Patient Centred Care (PCC)

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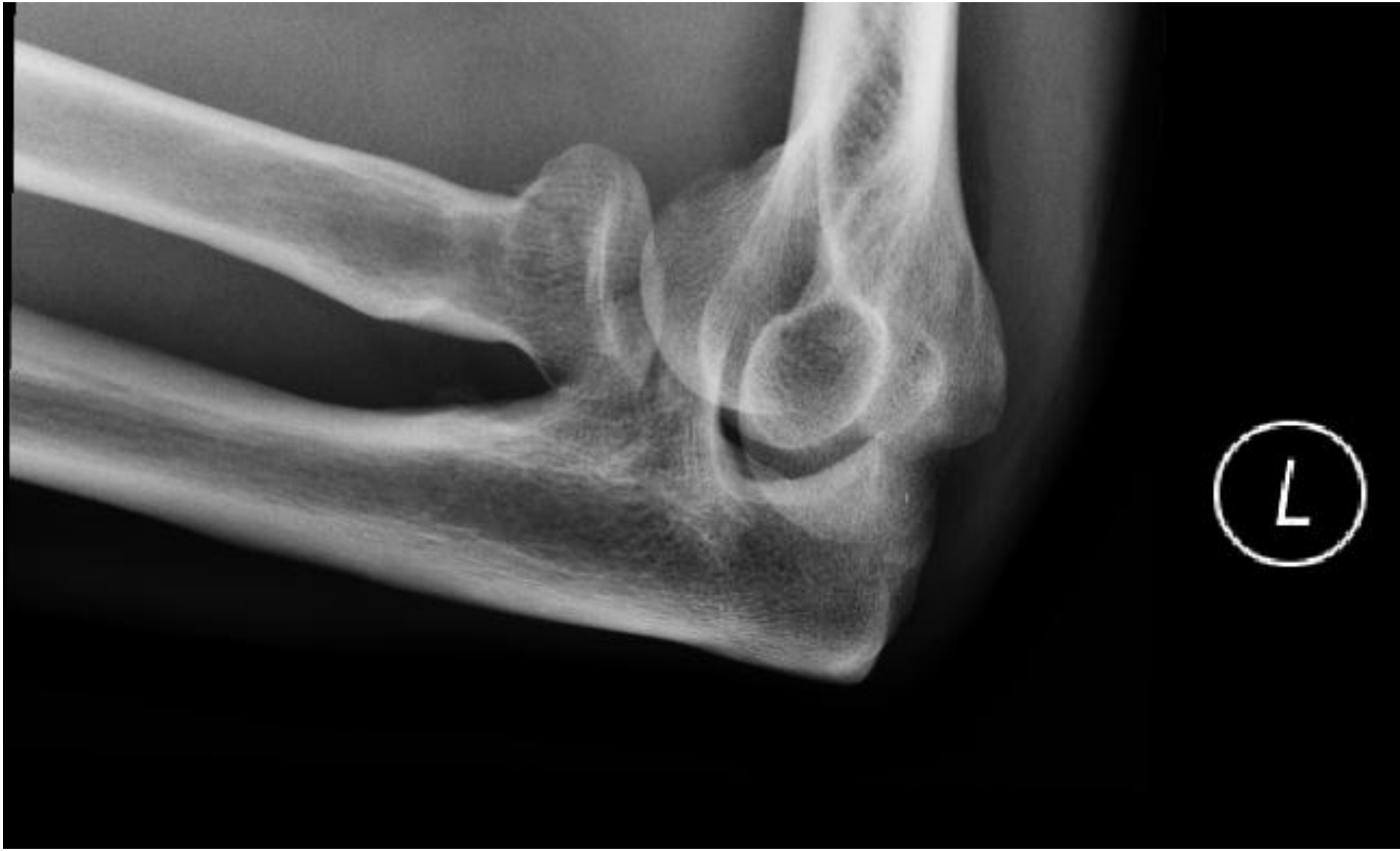
Tabriz, April 2012

(adapted from a lecture by Gill Robb, Quality in Health Care, UoA 2012)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Patient Centred Care – Summary points

- One of domains of Quality
- Patient centred care (PCC) is poorly defined
- PCC broader than the patient / physician interaction
- Models of PCC most well developed in chronic disease management

Quality healthcare

Safe

Timely

Effective

Efficient

Patient-focused

Quality Care

"True North *(i.e. quality care)* lies at the level of patients & their experiences"

