Overview

~ Defining “Patient Centered Care”

~ Key elements of care to achieve patient-centeredness

~ Policy levers & consumer priorities

~ Next steps
~ 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.

**Epstein et al, Health Affairs (Aug. 2010 29:8**
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
~ 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