Implementation of the Patient-Centered Care Approach in Fertility Treatment in Israel

Tamar Medina Artom Bat-Sheva Hass Lev Zhivaev

The study was funded with the assistance of the Israel National Institute for Health Policy Research

מאיירס-ג'וינט-ברוקדייל
MYERS-JDC-BROOKDALE
مايرس-جوينت-بروكديل

RR-789-19

Smokler Center for Health Policy Research

Implementation of the Patient-Centered Care Approach in Fertility Treatment in Israel

Tamar Medina Artom Bat-Sheva Hass Lev Zhivaev

The study was funded with the assistance of the Israel National Institute for Health Policy Research

Editor: Raya Cohen
English translation (abstract and executive summary): Naomi Halsted
Graphic design: Anat Perko-Toledano

Myers-JDC-Brookdale Institute
Smokler Center for Health Policy Research
P.O.B. 3886 Jerusalem 9103702, Israel

Tel: (02) 655-7400 | Fax: (02) 561-2391
brookdale.jdc.org.il

Jerusalem | May 2019

Related Myers-JDC-Brookdale Institute Publications

Ashkenazi, Y. and Gross, R. (2003). *The state of women's health in Israel. An overview of recent data.* S-116-03.

Ashkenazi, Y., Gross, R., Rockoff, Y., and Rosen, B. (2011). *The ISHA continuing medical education program at Clalit Health Services: Evaluation report.* RR-580-11 (Hebrew).

Brammli-Greenberg, S. and Medina-Artom, T. (2015). *Public opinion on the level of service and performance of the healthcare system in 2014 and comparison with 2012.* RR-705-15 (Hebrew).

Elroy, I., Gross, R., Ashkenazi, Y., and Rosen, B. (2008). *Project for the advancement of women's health in Israel (ISHA): Evaluation of the program to develop women's lay leadership – Summary report.* RR-513-08 (Hebrew).

Elroy, I. and Gross, R. (2003). *Lay leadership development in women's health – Literature review.* S-101-03.

Elroy, I., Gross, R., Itzik, D., and Lavi-Sahar, Z. (2008). *The women's voice: Perceptions of care provided in hospitals to victims of domestic violence.* RR-518-08 (Hebrew).

Lev-Wiesel, R., Cwickel, J., and Barak, N. (eds.) (2005). *"Guard Your Soul" – Mental health among women in Israel.* M-59-05 (Hebrew).

Reports and English summaries can be downloaded free of charge from the Institute website: brookdale.jdc.org.il

Abstract

Background

Patient-centered care (PCC), which is defined as the provision of treatment that respects and responds to the patient's personal values, preferences and needs, is a core component of the quality of health services. In fertility treatments, which impose a substantial psychological and physical burden and have profound emotional consequences, it is especially important to implement PCC.

Goals

To examine the implementation of the PCC approach in fertility units located in hospitals in Israel.

Method

A multicenter study at eight fertility units located in hospitals in Israel, conducted using a mixed method approach: in-depth interviews with directors of the units and surveys of 76 members of staff and of 524 patients. The structured questionnaires were based on a validated tool on PCC. The response rate among the patients was approximately 80%.

Main Findings

The unit directors are familiar with the PCC approach and in general support it. The interviews revealed that, despite the importance of involving a mental health professional in the care of fertility patients, only some of the units have a social worker or psychologist on their permanent staff. The general score for the various measures of PCC that the patients gave to the units where they were treated ranged from 1.85 to 2.49 (on a scale of 0-3), with an average of 2.0, compared with the average score of 2.2 given by staff members. The difference was statistically significant. There were also statistically significant differences in the scores across the various dimensions of PCC according to the patients' socioeconomic background. In particular, the patients gave their lowest ratings to the emotional support dimension, while the staff members believed that the emotional support they provided stood out as a positive aspect of their work.

Conclusions

The scores given by the patients show that there is room for improvement in the implementation of PCC. This is especially so in regard to emotional support, and among certain population groups.

Recommendations and Implications

- The study findings can be used as a management tool for monitoring and for improving the quality of the service – at both hospital and system levels.
- It is important to examine to what extent the PCC approach is implemented for all population groups, in other areas of healthcare as well, and to conduct follow-up studies to examine trends in the implementation of the PCC approach over time.
- Consideration should be given to appointing a member of the staff whose job would include promoting the implementation of the PCC approach and allocating a position for a mental health professional in every unit.

Executive Summary

Scientific Background

Patient-centered care (PCC) is a core component of quality in the health services. It is defined as the provision of treatment that respects and responds to the patient's personal values, preferences and needs, and ensures that clinical decisions are guided by the patient's values (Institute of Medicine, 2001).[1] The international literature indicates the importance of PCC, both for the health system and for the patients themselves. In Israel, this approach has recently begun to permeate socio-political awareness and is one of the priorities of the Ministry of Health.

