Women’s Health: Advocacy Groups Innovate Care through Multidisciplinary Patient-Centered Service Lines

Paul Wright, MD, MBA, FANA, FAAN; Jennifer H. Mieres, MD, FACC, MASNC, FAHA; Stacey Ellyn Rosen, MD, FACC, FACP, FASE, FAHA; Saeyeon Thirunavukkarasu, MPH, MHA
North Shore University Hospital, Manhasset, New York, United States

Introduction

Population health is based on many health factors that, if improved, can help make communities healthier places to live, learn, and work. Given the fact that 80% of health outcomes depend on factors outside of the medical encounter, an expanded model of health care delivery is needed with women as partners in their health and health care decisions. Patient engagement focuses group exposes barriers facing patients when accessing care. We identified the need for a women’s health initiative collaboration between the neurosciences and cardiology addressing healthcare disparities and gender inequalities that women face. This presentation will provide techniques to successfully implement a patient-driven advocacy group, in an open safe platform, that will enable various medical specialties to collaborate with one another, as well as with patients.

Problem

The 80% of health outcome is made up of physical environment [consist of air and water quality, and housing and transit] (10%), social and economic factors [education, employment, income, family and social support, community safety] (40%), health behavior [tobacco use, diet and exercise, alcohol and drug use, sexual activity] (30%), and clinical care, also known as traditional healthcare [access to care, and quality of care] (20%). As a result, understanding the importance of various factors, a new contemporary model for healthcare delivery with women as partners should be developed and implemented.

1. Design and implement a patient-driven advocacy group involving patients in the decision-making process.
2. Develop a dashboard for access to group needs with techniques to assess longevity and feasibility of proposed initiatives.
3. Identify strategies to break down barriers among medical specialties to provide access to women’s healthcare needs.

Intervention

Our proposed intervention involves transcending our current patient-centered model to a patient-as-partner approach to improve the quality and delivery of care.

There are three patient care models which are being practiced: (1) paternalistic approaches, (2) patient-centered approaches, and (3) patient-as-partner approach.

Our proposed intervention involves transcending our current patient-centered model to a patient-as-partner approach to improve the quality and delivery of care.

Results

Our initiative is founded on the principle of conducting patient-driven focus groups (luncheons and meetings) to cultivate patient-centered care practices within the Health System. This initiative emphasizes the importance of integrating patients’ needs when improving process flow within an organization. We developed a process on how to uniquely design and execute a tailored patient-driven focus group with the goal to engage patients as active decision-makers within the improvement process. This initiative provided evidence that patients should be part of an interdisciplinary consensus decision-making process concerning resolutions and improvements of office policies and practices regarding care and service excellence. By disseminating patients’ responses to develop an integrative multidisciplinary service line by conducting a root-cause analyzing, a step-by-step process on how to identify key themes to form a needs assessment. Our findings led us to develop a new service line collaboration merging neurology and cardiology, along with other specialties that focus on providing a comprehensive women’s health. This initiative supports the need to conduct patient-driven focus groups to improve the quality and delivery of care.

Conclusion

We are currently in the patient-centered approach, but working to implement and test patient-as-partner approach. The paternalistic approaches, the work of health care professionals is centered on the intervention plan, and patients take little part. The patient-centered approaches put patients at the center of the health care professionals’ work and concerns. The patient-as-partner approach, patients are considered to be members of the health care team; like all other team members, they bring their unique expertise. The patient-as-partner approach model is critical for the improvement in health delivery of women’s health.

References

[References provided in the document]