

# Transferability of good practices in practical terms: How transferability of good practices were assessed within the framework of the EMPATHiE-project (Empowerment of Patients in their Management of Chronic Diseases)

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Transferability of Good Practices of Patient Empowerment  
EMPATHiE Project  
WP3 transferability of GPPE



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# EMPATHiE

## Empowering Patients in their Health Management in Europe



**Disclaimer:** The preliminary results included in this presentation have been produced within a contract with the Union and the opinions expressed are those of the contractor only and do not represent the contracting authority's official position



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*Bo Bergman Professor*



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An empowered patient has control over the management of their condition in daily life. They take action to improve the quality of their life and have the necessary knowledge, skills, attitudes and self-awareness to adjust their behaviour and to work in partnership with others where necessary, to achieve optimal well-being.

Empowerment interventions aim to equip patients (and their informal caregivers whenever appropriate) with the capacity to participate in decisions related to their condition to the extent that they wish to do so; to become “co-managers” of their condition in partnership with health professionals; and to develop self-confidence, self-esteem and coping skills to manage the physical, emotional and social impacts of illness in everyday life.

# EMPATHiE Objectives

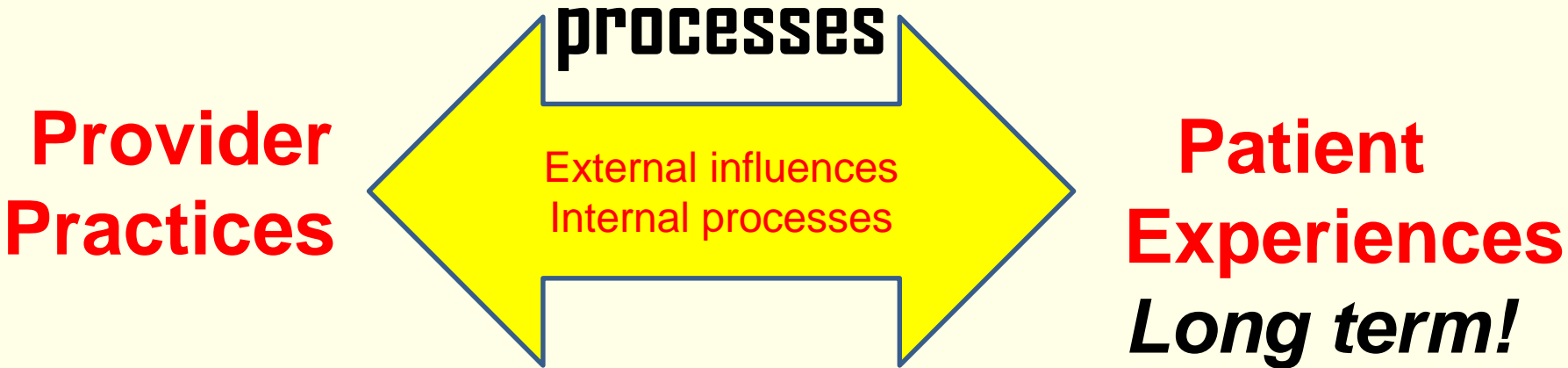
Objective 1. To identify models of best practices for patient empowerment

Objective 2. To identify barriers and advantages to empowering patients

Objective 3. To develop a method to validate transferability of good practices, taking into account the context of other diseases, patient characteristics and specificities of health systems

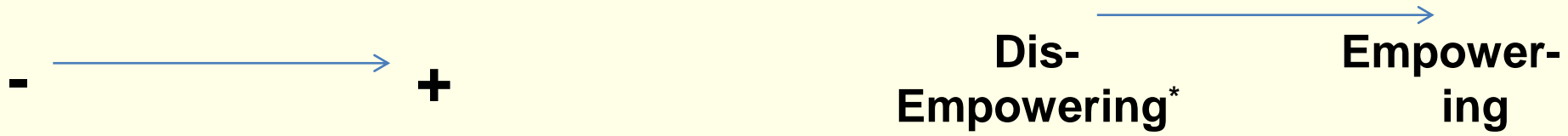
Objective 4. To develop scenarios of EU future collaboration on patient empowerment

# Empowerment - the interaction between two



How well  
a practice  
is performed,  
if at all

The Patient  
Experience of  
the practice



\*A practice is said to be disempowering if it is negative for empowerment even though the patient has not yet been "empowered"

