



Section 3.5.6

Interventions orientées par le patient

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Professeure, Université d'Ottawa

Scientifique, Institut de recherche de l'Hôpital d'Ottawa



CIHR IRSC

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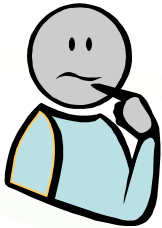
À retenir : interventions orientées par le patient

- Visent à faire participer activement le patient pour améliorer ses connaissances, son expérience, son utilisation des services, ses comportements liés à la santé et son état de santé.
- La sensibilisation et l'information améliorent les connaissances des patients; d'autres aspects sont aussi améliorés lorsque l'information est plus précise et personnalisée et qu'il y a davantage de soutien professionnel et autre.
- Lacunes de la recherche : cadres sous-jacents, éléments essentiels et durée, rentabilité, meilleures stratégies de mise en œuvre.





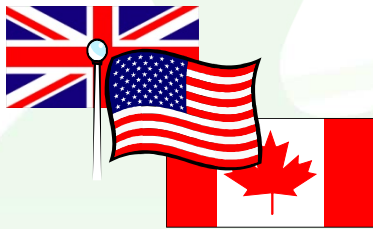
Plan



1. Étude de cas



2. Efficacité des interventions

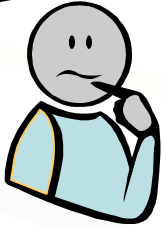


3. Pratiques exemplaires





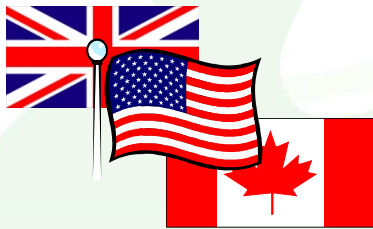
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1. Études de cas



2. Efficacité des interventions

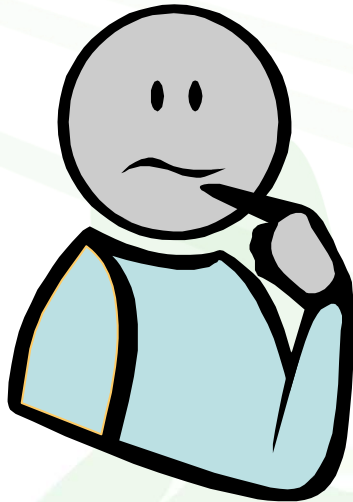


3. Pratiques exemplaires



Madame C.

« *Je n'ai pas dormi de la nuit...* »



Sommeil troublé par la douleur au genou → incertitude quant à la chirurgie proposée

Mari inquiet → incertitude quant au fait d'aller à l'urgence

A oublié de remplir un nouveau formulaire → incertitude quant à l'importance du formulaire



Madame C. n'est pas la seule...

- 924 patients interrogés
- Dans cinq cliniques de médecine générale du Québec
- Après la prise de la décision avec le médecin



Knowledge to action
Des connaissances à la pratique



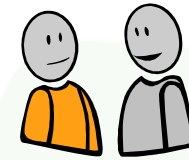
	Incertitude
TOTAL	55 %
Vaccination	71 %
Diabète	60 %
Douleur	59 %
Dépression	58 %
Hypertension	57 %
Mode de vie	58 %
Cholestérol	55 %



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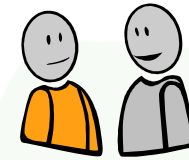
Données fournies par France Légaré, Université Laval

Canada



	Incertitude	Manque d'information	Valeurs incertaines	Sans soutien
TOTAL	55 %			
Vaccination	71 %			
Diabète	60 %			
Douleur	59 %			
Dépression	58 %			
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Mode de vie	58 %			
Cholestérol	55 %			

