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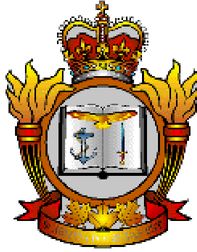

THE PATIENT ENGAGEMENT PROBLEM: FRAMEWORK TO SUCCESS

Major Trisha MacLeod

JCSP 45

Exercise *Solo Flight*

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Major Trisha MacLeod

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THE PATIENT ENGAGEMENT PROBLEM: FRAMEWORK TO SUCCESS

Introduction

The concept of patient engagement emerged from the quality improvement (QI) sector. A patient engagement elevates patients and families to the level of equal partners in the management and decision-making around their health and also stakeholders that also responsible for contributing as participants in the planning and coordination of health services. The Canadian Forces Health Services Group (CF H Svcs Gp) has decidedly endorsed the concept of patient engagement and released its Patient-Partnered Care (PPC) framework.[1] Fully fleshed out, the PPC within the Canadian Armed Forces (CAF) would see patients contributing in the management of their health as well as acting as a stakeholder regarding the resources, structure and systems in place to support overall health initiatives. The civilian sector is moving in this direction, both Alberta and British Columbia have endorsed similar movements grounded in improved population health at reduced costs.[2] The patient engagement concepts have been embraced nationally and internationally across a broad spectrum of care settings, primary to tertiary, but very little data exists concerning patient engagement relative to that of the CAF where the employer is not only the patient but the supervisor. In institutions such as the CAF, how can CF H Svcs Gp balance patients and families as partners, encourage patient dialogue and foster trust when CF H Svcs Gp must also provide the occupational advice to the chain of command. This paper will demonstrate that a patient engagement strategy for the CAF is

[1] Canadian Forces Health Services Group, "Patient-Partnered Care Framework," n.d.
[2] Sherry Bar et al., "British Columbia Ministry of Health Patients as Partners: A Transformational Approach," *Healthcare Management Forum* 31, no. 2 (2018): 51, https://doi.org/10.1177/0840470417744569; Sarah Singh et al., "Patient and Family Engagement in Alberta Health Services: Improving Care Delivery and Research Outcomes," *Healthcare Management Forum* 31, no. 2 (2018): 57, https://doi.org/10.1177/0840470417747003.

a wicked problem worth tackling and an approach must be unique from any civilian sector framework. First, this paper will discuss the background concerning patient engagement, the individual factors relating to patient engagement and why tackling this particular problem is vital to CF H Svcs Gp. Second, this paper will discuss the requirement of an environmental scan to ensure a well-informed situational assessment. Third, this paper will present three strategies that will be required to address patient engagement to make CAF specific adjustments to avoid making the situation worse.

Background – What & Why: Patient Engagement & the CAF

The CF H Svcs Gp's current health system developed in a health care provider (HCP)-centric model whereby the needs of the professionals and health conditions dictated health system evolution.[3] This system reinforced a patriarchal model where the expected input from patients and their families was limited to providing chief medical complaint or past medical histories. Providers do not feel that patients and families have the necessary knowledge to participate in true informed health collaboration meaningfully. Health care was done to patients rather than with them. This historical framework discounts the value of patients and their families, their views, concerns and wishes regarding their health and the health service system in place. There is a power imbalance, real or perceived, that places providers in an advantageous position and patients and families in an area of vulnerability that does not meet the standards of best practices.[4] In addition to addressing the relationship between providers, patients and

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[3] Bar et al., "British Columbia Ministry of Health Patients as Partners: A Transformational Approach," 51.
[4] Accreditation Canada, "What Is Client-and Family-Centred Care?," 2015, https://www.cfhi-fcass.ca/sf-docs/default-source/patient-engagement/accredication-canada.pdf.

families, a health engagement strategy has demonstrated benefit to improved health outcomes, with appropriate planning and execution can also lead to better resource stewardship as health costs are decreased by enhanced compliance and open the doors for additional services and programmes.[5]