# GPPE: Good Practice(s) of Patient Empowerment

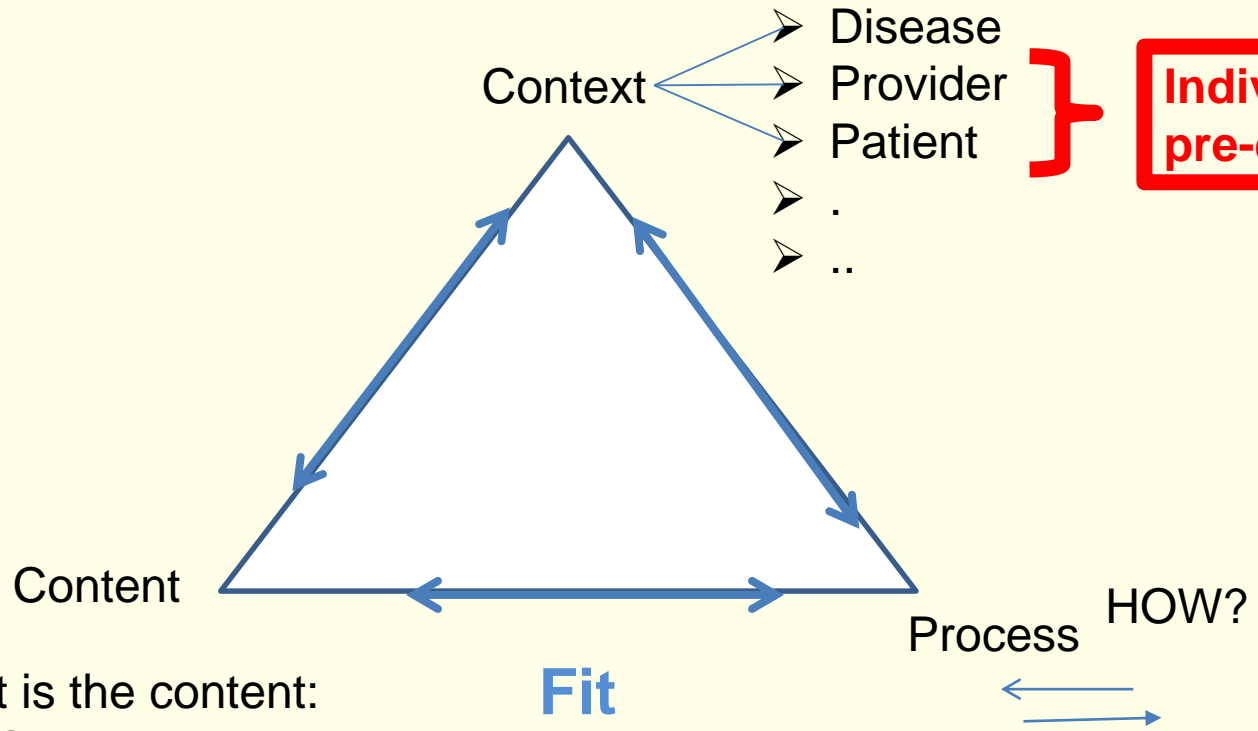
## Practices vs interventions

- Interventions as in RCTs
  - Short term
  - Ideal situations (most often specific experts)
  - Sometimes enthusiasts
  - Cultural dependencies?
- Practices
  - Long run
  - Ordinary people in the workplace
  - Messy real life situations
  - Assimilation takes a long time
    - Assimilation – from intervention, adaptation and adoption to routine everyday work