Données fournies par France Légaré, Université Laval

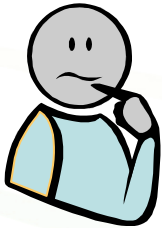


	Incertitude	Manque d'information	Valeurs incertaines	Sans soutien
TOTAL	55 %	15 %	7 %	38 %
Vaccination	71 %	29 %	36 %	36 %
Diabète	60 %	20 %	0 %	27 %
Douleur	59 %	14 %	10 %	31 %
Dépression	58 %	15 %	5 %	30 %
Hypertension	57 %	17 %	5 %	40 %
Mode de vie	58 %	15 %	5 %	30 %
Cholestérol	55 %	18 %	18 %	27 %

Knowledge
to action

Des connaissances
à la pratique

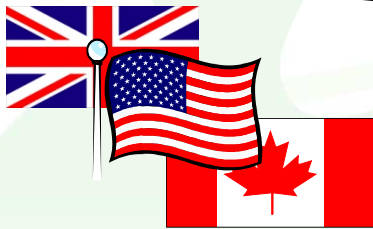
Plan



1. Étude de cas



2. Efficacité des interventions



3. Pratiques exemplaires



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BMJ

« Effectiveness of strategies for informing, educating, and involving patients »

Angela Coulter et Jo Ellins

BMJ, 2007, n° 335, p. 24-27
DOI : 10.1136/bmj.39246.581169.80

25 études :
Interventions
liées à la
littératie en
matière de santé

22 études :
Interventions
liées à la prise
de décision
clinique

67 études :
Interventions liées
à l'autotraitement
et à l'autogestion
en cas de maladie
chronique



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Littératie en matière de santé

Définition

Capacité de trouver, de comprendre, d'évaluer et de communiquer l'information de manière à favoriser, à maintenir et à améliorer la santé dans divers milieux au cours de la vie

Groupe d'experts sur la littératie en matière de santé. *Vision d'une culture de la santé au Canada*, rapport du Groupe d'experts sur la littératie en matière de santé, Association canadienne de santé publique, 2008.

Interventions

- Documents d'information imprimés (ex. : brochures)
- Autres ressources (ex. : Internet)
- Approches ciblées pour les groupes défavorisés ayant une faible littératie en matière de santé (ex. : pictogrammes, cassettes vidéos, ordinateurs)





Prise de décision clinique

Interventions

- Formation des cliniciens à la communication
- Questions à poser aux patients et encadrement pour la préparation des consultations, la discussion sur les options envisageables et la mise en œuvre du changement
- Outils d'aide à la décision pour les patients : expliquer les options, les probabilités, les avantages et les inconvénients, mettre en évidence les caractéristiques les plus importantes des options, donner une orientation structurée à la discussion et à la communication



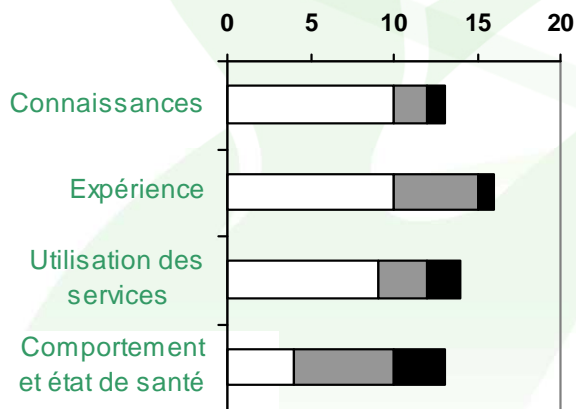


Interventions en matière d'autotraitement et d'autogestion

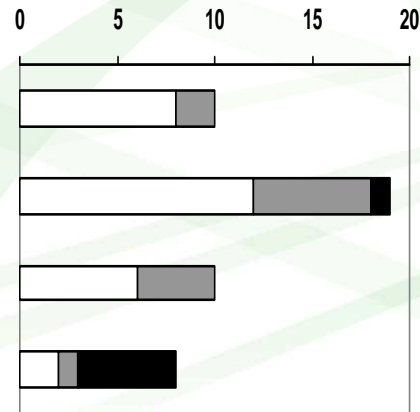
- Visent à améliorer la manière dont les patients soulagent leurs symptômes et gèrent leur maladie
- L'information sur l'autogestion aide les patients à vivre avec leur maladie et les problèmes du quotidien
- Autocontrôle et autotraitement
- Groupes d'entraide et soutien des pairs
- Donner accès aux renseignements médicaux personnels au patient
- Soins à distance centrés sur le patient



