



Patient-Centered Care Delivery

July 29, 2011

Overview

- » Defining “Patient Centered Care”
- » Four Myths
- » Key Strategies and Tactics for Achieving Patient-Centeredness

Definitions

» Institute of Medicine

- Care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.

» Planetree

- An approach to the planning, delivery and evaluation of care grounded in mutually beneficial partnerships among providers, patients and families. It redefines relationships in health care.

Definitions, ctd.

- » Consumers & consumer orgs
 - ~ Whole person care
 - ~ Coordination and communication
 - ~ Patient support and empowerment
 - ~ Ready access

“Whole person” care

- » Patients viewed as whole person rather than collection of body parts
- » Clinicians take time to really know *and remember* patients
- » Clinicians understand the **full range of factors** affecting a patient’s ability to get and stay well
- » Treatment recommendations align with patients’ **values, life circumstances, preferences**

Coordination and communication

- » A “**go-to**” **person** to navigate system, and help patients understand their condition and what they need to do
- » Providers organized in **teams**
- » Help **choosing specialists** and getting appointments in a timely manner
- » Ensuring *other* providers have patient’s information ahead of time
 - ~ Health information exchange
- » Help patients **understand** results recommendations
- » Smooth **transitions** between settings

Patient support and empowerment

- » Expanding patients' and caregivers' **capacity** to get and stay well (efficacy)
- » Support for **self-management** - tools and services that help patients and caregivers better manage their conditions
- » Patient **partnership** with clinicians – choosing treatment options, goals, plans, team members, etc.
- » **Trust and respect** – patient preferences, physical and emotional comfort, and privacy

Ready access

- » Expand **access** beyond 5 minute phone call or 7 minute office visit
 - ~ eVisits, secure messaging, tele-medicine, etc.
- » Getting **appointments** promptly
- » Keeping **wait times** brief; and having care team members available when needed
- » **Accommodating** limited physical mobility, cognitive impairment, language barriers, or cultural differences

Change the Paradigm: Debunk the Myths

- » **Myth #1:** What patients say they want is nice and important but we don't have time – what matters is clinical outcomes.
- » **Myth #2:** Patients always want everything.
- » **Myth #3:** Doctors/clinicians know what patients want.
- » **Myth #4:** If we just build the system the right way, they will come.

It Works

- » Among organizations that have demonstrated truly remarkable levels of change (IHI):
 - ~ *“Leaders of these organizations often cite putting patients and families in a position of real power and influence -- using their wisdom and experience to redesign and improve care systems -- as being the single most powerful transformational change in their history.”*

Key Strategies and Tactics

» **Expand involvement**

- ~ Patient & family advisory councils
- ~ Involvement in redesign teams
- ~ Appointment of individual patient/family advisors

» **See it from patients perspective**

- ~ Expectation for collaboration with patients and families in every job description
- ~ Patient walk throughs
- ~ Patients and families as faculty in staff trainings

Key Strategies and Tactics

» Key Strategies & Tactics

~ Open communication patients -> care team

- Patient Experience Surveys used to improve (PCMH, HIT modules)
- Electronic access to portable health info
- Secure messaging
- Shared decision making
- Patient Activation/Self-efficacy
- Shared goal-setting

Nervous?

- » “There was a prevailing concern that bringing patients and families into the room would change the conversations. This is true; it has changed the conversations for the better, a centering force that grounds us in reality. We are engaging in discussions that were out of reach for our organization previously. **What we have discovered is that there is no technology or intervention that can match the acceleration of change by putting a patient or family member in the room.**”

~ Anna Roth, CEO, Contra Costa Regional Medical Center

Key Takeaways

- » Get Started Before You Are Ready
- » Approach to change multi-faceted
 - ~ Different strategies
 - ~ Different levels (org, dept, individual),
- » No, because...vs. Yes, if.....

Selected Resources

~ Consumer principles, etc:

www.nationalpartnership.org/medicalhome

~ *If You Build It, Will They Come?*

Bechtel C, Ness D. Health Affairs May 2010, 29:5.

~ Engaging Patients & Families in the Medical Home

www.pcmh.ahrq.gov

~ Care coordination measures atlas

www.ahrq.gov/qual/careatlas/

~ What 'Patient-Centered' Should Mean:
Confessions of an Extremist:

<http://content.healthaffairs.org/content/28/4/w555.full>

In a phrase...

- » Consumer Engagement
 - ~ Nothing about me without me
 - ~ If you build it, will they come?
 - ~ Not for them, *with* them



Thank you!

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