Fertility problems and treatment impose a heavy physical and psychological burden, and given their deep emotional implications, patients undergoing fertility care are particularly likely to benefit from the PCC approach (Huppelschoten et al., 2012).[2]

Despite recognition of the importance of PCC and evidence of its potential contribution to successful treatment and emotional wellbeing, no study has yet been conducted in Israel of the implementation of this approach in any context, including that of fertility treatment.

Study Goals

The overall goal of the study was to examine the implementation of the PCC approach in fertility treatment in Israel, specifically:

1. To examine to what extent fertility treatment in Israel meets PCC standards
2. To examine whether the extent of PCC differs according to the socioeconomic characteristics of the patients and organizational variables of the treatment units
3. To identify factors that promote or impede successful implementation of PCC in fertility treatment, and that might also have implications for other areas of healthcare.

---

[1] Institute of Medicine (IOM). (2001). *Crossing the quality chasm: A new health system for the 21st century.* Washington, DC: National Academies Press.

[2] Huppelschoten, A.G., van Duijnhoven, N.T., Hermens, R.P., Verhaak, C., Kremer, J.A., & Nelen, W.L. (2012). Improving patient-centeredness of fertility care using a multifaceted approach: Study protocol for a randomized controlled trial. *Trials, 13*(1), 175.

Methodology

The study was conducted in eight IVF units located in hospitals in Israel. The units sampled reflected diversity in a number of important characteristics: location (center of the country or periphery), size (based on the number of treatment cycles conducted each year), and ownership (private, public or government hospitals, or health plans). The study used mixed methods including in-depth interviews with the directors of the units and surveys of 76 staff members and 524 patients.

The main tool upon which the questionnaires for the patients and staff members were based was the Patient-Centeredness Questionnaire – Infertility (PCQ – Infertility) developed in the Netherlands by van Empel and her colleagues (van Empel et al., 2010),[3] including the extension developed by Dancet and her colleagues (Dancet et al., 2011).[4] The tool, which measures PCC in fertility treatment, includes 52 questions on 10 different dimensions of the treatment experience: accessibility of staff; provision of information and explanations; communication skills of the staff; involvement of the patient in the treatment; respect of the patient's values and needs; continuity of treatment; professional competence of the staff; organization of the treatment; physical convenience; and emotional support. The staff and patients were asked to give a score of 0-3 to each item. Each dimension was given a score, calculated as the average scores of each of the relevant items, and the general scale score was made up of the average scores of all the items in all 10 dimensions.

The data were collected from the patients over a year, starting in October 2016. The patients were recruited at the fertility units. The response rate to the survey was approximately 80%. The data from the patient survey were weighted to reflect the differences in the number of treatments conducted at each unit. The findings in this report are presented without identifying the units. The project team has also provided each fertility unit with feedback reports, including details of the scores and the dimensions that the survey of patients in their unit indicates should be the focus for improvement at each unit, as well as a comparison with the general data.

---

[3] van Empel, I.W., Aarts, J.W., Cohlen, B. J., Huppelschoten, D.A., Laven, J.S., Nelen, W.L., & Kremer, J. A. (2010). Measuring patient-centredness, the neglected outcome in fertility care: A random multicentre validation study. *Human Reproduction, 25*(10), 2516-2526.

[4] Dancet, E.A., Ameye, L., Sermeus, W., Welkenhuysen, M., Nelen, W. L., Tully, L., … D'Hooghe, T.M. et al. (2011). The ENDOCARE questionnaire (ECQ): A valid and reliable instrument to measure the patient-centeredness of endometriosis care in Europe. *Human Reproduction, 26*(11), 2988-2999.

Findings

1. Findings from the In-Depth Interviews with the Unit Directors

The interviews with the directors revealed that all of them are familiar with the PCC approach, implement it at some level in their work, and in most cases support it. Most also recognize that in order to provide PCC, it is important that the patients have access to the staff, that they be given information and explanations, and that they be involved in the treatment. The directors also indicated that it is important to ensure physical convenience and to give the patients emotional support. However, they placed less emphasis on other dimensions of PCC, such as respect of the patient's values and needs, the communication skills of the staff, and the organization and continuity of treatment. The interviews also revealed that only some of the units have a social worker or psychologist on their permanent staff. The directors' position was that some patients do not wish to receive emotional support in the unit.

The interviews with the directors brought up a number of factors that might help to promote implementation of PCC in fertility care:

1. Having the unit director express his support of the various dimensions of PCC and setting a personal example in the way he implements the approach
2. Selection of staffers with the appropriate attitude and good people skills
3. Paying attention to the physical environment and allocating adequate physical space for consultation and waiting rooms and a private place for sperm collection
4. Ensuring a high level of accessibility and availability, reducing red tape, and finding ways to reduce waiting times
5. Providing appropriate compensation for staff and allocation of appropriate staff positions, particularly for mental health professionals so they can be an integral part of the staff.

2. Findings from the Staff Survey

The general score given by **staff members** in all the units participating in the survey was 2.2 (on a scale of 0-3). The two dimensions that were given the highest scores by the staff were emotional support (a score of 2.4) and staff communication skills (2.3). In contrast, the two dimensions that were given the lowest scores by the staff were continuity of treatment (2.0) and accessibility to the treatment staff (1.9).

