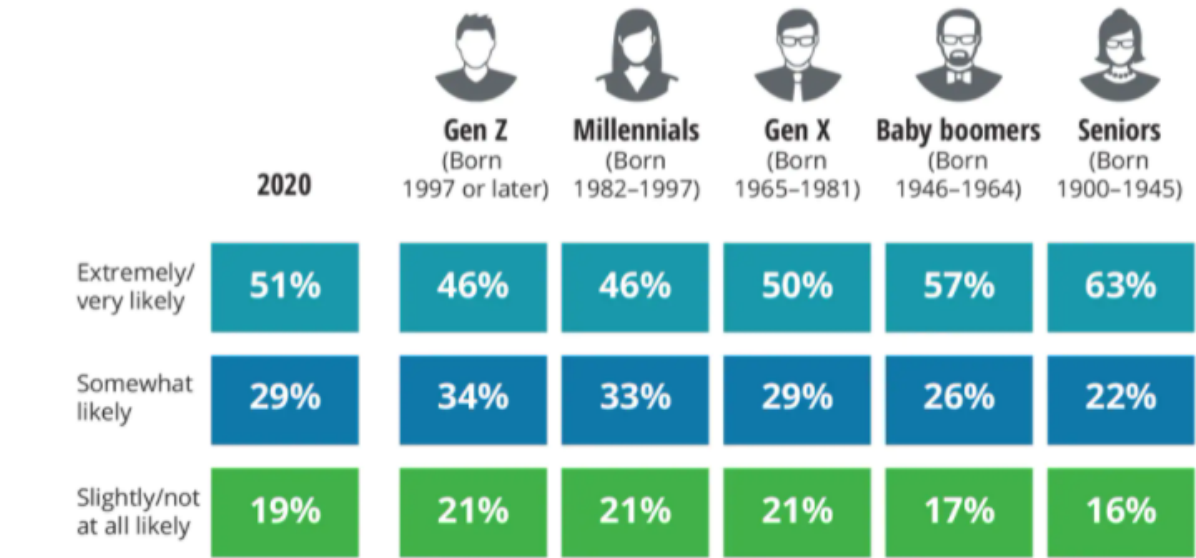
Each of these factors has a significant influence on how consumers are feeling and interacting with the health system.'

FINDINGS:

Many consumers show agency and engagement: Consumers are increasingly willing to tell their doctors when they disagree with them, are using tools to get information on costs and health issues, are tracking their health conditions and using that data to make decisions, and accessing and using their medical record data.

Most consumers are comfortable telling their doctors when they disagree with them

How likely are you to tell your doctor when you disagree with him or her?



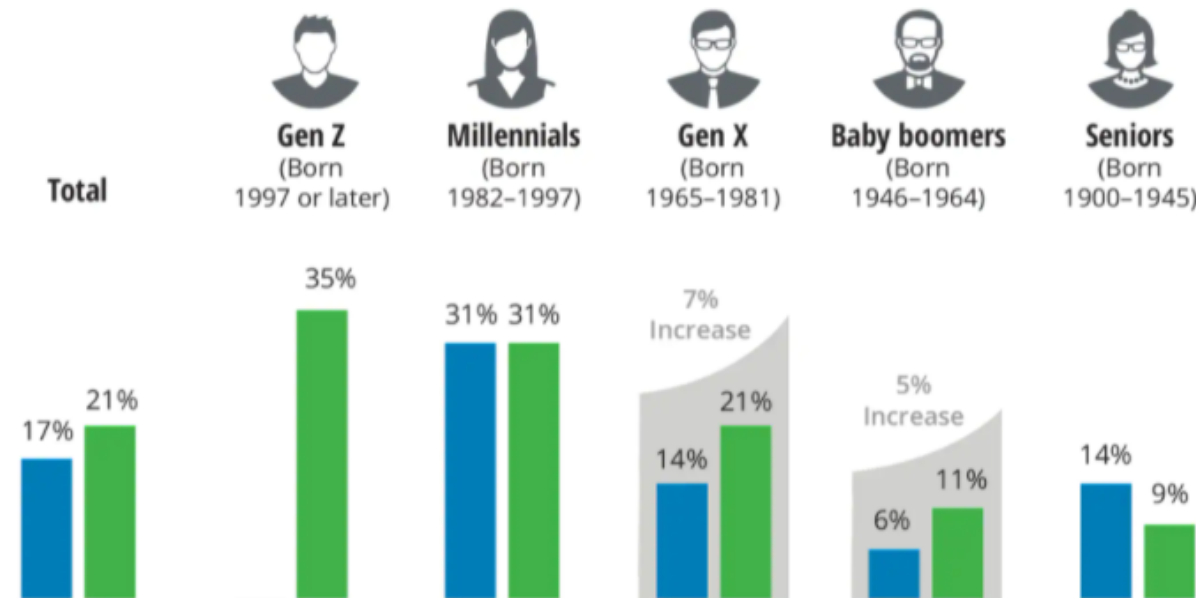
Source: Deloitte Center for Health Solutions 2020 Survey of Health Care Consumers.

Deloitte Insights | deloitte.com/ii

Consumers are using virtual visits more than ever before and plan to continue using them: Consumers using virtual visits rose from 15% to 19% from 2019 to early 2020; this jumped to 28% in April 2020. On average, 80% are likely to have another virtual visit, even post COVID-19. Most consumers are satisfied with their visits and say they will use this type of care again.

