Introduction

PROMOTING PATIENT ENGAGEMENT: FROM THEORY INTO PRACTICE

The key word patient engagement is worldwide becoming a “must do” for academics, industries and policy makers in the healthcare arena. The academic and managerial “buzz” on patient engagement is growing at a dizzying pace. In 2015, 665,300 new web indices were found on Google.com with the key words “patient engagement,” including 1,230 news pages and 6,200 dedicated blogs. During this same period, over 3,500 new academic papers focused on patient engagement (see Figure 1).

The idea of patient engagement moves from the assumption that making patients co-producer of their health can enhance their satisfaction towards the healthcare system, as well as their responsibility in care, cure and prevention. A previous Book entitled Promoting Patient Engagement and Participation for Effective Healthcare Reform (Graffigna, 2016) has been dedicated to discuss the clinical and pragmatic value of favoring the active role of patients along their care journey. The different chapters of that Book well testified the different elements and ingredients which may play a role in promoting patient engagement. However, despite this growing trend,

Figure 1. Trend of Google Scholar sources indexed with patient engagement from 1954 to 2014
interest and the shared research efforts to come to a unique theoretical definition of what patient engagement is and how it may be promoted, concrete guidelines for practices are still awaited. A question spontaneously arises: Is patient engagement a fashionable claim or a real guidance for practice?

PROMOTING PATIENT ENGAGEMENT:
MAIN AREAS OF INTERVENTION

Initiatives aimed at promoting patient engagement are growing across the world, also thank to the input posed by policy makers on this issue. In the majority of the western countries, patient engagement in healthcare is well established with the government’s commitment in fostering interventions, research and innovative methodologies aimed at prioritizing the “patient’s voice” and the “patient’s active roles in their own healthcare” (Health Affairs, Feb 2013), but scarce have been the efforts putted into the analysis of effectiveness of such initiatives. Furthermore, still rare are the occasions to put into dialogue the different experiences mastered in this area in order jointly work at a shared set of rules and best practices for the promotion of patient engagement. Not to say, the level of scientific and clinical evidences reached in this areas are still scarce, often because the early stage of the initiatives promoted: as discussed elsewhere (Graffigna, 2016) patient engagement and participation are new phenomena, which are advocating for an important shift of paradigm in medical practices. This justifies the fact that new initiatives finalized to innovate healthcare organizations are still ongoing and needing further evidences.

Moving from these premises, in this Book we shall offer a contribution in this direction by hosting the description of best practices aimed at enhancing the active role of patients in their care management. The areas covered by the best practices reported in this Book are related to the initiatives that in the literature appear more suitable to promote change in patients’ attitudes and behaviour towards their enhanced self-management. Those are in particular:

- The area of patient's education interventions: here we may conceptually gather all the initiatives aimed at improving patients' level of health literacy and at forming patients’ skills and behaviour related to medication adherence and self-management.
- The area of medical communication initiatives: this is a broad area of initiatives mainly finalized: 1) on the one hand to support the communication and relational skills of healthcare professionals and their ability to sustain the engagement of the patients in health management; 2) on the other hand to sustain the patients’ question-asking ability and their attitude to legitimize
themselves as agents in the medical encounter, able to play a more negotiat-
ing role in the shared decision making about their treatments.
• The area of self-monitoring supports: in this area are gathered initiatives
and tools dedicated to the patients and finalized to support them cognitive-
ly and pragmatically in the daily managements of therapies and of medical
requirements.

PROMOTING PATIENT ENGAGEMENT: THE
ROLE OF NEW TECHNOLOGIES

In this regards, it is important to acknowledge the growing body of literature dedicated
to attest the potentiality of new technologies in improving patient’s engagement and
participations. There is consensus that health technologies are crucial in supporting
patient engagement in their own care, in terms of enhanced self-management and
responsibility. As stated above, the concept of patient engagement advocate for a
shift from the classical “doctor-centred model” of healthcare to new healthcare
management models that improve communication and more democratic interac-
tion between patients and healthcare professionals, particularly in an integrated
approach to care and in the aim of a better linkage between hospital and territory.
Some scholars suggested that E-health may be a useful framework in this direction
(Barello et al., 2016) by allowing the connection between the different systems and
actors involved in the health management process (Eysenbach, 2001; Phalen & Eaton,
2008). Scholars define e-health as: “electronic communication-based technologies
to aid or provide healthcare in some form” (Keogh, Rosser & Eccleston 2010; p.
18), considering everything to be connected to both health and technology (Oh, et
al. 2005) as “designed to improve health surveillance, health-system management,
health education and clinical decision-making, and to support behavioral changes
related to public-health priorities and disease management”. However, in line with
other scholars (Ricciardi, Mostashari, Murphy, 2013), we emphasize the infancy
of the literature debate on this topic and the lack of shared guidelines for orienting
e-health interventions that are really able to enhance patient engagement. Some
of the initiatives reported in this book may offer an advancement in this direction.

THE AIMS AND STRUCTURE OF THIS BOOK

On the basis of these premises, this book is conceived as the virtual extension of the
discussion started in the previous book entitled “Promoting Patient Engagement and
Participation for effective Healthcare Reform” (Graffigna, 2016) and collects some
exemplary initiatives promoted across the world and in different pathological areas to improve patient engagement. The selection of best practices here commented didn’t follow the criterion of systematicity, rather it was inspired by a qualitative logic of maximum variety of cases reported.

In order to improve the readability of the Book, its chapters have been organized in the following two thematic sections.