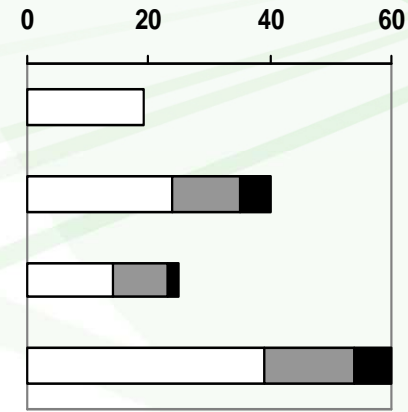
25 études :
Littératie en matière de santé



22 études :
Prise de décision clinique

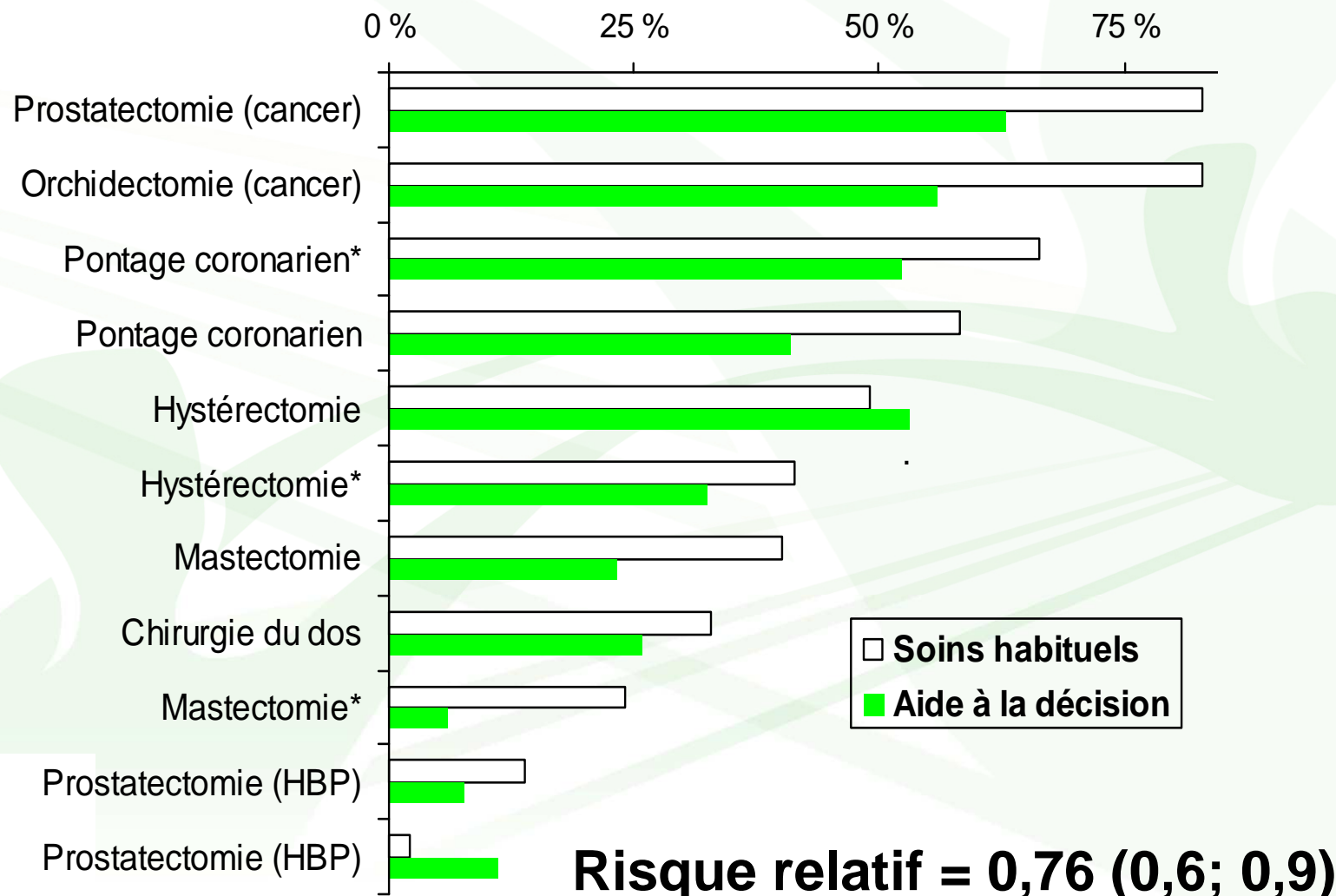


67 études :
Autotraitement et autogestion en cas de maladie chronique



□ Positive
■ Variable
■ Sans effet

L'aide à la décision réduit le taux de chirurgie discrétionnaire





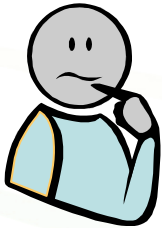
Conclusions de l'étude

- La sensibilisation et l'information accroissent les connaissances des patients.
- Pour améliorer l'expérience, l'utilisation des services, les résultats pour la santé, le comportement :
 - ↑ précision et personnalisation de l'information;
 - combiner les interventions à un soutien professionnel ou autre;
 - prolonger la durée pour favoriser un changement de comportement à long terme.
- Lacunes de la recherche : cadres sous-jacents, éléments essentiels et durée, rentabilité, meilleures stratégies de mise en œuvre.





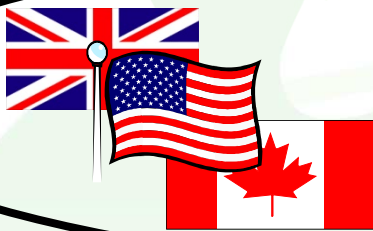
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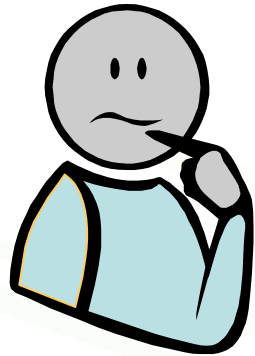
1. Étude de cas



2. Efficacité des interventions



3. Pratiques exemplaires



Saskatchewan Health - Healthwise Knowledgebase Main - Windows Internet Explorer

http://www.healthwise.net/saskhealthlineonline/Content/CustDocument.aspx?XML=STUB.XML&XSL=CD.FRONTPAGE.XSL Live Search

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Saskatchewan Health - Healthwise Knowledgebase Main