- Don Berwick 2002

Don’t kill me

Do help me and don’t hurt me

Don’t make me feel helpless

Don’t keep me waiting

Don’t waste resources

Berwick 2005

Institute of Medicine: components of Patient Centred Care

- Compassion , empathy and responsiveness to needs values and expressed preferences
- Coordination and integration
- Physical comfort
- Emotional support, relieving fear and anxiety
- Involvement of family and friends
- **Information, communication & education (for shared decision making)**

Shared Decision Making

- Involves at least 2 participants (patient and doctor– or networks of families and health professionals)
- Both parties participate in the process of decision making
- Information sharing is a prerequisite
- A treatment decision is made and both parties agree

Elwyn G et al. Brit J Gen Prac 2000; 50:892-897

The 3 Questions

Ask 3 Questions is helping patients to become more involved in their healthcare decisions by encouraging them to get the answers to 3 simple questions:

The Cardiff & Vale University Health Board are committed to making sure that all patients receive the right care and are involved in shared decision making. They are supporting this by making sure patients receive the answers to 3 key questions and understanding what is important to patients.

As part of this campaign:

- Patients visiting our sites will be encouraged to ask the 3 questions, or make sure they get the answers to them, in every health care interaction.
- The health care teams should encourage patients to understand the answers to these three questions and

Find Out More

What is shared decision making?
Learn more about shared decision making

The 3 Questions
What are the 3 Questions?

The Benefits
Discover the benefits behind the Ask 3 Questions campaign

Patient Feedback
Hear what patients think about the Ask 3 Questions campaign

The Nurse's View
Hear what medical staff think about the 3 Questions

The MAGIC Programme
Discover more about the programme that developed the campaign

Resources
Find tools and resources developed for the Ask 3 Questions campaign

Option Grids
View the option grids developed by the team

The Health Foundation
Read more about the body funding the MAGIC programme

Shared decision making is particularly relevant for Chronic Conditions

- Main cause of death and disability worldwide
- Non communicable conditions account for 60% of deaths annually and 50% of global burden of disease
- Present healthcare system developed in response to acute disease
- New models of care needed

Groves BMJ 2005

Examples

Arthritis
Asthma
Diabetes
Epilepsy
Heart disease
Chronic lung disease

What does chronic disease mean for patients?

- The patient's life is irreversibly changed
- The disease and consequences interact to create 'illness patterns'
- Requires continuous and complex management
- Uncertainty about outcomes and prognosis

A real patient

5 chronic conditions
Sees 3 physicians
Takes 8 medications

Over 1 year:

- 3 hospitalisations
- 8 physicians
- 5 physiotherapists
- 4 occupational therapists
- 37 nurses
- 6 social workers

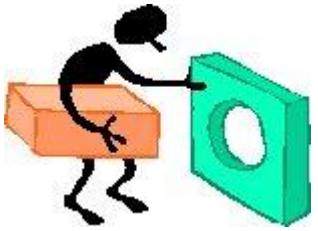
- 22 scripts
- 19 outpatient visits
- 6 weeks sub-acute care
- 5 months home care
- 2 nursing homes
- 2 home care agencies
- 6 community referrals

Boult 2008

Chronic Care Management: Populations

65 million people with multiple chronic conditions are trying to get health care from a system designed to treat acute illnesses and injuries.

Boult 2008



Aim:

‘ shift the orientation and design of practice in order to promote a systematic planned approach to care for those with ongoing health problems through productive planned interactions between informed activated patients and prepared proactive practice teams ’

Wagner 2005

Chronic Care Model

- **Health System:**
  - Create culture / organisation that promotes safe quality care
- **Delivery system Design:**
  - Assure the delivery of effective efficient clinical care and self-management support
- **Decision Support:**
  - Promote care consistent with scientific evidence and patient preferences
- **Clinical information systems:**
  - Organise patient and population data to facilitate efficient and effective care
- **Self management support:**
  - **Empower & prepare patients to manage health and health care**
- **The community:**
  - Mobilise community resources to meet needs of patients

Models of patient centred care

Shared Decision Making & Informed Consent

Self Management: Expert patient Model

Self Management: Flinders Model

Group Visits Model (Shared Medical appointments)

Stanford Model:
Expert patient programme UK

- The Expert Patients Programme (EPP) is a self-management programme for people who are living with a chronic (long-term) condition.

