Meaning, Meaningfulness and Management of Patient-centered Care

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Arnold Milstein MD
Clinical Excellence Research Center
Stanford University
Meanings of Patient-centered Care

- Concentrating effort to improve patients’ care experience ★★★★
- Consequence-informing patients ★
- Conforming to patients’ goals and capabilities ( - )
- Creating new patient and family capabilities ★★★
Meaningfulness of Patient-centered Care

- ↑ Health
- ↓ Diagnostic testing
- ↓ Per capita health spending


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Management of Patient-centered Care by an Illustrative Healthcare Organization

HCAHPS National Percentile Rank for “Recommend the Hospital”

- 64th percentile
- 93rd percentile

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Management of Patient-centered Care by Public and Private Policy Makers

- Indirect Encouragement
  - Value-based payment
  - Value-based provider network selection
  - Research (PCORI, AHRQ, NIH)

- Direct Encouragement
  - Public reporting (CMS, Yelp, insurers, insurance exchanges)
  - Payment (CMS, IHA, providers)
Building Evidence to Improve Management of Patient-centered Care and its Value

Distal Enablers 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 requirements

Proximal Enablers of Patient-Centered Care*
- 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 of patient-centered care.
- A strategic vision of patient-centered care 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.
- Supportive technology that engages patients and families directly in the process of care by facilitating information access and communication with their caregivers.

Patient-Centered Care*
- 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 information

Fresh Testable Hypotheses About the Components of Exceptional Patient Experience of Care
- Skilled and Careful H&P (Verghese)
- Technology to accelerate inter-provider communications (Duffy)
- Exemplary clinician leader behavior (Duffy)
- De-anonymization of patient & families (Duffy)
- Salient clinician passion re outcome (Milstein)
- Patient as VIP 24/7 (Leon)

Exceptional Patient Experience of Care

Fresh Hypotheses About Consequences of Exceptional Patient Experience of Care
- More accurate diagnosis, less testing (Verghese)
- Earlier detection of care defects (Terrazas)
- Enhanced patient trust of conservative resource use (Chin-Hansen)
- Enhanced clinician self-image (Milstein & Gilbertson)
- Greater patient optimism re health improveability (Milstein & Gilbertson)
- Greater patient motivation to adhere to self-care plan (Milstein & Gilbertson)

*Shaller, Dale; Commonwealth Fund; Patient-Centered Care: What does it take?; October 2007

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