Saskatchewan HealthLine

ONLINE

Health Information at your fingertips

Still have questions? If you live in Saskatchewan, call 1-877-800-0002 (TTY: 1-888-425-4444)

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Health Topics

[Health Topics:](#) Illnesses, diseases, symptoms, first aid, wellness...

[Topics by Category:](#) Topics grouped by related health category...

[Symptom Checker:](#) Body map to help find and learn about symptoms...

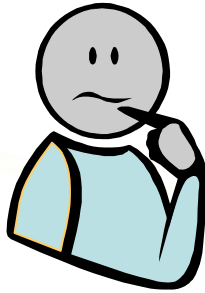
[Medical Tests:](#) Tests and exams for medical conditions...

[Medications:](#) Prescription and non-prescription drugs...

[Interactive Tools:](#) Quizzes and calculators to help manage health...



Saskatchewan Health



How serious is it?
Find out when to call a doctor.



High Blood Pressure (Hypertension)

Health Tools

Health tools help you make wise health decisions or take action to improve your health.



Decision Points focus on key medical care decisions that are important to many health problems.

[Should I take medicine for high blood pressure?](#)



Actionsets are designed to help people take an active role in managing a health condition.

[Monitoring your blood pressure at home](#)

[Taking your high blood pressure medications properly](#)

[Tips for following the Dietary Approaches to Stop Hypertension \(DASH\) diet](#)

Osteoarthritis

Health Tools

Health tools help you make wise health decisions or take action to improve your health.