# The multifactorial nature of transferability

## Content, Context and Process

**Each concept – many factors!**

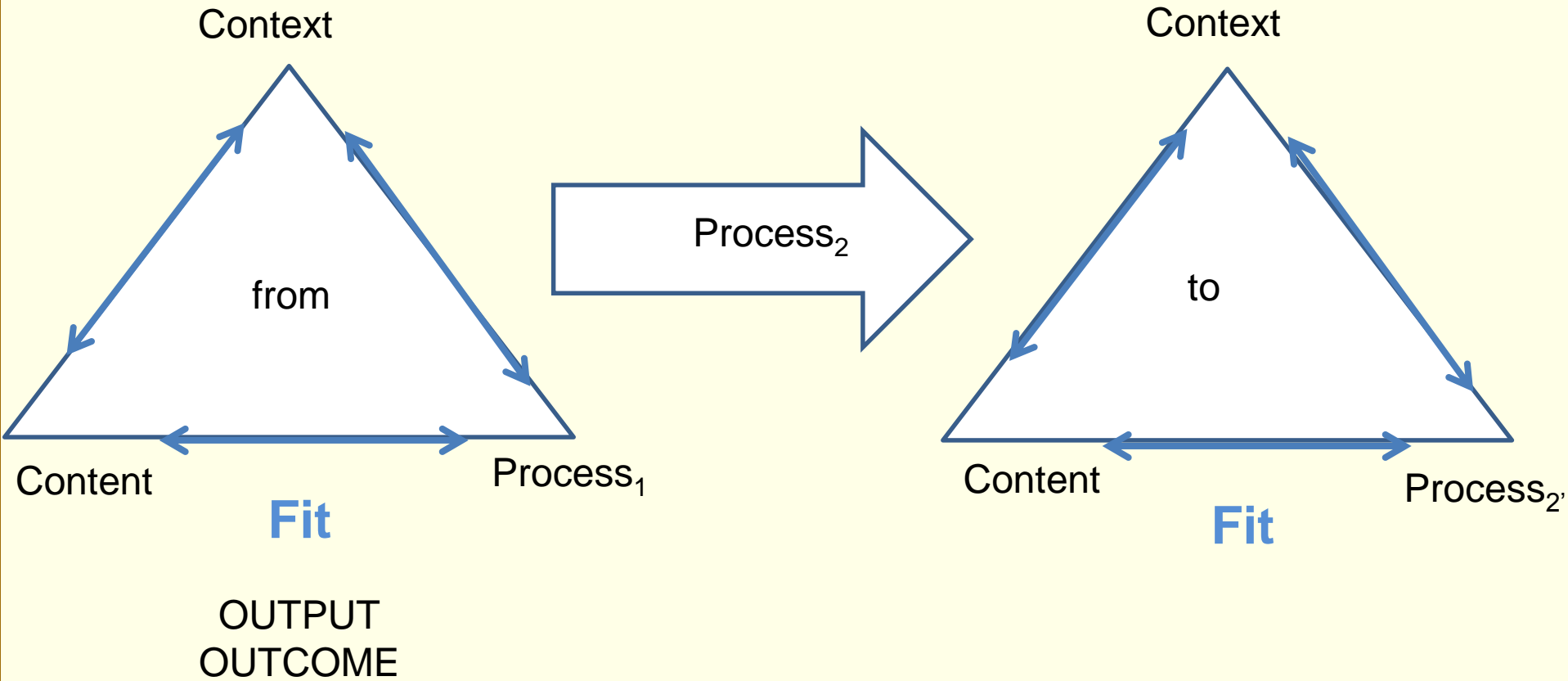


What is the content:  
 The GPPE?  
 Disease Independent?  
 OUTPUT  
 OUTCOME

Pettigrew (1987). Context and action in the transformation of the firm, J Mgmt Studies

# Transferability - from → to

## Content, Context and Process





# Transferability of a GPPE

- The Transfer Process of an GPPE
  - An extremely Complex Process
  - Depends on a multitude of factors – also individuals predispositions
  - Not much research results tell us about it
  - Most RTC reported are about interventions not practices
  - The process dimensions are seldom discussed neither the context
- Simplification needed
- We have to work on partial information
- Conclusions as of today has to be only indicative
- However, assessments/validations should direct attention towards area that are critical and where there might be hope for remedies if the element is problematic
- It has to be a simple model
  - For example assessments of a very simple kind
  - Assessments 1 (beneficial), 0 (neutral) and -1 (problematic)
  - Remedies should be considered