The CF H Svcs Gp voluntarily participates in the external peer review assessment process run through Accreditation Canada alongside the civilian health sector. Assessments are periodic and often involve follow-on activities to demonstrate identified areas of improvement. The assessment team investigates the level of performance of health institutions concerning evidenced-based practices standards geared towards continuous QI and patient safety. Receiving accreditation indicates that a given health institution meets or exceeds established benchmarks. The CF H Svcs Gp believes strongly in the accreditation process because it reflects a commitment to QI and dedication to the accountability of any health institution. Through the accreditation process, CF H Svcs Gp has been granted accreditation not only to its primary care clinics, and also to the CF health system as a whole which is notably the only recognized federal health system in Canada. In 2015, Accreditation Canada launched many new initiatives including the client and family centred care program.[6] This programme identified the patriarchal model and sought to empower patients and their families as integral members of the health care team, with decision-making authorities.[7] Accreditation Canada, its initiatives and standards, act as large external drivers for CF H Svcs Gp towards QI to maintain and enhance this highly valued accreditation status.

[5] Bar et al., "British Columbia Ministry of Health Patients as Partners: A Transformational Approach," 51.
[6] Accreditation Canada, "What Is Client-and Family-Centred Care?"
[7] Accreditation Canada.

The CF H Svcs Gp has principally endorsed the concept of the client, or patient partnered care through the release of the PPC framework.[8] The framework provides an outline regarding the aspirational ideas of PPC with the CAF including the challenges that will necessitate a culture change of the CAF, the health system and the stakeholders. The framework provides for general themes and concepts as well as additional resources to successful institutions following PPC-type activities. The PPC offers the Accreditation Canada assessment teams proof of the beginnings but does not provide the clinics, patients or families with the resources or road map to attain these aspirational goals. Though there may be multiple small-scale successes in the realm of engagement, should the CF H Svcs Gp not provide additional concrete steps, resources and guidance any engagement strategy will lack coordination. The CF H Svcs Gp's leadership role may not necessarily require a hands-on, directive approach, but certainly must be central and involved to ensure harmony across the organization.

There is an additional layer of responsibility and tension to consider in the provision of health care to CAF members. The CF H Svcs Gp are part of a group of unique, dual professionals, that are governed not only by their professional code of ethics and are also bound to the military ethos.[9] Given the unique nature of the CAF HCP being responsible to patients as well as the CAF as an employer, this situation can and has provided context for conflict for the HCP and patient.

Additionally, patients are well aware that the CAF HCP have dual responsibilities.

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[8] Group, "Patient-Partnered Care Framework"; Canadian Forces Health Services Group, "Our Partnership With You," *History: Reviews of New Books*, n.d., https://doi.org/10.1080/03612759.1976.9945359.
[9] Canada. Department of National Defence., *Duty with Honour: The Profession of Arms in Canada*, 2nd ed. (Chief of Defence Staff by the Canadian Defence Academy - Canadian Forces Leadership Institute, 2009), 53–54.

Where providers and higher health headquarters render decisions that have potential employment impacts without consultation from patients, a trusting relationship may not be possible. In a space where patients are already in the vulnerable position of the power imbalance, they have a reason not to disclose pertinent health information to their providers as a means to protect future employment. And conversely, providers feel they must remain vigilant, some would say skeptical, of patients and their motives knowing that patient can be motivated to either be covertly protecting their employment through withholding information or embellishing or be vested in a medical release with a monetary benefit. The consequences of decisions by providers and patients go beyond the normal range of health outcomes and due to prescribed employment limitations, that extend into both employment and career implications. There is a reason to understand how easily trust can be eroded under changes to health circumstances if it existed in the CAF patient-provider relationship at all. There will be consequences in fostering a relationship or seeking to enter into a co-managed partnership around a health issue when both actors know that there can be a career consequence which neither of them controls.