Decision Points focus on key medical care decisions that are important to many health problems.

[Should I have hip replacement surgery?](#)

[Should I have knee replacement surgery?](#)



Actionsets are designed to help people take an active role in managing a health condition.

[Exercising with osteoarthritis](#)

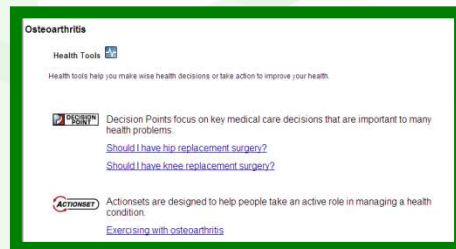
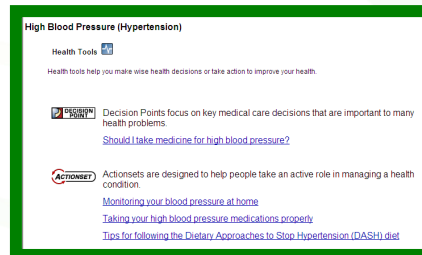


Saskatchewan Health



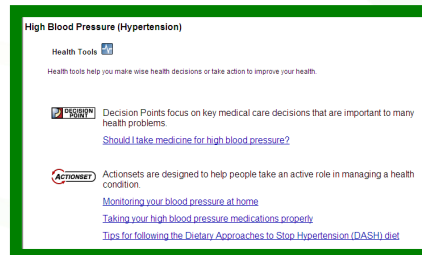
Premier défi

- Nécessité de former les utilisateurs potentiels :
 - étudiants du secondaire;
 - étudiants postsecondaires;
 - étudiants en sciences de la santé, dès le premier jour;
 - nouvelles mères;
 - départements des sciences de la santé;
 - centres d'appel et lignes de soutien.