GPPE: Enhanced diabetes care to patients with S Asian ethnic origin		Assessor -->	BB	Remedy/Improvement activity
Site(s) of earlier applications		UK primary care units		
System		These seem to be some strategic fit and a general wish to improve care for this group of people		
HC system(s) of earlier applications w.r.t. GPPE				
Strategic fit (Vision, Mission, ...)		Strategic fit (?)		
Distance from GPPE		Positive (?)		
Key issues		Positive (?)		
Provider (Primary, secondary, tertiary)		Primary care		
Cultural/climate elements of importance for the GPPE				
Support structures of importance for the GPPE		economic resources added: link workers available		
Strategic fit				
Resources				
Patient networks				
technology/artefacts of importance for GPPE				
other (specify)				
Existence of disempowering practices/structures		diabetes		
Disempowered professionals w.r.t. GPPE		No strong disease dependence	1	
New condition		2 years with outside support	0	Similar practices has been tried in other settings
Degree of similarity w.r.t. GPPE		different ethnic origin than the main population		
Patient characteristics of importance for the GPPE (similarity)		Assume for example Sweden		
Description from provider point of view		Yes	1	
Extra work required		for certain areas at least	0	
Perceived evidence of advantages		equity is considered a very important target	1	
Complexity and difficulty		Think of units serving mixed populations		
Emotional		reasonably	0	
Perceived risk		Cultural/Climate fit for GPPE	0	
Stepwise introduction		Support structure of importance for GPPE	1	
Adaptability		strategic fit w.r.t. GPPE	1	
Technology/artefact support		resources of importance for GPPE	1	
Dependence on other empowerment components		patient networks of importance for GPPE	-1	Recruitment efforts are important
Extra work required		technology/artefacts of importance for GPPE	0	
Perceived evidence of advantages		other (specify) of importance for GPPE	0	
Complexity and difficulty		Existence of disempowering practices/structures	0	
Emotional		Disempowered professionals w.r.t. GPPE	0	
Perceived risk			0	
Stepwise introduction			0	
Adaptability			0	
Technology/artefact support			0	
Dependence on other empowerment components			0	
Extra work required			0	
Perceived evidence of advantages			0	
Complexity and difficulty			0	
Emotional			0	
Perceived risk			0	
Stepwise introduction			0	
Adaptability			0	
Technology/artefact support			0	

Groups(I-VIII)  
of assessment  
Elements:  
Sites  
(from → to)  
Systems  
Providers  
Patient  
Characteristics  
Condition

Assess-  
ment  
elements

Comments

Assess-  
ments  
1  
0  
or  
-1

Remedies

Not only  
validation/assessment  
also  
An Improvement Tool

THIS

# Transferability Assessment Matrix

- I. Site(s) of earlier applications (Healthcare system or specific type of healthcare provider for example primary care or secondary care **of importance for the GPPE**)
- II. Chronic/Long-term condition(s) in earlier applications
- III. Patient characteristics of importance for the GPPE (other than condition)
- IV. Site of new application of the practice
- V. Chronic/Long-term condition(s) in new applications
- VI. Patient characteristics of importance for the GPPE (in new applications)
- VII. The GPPE seen from a provider point of view
- VIII. The GPPE seen from the patient point of view (including special characteristics of patients of importance for the GPPE)

# Some groups of elements II, IV, VII, VIII

## *II. Chronic conditions in earlier applications*

- GPPE Degree of disease dependence
  - A strong dependence is problematic if we want to transfer to another condition
- GPPE maturity at the original site(s)
  - With a low maturity, i.e. not yet an assimilated practice transferability is potentially problematic
    - Grol et al 2007
    - Parry et al 2013

## *IV. Site of new application of the practice*

- The New Health Care System
  - Strategic fit (Vision, Mission, ...) w.r.t. the GPPE
  - Organizational Climate of importance for the GPPE
  - Specifically leadership
  - Others (specify)
- The New Provider
  - Similar kind (w r t GPPE)
  - Cultur/Climate of importance for the GPPE
    - Strategic Fit wrp GPPE
    - Resources of importance for the GPPE P
    - Patient networks of importance fo rthe gppe
    - Others (specify) of importance for the GPPE
    - Evidence of disempowering practicies/structures
    - Disempowered Professionals wrt GPPE

## *VII. Description from provider point of view*

- **Extra work required**
- **Perceived evidence of advantages**
- **Complexity**
- **Observability**
- **Adaptability**
- **Perceived risk**
- **Trialability - stepwise introduction**
- **Needed paradigmatic shift**
- **New knowledge needed**
- **Technology/artefact support**

from Greenhalg et al (2004) etc

Some new elements

others are merged

## *VIII. Description from the patient point of view*

- **Dependence on other empowerment components**
- **Extra work required**
- **Perceived evidence of advantages**
- **Complexity and difficulty**
- **Emotional**
- **Perceived risk**
- **Stepwise introduction**
- **Adaptability**
- **Technology/artefact support**



# Examples

- 1. *A culturally competent information intervention***
- 2. *The Chronic Disease Self-management Programme***
- 3. *The Stanford Chronic Care Mode***
- 4. *A different potential adopter of the CCM***  
Todorova et al (2014)
- 5. *ICT use for home care, Lindberg (2013)***