Beyond the patients, families and providers, additional actors add to the pre-existing tensions between patients and providers. These actors include at a minimum the chain of command, units, provincial health authorities, professional regulating bodies, and Accreditation Canada. The terminology and language concerning patient engagement have been demonstrated not to be widely understood or applied, this combined with competing stakeholder motivations could lead to disjointed adherence, divergence, lack of buy-in and overall program failure.[10] There is a problem that is not well defined, with the

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[10] Jennifer Gallivan et al., "The Many Faces of Patient Engagement," *Journal of Participatory Medicine* 4 (2012): 8, 10, http://www.jopm.org/evidence/research/2012/12/26/the-many-faces-of-patient-engagement/.

involvement of many stakeholders across a broad spectrum of organizations and institutions, and the CAF does not directly influence the requirements. Collectively, the patient engagement issue meets the definition of a wicked problem, and therefore any plan or solution must be carefully crafted with this in mind to be successful and responsive to changes along the way so as not make the situation worse.[11]

A patient-partnered approach is the right thing to do. Though the external driver applied by Accreditation Canada may seem like primary reason, and it may be. However, the current CAF HS system is a monument to the patriarchal model whereby the system was built around the practitioner and the providers' priorities and entrenched by history, culture, hierarchy, and tradition. The patient and their families do not have a voice when it comes to the management of their health. The CF H Svcs Gp is in the business of health and wellbeing and has incredible motivation to provide the best calibre of services and is driven to provide evidenced-based medicine that is on par with the civilian health sector.[12] With a health system that is dispersed across the country, how can the CAF begin to embody changes in the vein of patient engagement and avoid the pitfalls inherent of wicked problems? A true patient-provider partnered relationship can enhance and improve patient outcomes, save resources and ultimately empower CAF members to be responsible for not only their health but the health system that serves them. The PPC framework is only an indication of the CF H Svcs Gp's commitment to addressing patient engagement. Beyond resourcing, adopting a patient engagement strategy that is culturally sensitive to the CAF and non-CAF actors will be enduring- this is not a one-shot

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[11] Brian W. Head, "How Can the Public Sector Resolve Complex Issues?," *Asia-Pacific Journal of Business Administration* 2, no. 1 (2010): 10–11, https://doi.org/10.1108/17574321011028954.
[12] Canada. Department of National Defence., "ADM (HR-Mil) Instr 03/04 The Canadian Forces Spectrum of Care," n.d.

Operation Patient Engagement and boom it is done. Changing the way CF H Svcs Gp does business is a lifelong commitment. A consolidation of effort will be required from the leadership to synthesize communications, decisions, and best practices within the realm of engagement strategies.

How: Understanding the Environment

The CF H Svcs Gp provides HS across all bases and wings in the CAF. These services are modified and task tailored to serve the unique needs of the patient population, or population at risk (PAR) of these respective regions. The current model, known as patient care renewal initiative (PCRI), sought to provide patients with continuity in their provider interactions by dividing base and wing PARs amongst smaller care delivery units (CDUs).[13] Each CDU is made up of a health care team dedicated to a subset of the PAR of any given base. The PCRI was a phased roll out in the early 2000s and has not been validated or revisited in any meaningful way since. Anecdotally, the system change addressed the issue of continuity of care creatively but created red tape and dissatisfaction by removing direct access to diagnostics and therapeutics (e.g. physiotherapy) and mental health services. A thorough pan-CF H Svcs Gp environmental scan is necessary before an engagement strategy can take root. By engaging all stakeholders, an environmental scan can adequately inform the start state and frame resources and strategies for implementation.[14]

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[13] Hollander Analytical Services Ltd., "Project: Rx 2000 Canadian Forces Health Care Reform, Canadian Forces Health Services," vol. 1–3, 2003.
[14] A Andreoli et al., "Ingredients for Successful Patient Engagement: Ready, Set, Engage: Preparing for Engagement," 2012.