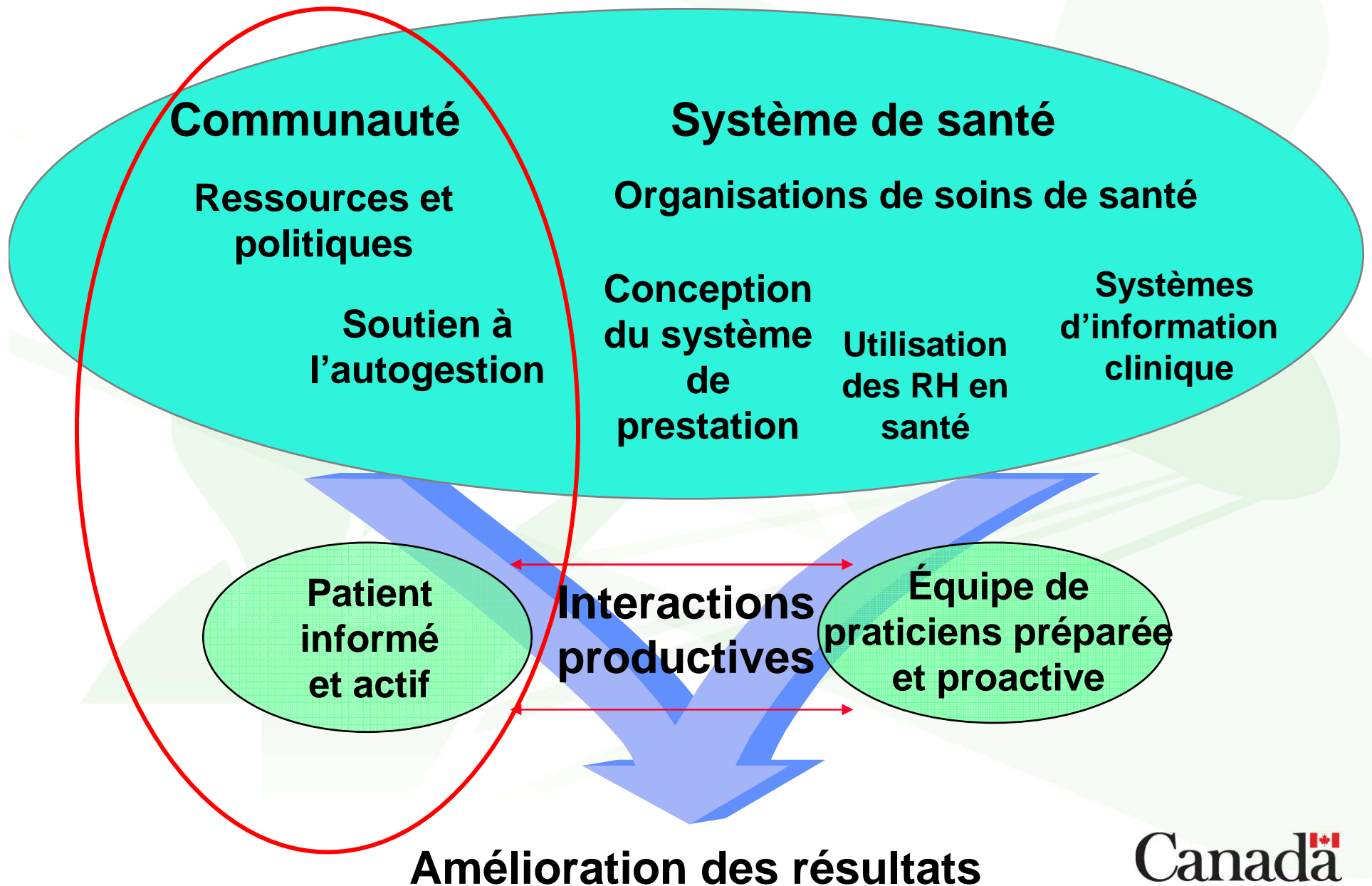
Saskatchewan Health



Deuxième (gros) défi

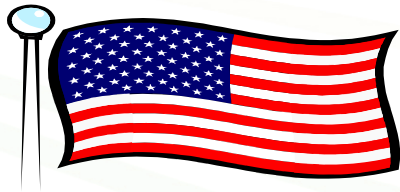
- Intégrer de l'information « juste à temps » pour un patient dans le cadre du processus de soins

Modèle de soins chroniques de Wagner





Mise en œuvre : soins cliniques



- Dartmouth-Hitchcock Medical Center, Virginie, Hôpital général du Massachussetts et réseau de la FIMDM



- Group Health Cooperative
- Unité d'urologie et d'orthopédie du National Health Service (Royaume-Uni)



- Projets pilotes à Ottawa : clinique d'orthopédie, Centre du cancer du sein et de la prostate



Modèle de prestation

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Center for Shared Decision Making

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Center for Shared Decision Making

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The Center for Shared Decision Making helps when you need to make a difficult healthcare decision. At times it can be hard to decide whether to have surgery, to have a test, or to continue with treatment.

Our services include:

- One-on-one counseling sessions for any medical condition
- A [Decision Aid Library](#) of helpful videotapes, audiotapes, booklets, CD-ROMs, and websites
- A [Healthcare Decision Guide](#) worksheet to help you work through a decision on your own

To make an appointment, stop by our offices, call (603) 650-5578, or email us at shared-decision-making@blitz.hitchcock.org.

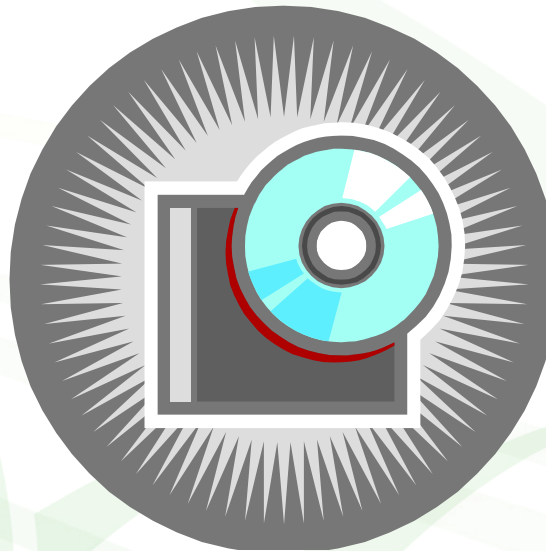
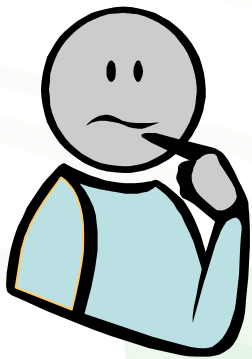
Make an Appointment
(603) 650-5578
[More Appointment Information](#)

