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Patient-Centered: *What Does it Look Like?*

The vision of patient-centered care has become a central aim for our nation's health system and in reforming health care in Iowa. Yet despite growing recognition of the importance of patient-centered care, as well as evidence of its effectiveness, the nation's health care system falls short of achieving it. This issue brief will summarize what patient-centered care encompasses and will lay out improvement strategies at an organization and system level to help leverage widespread implementation of patient-centered care.

What is Patient-Centered Care?

The Institute of Medicine (IOM) considers patient-centered care as one of the six fundamental domains of the U.S. health care system.¹ The IOM defines patient-centered care as:

Patient-centered care is really about listening to patients and understanding their needs.

Health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care.

Patient-centered care is a key component of the patient-centered medical home (PCMH) model. Studies prove that focusing health care around the patient's preferences and needs has the potential to improve patients' satisfaction with their care, as well as their clinical outcomes. Patient-centered care also has been shown to reduce both underuse and overuse of medical services.

Care that is truly patient-centered considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes the patient an integral part of the health care team and allows them to collaboratively make decisions with their provider. Patient-centered care puts responsibility for important aspects of self-care and monitoring in patients' hands — along with the tools and support they need to carry out that responsibility.²

Key Elements of Patient-Centered Care

A high level of consensus exists regarding the key attributes of patient-centered care. The Commonwealth Fund, a leader in promoting a high performing health care system, completed a review of models and frameworks for defining patient-centered care, the following six core elements were identified most frequently:

- Education and shared knowledge
- Involvement of family and friends
- Collaboration and team management
- Sensitivity to nonmedical and spiritual dimensions of care
- Respect for patient needs and preferences
- Free flow and accessibility of information²



Medical Model of Care vs. Patient-Centered Care

Medical Model	Patient-Centered Model
Patient's role is passive <i>(The patient is quiet)</i>	Patient's role is active <i>(The patient asks questions)</i>
Patient is recipient of treatment <i>(The patient doesn't voice concerns, even if there is a problem)</i>	Patient is a partner in treatment plan <i>(The patient asks for information about other options)</i>
Provider (usually a doctor) dominates as decision-maker <i>(The provider does not offer options)</i>	Provider collaborates with patient in making decisions <i>(The provider offers options and discusses pros and cons)</i>
Disease-centered <i>(Dialysis is the focus of daily activities)</i>	Quality-of-life-centered <i>(The patient focuses on family and other activities)</i>
Provider does most of the talking <i>(The provider does not allow time for questions)</i>	Provider listens more and talks less <i>(The provide allows time for discussion)</i>
Patient complies (or not) <i>(Patient does not comply with diet)</i>	Patient adheres to treatment plan <i>(Diet is flexible to accommodate culture and family traditions)</i>

Source: Providing Patient-Centered Care, <http://www.esrdnet5.org/Module%20-%20Patient-Centered%20Care.pdf>

Elements of a System Which Deliver Patient-Centered Care

The Commonwealth Fund's research identified seven core factors that contribute to achieving patient-centered care at the organizational level:

- **Leadership**, at the level of the CEO and board of directors, sufficiently committed and engaged to unify and sustain the organization in a common mission.
- **A strategic vision clearly and constantly communicated** to every member of the organization.
- **Involvement of patients and families** at multiple levels, not only in the care process but as full participants in key committees throughout the organization.
- **Care for the caregivers through a supportive work environment** that engages employees in all aspects of process design and treats them with the same dignity and respect that they are expected to show patients and families.
- **Systematic measurement and feedback** to continuously monitor the impact of specific interventions and change strategies.
- **Quality of the built environment** that provides a supportive and nurturing physical space and design for patients, families, and employees alike.
- **Supportive technology** that engages patients and families directly in the process of care by facilitating information access and communication with their caregivers. ²

Virtually all of the decisions that affect people's health are made outside of the exam room. Family, culture, and community often play a role much greater than the doctor's goodwill and good instructions.

Implementation Strategies

Key strategies are necessary to overcome barriers and to help influence widespread implementation of patient-centered care.