The environmental scan provides a platform for face-to-face interaction building buy-in through the provision of context and clearly demonstrating a curiosity from each interaction and also to reinforce why the CAF is vested in patient-engagement. The environmental scan will look for opportunities to build on the "why" and further define the "what" needs are required. Within the scan, a thorough investigation and discussion of concepts such as training gaps for patients, providers and other stakeholders. A subject matter expert from 8 Wing Trenton raised the concern of a poorly conceived and executed training package pushed from higher headquarters such as online modules to address patient engagement as inadequate.[15] A further apprehension is the requirement to recognize the unique PAR structures of bases and wings. As an example, in Canadian Forces Base Borden, the PAR is primarily made up of candidates who are training to reach occupational functional points.[16] The needs of a training base such as Borden are vastly different than operational bases or even clinics that support headquarters with concerns such as international postings. The priorities, resources and day-to-day operations of clinics across the CF H Svcs Gp all have different internal and external drivers. In the same vein, it will be essential to delve into health inequalities and gaps in services and policy implication to enable improved access.[17]

In the initial environmental scans conducted by Alberta Health Services (AHS), the team revealed an underlying adversarial relationship existed between patients, their families and the health system as a whole. Patient and families felt that they were identified to the health teams as symptom, chief complaint, diagnosis or body part and

[15] 24 CF H Svcs Gp, "Subject Matter Expert" (8 Wing Trenton, 2019).
[16] 31 CF H Svcs Gp, "Subject Matter Expert" (CFB Borden, 2019).
[17] British Columbia Ministry of Health, *Primary Health Care Charter: A Collaborative Approach*, 2008, 21.

expressed an overwhelming desire to be seen and heard.[18] Members of the AHS health care team did not feel adequately resourced and reported feeling under supported to provide patient and family-centred care.[19] The AHS sought to resolve these sentiments and adopted empathy to its core values and amended their human resources processes to target the recruitment and retention of staff that demonstrated empathy as a core value.[20] The CAF's environmental scan will no doubt reveal similar tensions between patients, families and the healthcare system. The CF H Svcs Gp will need to be prepared to hear negative feedback, concerns and demonstrate their commitment to improving the relationship through behaviour that meaningfully shows understanding. The team members that make up the conduct of an environmental scan, the leadership will need to be carefully considered to ensure the resulting information is ground truth. Furthermore, CF H Svcs Gp will need to resource staff to commit to the valuable work required to change the CAF HS culture as a whole. Improving the conditions of respect between patients, families and providers can be enriched through an engagement strategy that includes empathetic listening and demonstrative changes to behaviours.

Another anticipated parallel from the AHS environmental scan was the identified requirement for enhanced communication strategies.[21] The AHS patients and families reported frustrations with having to repeat their stories multiple times along the patient care continuum which left the impression that HCPs did not communicate effectively with one another.[22] Unsurprisingly, in two separate studies, patients and families also

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[18] Verna Yiu et al., "The Patient First Strategy," 20, accessed May 1, 2019, https://www.albertahealthservices.ca/assets/info/pf/first/if-pf-1-pf-strategy.pdf.
[19] Yiu et al., 20.
[20] Yiu et al., 20.
[21] Yiu et al., 21.
[22] Yiu et al., 21.

indicated an interest in being able to correspond with their health team remotely via text message, email or through an app to exchange updates or request refills for known chronic conditions.[23] The issues that AHS are considering to address communications are only nascent. The communication strategy the CAF adopts regarding patient engagement should include progress and also speak to improved patient-engagement strategies. The project will need to continue to follow leading examples such as AHS but also look internally to how the CAF has communicated and addressed Operation HONOUR.[24]

When the initial environmental scan is complete, continued engagement will be paramount. It will be fundamental to maintain open communications and keep stakeholders engaged at all levels. Furthermore, the clinics and patients themselves would ideally be driving the change by informing the strategic-level of projects, sequencing and resources required. The establishment of a communications strategy to enable interaction between actors- clinics, patients, families and the strategic level that manages the intellectual property developed out of the project that exploits all means of communication up to and including social media would enable the exchange of information, communication and open transparency. Finally, it is impossible to anticipate all second and third-order effects that patient engagement strategies will bring to bear. A continuous process of scanning the environment and adjusting priorities and resources based on new information will enable flexibility and resist situating the estimate.

