
CONFERENCE ABSTRACT

Work practices and use of digital tools for patient-provider interaction and care quality improvement: Experiences of care professionals in an outpatient specialist Rheumatology care unit

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Introduction

Healthcare systems of today face challenges in making healthcare more effective while or enhancing quality and adjusting to demographic changes. This is especially relevant in chronic care as more people will be living with chronic conditions in the future. A suggested strategy is to support patients' self-care and involvement in how care should be delivered. Digitalisation has been suggested to facilitate patient-provider interaction but requires new work approaches and altered behaviours of both health care professionals and patients. This study explores a Swedish outpatient Rheumatology specialist clinic that has an explicit mission to develop new services and digital tools in collaboration with patients by organizing care that better corresponds to patients' needs. The aim of the study was to explore health care professionals' experiences of work practices and digital tools aiming to enhance patient-provider interaction and quality improvement in the outpatient specialist Rheumatology clinic.

Theory/methods

Ten semi-structured staff interviews were conducted at the unit in 2017 with four follow-up interviews in 2019. Interviews were analysed using conventional content analysis. The analysis focused on use of digital tools and work approaches targeting individual patients and at unit level.

Results

Several digital tools were used to improve care for individual patients and concerned health information sharing, flexible patient encounters and task shifting. The unit level was targeted by e.g. regular meetings with the patient council. While patients were encouraged to use and evaluate digital tools they were more seldom part of initiating or designing new services or work practices. New work approaches and roles also implied to individualise care according to patients' varying competences and capabilities.

Discussion

Using digital tools to support patient-provider interaction mostly took place on the micro level, i.e. in relation to individual patients. To further develop collaboration, more attention could be put on involving patients on the unit level where changes in work approaches and routines are tested, spread and sustained. A challenge for

the Rheumatology clinic is balancing between innovation and testing new work approaches and simultaneously sustaining and spreading good work practices within the unit – and to other parts of the health care system.

Conclusions

Future development of patient involvement using digital tools need to consider a mix of organizational, financial, technical, and behavioural change challenges, and how it can be supported on different levels of the healthcare system.

Lessons learned

In order to comprehensively develop interaction between staff and patients related to digital tools, one needs to pay attention to both dimensions of interaction and the system level of interaction.

Limitations

The current study is limited to one unit with a limited sample of informants and solely representing the staff perspective. Additionally, the study could benefit from complementing observations of work practices at the unit.

Suggestions for future research

Patients' experiences also need to be explored in order to reflect the work practices described by the health care professionals. This will be the next step within the current research project.