Tools
[A Woman's Introduction to Breast Cancer Care DHMC Video](#)
[Decision Support Tool](#)
[Ottawa Health Research Institute: Ottawa Decision Aids](#)

Knowledge
to action

Des connaissances
à la pratique

Aide à la décision






Formulaire de décision personnelle

KNEE OSTEOARTHRITIS: **Personal Decision Form**

There are several different ways to treat knee osteoarthritis. Each has possible benefits and risks. This form and video, together with your healthcare team, will help you make the decision that is best for you.

Please return this form with the video.

Your answers will tell us three important things:

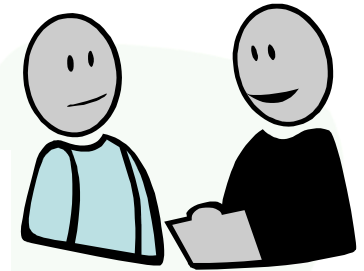
Knowledge	
	How well we are doing our job of giving you information?
Values	
	What matters most to you?
Making Choices	
	How far along you are in decision making and what else you may need?

BEFORE WATCHING THE VIDEO, PLEASE ANSWER QUESTION 1 - 2

1. Have you talked with a healthcare provider about this decision?
 Yes
 No
2. At this time, which treatment option are you leaning toward?
 Non-surgical treatment
 Surgery
 Unsure

NOW, PLEASE WATCH THE VIDEO

Rapports sommaires pour chirurgiens



Summary of Clinical Priority and Patient's Preference for Total Joint Replacement

Name _____ Date of clinic visit _____

Clinical Priority
 Worst Joint Left Knee Right Knee Left Hip Right Hip
 Symptoms Self-report WOMAC

Total Score (%)
 68%

Pain 65%
 Limited Function 65%
 Stiffness 100%

If current pain remained as it is for the remainder of life, would feel:
Unhappy

Surgical Priority (HKPT)

	Level 1	Level 2	Level 3	Level 4
Pain on motion/bending	None	Mild	Moderate	Severe
Pain at rest/sleep	None	Mild	Moderate	Severe
Ability to walk	>5 blocks	1-5 blocks	<1 block	House only
Other functional limits	None	Mild	Moderate	Severe
Role/independence threat	Not		Not Immed	Immediate
Physical exam abnormalities	None	Mild	Moderate	Severe
X-Ray abnormalities	None		Abnormal	

Total Score (%)
 56%

Patient's Preference & Decisional Needs

Certainty **Prefers: Knee replacement surgery**
 ✓ Feels sure about best choice

Knowledge 75% correct answers
 ✓ Feels knows enough

Values 97% values predict surgical preference
 ✓ Feels clear about values

	Not Important	Very Important
Reasons for Surgery		
Get pain relief		10
Return to normal activities		10
Avoid side effects of pain meds	5	
Reasons Against Surgery		
Avoid surgery	3	
Avoid time off for recovery	2	
Avoid side effects of surgery	5	

Support ✓ Feels has enough support and advice to make a choice

Patient's Questions and Comments _____

Self reported symptoms

GP's or physiotherapist's assessment results

Patient's preference with their level of (un)certainty

Knowledge test results (✓=correct; × = wrong)

Strong values favouring outcomes of choosing surgery

Support needs indicate that feeling is supported

BMJ



Rapports de qualité en ligne

SHARED DECISION MAKING

We want all of our patients to feel good about the healthcare choices that they make. We invite our patients to visit the Center for Shared Decision Making. It is a free service for our patients who need help making a healthcare decision. The center offers one-on-one counseling, as well as take-home decision aids in the form of videos, audiotapes, booklets, CD-ROMs, and websites. If you are facing a healthcare decision, we encourage you to visit the Center for Shared Decision Making at DHMC. Call (603) 650-5578 for more information. (For more detail, click on each underlined measure below. A dash " - " means that there is no available comparison.)

