

Patient-centered care and Healthcare Outcomes

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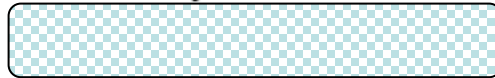
- Mr. K is a 95 years old man living with COPD (Chronic Obstructive Pulmonary Disease)
- His wife passed away with Alzheimer's
- He was depressed and not leaving the house. His daughter brought him to live with her
- Daughter was trying to help him deal with his respiratory problems without success.
- During a hospital stay due to COPD exacerbation, he was invited to join a peer support program for people who have COPD and their caregivers. The program utilizes provider education and peer support
- With his daughter's encouragement he joined!

- Daughter started to drop him off for peer group meetings
- His peer mentor, who had COPD and required a lung transplant, talked with him often and encouraged him to increase his physical activity
- Within couple months in the peer program he had a complete turnaround, felt better, and became more independent.
- He started to take an UBER to come to program activities, started pulmonary rehabilitation activities, and developed more strength and endurance
- The daughter's burden was greatly reduced. she could take care of herself now and go out again. She was very grateful and once asked the peer program coordinator "how come we have not heard about this [peer program] before?"



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Progress from Dec to May

Patient-centered care (PCC)

- Early conceptualization in 1969 by Balint as “understanding the patient as a unique human being”
- The concept has evolved to become multidimensional and include what is needed for individual providers and health systems to become patient-centered. For example, partnership rather than a paternalistic approach , sharing information, coordinating care, etc.
- Lately, Scholl et al conducted a concept analysis of the various published PCC models

Principles	
Essential characteristics of the clinician	
Clinician-patient relationship	
Patient as a unique person	
Biopsychosocial perspective	
Enablers	
Clinician-patient communication	
Integration of medical and non-medical care	
Teamwork and teambuilding	
Access to care	
Coordination and continuity of care	
Activities	
Patient information	
Patient involvement in care	
Involvement of family and friends	
Patient empowerment	
Emotional support	

Principles

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Dimension	Brief description
Principles	
Essential characteristics of the clinician	Attitudes towards the patient (e.g. empathy, respect, honesty) and oneself (self-reflectiveness) as well as medical competency
Clinician-patient relationship	A partnership with the patient that is characterized by trust and caring
Patient as a unique person	Recognition of each patient's uniqueness (needs, preferences, values, beliefs, expectations)
Biopsychosocial perspective	Recognition of the patient as a whole person (biological, psychological, and social context)

Dimension	Brief description
Enablers	
Clinician-patient communication	verbal and nonverbal communication skills
Integration of medical and non-medical care	Integration of non-medical aspects of care (e.g. patient support services) into health care services
Teamwork and teambuilding	Recognition of the importance of effective teams characterized by a set of qualities (e.g. respect, trust, shared responsibilities, values, and visions) and facilitation of development of such teams
Access to care	Facilitation of timely access to healthcare that is tailored to the patient
Coordination and continuity of care	Facilitation of healthcare that is well coordinated and allows continuity

Dimension	Brief description
Activities	
Patient information	Tailored to patient's information needs and preferences
Patient involvement in care	Collaboration with the patient regarding health considering their preference for involvement
Involvement of family and friends	Active involvement and support for the family and friends to the degree that the patient prefers
Patient empowerment	Recognition and active support of the patient's ability and responsibility to self-manage
	Physical support for the patient (e.g. pain management, assistance with daily living needs)
Emotional support	Recognition of the patient's emotional state and a set of behavior that ensures emotional support for the patient