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[23] Yiu et al., 21; Canada Health Infoway, “Connecting Patients for Better Health,” 2018, 12, https://www.infoway-inforoute.ca/en/component/edocman/3564-connecting-patients-for-better-health-2018/view-document?Itemid=0.

[24] Canada. Government of Canada, “Operation HONOUR,” accessed May 5, 2019, https://www.canada.ca/en/department-national-defence/services/benefits-military/conflict-misconduct/operation-honour.html.

Building the Patient-Provider Relationship: Charting the Course in the CAF

With an understanding of the start state and commitment to continuously reflect on progress and priorities, patient-engagement projects can start to take shape. A team-based approach comprised of health staff, patient populations, their families, the bases they serve resourced and supported throughout the chain of command and ensuring all patient and family needs are at the core of all decisions.[25] Language and expectations must be discussed and agreed upon with mutual understanding of outcome measures that are aimed to provide detailed guidance of progression.

To foster the changes in culture that a patient-engagement strategy requires is challenging. The traditional approach of a strategic message in the format of an operation order or administrative instruction from higher headquarters may be perceived as sterile or dictation, reinforcing the hierarchy and discounting the value of the non-military defence team members as well as families and non-CAF actors. Instead, the strategic leadership needs to enable a grassroots-level partnership to develop with patients, families and stakeholders and begin the task of building trust and value in this direct contribution.[26] The CAF and CF H Svcs Gp must remain invested by providing leadership and stewarding the coordination of efforts. It is only through empowering tactical-level teams to tackle the work that the voice of patients and families through will percolate up. And, as a result- it is these grassroots teams that need to be responsible for first defining the language of patient-engagement as it applies in the CAF context with information drawn from the environmental scan, literature review and continued information

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[25] Yiu et al., "The Patient First Strategy," 24.
[26] Andreoli et al., "Ingredients for Successful Patient Engagement: Ready, Set, Engage: Preparing for Engagement."

exchange.[27] It is only through a clear understanding of expectations and parameters of involvement that all stakeholders will accept forward progression mutually. Patients as partners require the resources and coordination support from the chain of command, a powerful message of empowerment is demonstrated through meaningful behaviour and is the necessary first step in the culture change necessary.

During a recent exchange with providers at two separate clinics, the health literacy gap of patients and families were discussed as a barrier to building the patient-engagement strategy.[28] There is a foundation to this belief, but the knowledge gap also encompasses that of the health care team- this is not an “us and them” situation. The health system must also design and undergo training to break down barriers, change behaviours and build common ground to adopt patient engagement. Therefore, all stakeholders, including the health care team, will need a form of training to conquer the existing knowledge gap.

When it comes to training, Accreditation Canada has provided required organizational practices that can be foundational aspects to training in a patient-engagement environment.[29] Adopting a method such as the “NOD” technique used in AHS, where all interactions with patients and families start with staff providing their name, occupation and duty as means of introduction and facilitation of the patient and family has demonstrated positive effects in forging the patient-engagement culture.[30] A health self-management training program in British Columbia has shown patients are

[27] Andreoli et al.
[28] Gp, “Subject Matter Expert,” 2019; Gp, “Subject Matter Expert,” 2019.
[29] “Accreditation Canada,” n.d.
[30] Yiu et al., “The Patient First Strategy,” 22.

capable of to manage their health need and patients reported improved confidence.[31] The Centre for Addiction and Mental Health empowered patients as speakers to reshape the patient-provider relationship. [32] These speakers had unique and telling stories, several with admissions to hospital due to the gravity of their underlying conditions. Following training for the speakers, a public speaking series was hosted with the patients providing real-life case studies to providers.[33] While the evidence of this strategy is still nascent and yet to be published, the concept is unique and an exciting way to consider how the CF H Svcs Gp could embody such a practice to empower patients and families as the drivers to change.

