PRIMARY CARE

MED437

Patient-centered care (PCC)

Objectives:

1. Define the term patient-centered care (PCC)
2. To describe the advantages of PCC
3. list the features of patient-centered care
4. Discuss how would you change from traditional consultations to PCC consultations.

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References: doctor's slides , 437 boys team

Important Notes Extra Golden Female lecture

Editing file link

Introduction

- In FP, each consultation is one episode in a continuing relationship.
- Drs need to carefully listen to the pt's needs, be sensitive to his or her cues and body language. + it is important communicate well using " verbal & non-verbal" ways of communication
- The patient's illness is not separate from the patient's life.
  Consider ICE. I: idea, C: concern, E:expectations.
- Disease is not separated conceptually from the person, nor is the person separated from his or her environment.
- It is often more helpful to ask the question " why now?" Than the question "what's the dx"

What does patient centered mean?

- The biopsychosocial model
- ICE
- FIFE (feeling, ideas, fears, expectations)
- Shared decision making

Patients are Increasingly expecting physicians to:

- ❖ be responsive to their needs and preferences,
- ❖ provide them with access to their medical information
- ❖ treat them as partners in care decisions.

In spite of that "patient centeredness" has yet to become the norm in primary care.

Definition of patient-centered care (PCC)

Here the patient is your partner in care Their involvement in decisions is crucial

"PCC encompasses **providing care that is compassionate, empathetic**, and responsive to the needs, values, and expressed preferences of each individual patient."

What is empathy?

Empathy is the capacity to enter into another person's experience. For the physician, it is the capacity to sense what it is like to be the patient: to experience illness, disability, depression, and so on.

Do pcc make a difference to patient outcome?

- ★ Patient satisfaction
- ★ Compliance
- ★ Reduction of concern
- ★ Symptom burden reduction
- ★ Reaching common grounds
- ★ Fewer readmissions
- ★ Self-management

Patient-Centered Care and Outcomes: A Systematic Review of the Literature
Cheryl Rathert, Mary D. Wyrwich ,and Suzanne Austin Boren. published on September 27, 2012.

Scenario of patient-centered vs non patient centered care

Source: McWHINNEY's textbook of Family Medicine: chapter 9, p211

Approach That Is Not Patient-Centered

A 55-year-old female patient has been told, 1 week ago by a replacement doctor, that her breast cancer has recurred. She returns to her family doctor for the initiation of her next phase of care.

• **Doctor**: Mrs. Collins, I believe we were to talk about, about ahem, your biopsy, is that right?
• **Patient**: Yes, I came in to see earlier Dr. Armstrong in an appointment and he gave me my results a week ago.
• **Doctor**: Yeah, I remember that now . . .
• **Patient**: before we begin. It's just um, I've been on the Internet a lot this week, and talking to a few people and they made some suggestions about alternative procedures or treatments that might exist and . . .
• **Doctor**: Excuse me.
• **Patient**: Suggesting about fat and…….
• **Doctor**: Let's find out exactly what's going on before you start thinking about all sorts of alternatives. . . . Are you clear on exactly what this means?
• **Patient**: I think I am, but I'd appreciate it if you could reiterate it to me.
• **Doctor**: Basically, it means the cancer has recurred on the area of your chest wall and the biopsy was taken. what we have to determine now is whether it has spread elsewhere in your body.
• **Patient**: you think it may have spread elsewhere?
• **Doctor**: I don't know if it's spread elsewhere.
• I'd like to do is just go over how you've been feeling in general the last little while. For example, how's your appetite been?
• **Patient**: Well, this past week has been terrible. my husband's away I haven't told anyone about this. So, I'm not sleeping. I'm not eating and I feel terrified. . . .
• **Doctor**: Well, it's important to know the state of your health. once we do that we can discuss the treatment.
• **Patient**: Treatment . . . What do you mean treatment?
• **Doctor**: Well, treatment for your cancer
• **Patient**: I don't want to die right now.
• **Doctor**: Mrs. Collins, of course you don't. I think what you really need is to get some help. A couple of organizations can be very helpful for you. Take these brochures and give them a call. I'll get my secretary to book them. And I'll see you as soon as we get them.
• **Patient**: Okay.
• **Doctor**: So, all clear now?
• **Patient**: I suppose so.