People involved

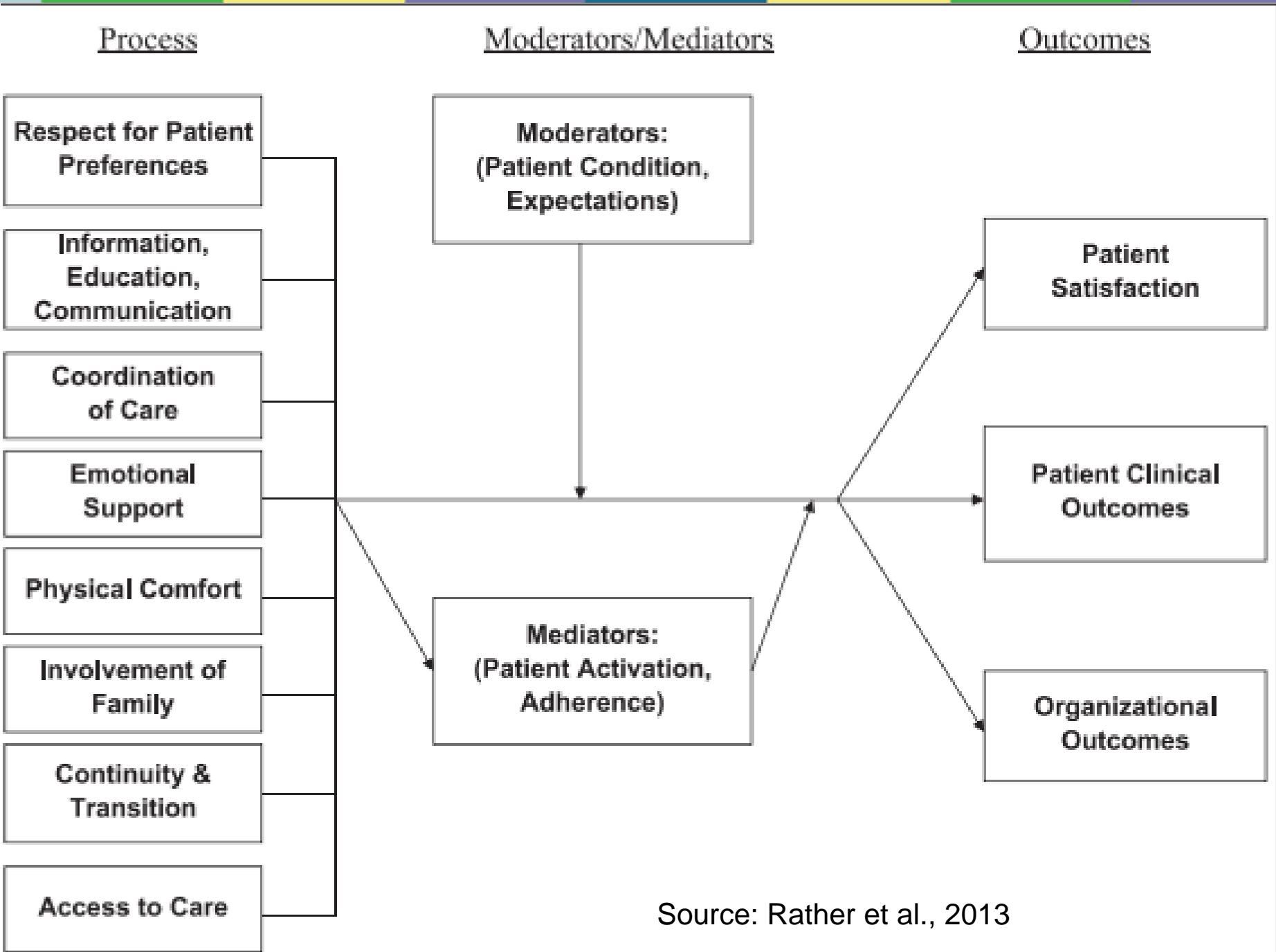
- All healthcare professionals (physicians, nurses, social workers, health educators, etc..)
- Team leaders
- Healthcare executives
- Patients, families, advisors

Settings for PCC delivery

- Hospital
- Clinic
- Residential care facilities
- Home
- Community

Donabedian Model for Healthcare Quality, 1980





Source: Rather et al., 2013

Patients in the hospital

Fall prevention (Rossiter, 2020, Avanecean et al., 2017)

Interventions with personalized care plans and patient-tailored education (based on patient falls risk) at medical and surgical units led to reduced fall rates during hospital stays

Patient family-centered care interventions in ICU (Goldfarb, 2017)

Decreased ICU length of stay by 1.21 days (based on metaanalysis of 3 RCTs; 95% CI, -2.25 to -0.16; $p = 0.02$). along with reduced costs, improved family satisfaction and patient experience, medical goal achievement, and improved patient and family mental health outcomes

Transition/discharge support for older adults with chronic conditions (Le Berre, 2017)

education on self-management, discharge planning, structured follow-up and coordination - reduced mortality, ED visits, and readmissions post-discharge.

Patients in the clinic

- Patients who report having more patient-centered visit interactions with provider require fewer tests and referrals. (Duggin, 2005; Stewart, 2000)
- Patient-centered communication during medical visits is associated with increased medication adherence. (Duggin, 2005; Hall, 1988)

Patients in residential/long term care

- Person-centered care approaches in residential care including healthcare professionals training and/or patient education resulted in
 - Reduced agitation among patients with dementia (Kim and Park. 2017)
 - Reductions in anti-psychotic use (Fossey et al. 2014)
 - Reduced use or dose of benzodiazepine, and increased discontinuation of benzodiazepine (Mokhar et al., 2018)