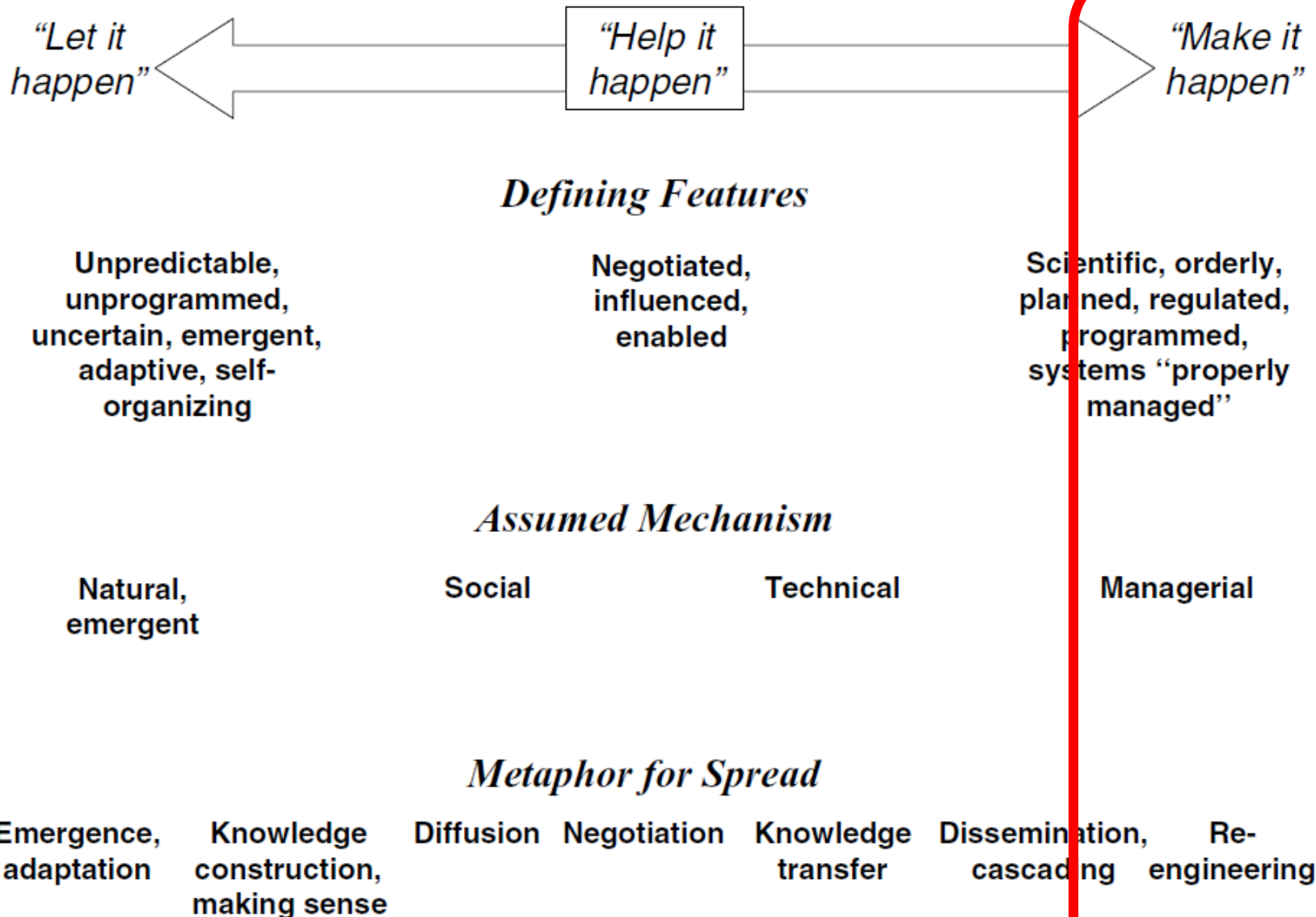


FIGURE 2. Different Conceptual and Theoretical Bases for the Spread of Innovation in Service Organizations An illustration from Greenhalgh et al 2004.