The Patient-Centered Approach

Source: McWHINNEY's textbook of Family Medicine: chapter 9, p211

• **Doctor**: Good morning, Mrs. Collins.
• **Patient**: Good morning, Doctor.
• **Doctor**: This must have been a terrible week for you.
• **Patient**: It's been dreadful, absolutely.
• **Doctor**: Can you tell me a bit about it?
• **Patient**: Well, of course, Dr. Armstrong gave me the news last week.
• **Doctor**: Yes, I know.
• **Patient**: And, I wasn't expecting this, but, ah three years ago I went through it and I guess this is my worst nightmare. I haven't slept, I haven't eaten. Sam's in Europe on business. I haven't talked to my daughter, I don't want to upset her. And I just feel like my world is falling apart.
• **Doctor**: Have you talked to Sam?
• **Patient**: No I haven't told him. I don't want to worry him
• **Doctor**: But if he had cancer, wouldn't you want to know? . . .
• **Patient**: Perhaps, perhaps you're right. I've been doing some reading and doing some Internet searches and there's a lot of talk in alternative medical circles, perhaps too much fat in the diet. Is there something I could have done, is there something I can do now?
• **Doctor**: Okay. So you've been doing a lot of reading
• **Patient**: Yeah.
• **Doctor**: Look, with respect . . . The issue of alternative medicine I'm not
very familiar with but I think that at times it's very helpful to people. But I would suggest we might just put this on hold for a short period of time until we really clarify what's going on.
• **Patient**: Okay.
• **Doctor**: I think the issue now is, as you know, the biopsy showed that the cancer had recurred on the chest wall.
• **Patient**: Yeah.
• **Doctor**: And one of the issues that we have to address is, has it spread anywhere else? Now it may well not have . . . but I think it's important that we make sure because how we treat you is going to depend on the results
• **Patient**: Treatment, what do you mean?
• **Doctor**: Well, there are a variety of ways of treating breast cancer which has recurred . . . (Pause and seeing her shoulders slump). That is certainly not the kind of thing I hope you have to have.
• **Patient**: (Crying) I just don't know why?
• **Doctor**: I know.
• **Patient**: This is just so wrong. I don't want to die.
• **Doctor**: Mrs. Collins, I wish I could tell you 100% that you are not going to die of this cancer. And even if we find out that the tumor has spread, there are excellent treatments that can give you many years of usable life. But I can't tell you that for sure or not
because I don't know the extent to which the tumor has spread.
• **Patient**: How do I find out the extent to which it's spread? What do we do?
• **Doctor**: Well, we do three things . . . (Doctor enumerates the three things). But what I'd like you to do is tell me how you've been in general, not in the last week, because obviously the last week everything's been chaos. But before that, were you feeling reasonably well before you . . .
• **Patient**: Yeah, reasonably well.
• **Doctor**: Okay. Had you lost any weight
• **Doctor**: Now, when is Sam coming back?
• **Patient**: He should be by the end of the week.30
• **Doctor**: Why don't you call him? (pause) Or would you like me to call him?
• **Patient**: Um, That might work better, I don't want to right now.
• **Doctor**: My guess is he will want you to share this with him and I'm sure he'll want to be here to help you out.
• **Doctor**: Okay. is there anything else right now that I can do to help you out?
• **Patient**: Well, I guess just . . . no . . .
• **Doctor**: I'd really like to see you later this week. I think it will help to talk a little bit more about how you're feeling and what we can do about it.
• **Patient**: Okay, thank you.

Extra

This was part of the original lecture sent from the doctor through LMS but wasn't in the final version. Still it's a beneficial read.

McWHINNEY's textbook of Family Medicine: chapter 9, p211

Example analysis of patient-centered vs non patient centered care

Non patient-centered

The physician

- Was not prepared for the interview
- Did not seem to be attentive to the patient
- He overused filler pauses "um"
- Interrupting the patient in a disrespectful manner
- He continued throwing history questions while the pt
was having a nervous breakdown (not ready to listen).
- As if he was doing a routine work.
- He jumped to cancer organizations and foundations

The patient

- Became more worried about her condition
- Most of her questions haven't been answered.
- Her ideas, concerns, and expectations were not properly addressed.

• **In not being patient-centered,** the physician initially cuts off the patient's ideas about alternative treatments. He states his agenda and preempts the patient's description of her terrible week, her isolation from her family, and her feelings of terror. When the patient questions the relevance to her concerns of the physician's history-taking, the physician ignores the cue and defends his approach, continuing to the end in an unfeeling manner.