From 2018 to March 2020, the largest increases in the use of virtual health care were among Gen X and baby boomers

■ 2018—had a virtual visit in the last year ■ 2020—had a virtual visit in the last year



Note: Data relating to Gen Z was not analyzed in the 2018 survey because the sample size was too small.

Source: Deloitte Center for Health Solutions 2020 and 2018 Surveys of Health Care Consumers.

Deloitte Insights | deloitte.com/insights

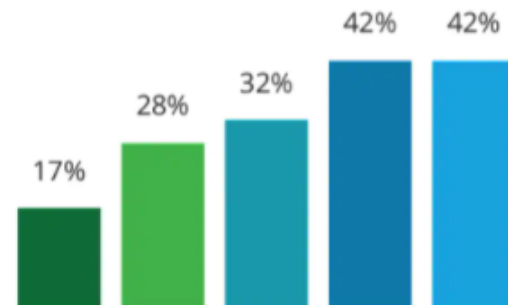
More consumers are using technology for health monitoring and are willing to share their data: A growing number of consumers are using technology to monitor their health, measure fitness, and order prescription-drug refills. After a slight decline in willingness to share data before COVID-19, new data shows that consumers are more comfortable sharing data during a crisis.

Consumers' use of technology for health and fitness purposes has increased since 2013 but has leveled off in recent years

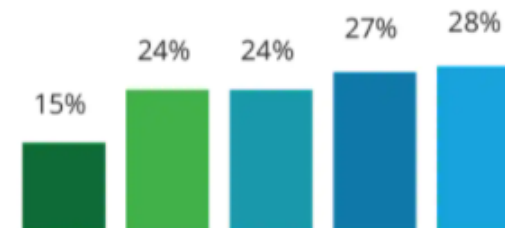
In the last 12 months, have you used any technologies including websites, smartphone/tablet apps, personal medical devices, or fitness monitors for any of the following health purposes?

■ 2013 ■ 2015 ■ 2016 ■ 2018 ■ 2020

Measure fitness and health improvement goals
(e.g., exercise, diet, weight, sleep)



Monitor health issues
(e.g., blood sugar, blood pressure, breathing function, mood)



Note: Chart shows percentage of consumers who said "Yes."

Source: Deloitte Center for Health Solutions 2013–2020 Surveys of Health Care Consumers.

Deloitte Insights | deloitte.com/insights



44%

- **Forty-four percent:** A doctor or health care provider who listens to me and shows they care about me



42%

- **Forty-two percent:** A doctor or health care provider who spends time with me and does not rush through the exam



39%

- **Thirty-nine percent:** A doctor or health care provider who clearly explains what s/he is doing during the exam and what I need to do after the visit



25%

- **Twenty-five percent:** Doctors and other health care providers who communicate with each other and coordinate treatment

A trusted clinician relationship remains paramount:

The top factors for “an ideal health care experience” in the Deloitte 2020 Survey of US Health Care Consumers mirrored the findings of a similar study in 2016: doctors who listen to/care about them, doctors who don’t rush, and clear communication.

As health systems, technology companies, and others roll out virtual services, it is imperative to provide the same personal experience as during an in-person visit.

This is particularly true for organisations that are developing tools or services for those with chronic conditions, as they are most likely to value a sustained relationship.



Patient-Centered Care



NEJM Catalyst Catalyst (reprint) © Massachusetts Medical Society



This slide illustrated common approaches to ‘placing consumers at the centre’ and questioned whether an image on its own would drive change?

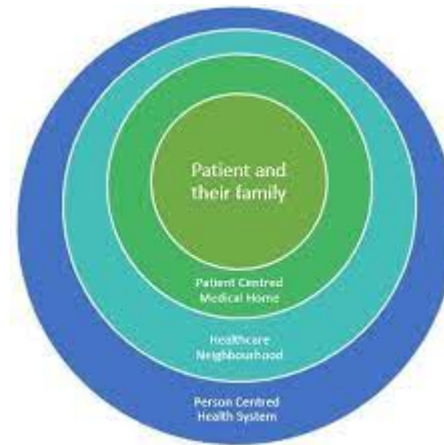
The intent was not to be critical of such illustrations but to point out that ‘consumers at the centre’ needs to be actioned and not just another example of a strategy sitting on the *shelf of dreams*.

In Deloitte’s vision for 2040 they state that they see a more activated consumer whose attitudes and behaviour demonstrate **agency**. They measured and explored several aspects of consumer agency in health care:

- Willingness to disagree with their doctor
- Tracking their health conditions and using that data to make decisions
- Accessing and using their medical record data and wanting ownership of it
- Engaging in healthy behaviour/prevention



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A New Story.....A New Language

From 'Patient' to the 'Agentic Patient'

A Patient – a person as a recipient of medical help (from the Latin – pati (suffer). Suffering disease or injury and 'suffering treatment'

An agent – someone who is capable of action and activity

The word agentic is described as an individual's power to control his or her own goals actions and destiny. It stems from the word agency, which Webster's Dictionary defines as the capacity, condition, or state of acting or of exerting power. In the late 1980s, Stanford University Psychologist Albert Bandura began developing a theory of social cognition that he associated with self-efficacy. He later examined more specifically the role of agency and motivation, and coined the term Agentic, in which people are viewed as self-organizing, proactive, self-reflecting and self-regulated, which he calls Agentic

‘The Patient Will See You Now’

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engage@flinders.edu.au

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