Organization Level- Strategies designed primarily to strengthen the capacity to achieve patient-centered care at the organization level include:

- Leadership development and training
- Internal rewards and incentives
- Training in quality improvement
- Practical tools derived from an expanded evidence base

System Level- Strategies aimed at changing external incentives in the health care system as a whole, to positively influence and reward organizations striving to achieve high levels of patient-centered care include:

- Public education and patient engagement
- Public reporting of standardized patient-centered measures
- Accreditation and certification requirements²



Evidence of the Effectiveness of Patient-Centered Care

Significant effectiveness research exists that suggests that increased adoption of the PCMH will yield considerable measurable benefits. Care delivered by primary care physicians in a PCMH is consistently associated with better outcomes, reduced mortality, fewer preventable hospital admissions for patients with chronic diseases, lower utilization, improved patient compliance with recommended care, and lower Medicare spending.

Considerable research has been done on the impact of a primary care-oriented health care system on health outcomes, costs, and equity. The research has found that a greater orientation towards primary care results in lower per capita health care costs and better outcomes. Conversely, a specialist-oriented health care system (like that of the U.S.) is associated with higher costs and poorer outcomes.

Research has shown that adequate access to primary care provides the following specific health and economic benefits:

- reduced all-cause mortality and mortality caused by cardiovascular and pulmonary diseases;
- less use of emergency departments and hospitals;
- better preventive care;
- better detection of breast cancer, and reduced incidence and mortality caused by colon and cervical cancer;
- fewer tests, higher patient satisfaction, less medication use, and lower care-related costs and
- reduced health disparities, particularly for areas with the highest income inequality, including improved vision, more complete immunization, better blood pressure control, and better oral health.

Finally, there is evidence that primary care-oriented health care results in increased patient satisfaction.³

Consumer's View of Patient-Centered Care

To attract consumers to PCMH models of care, it must meet their needs. They believe that patient-centered care is:

- Knowing and remembering them- their medical history, treatment preferences, and family situation.
- Helping understand their condition and treatment
- Access 24/7
- Good Communication- dignity, respect, cultural/language differences, and questions/dialog encouraged
- Help making decisions about their care- pros, cons, and trade-offs
- Help with seeing specialists- choosing, getting appointments, and coordinating care

Family-Centered Care

Family-Centered Care is an amplification of patient-centered care. It encompasses a number of distinguishing factors that should be utilized when caring for children and dependent adults. Family-centered care is based on the understanding that the family is the child or dependent adults' primary source of strength and support. Further, this approach to care recognizes that the perspectives and information provided by families, children, and young adults are important in clinical decision making. When providing family-centered care, it is important to recognize that a variety of complexities may arise including legal issues and confidentiality issues, especially when caring for adolescents. Family-centered care is built on partnerships between families and professionals and it honors the strengths, cultures, traditions, and expertise that everyone brings to the relationship with the child or dependent adult.

Examples of family-centered care include:

- Screening a new mother for maternal depression
- Discussing and providing resources about the new roles and responsibilities parents and their family members encounter after a child is born
- Involving family members in everyday care choices for dependent adults including when to stop driving, how to manage money, whether to use support services, and the level of family member involvement
- Providing resources for older adults and their families about health, aging, illness, and their exploration of ways to maintain functioning and independence



Policy Goals for Implementing Patient-Centered Care

- Determine the certification method of Patient-Centered Medical Homes (PCMH) in Iowa.
 - Promote the widespread implementation and certification of patient-centered medical homes, which will in turn improve the effectiveness, quality, and value of health care.
- Reform payment policies in the private and public sector to support the PCMH.
 - Increase primary care fees to appropriately value the work of primary care,
 - compensate medical home for care coordination and other work outside face-to-face encounters, and
 - promote and reward high value in the delivery of services by the PCMH.
- Build the Health Information Technology infrastructure for PCMHs.
 - Implement systems of disease registries and interoperable electronic medical records in PCMHs,
 - provide technical assistance for practice innovation and reengineering of PCMHs, and
 - support the training and deployment of team-based care models in the PCMH.
- Engage consumers and providers as active partners in the PCMH.

Recommendations

- **Iowa should support organizational and system policies that support furthering patient-centered medical care that involves patients and families, respects patients needs and preferences and allows for free flow of information to support the patient.**
- **Iowa should recognize and support programs and policies that impact increasing and further developing a primary care-oriented health care system to increase adequate access to primary care.**

Council Members

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David Carlyle, MD	Ames	Iowa Academy of Family Physicians
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CoraLynn Trewet	Des Moines	Iowa Pharmacy Association
Jennifer Vermeer	Des Moines	Department of Human Services
Jerry Wickersham	Des Moines	Iowa Insurance Division

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