Partnerships: The Corner Stone of Success

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Abstract

Partnerships generate success. Yet, partnerships are challenging to establish between providers and patients for multiple reasons: providers' professional training does not embed the essential attitudes or communication skills and neither side is guided nor prepared to engage the other, acknowledging each other's expertise, perspective or needs. A recent topic in health care has been shared decision making (SDM) as this model is a process where providers and patients work together to select tests, treatments, management or support packages based on clinical evidence and the patient's informed preferences. But, while SDM is a step in the right direction and a necessary piece of building and sustaining a partnership, itdoes not promote full engagement of both the provider and patient. Partnerships are the cornerstones of continual and open conversations which support the shared decision making process. Partnerships thrive in environments where both parties value and respect each other's contributionsand they must be fostered and supported on a daily basis. A cultural shift is required to support the formation of partnerships between providers and patients, i.e., they both are recognized as experts, with the provider being the clinical expert and the patient being an expert in themselves, their life, values and circumstances. So, while talking about and promoting the need of shared decision making and patient involvement, the 'ground-up' support and culture is lacking in healthcare education training programs to make partnerships a reality.Providers need to be supported and encouraged to relinquish their role as the single, paternalistic authority and be trained to become more effective partners in care with their patients and to allow patients more of an opportunity to participate in the treatment and care decisions.

Introduction

Regardless of which industry you work and practice: healthcare, technology or education, partnerships generate success. Partnerships can be created between provider and patient, consultant and client, teacher and student or colleague and colleague. The goal of individuals who foster partnershipsshould be to improve the other person's condition (Weiss, 2009). In order to truly develop appropriate solutions, trust and respect must exist to foster a relationship that enables both groups and/or individuals to feel comfortable, thereby allowing them to communicate in an open and honest manner. In other words, development of partnerships requires relationships; relationships require trust; and trust requires respect.

We know that in healthcare, talking with patients about options is not embedded in the attitudes or communication skills training of most healthcare professionals (Godolphin, 2009). The American Medical Association notes that, when faced with problems, physicians are trained

to believe it is important to have the answer and are socialized to be in charge and desire to act as autonomous decision-makers in the care of their patients (Godolphin, 2009; AMA, 2008). They are taught to collaborate with their peers but it's clear that traditionallyproviders don't view patients as their peers.

That being said, it's also true that patients have been 'trained' to present a problem or issue and then let the 'expert' (i.e. provider) work it out and provide one or multiple options or solutions. Neither side is guided nor prepared to engage the other, acknowledging each other's expertise, perspective or needs.Yet, we know that people want to be involved in decision making and want to participate, whether it be through representation or via full/total individual participation. Studies have demonstrated that people who participate in decision making have higher level of productivity and satisfaction (Bridges, 2007; Guest, year; Vroom, year; Maier, year; Wickert, year). However, in order for partnerships to become engrained in how we conduct ourselves and the way of business, a culture shiftis needed toward development of partnerships to replace the common denominator of 2 one-way conversations that transpire today.

Theories about decision making suggest that people do not have stable and pre-existing beliefs about self-interest but construct them in the process of eliciting information or deciding a course of action (Towle, 1999). A recent 'hot topic' in health care has been shared decision making (SDM) as this model is a process where providers and patients work together to select tests, treatments, management or support packages based on clinical evidence and the patient's informed preferences (Lee and Emanuel, 2013). At face value, the definition of SDM seems to fulfill the need of collecting information and then selecting the best treatment available. However, I argue that SDM isn't enough. While a step in the right direction and necessary piece of building and sustaining a partnership, SDM does not promote full engagement of both the provider and patient. Within this framework, providers are still viewed as 'experts' and patients are viewed as diseases that need to be cured or cared for, not as people who are experts in themselves, their bodies and their life, values and circumstances (Tuckett et al., 1985).In this paper, I discuss how reinforcing a cultural shift toward building and establishing partnerships is more valuable than SDM alone.

What is Shared-Decision Making?

