

British Columbia Ministry of Health

Patients as Partners Initiative

Spectrum Assessment Tip Sheet

Purpose: The purpose of the tip sheets is to provide guidance and support to health-care organizations in their patient, family and community engagement activities. This tip sheet is intended for use by engagement staff, health service practitioners, program managers, community development officers, and any health-care staff across B.C.'s health system who are working on engagement projects related to patient populations.

Goal: This tip sheet will help policy-makers and health authority staff who are planning an engagement to determine the level of engagement on a spectrum or continuum. The spectrum of engagement is depicted on page 2 of this Tip Sheet. While these tips can apply to all three domains of health-system engagement: individual care; program and community services; and system redesign, they are most relevant to system redesign.

Rationale: Patient engagement in decision making is part of patient- and family-centered care. Following best practices in public engagement has been recommended to government by the B.C. Auditor General (<https://www.bcauditor.com/sites/default/files/publications/2008/report11/report/public-participation-principles-and-best-practices-british-columbia.pdf>). Planning is the most important part of the engagement process. Choosing the most appropriate level on the spectrum is important for:

- building and maintain a trusting relationship in the engagement;
- providing an authentic and meaningful engagement for stakeholders;
- using common language to describe the engagement;
- setting and managing expectations for those involved in the engagement; and
- obtaining the input that is needed for the decision makers.

Determining the level of engagement and public impact is also a key component of the 'promise to the public.' As part of the five cornerstones of engagement, choosing the correct level on the spectrum of engagement particularly relates to *accountability*: "The decision maker will demonstrate that results and outcomes are consistent with the commitment that was made to stakeholder groups and the public at the outset of the initiative"¹ and *transparency*: "The decision maker will ensure that stakeholder groups and the public that are affected understand the scope of the pending decision, the decision process and procedures, and any constraints facing the decision maker."¹

Definitions related to engagement:

Person- and family-centered care: Patients, families and caregivers are partners in health care, supported and encouraged to participate in: their own care; decision making about that care; choosing their level of participation in decision making about their care; and, at the program and community services level, as well as system redesign level, they can participate in health care quality improvements and redesign.²

¹ Public Participation – Principles and Best Practices for British Columbia. Office of the Auditor General of British Columbia. <http://www.bcauditor.com/online/pubs/394/394>.

² BC Ministry of Health. *The British Columbia Patient-Centered Care Framework*. 2015. Available at: http://www.health.gov.bc.ca/library/publications/year/2015_a/pt-centred-care-framework.pdf

Public participation: “When a government reaches out to industry, other organizations or directly to citizens, it is said to be engaging in public participation, sometimes known as consultation or engagement.”¹ Further it is stated: "Getting public participation right is essential, including striking the right balance amongst competing priorities of government, and being clear to the public about what can and what cannot be accomplished in the short term. Getting it wrong simply frustrates all participants..."¹

The Spectrum of Engagement: Below is the Spectrum of Engagement that was adapted from the International Association of Public Participation (IAP2) by the Patients as Partners Initiative.³ The levels of engagement on the spectrum build on one another and describe how empowered patients are with care decisions and in policy making, and how much potential influence patients’ voices will have on decisions. The range is from one-way provision of information (Inform) without being necessarily influenced by patients or public to delegating decision making (Empower) with gradations of engagement (Consult, Involve and Collaborate) between.⁴ Moving down the spectrum requires a greater promise to the people being engaged and results in an increasing level of influence.

Spectrum of Engagement

Ministry of Health Role	Definition of each level of engagement on the spectrum	Decision Making Authority
	Inform – The promise to you is that the health-care partner will provide you with clear and objective information. When working with patients as partners, the objective is to provide information to increase understanding. This is one-way communications.	No decision for the patient or public
The Ministry of Health will usually conduct patient, family, caregiver and public engagement using these levels on the Spectrum	Consult – The promise to you is that the health-care partners will listen and acknowledge your ideas and concerns, and provide feedback on how your input affected the decision. When working with patients as partners, the objective is to obtain feedback on things like draft plans or recommendations. This is two-way communications.	Shared decision making ⁵
	Involve – The promise to you is that the health-care partner will work with you to ensure that your ideas and concerns are reflected in the recommendations, and provide feedback on how your input affected the decision. When working with patients as partners, the objective is to involve the patients in planning or in the design phase to ensure their ideas and concerns are considered and reflected in alternatives and recommendations. This is two-way communications.	
	Collaborate – The promise to you is that the health-care partner will work together with you on developing the solutions and include your recommendations into the decision as much as possible. When working with patients as partners, the objective is to engage patients in decision-making alternatives, recommendations and solutions to the fullest extent possible. This is two-way communications.	
	Empower – The promise to you is the health-care partner will implement what you decide. This is delegating the responsibility of the decision to patients or the public. This is two-way communications.	Delegated decision to patients and public

³ Ministry of Health, 2017, adapted from the IAP2 Spectrum of Engagement available at: [http://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20\(1\).pdf](http://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20(1).pdf)

⁴ Carman KL, Dardess P, Maurer M, et.al. Patient and family engagement: A framework for understanding the elements and developing interventions and policies. 2013. Health Affairs 32:2 pp 223-229.

⁵ Kon A. The shared decision making continuum. 2010. JAMA 34: 8 pp. 8903-904.

The **'promise to the public'** refers to the level of influence and empowerment the public has on the decision, as described by the level of engagement chosen. "Public participation cannot be undertaken lightly. Expectations may be unrealistically raised unless government is clear from the outset about what exactly is being sought and what weight it will place on the input it receives."¹

Background work to do before choosing an engagement level: An internal planning team will likely want to consider the following questions in an engagement planning process:⁶

- **What is the decision to be made/question to answer?** What are the objectives of the engagement? Create a **decision statement** that is concrete and includes who, what, where, when and why. Also, clarify what aspects of the decision are not negotiable for legal, technical, clinical, fiscal or other reasons.
- **Who is the decision maker and internal stakeholders?** Determine and try to gain further internal commitment and support for doing an engagement with the decision makers and internal key stakeholders. Clarify expectations, resources (monetary, personnel, and time), obtain suggestions, and assess organizational readiness for engaging the public and the resulting changes that could arise from the engagement.
- **What do we already know about the issue?** Review reports, past engagement findings, media coverage, etc. to consider who the stakeholder groups are and what are their expectations, the risks and benefits of engaging, outside influences, topics to avoid, the existing level of trust, and other important issues that are uncovered.

At this time, the level of engagement could be considered by answering the following questions, which may have arose in previous discussions:

- What is the role of patients and families?
- What is the benefit from engaging them?
- What are we hoping to achieve by engaging patients and families?
- How will we use the input from the process?
- What promise are we able to make to the stakeholders?
- To what degree can patients and families influence the decision we are making?

Choosing the level of engagement on the spectrum: In general, for urgent decisions, Inform is the best way to provide information on the occasion there is a public health crisis. If alternative or draft decisions exist, then choose Consult. If more information is sought to determine alternatives, then Involve is the right choice. If the public will work as partners to determine the choices and decisions, then Collaborate is most appropriate. Finally, if the public is to determine the choice, such as voting, then the level is Empower. For complex problems, there could be multiple engagements at different levels.



⁶ BC Ministry of Health. Integrated Primary and Community Care Patient and Public Engagement Framework. 2011. Available at: <http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/primary-health-care/patients-as-partners-public-engagement-2011.pdf>