- The aim is to support people who have a chronic condition by:
  - increasing their confidence
  - improving their quality of life
  - helping them manage their condition more effectively

Flinders Model

"A generic set of tools & processes that enables clinicians & clients to undertake a structured process for:

- *assessment of self managing behaviours*
- *collaborative identification of problems &*
- *goal setting the development of individualised care plans"*
- *Underpinned by Cognitive Behavioural Therapy*

(Flinders Human Behaviour & Health Research Unit, 2006)

Group Visits Model

- Multiple patients are seen as a group for follow-up or routine care
- Three Models
  - Cooperative Health Care Clinic (CHCC)
  - Specialty Cooperative Health Care Clinic (Specialty CHCC)
  - Drop-in Group Medical Appointments (DIGMA)

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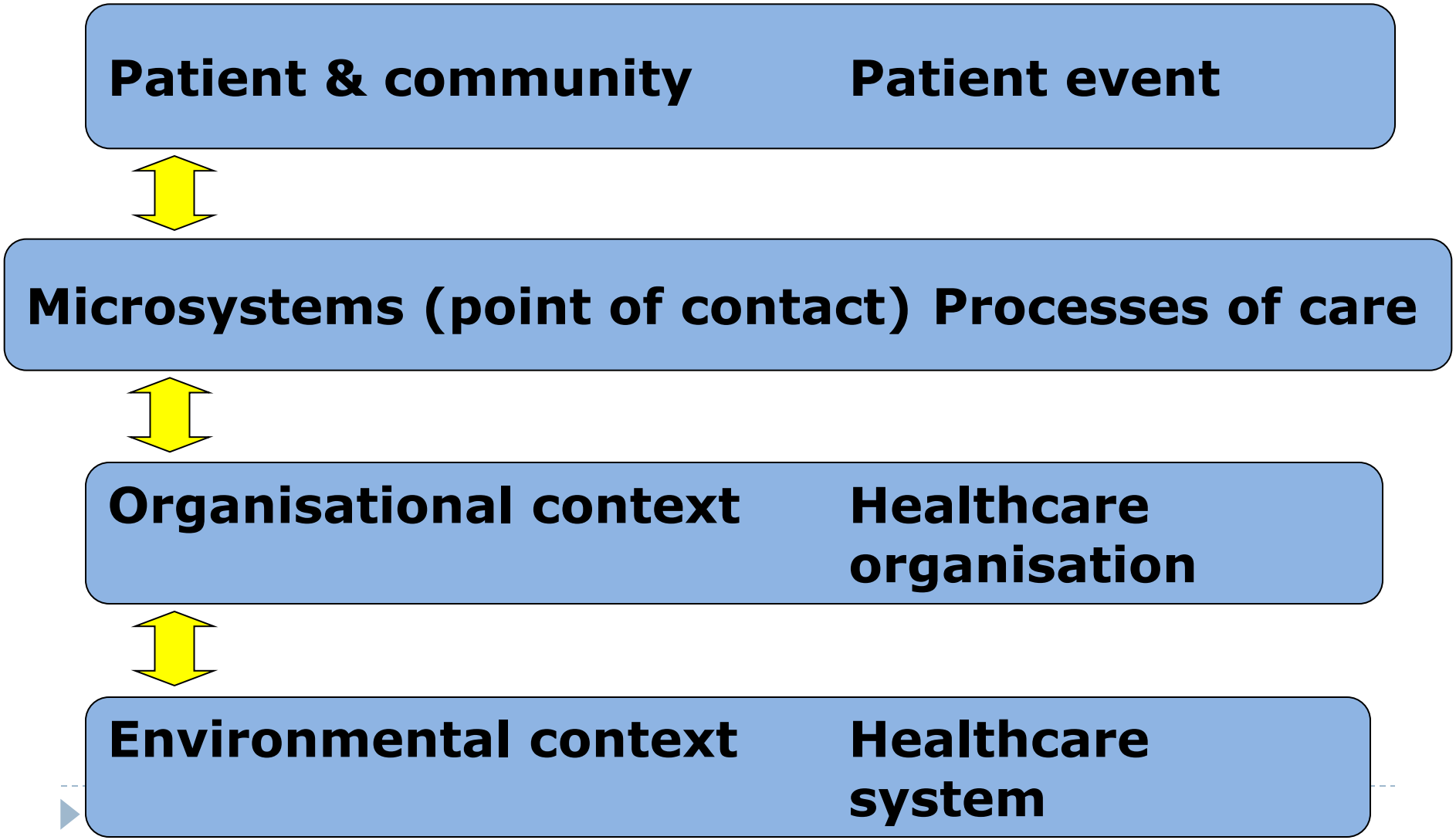
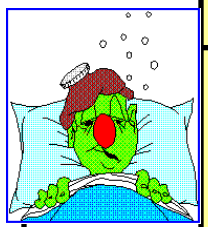
Extra slides

