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Title: Using Fair Process to Cross the Quality and Health Care Chasm: Eliciting the Perspective of Brain Injury Survivors

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Background and objectives: Traumatic brain injury (TBI) is a serious public health problem in the U.S., with 1.4 million new injuries diagnosed each year, and 80,000 to 90,000 new long-term disabilities. The IOM's Quality Chasm report calls for providing patient-centered care that reflects patients' values, preferences, and expressed needs. Yet brain injury can affect many aspects of a survivor's life, from cognitive functioning, to emotional, psychosocial, and physical well-being, self-esteem, ability to work and participate in the community, socio-economic status, and perception of self. These consequences pose challenges to including the brain injury patient's perspective in treatment decision-making processes and quality improvement efforts. The objectives of this study are to 1) understand the traumatic brain injury survivor's perspective on living with this chronic condition and 2) use an organizational theory lens to understand quality of care from the survivor's perspective.

Application of Theory: The organizational development concept of fair process provides a useful rationale for incorporating the patient's perspective into policy and treatment paradigms. Fair process applied in a business context means that decision-making processes are transparent and employees at all levels feel that their viewpoint has been considered. Fair process applied to health care organizations and quality of care surfaces patients as key stakeholders in the organization. Fair process in health care organizations occurs at the micro level, in the patient-provider interaction. Are patients satisfied with health care processes as well as outcomes?

Fair process applied to health care organizations involves five elements: 1) *engaging* patients in the care process, 2) *exploring* diagnostic issues and treatments, 3) *explaining* the rationale for decisions, 4) setting *expectations* about patient-provider roles and responsibilities, and 5) *evaluating* and learning. This presentation will use brain injury respondent photographs and interview data to illustrate these fair process elements applied to health care and explore survivors' lived experience with quality of care.

Methods: This qualitative research study is using photo-elicitation with 12 brain injury survivors, who are asked to represent their lives, point of view, and experience using self-generated photographs. Their photos become the basis for an interview with the researcher, who will be analyzing the resulting visual and interview data using narrative analysis methods. The researcher's narrative analysis methods involve looking at the details of the visual images and their accompanying discourse and how they work together to illuminate lived experience.

Discussion: This study is an example of fair process in action. Taking photographs engages survivors to reflect on their situations and encourages dialogue. Talking about photographs can prompt deep discussions of emotional issues, strengthen relationships with clinicians, and foster a sense of shared learning. This approach assists survivors to communicate thus opening opportunities to understand and incorporate the survivors' perspective on quality of care into rehabilitation approaches.

Conclusions: Respondents play a participant-expert role in this research. Some respondents state that their rehabilitation goal is not recovery, which implies a return to pre-injury status, but healing, which they consider to be a gradual process that continues for years.

Implications for Policy, Delivery, or Practice: This approach creates opportunities to for providers to engage with traumatic brain injury patient's real lives and gain an insider perspective on quality of care. The mutual learning that ensues may result in better alignment of expectations about patient-provider goals, roles, and responsibilities. Using an organizational lens to look at quality of care from the patient's perspective can contribute to more just patient-provider interactions.

Challenges One challenge in doing this research to date is completing the recruitment, photo-taking, and interview during the narrow rehabilitation services window faced by many patients. In addition, narrative analysis methods for analyzing visuals, and visuals and interview text together are evolving, which is both a challenge and an opportunity.