The scores varied by profession. The administrative staff gave the highest general score (2.5); the physicians, followed by the nurses, gave similar general scores (2.2 and 2.3, respectively); staff in other occupations (laboratory workers, orderlies, psychologists, social workers, and auxiliary staff) gave the lowest general score (2.0). This finding was consistent for almost all the dimensions.

3. Findings from the Patient Survey

The general score given by **the patients** in all the units participating in the survey was 2.0 (on a scale of 0-3). The two dimensions for which they gave the highest scores were staff communication skills (2.3) and the professional competence of the staff (2.3). In contrast, emotional support received the lowest score (1.0). Information and explanations, respect of the patient's values and needs, and accessibility to staff received relatively low scores as well.

There was variation among the units in the general score given by patients and the scores they gave for the various dimensions. The score on the general scale was 1.85 in the unit that received the lowest score and 2.49 in the unit that received the highest score. Similar differences in scores were found for most of the dimensions.

Several unit characteristics were associated with considerable differences in the scores. Smaller units and those in the periphery were given higher general scores than larger units and those in the center. This finding was consistent across most of the dimensions. With regard to ownership, no difference was found among the units in the general score, but there were differences in the scores for some of the dimensions: units located in government hospitals excelled in accessibility to the staff; units located in health plan hospitals scored well in emotional support, and the unit located in a private hospital scored well in professional competence.

The background variables of the patients were also associated with their perception of PCC. Religious women, women with an academic education, women with children and those who have a poorer perception of their health tended to give a lower score on the general scale than other women. Among other findings: a general score of 1.8 among patients with an academic education, vs. 2.1 among those with secondary, post-secondary or elementary education. Similarly, there was an association between some of the background variables and the scores given for the various dimensions. For example, Jewish women gave higher scores than non-Jews in many of the dimensions, and secular and traditional women, Jewish and non-Jews, gave higher scores than others for most of the dimensions.

Finally, differences were found between the scores the patients gave, and the scores given by the staff members (both for the various dimensions and for the general score). In terms of information and explanations, respect of values and needs, and emotional support, the patients gave a score for the unit in which they were treated that was lower than that given by the staff members working in the same unit. The gap in the dimension of emotional support was particularly large (in the emotional support dimension, the staff gave a score of 2.5, while the patients gave a score of 1.0).

Discussion and Conclusions

A number of factors that help to promote the implementation of PCC were raised in the interviews with the unit directors. These factors – whether they were system-based, structural, or associated with an approach or attitude – are probably not exclusive to fertility treatments, and it may be possible to draw from them insights about how best to implement the PCC approach in other areas of healthcare. It would therefore be beneficial to disseminate the findings of this study not only to professionals involved in fertility care, but also to professionals working in other frameworks who are interested in improving the quality of care with regard to PCC.

The score given by the patients for PCC in the units where they were treated shows that there is ample room for improvement in the implementation of PCC. The differences between the scores for the various PCC dimensions show that the units provided better service in some dimensions than others. The scores differed according to the characteristics of the units as well as the background characteristics of the patients. Targeted efforts should be undertaken to improve PCC for the types of patients, units, and care dimensions associated with relative low PCC scores.

An important finding arising from the comparison between the patient survey and that of the staff members is the gap in the scores for emotional support. While the staff members noted emotional support as a positive aspect of their work, the patients graded it as the lowest dimension of the treatment. Indeed, this was the area with the greatest difference between what the staff thought and what the patients experienced. It appears that the patients felt that the care provided to them did not adequately meet their needs. This might be related, among other things, to the position of the unit directors that some patients do not wish to receive emotional support in the unit and to the fact that not all units have a permanent social worker on the staff.

Recommendations for Policy and Decision-Makers

- The study findings and feedback to the units can be used as a management tool for making internal improvements to the quality of the service. For example, the staff should be made aware of the gap between their perception of the care they provide and that of the patients, particularly regarding emotional support.
- There were differences among the units in the scores given by the patients. Thought should be given to sharing such scores – perhaps by the service providers themselves – with the general public. Doing so could help women consider the extent of PCC in the various units when making educated decisions as to the hospital where they receive treatment.
- It would be appropriate to further examine the extent of PCC in all population groups, in other areas of healthcare.
- It would be appropriate to appoint in each fertility unit a staff member whose job would include promoting the implementation of PCC policy.
- Thought should be given to allocating a position to a mental-health professional (social worker or psychologist) in every unit.

Directions for Further Research

- Examine to what extent the PCC approach is implemented for all population groups in other areas of healthcare.
- Examine changes and trends in the implementation of the PCC approach over time – the high response rate in this study indicates that women undergoing fertility treatment are willing to participate in such studies. Concerns regarding response rates should not be a deterrent to conducting such studies.
- Examine the relationship between the PCC approach and various aspects of job satisfaction among the professionals.