

Patient Centered Care: What is It? How Do We Get There?



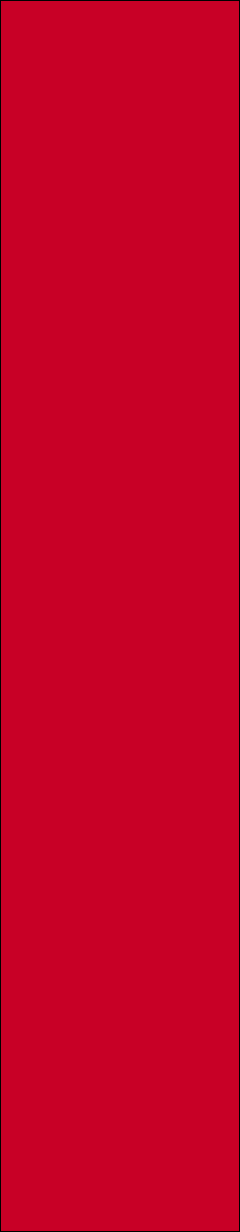
- ~ Defining “Patient Centered Care”
- ~ Key elements of care to achieve patient-centeredness
- ~ Policy levers & consumer priorities
- ~ Next steps

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.

- ~ Derives from **healing relationships** that**
 - Foster two-way info sharing
 - Explore values and preferences
 - Help patients make clinical decisions
 - Facilitate access to appropriate care
 - Enable patient follow through with changing behavior.

Definitions, ctd.

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- ~ Consumer organizations have a similar view:
1. Whole person care
 2. Coordination and communication
 3. Patient support and empowerment
 4. Ready access

“Whole person” care

- ~ Patients viewed as whole person rather than collection of body parts
- ~ Clinicians take time to really know 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

- ~ Providers organized in **teams**
- ~ A “**go-to**” **person** to answer questions, navigate the system, and help patients understand their condition and what they need to do
- ~ Help **choosing specialists** and getting appointments in a timely manner
- ~ Ensuring *other* providers have patient’s information ahead of time
- ~ Help patients **understand** test results or treatment 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 - treatment options, care 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,
- ~ 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

Getting There From Here

- ~ As new models of care delivery develop, key policy levers and tools need to be deployed on a broad scale to foster patient-centeredness:
- Health IT
 - Quality measurement, reporting
 - Payment reform
 - Care redesign
 - Consumer engagement in design and evaluation

Tools and models

- ~ NP explored consumers views of reform solutions
 - ~ Solutions that fared **best**:
 - Health IT
 - Team-based Primary Care (e.g., medical home)
 - ~ Solutions perceived as **“good”**
 - Shared decision making (right vs. “policy change”)
 - Quality measurement and public reporting
 - ~ Solutions perceived **poorly**
 - Payment reform
- But there is hope! It’s all in the message....

Policy Levers & Consumer Priorities

~ Health IT

- Meaningful use has to be meaningful to patients
- Foster widespread adoption
- Focus incentives on:
 - Information exchange across settings and providers
 - Consumer access to information
 - Addressing care coordination through shared care plans and better transitions
 - Open up access to care through eVisits, secure messaging, remote monitoring
 - Shared decision making tools/information
 - Capturing patient preferences, values, family history

Policy Levers & Consumer Priorities

~ Quality Measurement & Reporting

- Patient Experience of Care
- Functional status
- Outcomes
- Care coordination
- Resource use

~ All quality measures should be:

- Risk-adjusted
- Stratified by race, ethnicity, language and gender

Policy Levers & Consumer Priorities

~ Payment Reform

- Value *and* quality
- Pay for things consumers care about:
 - Coordination, transitions, experience, complex care, language services, etc.
- Risk adjust
 - Ensure most vulnerable are priority
- Transparency about incentives, with appropriate appeals/protections

Policy Levers & Consumer Priorities

~ Care Redesign

- Team-based care (broadly defined)
- Shared care plans
- Shared decision making
- Patient and caregiver assessments (health, experience, functional status, etc)
- Medication rec/management
- Connection to community supports
- Expanded access
 - Facility, information/med record, etc.

Policy Levers & Consumer Priorities

~ Consumer Engagement

- If you build it, will they come?
- Nothing about me without me
- Not for them, *with* them.

Consumer engagement

- ~ Some attributes of new models of care (ACOs, PCMH) conjure up concerns re; managed care
 - Any consumer backlash will threaten the long-term scalability and sustainability of these approaches
- ~ Models designed without consumer input risk that patients won't embrace them, and will perceive them as contrary to their best interests.
- ~ Design around what patients say is important to them.
- ~ Paradigm shift –
 - recognize that other stakeholders, including clinicians, don't always understand the attributes of care that patients are seeking

Next steps

~ **Engaging Consumers**

- full partners in their care and in design of their care
- a seat at the tables where policy decisions are made
 - participation on advisory bodies
 - part of decisions about what makes pilot projects successful and worthy of expansion
- new skills and pathways for becoming informed and activated patients

~ **Linking Payment To Patient-Centered Metrics**

- patient centered quality and resource measures
- Foster measurable improvement in patients' outcomes and functional status, experiences, care coordination, and resource use

~ **Putting A Higher Priority On Patient Experience**

- patient-experience surveys – different from patient satisfaction
- payment should reward these surveys and foster their use



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