Chain of effect: Berwick



A Clinical Microsystem



Purpose

Patients

Entry → Orientation → Diagnosis Plan of care

- Preventive care
- Acute care
- Chronic care
- Palliative care

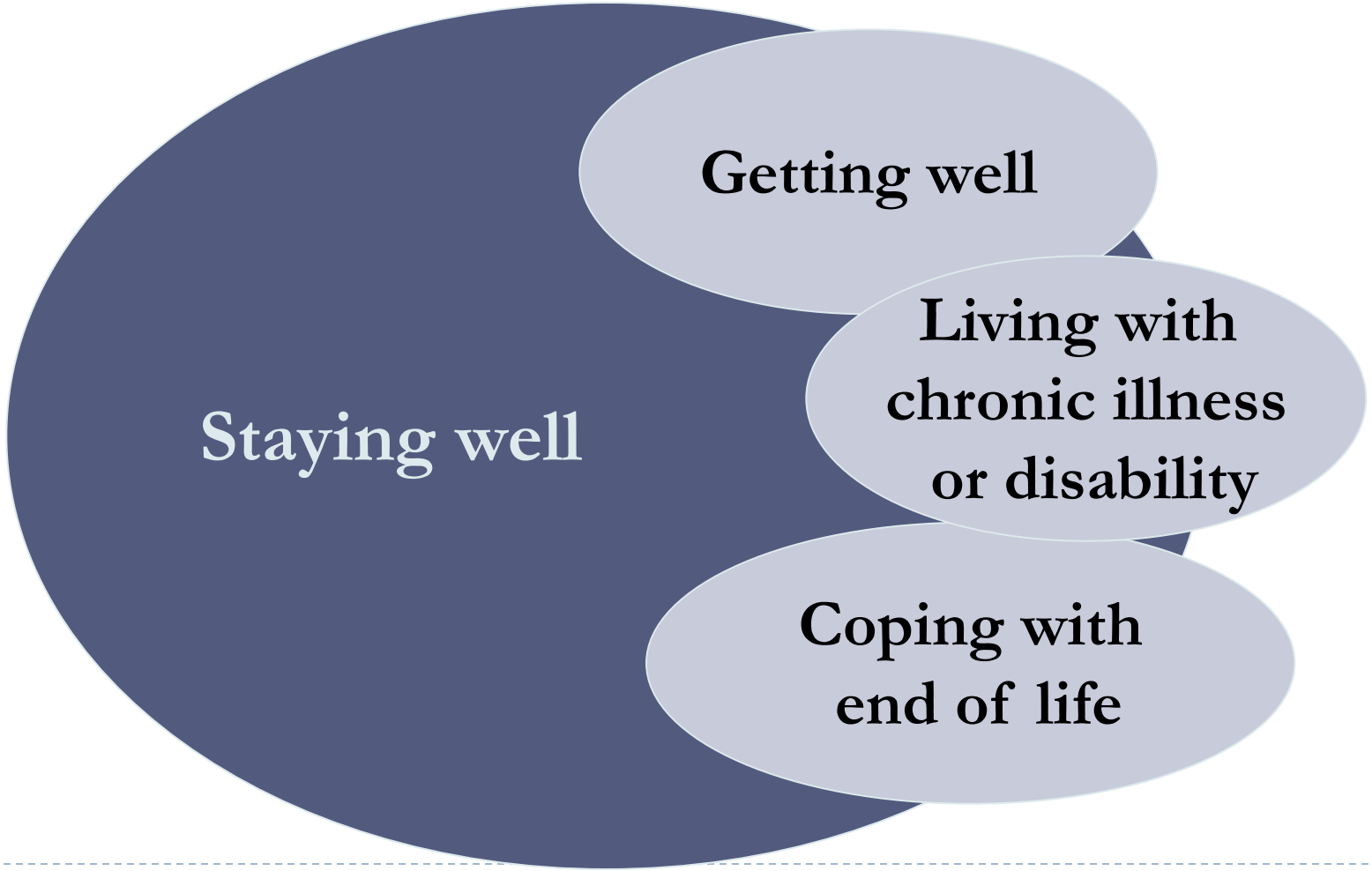
Professionals

Processes

Infrastructure

Nelson et al 2007

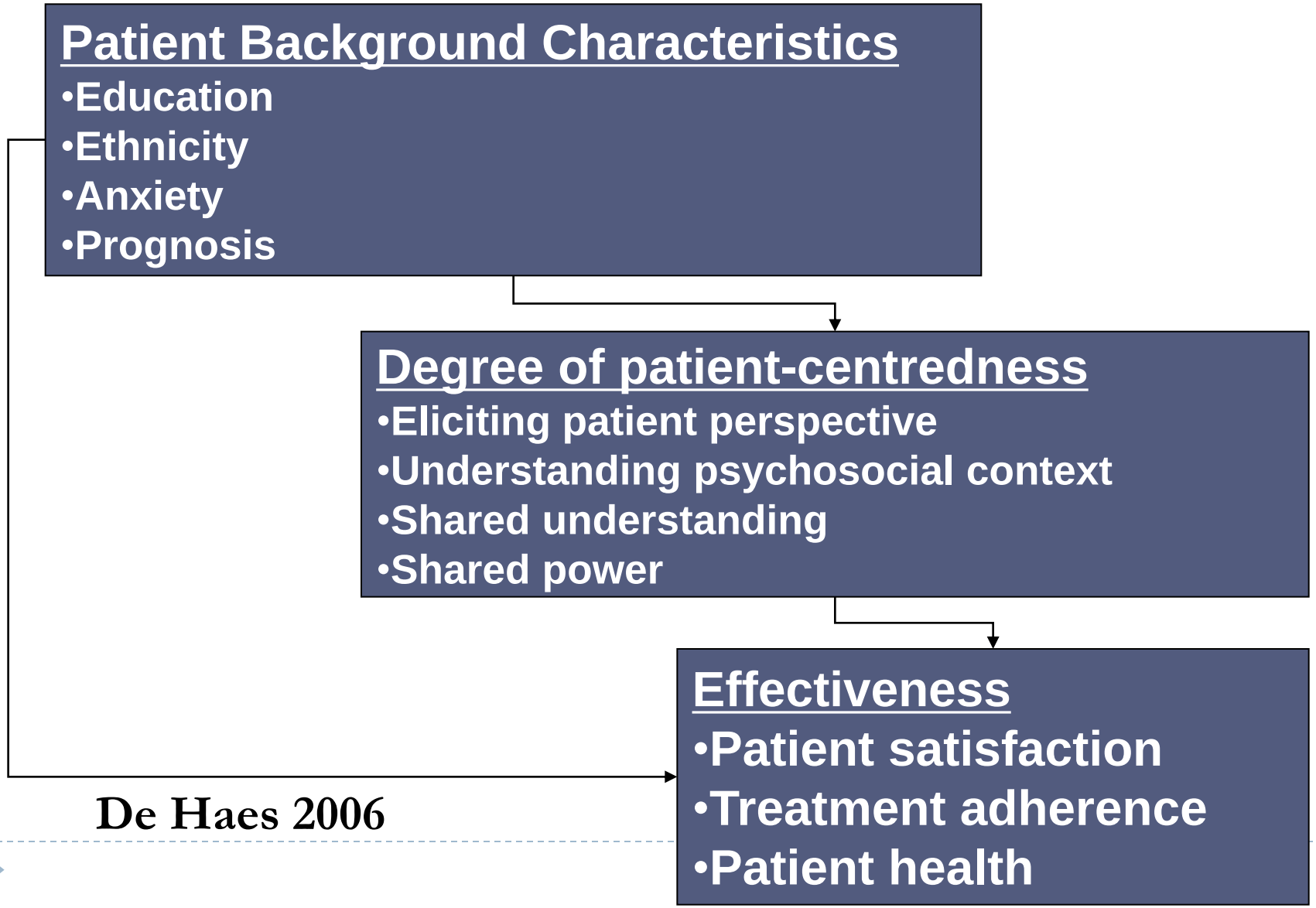
Patient Journey



Patient have Rights & Responsibilities

Patient Rights	Patient Responsibilities
1. Treated with respect	1. Being truthful
2. Freedom from discrimination	2. Providing a complete medical history
3. Dignity and Independence	3. Seeking clarification
4. Appropriate standards	4. Compliance
5. Effective communication	5. Commitment to health maintenance
6. Fully informed	6. Meeting financial obligations
7. Informed choice and consent	7. Using health care resources wisely
8. Right to Support	8. Reporting illegal or unethical behaviour of providers
9. Teaching & research	9. Refraining from behaviour that puts others at risk
10. Right to complain	10. Discussing end of life decisions and organ donation

Tailored patient care



De Haes 2006

Patient Centred Care….

- Not always preferred
- Not necessarily effective
- Not effective in some situations or for some patients
- Information not wanted
- Shared decision making not applicable
- Patients may not want choice
- Patients may have to be dissuaded from taking a certain decision

De Haes 2006