**Very different criteria depending on “position”**

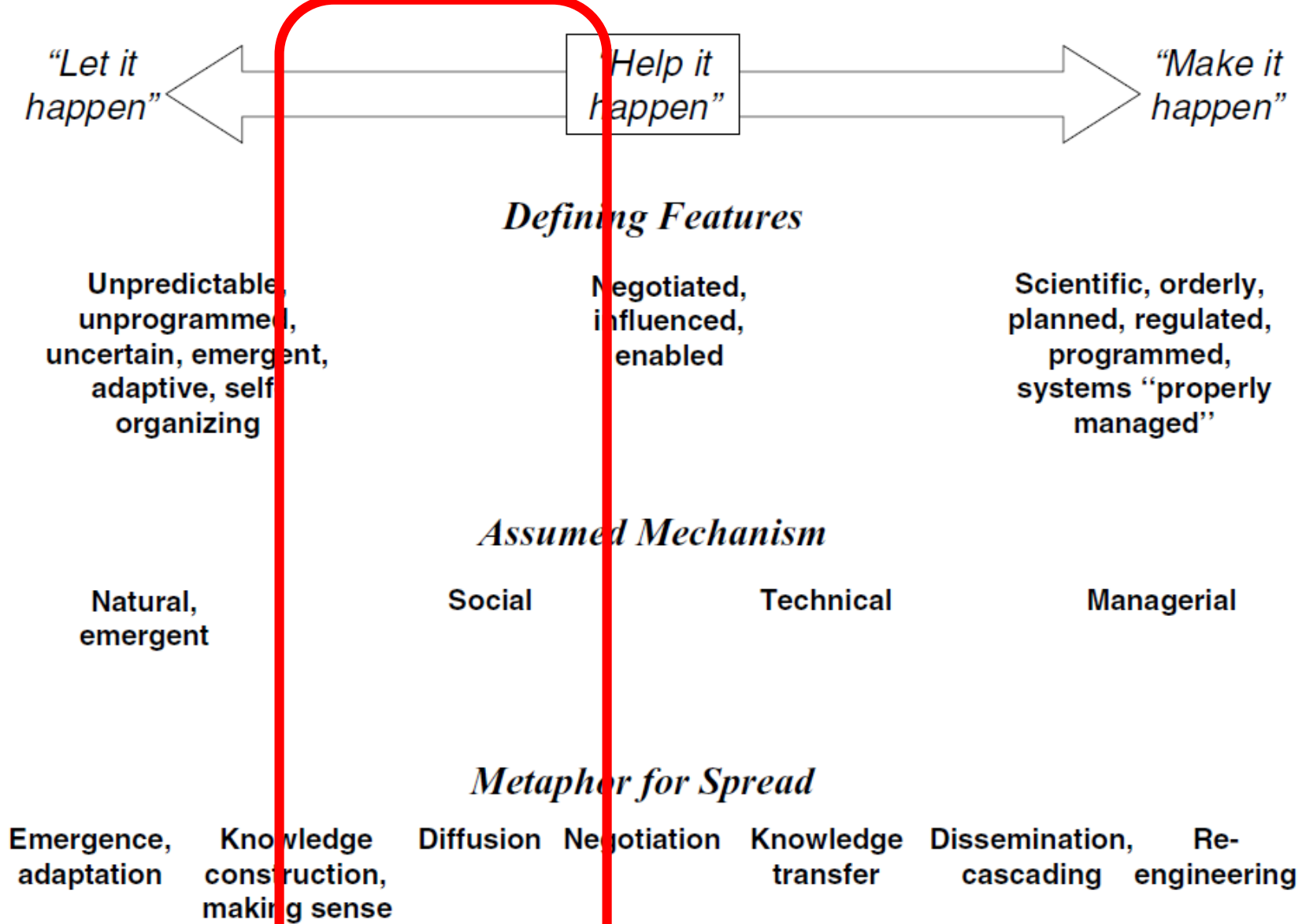
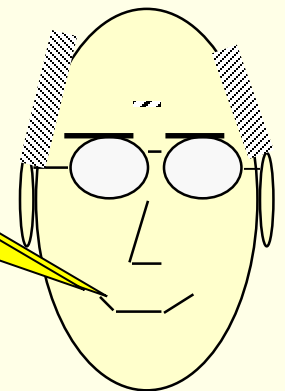


FIGURE 2. Different Conceptual and Theoretical Bases for the Spread of Innovation in Service Organizations An illustration from Greenhalgh et al 2004.

**Very different criteria depending on "position"**

Thank you  
for your  
attention!



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