Section one (“Best practices in promoting patient’s participation and engagement: strategies for patient education and medical communication”) is dedicated to review theoretical insights and empirical best practices in the area of patients’ education and medical communication in order to proactively contribute to the practical promotion of patient participation and engagement in healthcare. The chapters hosted in this section addressed different but crucial patient populations, by highlighting the specific needs of engagement in each one of them.

Chapter 1, “Best Practices to Promote Patient and Donor Engagement to Care in Living Donor Transplant” by Emanuela Saita, Susanna Zanini, Enrico Minetti and Chiara Acquati, reviews the literature about patient engagement in the context of chronic kidney disease and discusses the importance of understanding the patients’ emotional and affective dynamics and the relational implications that may influence the elaboration of the information given by healthcare providers. These assumptions are at the basis of the innovative educational protocol developed to promote potential donors and recipients’ participation and adherence to care at the Niguarda Ca’ Granda Hospital in Milan (Italy), which the chapter describes into details.

Chapter 2, “Communication and Education processes involved in COPD patient Engagement within the Italian Health System” by Virginia Recchia, Antonio Dodaro, Rosita B. Maglie and Carlo G. Leo, focuses on chronic obstructive pulmonary disease (COPD) and on the specific requirements of engagement of this target population. On the basis of this analysis, authors propose an innovative framework, experienced within the Italian Health System, finalized to create synergy among a set of legal tools, namely informed consent, integrated care and advance care planning, in order to innovate the healthcare system and to improve patient’s engagement and participation in the process.

Chapter 3, “The Power of Words: Deliberation Dialogue as a Model to Favor Patient Engagement in Chronic Care” by Sarah Bigi and Giulia Lamiani, focuses on the communicative dimension of engagement, conceived as the pivotal means to improve patient self-efficacy and commitment. In particular, the authors take a closer look at the process of decision making in chronic care settings, and propose a normative model to analyze and evaluate the quality of decision making in consultations.

Chapter 4, “Patient and Family Engagement in THE Conversation: Pathways from Communication to Care Outcomes” by Jennifer Freytag and Richard L. Street,
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Jr., focuses on communication strategies to engage families in end-of-life care. The authors discuss the major advancements of the literature about communication of health outcomes in end-of-life care by discussing their implication for engagement of families in this delicate care moment. The authors conclude by outlining future research lines in the field.

The second section of this book (“The potentiality of new technologies to promote patient’s participation and engagement in health management”) is dedicated to a selection of technological tools and interventions able to sustain patients’ participation and engagement in healthcare.

Chapter 5, “Engaging Patients and Lowering Costs: Technology to the Rescue” by Tony Zordich and Julia Menichetti Delor, review the technological tools today available to sustain patient participation and engagement. New technologies are regarded as the best strategy to improve clinical outcomes today, to sustain patients’ satisfaction for healthcare management and to reduce cost of service delivery. Furthermore, the new communication solutions offered by these tools improve the relations between patients and their healthcare providers and make possible the continuous and remote monitoring of patient’s behaviors. The overview provided by this chapter is a useful premise to the technological interventions reported in the following chapters.

Chapter 6, “Meeting Patients Where They Are: Using Multimedia and Interactive Voice Technology to Humanize Communication and Engage Patients” by Geri Lynn Baumblatt, deeply discusses the relational, emotional and psychological advantages of new technologies for patient engagement. The author describes the specific function of different technological devices and argument on the value of adopting multimedia technologies to inform and motivate patients along their care journey.

Chapter 7, “Using the Communication AssessmenT Checklist in Health to assess the communication quality of web based resources for prostate cancer” by Juliana Genova, Curtis A. Olson and Jackie Bender, focuses on the specific population of prostate cancer patients. The chapter introduces the new Communication AssessmenT Checklist in Health (CATCH) specifically developed to assess the quality of information reported on websites dedicated to this target population and highlight interesting gaps and problems in these resources that open interesting new direction for future practices.

In particular, the authors present a practical stepped-care model of intervention for patients suffering from obesity and diabetes, based on the mhealth approach and psychological treatments modulated with different intensity along the care journey.

Chapter 9, “Why, What and When in-Home Physiotherapy?” by Gabriela Postolache, Raul Oliveira, Isabel Moreira, Octavian Postolache, focuses on rehabilitation programs and, on the bases of a systematic review of scientific evidences, systematize the effectiveness of different kind of tools and interventions to promote patients participation and engagement in in-home physiotherapy. The authors conclude by describing a road map for future interventions and research in the field.

Chapter 10, “Healthy Avatars, Healthy People: Care Engagement Through the Shared Experience of Virtual Worlds” by Stefano Triberti and Alice Chirico, focuses on the ability of virtual worlds to foster patient’s participation and engagement in their care. The authors, by discussing evidences from recent scientific research, argue that virtual environments allow multiple users to learn in an engaging and transformative way healthier conducts and better effective healthcare management behaviours. The chapter illuminates new emerging opportunities for clinical and cost effective patient engagement interventions.

Chapter 11, “Waiting for Health Care Services” by Stefan Janzek-Hawlat and Hilda Tellioğlu, discusses the impact of waiting times for healthcare services on the patients’ perceived quality of services, on the healthcare professional performance and on the effectiveness of the healthcare system in the whole. The authors base their examination both on the analysis of the recent literature in the field and on the result of an empirical research focused on these aspects. The chapter concludes with advices to reduce the waiting time in healthcare systems.

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