



PRIMARY HEALTHCARE TEAMWORK

Patient-Centered Care (PCC)

Objectives:

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

Color index:

Original text **Important** Doctor's notes **Golden notes** Extra

Introduction

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, body language and communicating well using "verbal & non-verbal" methods 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.

Patients Are Increasingly Expecting Physicians To:

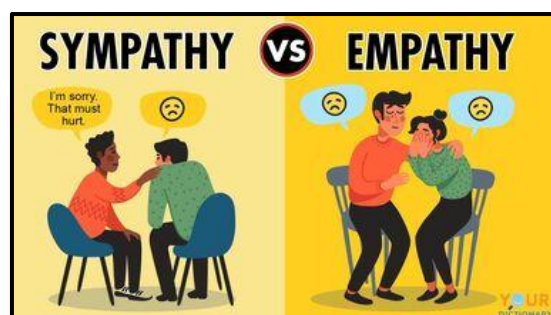
- Be responsive to their needs and preferences,
- Provide them with access to their medical information
- Treat them as partners in care decisions.
- **In spite of that** "patient centeredness" has yet to become the norm in primary care.

Definition Of Patient-Centered Care (Pcc)

PCC

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

- Here in PCC the patient is your partner in care. Their involvement in decisions is crucial so you deal with both patient and his disease.
- Empathy Vs Sympathy
 - 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.
 - In other words Empathy involves putting yourself in the other person's shoes and understanding.
 - Sympathy involves understanding from your own perspective.



Doctor-Centered Approach

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.

- Never interrupt patients ideas flow unless necessary.
- Empathy and Sympathy are always important.
- Advanced preparation by the physician is an important factor in the success of PCC.
- Authoritative behaviour but physicians should be avoided.

Patient-Centered Approach

The Patient-Centered Approach

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:** 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-Centered Approach

The Patient-Centered Approach

- **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.
- **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.



Non-PCC Vs PCC

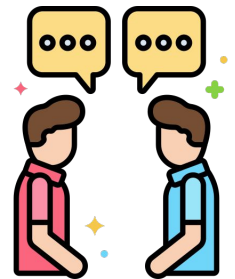
Features Of The Non-PCC Consultations Scenario:

- The physician cuts off (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.

Features & Characters Of The PCC Consultations Scenario:

- **Features of the PCC consultations 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.



- **Characters of the PCC consultations scenario:**

- The Dr let the patient tell her story without interruption.
 - Explored pt ideas, concerns, and expectations (ICE).
 - Compassionate and empathetic towards his patient.
 - The physician acknowledges the patient's suffering.
 - Discuss the history, tests, and cancer organizations and foundations.
 - He offered a follow-up visit to talk about her feelings.
- Every patient who seeks help has expectations, concerns or fear.
 - **The 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.

Pendleton Consultation Model

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.

Which Consultation Model? Pendleton Model

- 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.

Verbal & Nonverbal Methods

Verbal & Nonverbal Methods for Facilitating Patient Centered Communication

Verbal Methods	
Continuers	Go on,” “I hear you,” “Hmmm,”“Aha”
Legitimation	“That makes sense.”
Open-ended questions	“Tell me more about...”
Understanding	“It seems like ...”
Exploration	“I wonder if you ...” (gives an impression that you care)
Rephrasing	“Let me summarize what you have told me so far...”
Checking the patient’s understanding	“Could you summarize what we have discussed so far?”
Nonverbal Methods	
Attention	Judicious eye contact
Responsiveness	Facial expressions such as grinning, lip biting, concerned frowning
Attentiveness	Holding of chin, keeping index finger on temple
Openness	Palms exposed, avoiding crossed arms or legs
Interest	Leaning forward
Active listening	Head nodding
Focus	<ul style="list-style-type: none"> • Purposefully turning away from the computer or medical fil. • Tactful silent pause. • Avoiding interrupting or completing sentences.

Attributes of Patient-Centered Care

The PC Clinical Method Directions

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.

Lessons From Abroad

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 feedback 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.

Dr. Notes:

- ICE is always important.
- Always reassure the patient.
- Take a feedback from the patient.
- Avoid close-ended questions as possible.
- Let the patient answers lead your questions.
- SOFTEN in consultation: Smile, Open posture, forward lean, Touch, Eye contact, Nodding.

Other Articles

Other Articles Skipped by the doctor. 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, self-reported 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 (Maintain pt satisfaction)** (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.)

Lecture Quiz

Q1: What does ICE refer to:

- A- Ideas, Concerns, Expectations
- B- Imagination, Concerns, Expectations
- C- Ideas, Concerns, Effectiveness
- D- Non of the above

Q2: Which of the following consider verbal methods for facilitating patient centered communication?

- A- leaning forward
- B- That makes sense
- C- Head nodding
- D- Judicious eye contact

Q3: Which of the following consider Non-verbal methods for facilitating patient centered communication?

- A- leaning forward
- B- That makes sense
- C- I wonder if you
- D- Tell me more about

Q4: Waiting times are short consider under which of the following:

- A- Superb access to care
- B- Publicly available information
- C- Patient engagement in care
- D- Care coordination

THANKS!!

Obtained and edited from Team 437, by:

- Omar Alghamdi
- Abdulaziz ALGhamdi

Original creators:

*Special thanks to..
437 team*



Team Leader:
Raed Alojairy

*Send us your feedback:
We are all ears!*