Patient-centered

The physician

He was well prepared for the interview
- Familiar with the pt's condition and her family
- Compassionate and empathetic towards his patient
- Listening to the pt without interrupting her
- He responded to her emotions
- Only after the pt became ready, the Dr started to discuss her history and treatment options
- Explored pt ideas, concerns, and expectations (ICE)
- He offered a follow-up visit to talk about her feelings

The patient

- Seemed more comfortable
- A good relationship with her dr
- She was freely speaking about her family by their names, indicating deep relationship
- All of her questions answered
- Her ICE were properly addressed.

• **In the patient-centered**, the physician immediately acknowledges the patient's suffering. The physician allows the consultation to be guided by the patient's issues, her husband's absence, and her search for control through considering alternative treatments. He responds to her emotions, after which she expresses a readiness to discuss the history, tests, and treatment. He ends with an offer of a return visit to talk about her feelings

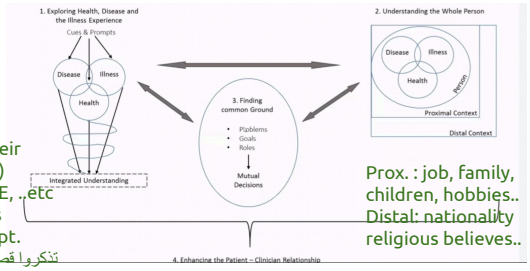
Features of the non-PCC consultations scenario

- The physician cuts of (Interrupting) the pt's ideas about alternative medicine
- He states his agenda and preempts the patient's description of her sufferings.
- The physician ignores the pt's concerns and cues.
- Not empathetic with the pt's feelings
- He jumped to cancer organizations and foundations while the pt was not ready to listen.

Practice patient centered medicine

The component of this method is 4 first of all Enquiring into the illness trying to explore what's the disease to this person, trying to understand the whole concepts with its different aspects
Trying to find common ground between the pt. And the doctor and at the end of the day all what I care about is enhancing physician patient relationship.

- Enquiring into the illness experience
- Understand the whole person
- Finding common ground
- Enhancing the physician-patient relationship



Illness: ICE (their true suffering)
Disease: Hx, PE, ,,etc
Health: what's health to this pt.
تذكروا قصة الراعي مع العصا

Prox. : job, family, children, hobbies..
Distal: nationality religious believes..

Reaching common ground Example: if patient wants to use خلطات for treatment listen to their thoughts take it seriously don't mock them and try to reach a common ground by:
-offering explanation if it didn't work
-offer to use both types of Rx if it didn't work
-offer the whole truth about there natural hx of the disease the the complications
If still they don't want to use the medical Rx then it's there choice to refuse Rx as long as they know and understand what could happen to their disease in the future

Characters of the PCC consultations scenario

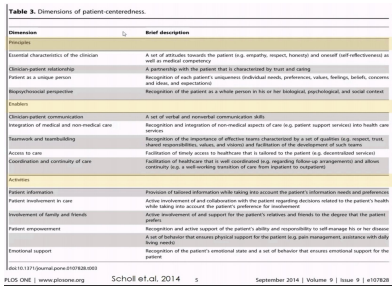


Table 3. Dimensions of patient-centeredness.

Dimension	Brief description
Principles	
Essential characteristics of the clinician	A set of 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 (individual needs, preferences, values, feelings, beliefs, concerns and ideas, and expectations)
Biopsychosocial perspective	Recognition of the patient as a whole person in his or her biological, psychological, and social context
Enablers	
Clinician-patient communication	A set of verbal and nonverbal communication skills
Integration of medical and non-medical care	Recognition and 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 the development of such teams
Access to care	Facilitation of timely access to healthcare that is tailored to the patient (e.g. decentralized services)
Coordination and continuity of care	Facilitation of healthcare that is well coordinated (e.g. regarding follow-up arrangements) and allows continuity (e.g. a well-working transition of care from inpatient to outpatient)
Activities	
Patient information	Provision of tailored information while taking into account the patient's information needs and preferences
Patient involvement in care	Active involvement of and collaboration with the patient regarding decisions related to the patient's health while taking into account the patient's preference for involvement
Involvement of family and friends	Active involvement of and support for the patient's relatives 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 his or her disease
Emotional support	A set of behavior that ensures physical support for the patient (e.g. pain management, assistance with daily living needs)
	Recognition of the patient's emotional state and a set of behavior that ensures emotional support for the patient

doi:10.1371/journal.pone.0107828.t003

- Discuss the history, tests, and cancer organizations and foundations
- He offered a follow-up visit to talk about her feelings