The CAF has several learning tools available to support continued learning, and it may be tempting to develop online, remote access, module-based template to achieve the training needs. These types of tools are not scoped for the culture change to support patient engagement, though they may be adequate for annual training requirements. Provincial health authorities are building cultural competence into the fabric of training packages.[34] And not all training needs to be radical and require multiple packages. It is changing how initial contact between patients, families and providers can be the cornerstone of a turning point if done with sincerity and authenticity. Opportunity and space do however need to be provided to the team to consider what these training deltas and strategies should look like for applicable players.

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[31] Bar et al., "British Columbia Ministry of Health Patients as Partners: A Transformational Approach," 53.
[32] See "Bringing a recovery focus to schizophrenia services through client narratives" at the Centre for Addition and Mental Health "Canadian Foundation for Healthcare Improvement," accessed April 30, 2019, https://www.cfhi-fcass.ca/.
[33] See "Bringing a recovery focus to schizophrenia services through client narratives" at the Centre for Addition and Mental Health "Canadian Foundation for Healthcare Improvement."
[34] Yiu et al., "The Patient First Strategy," 21.

To track the success of the initiative, setting benchmarks and collecting analytics CAF-wide will enable the programme to be validated and remain flexible to any changes to priorities or the environment. Outcome measures and indicators to be gathered will need to be defined and agreed to by all actors early in the process.[35] As an example, measuring same-day access to primary care services is linked to a decrease in emergency room use with non-urgent symptoms, a potentially valuable data set.[36] The CF H Svcs Gp is currently in a human resource crisis with family physicians. Recruitment and retention are complex factors, work design and changing roles may impact the CAF's ability to recruit and retain these highly valued providers.[37] Mechanisms must be built to monitor staff, patient and family satisfaction throughout the patient engagement continuum to enable any additional support required and or adjustment in support of program success. The most recent progress report from Operation HONOUR provides valuable insight into the importance of CAF-wide tracking to maintain situational awareness and inform program validation when culture change is part of the established goals of the programme.[38]

With the grassroots multi-actor teams established and empowered by the chain of command, training deltas identified, language, roles, expectations and outcomes articulated and agreed to by all parties, the overall scope of the project the underpinning phases and associated activities can begin to take shape. A key attribute to decision-making processes is the management of divergent and sometimes conflicting views

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[35] See "Engaging patients and families to develop safety indicators" at the Toronto Rehabilitation Institute "Canadian Foundation for Healthcare Improvement."
[36] Health, *Primary Health Care Charter: A Collaborative Approach*, 5.
[37] Health, 11.
[38] Canada. Department of National Defence., "Canadian Armed Forces Progress Report Addressing Sexual Misconduct," 2019, 12–13.

through fostering consensus. [39] Through the engagement of all actors as equal participants in this critical step demonstrates leader-engagement, empowers the health service community to come together and paves the way for a sustainable multi-factorial relationship.[40] Patient engagement is not an overnight project, this a change in the foundation of how the work is done and will take lifelong commitment as the conditions will evolve, in the spirit of QI, there is likely always to be space to improve patient engagement. In other words, there will be no defined end-state.

Timing it Right: Balancing Outcomes Against Sustainability

The concept of patient engagement is aspirational with many external drivers. The lofty goal of patient engagement as seen through improved population health entails collaboration to be sustainable. [41] Furthermore, not every project or endeavour needs the same level of participation from all stakeholders. Without planning, and specific consideration for the amount of time required for any project along the patient-engagement continuum, a sustainable change is at unlikely.[42]

When it comes to the timing of patient engagement in the management of health conditions, it is crucial to engage early and deliberately.[43] Understanding the knowledge gaps for all actors are the humble beginnings, but also comprehending what early intervention strategies the CAF-specific PAR and families have concerning preferences