DHMC 2006	Top 10%	Average

DECISION AID VIDEO

Patients who found the video clear: Percent of patients who reported that the information on the video was clear.

99%	-	-
-----	---	---

Patients who said the information was unbiased: Percent of patients who said the information about treatment options was balanced.

98%	-	-
-----	---	---

Patients who would recommend the video: Percent of patients who reported that they would recommend the video to others in the same situation.

99%	-	-
-----	---	---

MAKING A DECISION ABOUT KNEE REPLACEMENT SURGERY

Patients who know the available choices: Percent of patients who watched the decision aid video and reported that they know what choices are available to them.

98%	-	-
-----	---	---

Patients who know the risks of each choice: Percent of patients who watched the decision aid video and reported that they know the risks of each choice.

97%	-	-
-----	---	---

Patients who know the benefits of each choice: Percent of patients who watched the decision aid video and reported that they know the benefits of each choice.

97%	-	-
-----	---	---

Patients who know which risks and benefits matter most to them: Percent of patients who watched the decision aid video and reported that they know which risks and benefits mattered most to them.

95%	-	-
-----	---	---

Patients who change their treatment choice: Percent of patients who change their treatment choice after watching the video (this includes those who were unsure about their treatment choice before the video).

13%	-	-
-----	---	---

SAFE AND EFFECTIVE CARE

Monitoring our care helps us evaluate and improve the way we deliver care. We emphasize areas where experts agree on the best treatment for a certain condition. (For more detail, click on each underlined measure below. A dash " - " means that there is no available comparison.)

DHMC 2006	Top 10%	Average

PREVENTING SURGICAL INFECTIONS

Use of appropriate preventive antibiotics: Percent of knee replacement patients getting the recommended preventive antibiotics before surgery.

100%	-	-
------	---	---

Timing of preventive antibiotics before surgery: Percent of knee replacement patients getting preventive antibiotics within one hour of the start of surgery.

99%	98%	85%
-----	-----	-----

Stopping preventive antibiotics after surgery: Percent of knee replacement patients whose preventive antibiotics are stopped within 24 hours after surgery is completed.

82%	98%	73%
-----	-----	-----

COMPLICATIONS IN THE HOSPITAL

Blood clots after single knee replacement: Percent of patients who got a blood clot after having single knee replacement.

1.1%	-	1.5%
------	---	------

Blood clots after bilateral knee replacement: Percent of patients who got a blood clot after having bilateral knee replacement.

1.1%	-	2.3%
------	---	------

MORTALITY

In-hospital mortality: Percent of patients who died in the hospital after primary knee replacement surgery.

0%	-	0.1%
----	---	------

COMPLICATIONS AFTER DISCHARGE

Readmission to the hospital: Percent of patients who have had a knee replacement and are readmitted to the hospital within 90 days.

3.9%	-	-
------	---	---

AFTER SURGERY

The care of our patients doesn't end after surgery. We work with patients and their families to make sure their needs are met when they leave the hospital. (For more detail, click on each underlined measure below. A dash " - " means that there is no available comparison.)

DHMC 2006	Top 10%	Average

SINGLE KNEE REPLACEMENT

Average length of hospital stay after single knee replacement: The average number of days patients stay in the hospital after single knee replacement.

3 Days	-	-
--------	---	---



À retenir : interventions orientées par le patient

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- La sensibilisation et l'information améliorent les connaissances des patients; d'autres aspects sont aussi améliorés lorsque l'information est plus précise et personnalisée et qu'il y a davantage de soutien professionnel et autre.
- Lacunes de la recherche : cadres sous-jacents, éléments essentiels et durée, rentabilité, meilleures stratégies de mise en œuvre.