Before getting into the discussion of partnerships –why we need to have them and how we can get there – I want to take some time to talk about shared decision making (SDM). SDM applies to many industries and the organizations within them. Whether an organization is a medical group, a consulting firm, a school or a pharmaceutical company, decisions need to be made for "business concerns" of that particular service organization (Bridges, 2007). In the past five years or so, there has been a lot of literature discussing SDM from the healthcare/medical perspective. Recently, an IOM workgroup defined SDM as the process of integrating patients' goals and concerns with medical evidence to achieve high quality medical decisions (IOM, 2012). Elwyn et al. (2012) define SDM as an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options and achieve informed preferences. Additional definitions of SDM range from a process by which providers and patients work together to select tests, treatments, management or support packages based on clinical evidence and the patient's informed preferences (Lee and Emanuel, 2013) to an active engagement of patients when 'fateful healthcare decisions must be made (Barry and Edgman-Levitan, 2012).

Recurring themes among these definitions include words like evidence, integration, treatment decisions and preferences.Yet, at the core of each definition is the idea that at least one side (usually the patient) cannot make their own decisions when it comes to their treatment because they don't have sufficient information for key issues and could potentially "make decisions in the face of avoidable ignorance" (Elwyn et al, 2012, year). And, while I agree that providers have years of education and training, establishing them as experts in patients' clinical treatment options there are no words present in these definitions that describe the patient's knowledge as an expert in their bodies, beliefs, values and circumstances. Given the 'hustle and bustle' feature of our society and culture, not much time is usually given to *really* listen to and engage the patient. Instead, often timesproviders passively listen and then try to come up with a quick solution, which may or may not be the right one. When providers do not collect the psychological, social or emotional factor information (or data points) each decision following the SDM model has the potential of making a decision in the face of avoidable.Providers and patients need to use more than just medical evidence to make the best quality of life and care/treatment decisions. So, how can providers better engage and include patients in conversations regarding treatment options and decisions?

What about Partnerships*?*

Defining a relationship as a partnership goes beyond simple SDM as it implies intrinsic respect and trust that is not just when 'fateful healthcare decisions need to be made' and instead is a routine or 'status quo' method of interacting and communicating. A classic definition of a partnership is "a….relation existing between two or more persons contractually associated as joint principals in business…..involving close cooperation between parties having specified and joint rights and responsibilities."(Webster's Dictionary)And specifically for healthcare, a partnership is the idea that the doctor-patient relationship is built on behavior that rests on explicitly acknowledged rights and duties and an expectation of benefit to both; decisions made are informed by best evidence and therefore, include shared decision making (BMJ, 1999).Partnerships include multiple components such as mutual responsibilities where both groups have something to contribute and gain, attention to and explicit discussion about the relationship, it is dynamic and adapts to changing circumstances (Towle, 1999).

Patients don't want providers to filter options or make choices for them. What they do want is continual and open conversation supporting shared decision making processes that are the building blocks of partnerships. Some patients, for example, believe that the 'doctor knows best' and prefer for the provider to make the final decision while others bring in medical research they have conducted themselves and want to have a more extensive discussion with their provider. Given these two scenarios, if a provider tries to engage the first patient in a joint decision making exercise and then tries to make a unilateral decision with second patient, neither scenario would result with optimal outcomes. It doesn't matter if the 'advice' was correct because it's highly likely that both patients would feel as if their preferences were ignored and that they were 'forced' into a discussion they didn't want to have. In a partnership, the provider would recognize and respect each patient's perspective and needs (clinical, social and emotional) and would then engage the patient in a manner that was most appropriate. If neither side feels as if they are heard, it's easier to blame the other party, which degrades the partnership.

How do you foster a culture of developing and sustaining partnerships?

Partnerships thrive in environments where both parties value and respect each other's contributionsand they must be fostered and supported on a daily basis. Listening, respect and engagement can translate into SDM and eventually partnerships.However, a recent study presents data that patients, when asked to rank information they use to make medical decisions, rank medical evidence and clinician expertise statistically above their own goals and concerns (IOM, 2012). These results imply that even though patients value their own goals and concerns, they don't feel as if their contributions are as significant as their clinician's viewpoint.