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[39] Andreoli et al., "Ingredients for Successful Patient Engagement: Ready, Set, Engage: Preparing for Engagement."
[40] Andreoli et al.
[41] Health, *Primary Health Care Charter: A Collaborative Approach*, 1.
[42] Andreoli et al., "Ingredients for Successful Patient Engagement: Ready, Set, Engage: Preparing for Engagement."
[43] See "Patient input on developing early intervention mental health services" at St. Joseph's Healthcare/McMaster University "Canadian Foundation for Healthcare Improvement."

and opinions regarding management tools enable program success. At St. Joseph's Healthcare, patient and family preferences were embedded into program design and demonstrated successful outcomes highlighting the importance of collaboration and new integration strategies.[44] Investment of patient strategies at the front end sets the conditions for patient and family empowerment and compliance with evidence-based treatment regimens and has the potential to save time and resources at the back end as patients and families become proactive rather than reactive, remaining healthier and potentially decreasing strain on the health system at a cost saving.

The necessary time allotted to patient engagement strategies is complicated. In Alberta, a delay was encountered during the initial phase of an engagement strategy due to difficulty recruiting support staff because of the complex nature of working with multiple institutions. [45] Another key take away message is that even the smallest change to structure or processes may have unanticipated second and third order effects, especially when considering the amount of time new tasks will take. [46] It would not then be unlikely to forecast a decrease in service quality such as patient wait times and dissatisfaction of all actors through the change process. For transformative change to take root, planning will need to remain flexible to account for these effects. Strategies to consider may be site-specific and phased approaches with feedback loops embedded and detailed communication strategy to acknowledge setbacks, re-establish momentum through effective support mechanisms.

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[44] See "Patient input on developing early intervention mental health services" at St. Joseph's Healthcare/McMaster University "Canadian Foundation for Healthcare Improvement."
[45] Gross Gilroy Inc, "Midterm Evaluation of Alberta's SPOR SUPPORT Unit," 2016, 2.
[46] Jeffrey A. Alexander et al., "Implementation of Patient-Centered Medical Homes in Adult Primary Care Practices," *Medical Care Research and Review* 72, no. 4 (2015): 441, https://doi.org/10.1177/1077558715579862.

Sustaining Engagement through Systemic Strategies

The CF H Svcs Gp will have several actors with overlapping policies and procedures in place that are likely to inhibit patient engagement. The goal will be to identify the inhibiting policies pan-CAF, prioritize the work required through stakeholder engagement, leadership and reorganization.[47] Policy changes require a commitment to moving the mountains necessary for the bureaucratic processes and may be easier said than done. While policy review is done, local policies, with support from higher headquarters can demonstrate this commitment. The province of British Columbia released a healthcare charter developed in consultation from all actors that provided interim guidance regarding expected and intended outcomes.[48] In addition to being adequately resources, any policy review and change strategy must include effective feedback mechanism with clear communication between all actors to ensure the intended changes will have the intended effect and maintain the support necessary for sustained change.

The range of policy review will include topics such as information management, access to information, protection of privacy and scopes of practice.[49] There are many policy-based barriers to address these concerns embedded within CF H Svcs Gp and the CAF as a whole that were beyond the span of this paper. However, a cursory review of the Spectrum of Care (SoC) revealed that the review committee membership is inadequate as representation is made up entirely of senior strategists, and mostly from CF

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[47] Bar et al., "British Columbia Ministry of Health Patients as Partners: A Transformational Approach," 54.
[48] Health, *Primary Health Care Charter: A Collaborative Approach*, 4.
[49] Health, 18.

H Svcs Gp, without any dedicated patient or family representation.[50] As previously mentioned, the dual professional demands placed on CAF HS providers and the pressures of providing care and being the employer of our patients has created tension that policy has eluded to provide guidance that builds the trust required for a patient engagement strategy. Some policies are acting as barriers. Equally, there are gaps where policy development is required.