Introduction

- Every patient who seeks help has expectations, concerns or fear.
- he greatest single fault in interviewing is probably the failure to let the patient tell his or her story. So often the talk is dried up by questions that divert the flow of conversation, by changes of subject, or by behavior in the physician that expresses lack of interest (thumbing through the records or glancing at a wristwatch). Remember that the patient is not a disease, the patient is a human and you need to deal with their disease as well as concerns fears & expectations

Features of the PCC Scenario

• More eye contact with patients
• Good listening and no interruptions.
• Emotional engagement (empathy) between Dr with the pt.
• Explore psychological and social issues.
• See patients as a whole; before any attention to detail.
• The doctor reflecting on the relevant gathered knowledge

The PC clinical method directions

• Explore pts' ideas, concerns and expectations
• "Understand and respond to the patient's feelings".
• Acknowledges the crucial importance of the emotions.
• "Make or exclude a clinical diagnosis".
• "Listen to the patient's story".
• "Seek common ground"
• "Monitor your own feelings."
• "Pay attention to the patient–doctor relationship."
• The key to the PCC is to allow as much as possible to flow from the pt, including the expression of feelings.
• At the beginning of an interview, the physician encourages the pt to tell her own story in her own way.
• Attentive listening and responsiveness to verbal and nonverbal cues.
• Failure to take up the pt's cues is a missed opportunity.
• If cues do not provide the necessary lead, a question may help the patient to express feelings.
• E.g. I am interested to hear your story, complaints or concerns

Hope is valuable/ hope is healer

Hope doesn't always have to be a cure, hope can take different shapes eg: hope to not suffer, to be surrounded by loved ones ..etc

- Curing means elimination of all evidence of disease .
- Healing means becoming whole.

Healing is multi faceted (reaching peace, acceptance, rebalancing family dynamics, becoming closer to god ...etc)

Attributes of Patient-Centered Care

In the article, Davis and her colleagues set out seven attributes of patient centered primary care:

1. Superb access to care.

- Patients can easily make appointments and select the day and time.
- Waiting times are short.
- Email and telephone consultations are offered.
- Off-hours service is available

2. Patient engagement in care.

Patients have the option of being informed and engaged partners in their care.
Practices provide information on treatment plans, preventive and
follow-up care reminders, access to medical records, assistance with self-care, and counseling.

3. Clinical information systems that support high-quality care, practice-based learning, and quality improvement.

Practices maintain patient registries, monitor adherence to treatment, have easy access to lab and test results, and receive reminders, decision support, and information on recommended treatment

4. Care coordination.

Specialist care is coordinated, and systems are in place to prevent errors that occur when multiple physicians are involved.
Post-hospital follow-up and support is provided.

5. Integrated and comprehensive team care.

There is a free flow of communication among physicians, nurses, and other health professionals.
Duplication of tests and procedures is avoided.

6. Routine patient feedback to doctors.

Practices take advantage of low-cost, Internet-based patient surveys to learn from patients and inform treatment plans.

7. Publicly available information.

Patients have accurate, standardized information on physicians to help them choose a practice that will meet their needs.

Which consultation model?

Ans: Pendleton model. Pendleton is good for patient-centred care.

✓Define the reason for the patient's attendance including:
the nature and history of the problems, their aetiology, the patient's ideas, concerns and expectations, the effects of the problem
✓Consider other problems: continuing problems, at-risk factors
✓Together choose an appropriate action for each problem
✓Achieve a shared understanding of problems

✓Involve the patient in the management of problems and encourage acceptance of appropriate responsibility
✓Use time and resources appropriately in the consultation in the long term.
✓Establish and maintain a relationship with the pt which helps to achieve the other tasks

Lessons from Abroad

1- Denmark for example:
• Each PC physician is responsible for about 1,500 patients.
This model known as a "medical home" helps to lay out the rights and responsibilities of both patient and physician and creates a seamless system of care.
• Physicians are paid through monthly per-enrollee fees as well as fees for individual services.
• Additional patient-centered attributes include same day or walk in appointments.
• An electronic prescribing system connected to local pharmacies.
• Off-hours telephone service staffed by physicians with electronic access to patients' health information.