If a culture fosters and supports the formation of partnerships between providers and patients, i.e., they both are recognized as experts, and the providers working within that organization 'buy-into' this concept, then partnerships become the way of practicing medicine. However, if an organization doesn't have cultural agreement, i.e., there is little to no alignment, engagement and integration among individuals on a coherent culture, then communication, trust-building and involvement in joint-decision making go by the way side. We know that effective organizations encourage and provide foundations for alignment and engagement at all levels which lead them to achieving optimal performance (Gans, 2012). Studies have shown that certain cultural dimensions such as collegiality, work ethic, quality emphasis, cohesiveness as well as organizational trust are key components of cultural success (Gans, 2012) and are important factors influencing physician groups' quality performance (Smalarz, 2006). However, fostering partnerships goes beyond just reporting improved quality measures; therefore, provider groups need to 1) provide regular feedback to everyone in the group, 2) actively manage conflicts and 3) measure levels of provider engagement with their colleagues and patients.

The provider and patient could share their information in selecting options for courses of treatment which would most likely result in a much more positive interaction for both parties. When respect and trust are part of the engagement, then a positive culture is reinforced and cultivated. However, changing cultures is challenging and developing and fostering environments that reward partnerships takes time as well as a cultural acceptance of believing that is the way decisions should be made.

Conclusions

Developing and nurturing partnerships is difficult – otherwise they would exist in every practice. In the healthcare setting, providers and patients have been trained and taught to interact in specific ways: the medical professional is the clinical expert given their years of education and training and the patient is there for guidance, with no acknowledgement that the patient is an expert in herself, her own life, values and circumstances (Tuckett et al., 1985). So, while talking about and promoting the need of shared decision making and patient involvement, the 'ground-up' support and culture is lacking in healthcare education training programs to make partnerships a reality. There needs to be a cultural shift to believing and "buying-into" the development of partnerships between providers and patients because ultimately, the goal of providers is to improve their patients' lives and situations.

Even though partnerships include communication among all parties, the development of the partnership must be led by the provider– it's their responsibility to engage the patient, ask questions and actively listen, while it's the patient's responsibility to be truthful, honest and share all of the relevant information. This calls for a greater emphasis on encouraging patients to

determine their own goals for change instead of simply complying with the provider's agenda/ideas (Lee and Emanuel, 2013). Active pursuit of information can yield a range of data that can inform options and shape what will have a better potential of creating positive and successful outcomes. However, in order to lead the charge of developing partnerships, providers need to be part of cultures that place a high value on inclusiveness and respect.

A cultural shift will require providers to be encouraged, empowered and motivated to facilitate informed decisions with their patient's best interest in mind, whenever and wherever they practice. When a partnership is developed and SDM becomes 'routine,' then it's easier to explore what a decision means to the patient, considering the multiple dimensions used to make the decision. For instance, when making treatment suggestions for patients with Type 2 diabetes mellitus and hypertension, it's beneficial to know whether the patient has 1) access to a gym or affordable gym membership, 2) access to affordable healthy food, 3) to work two jobs, 4) a spouse that is supportive, etc. If a provider doesn't know the patient's life situation then even though they may suggest a clinically appropriate solution and/or treatment plan, it may not be doable for the patient. And when this occurs, the providers and the patients both get frustrated because they feel as if they are not being listened and/or their opinions and perspectives are not respected.

Implications

Alan Weiss, a New York Times bestselling author and consultant, offers questions that can help to guide discussions that will lead to partnerships (Weiss, 2009): What is the desired outcome? What results would you like to present or talk about? What better condition or position are you seeking? Why are you seeking this engagement? How will things be different once this is complete? Why are you considering this project? Why did you come here today? How would your image/credibility be improved? What harm/distraction will be alleviated? How much would you gain on the competition? How would your value proposition be improved? How can you easily justify the investment? Granted, many of these questions may be geared toward consultants and clients; yet, many of them apply to providers and patients. The key here is finding out what's behind the decision to come for help, for seeking advice, etc. By exploring underlying causes of an office visit, for example, the provider is more likely to collect relevant information that may not be shared otherwise. If a partnership exists, solutions are likely to be more relevant and results are likely to be much improved.

The fundamentals and benefits of developing partnerships is nothing new. It's a self-fulfilling prophecy: development of partnerships requires relationships; relationships require trust; and trust requires respect. Providers need to be supported and encouraged to relinquish their role as the single, paternalistic authority and be trained to become more effective partners in care with their patients. When this cultural shift happens, providers will view the challenge or disease through the patient's eyes, and be able to ask not only 'What is the matter?' but 'What matters to you?'

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