Adults with chronic conditions

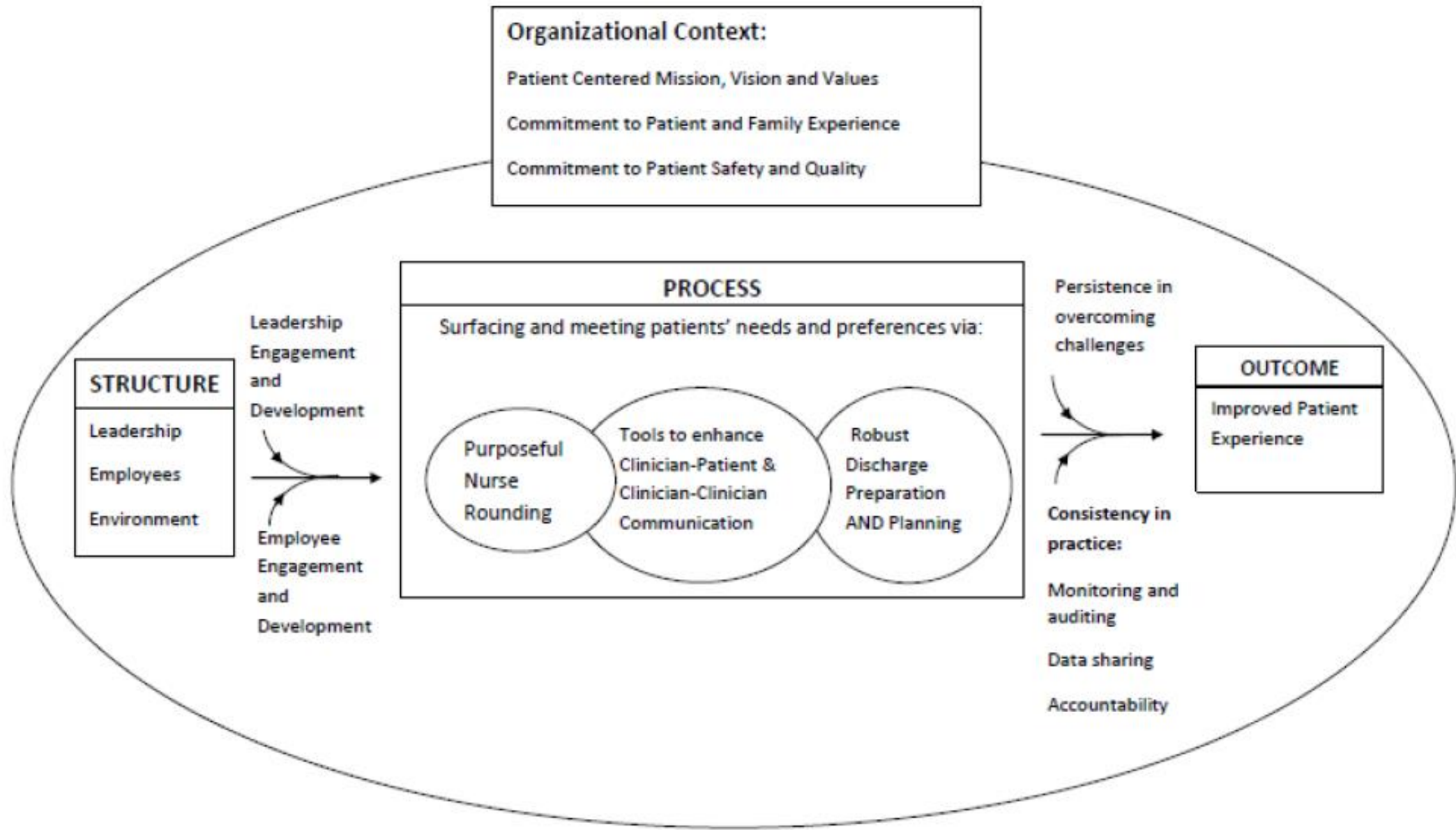
- Self- management support interventions had positive effects on adherence to medication or self-management tasks, chronic disease control, quality of life, patient satisfaction, and health care utilization. (Aboumatar, 2022)
- Interventions included
 - education on condition and treatment options
 - helping patients with goal-setting and monitoring
 - using reminders and alerts, and decision support
 - providing psychosocial support including health care navigation assistance, and connection to social services and peers.

Children with asthma

- Individualized asthma care plans with patient/family education resulted in reduced emergency room visits, hospitalizations, unscheduled primary care provider visits and missed school days. (Barnes , 2012)

What healthcare executives can do to advance PCC

- Patient and family engagement/advisory councils; ongoing patient feedback
- Open family visitation policies
- Creating structure and resources that enable care coordination, patient/family self-management, and shared-decision making
- Tailoring of healthcare documents with consideration for health literacy, language, and cultural competency
- Attention to patient-centered outcomes such as patient experience, functional outcomes, and quality of life measures



Source: Aboumatar et, al. Promising Practices for Achieving Patient-centered Hospital Care: A National Study of High Performing United States Hospitals. Medical Care, 2015.

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Together we can move mountains !

Source: Dr. Seuss. Oh the Places you'll Go,