2- United Kingdom's new general practitioner contract allows physicians
to earn bonus payments of up to 30 percent of their income for providing certain aspects of patient-centered care.
This system not only rewards physicians for improving clinical performance, but also for conducting patient surveys and ck to improve care.

Getting to patient-centered practice: What is needed?

1- Ensuring that all patients whether enrolled in public or private health plans, or uninsured have a "medical home".
2- PCC practices could receive a fixed monthly fee for a package of services including e-mail visits, reminders, access to electronic medical records, and provision of easy access to care when needed.
3- In addition, pay-for-performance contracts similar to those employed in the U.K. could encourage primary care practices to measure and improve their quality of care by conducting surveys of patient experiences with care.

Other articles

Skipped by the doctor but the points in red are important

Abstract: Patient-Centered Care and Outcomes: A Systematic Review of the Literature Cheryl Rathert , Mary D. Wyrwich and Suzanne Austin Boren

We conducted a systematic review of the Patient-centered care PCC literature to examine the evidence for PCC and outcomes. Three databases were searched for all years through September 2012. We retained 40 articles for the analysis. Results found mixed relationships between PCC and clinical outcomes, that is, some studies found significant relationships between specific elements of PCC and outcomes, but others found no relationship. There was stronger evidence for positive influences of PCC on satisfaction and self-management. Future research should examine specific dimensions of PCC and how they relate to technical care quality, particularly some dimensions that have not been studied extensively. Future research also should identify moderating and mediating variables in the PPC–outcomes relationship.

Patient-Centered Care is Associated with Decreased Health Care Utilization Klea D. Bertakis, MD, MPH, and Rahman Azari, PhD

Purpose: This article uses an interactional analysis instrument to characterize patient-centered care in the primary care setting and to examine its relationship with health care utilization.

Methods: 509 new adult pts were randomized to care by FPs and general internists. An adaption of the Davis Observation Code was used to measure a PCC practice style. The main outcome measures were their use of medical services and related charges monitored over 1 year.

Results: Controlling for patient sex, age, education, income, selfreported health status, and health risk behaviors (obesity, alcohol abuse, and smoking),

• a higher average amount of PCC recorded in visits throughout the 1-year study period was related to a significantly decreased annual number of visits for specialty care (P .0209), less frequent hospitalizations (P .0033), and fewer laboratory and diagnostic tests (P .0027).

• Total medical charges for the 1-year study were also significantly reduced (P .0002), as were charges for specialty care clinic visits (P .0005), for all patients who had a greater average amount of PC visits during that same time period.

• **Conclusions**: PCC was associated with decreased utilization of HC services and lower total annual charges. Reduced annual medical care charges may be an important outcome of medical visits that are patient-centered. (J Am Board Fam Med 2011;24:229 –239.)

Extra

part of the original lecture

THE PATIENT-CENTERED CLINICAL METHOD

• Every patient who seeks help has expectations, based on his or her understanding of the illness.
• All patients have some feelings and fear about their problem.
• The patient-centered clinical method gives the clinician a number of directions like:
• "Ascertain the patient's expectations" recognizes the importance of knowing why the patient has come.
• "Understand and respond to the patient's feelings" acknowledges the crucial importance of the emotions.
• "Make or exclude a clinical diagnosis" recognizes the continuing power of correct classification.
• "Listen to the patient's story" recognizes the importance of narrative and context.
• "Seek common ground"
• "Monitor your own feelings." They may give you some vital cues
• "Pay attention to the patient–doctor relationship."
• The key to the patient-centered method is to allow as much as possible to flow from the patient, including the expression of feeling.
• The crucial skills, are attentive listening and responsiveness to those verbal and nonverbal cues by which patients express themselves.
• Failure to take up the patient's cues is a missed opportunity to gain insight into the illness.
• If cues do not provide the necessary lead, a question may help the patient to express feelings:
• "What is your understanding of your illness?"
• "Are you frightened …?"

Patient-Centered Care Already Exists

According to the authors' analysis of the Commonwealth Fund 2003 National Survey of Physicians and Quality of Care, nearly all primary care practices already incorporate some of the attributes of patient-centered care, For example:

❖ About one-half of all primary care physicians have patient reminder systems although only one-fifth of these systems are automated.
❖ About one-fourth of physicians currently use electronic medical records, and 16 percent communicate with patients via e-mail.
❖ Seventy percent of primary care physicians receive timely feedback from specialty referrals.