Resistance to change is innate and natural. It serves an evolutionary purpose as individuals and teams feel a loss of control, uncertainty, lack of consultation, have concerns regarding their competence in executing the change.[51] This predictable resistance can lead to harmful behaviour and undermine any transformation project. It is critical to choose a change framework to manage a complex cultural change such as patient engagement as a means of anticipating and managing this resistance.[52] Consider the use of additional staff or resources at the beginning of a project to plan and support providers, patients and families at the point-of-care level.[53]

To reinforce the concept of sustainability, leverage existing processes and structures that are already in place. Many CF H Svcs Gp clinics are already espousing interaction between units and clinics through regular meetings. A patient engagement strategy may be as simple as including a patient representative or as complex as establishing a separate

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[50] Canada. Department of National Defence., "ADM (HR-Mil) Instr 03/04 The Canadian Forces Spectrum of Care"; Canadian Forces Health Services Group, "5000-01 Management of the Canadian Forces Spectrum of Care," n.d.; Canadian Forces Health Services Group, "5000-03 Requesting Items or Services as Canadian Armed Forces Spectrum of Care Exceptions.".

[51] Rosabeth Kanter Moss, "Ten Reasons People Resist Change No Title," *Harvard Business Review*, 2012, http://blogs.hbr.org/2012/09/ten-reasons-people-resist-chang/.

[52] John P. Kotter, "Leading Change: Why Transformation Efforts Fail," in *HBR's Ten Must Reads on Change Management* (Boston: Harvard Business School Publishing Corporation, 2011), 2–3.

[53] Health, 18.

patient-engagement committee. [54] The clinics are also already managing individuals as members are discharged from tertiary care hospitals, seeking specialist referrals or posted around the world. Building on the concept of transition care procedures, AHS is considering the inclusion of patients and families through progressive technology, discrete access to the electronic health records or an online booking tool to enable patients and families an appreciation for the processes in place to transition their care at their fingertips.[55]

Finally, patient engagement is a growing concept. Lessons learned and evidenced-based practice are the bases of the CF H Svcs Gp commitment to continuous QI. Indeed, the provincial health authorities experience as well as the impact of other external drivers such as the American's Affordable Care Act, may impact the future of patient engagement.[56] With the patient engagement related research continually evolving, there is an opportunity for CF H Svcs Gp and the CAF to add depth to this body of knowledge given the unique nature of being the only federal health system in Canada. The CF H Svcs Gp could further their engagement commitments by contributing to this body of research, lessons learned and best practices through active engagement with organizations such as Accreditation Canada or Canadian Foundation for Health Improvement. This type of activity would further demonstrate an enduring commitment to patient engagement at the strategic level and enhance sustainability.

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[54] See "Your Voice Counts: Training patients to be effective in designing the system" BC Ministry of Health Services "Canadian Foundation for Healthcare Improvement."
[55] Yiu et al., "The Patient First Strategy," 23.
[56] Sara Heath, "How the Affordable Care Act Impacts Patient Engagement," 2016; Inc, "Midterm Evaluation of Alberta's SPOR SUPPORT Unit," 3.

Conclusion

Patient engagement is the fundamental shift in culture that is required in the CAF to enable patient and family interaction that is consistent with that of the civilian health sector. The CF H Svcs Gp's PPC framework is only the beginning of the work that is required to embody a patient and family engagement strategy. The hierarchical structure of the military, the competing tensions of HCPs responsible to the patient, employer and professional regulating bodies is unique from our civilian counterparts. To foster trust between patients, families and providers the patient engagement strategy requires grassroots initiatives that are consolidated and supported by CAF leadership. Both initial and ongoing work relies on continued leadership, collaboration, and funding to develop and implement training programs, provide tools and resources, and develop policies that enable partner organizations to empower patients and families to participate in their health and healthcare system improvements.[57] The strategy must first get an appreciation for the problem set through an environmental scan. Patient engagement can then be built through collaboration, continuous interaction and communication. Finally, engagement strategies will never truly be complete, only continuously evolving and improved.

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[57] Bar et al., "British Columbia Ministry of Health Patients as Partners: A Transformational Approach," 55.

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