

Patient-Centered Care

Practice-Level Implementation

Rebekah Hoh, RN, BSN



What is patient-centered care?

- The Institute of Medicine (as cited by Greene, Tuzzio, and Cherkin, 2012) defines patient-centered care as “care that is respectful and responsive to individual patient preferences, needs, and values” (p. 49). Greene et al. (2012) enhance the definition by adding “honors and responds to individual patient preferences, needs, values, and goals” (p. 49).



Key Attributes

Consistency

- All aspects of care should consistently be patient centered regardless of the patient's condition or disease, type of visit, patient's socioeconomic status, or employee's role/job involved in the patient interaction.

Trust

- Can the patient trust that high-quality care is being delivered in all facets with every encounter? It's safe and error-free?
- Is the healthcare provider competent and skilled at the required task?

(Greene et al., 2012)



Healthcare Practices' and Facilities' Focuses

- Cost-Effective Care
- Efficiency=Assembly-Line Care
- Quality of Care
- Electronic Medical Records=Decreased eye contact with the patient
- Quality Measures/MIPS
- Evidence-Based Practice/Standard of Care
- AR days
- Audits
- Government Regulation Issues/CMS





All of these components are important facets in healthcare but can also distract us from our purpose.

Why are we here?
Who do we serve?

A blue speech bubble graphic with a tail pointing towards the bottom left. The word "PATIENTS" is written in white, uppercase letters inside the bubble.

PATIENTS

- Changing your core approach to be more patient-centered can improve your practice and approach to decision-making.

When is the last time you reviewed your practice from your patient's perspective? What does it feel like to be a patient in your facility?



Structural
Space Review

Physical
Comfort

Access to Care

Communication

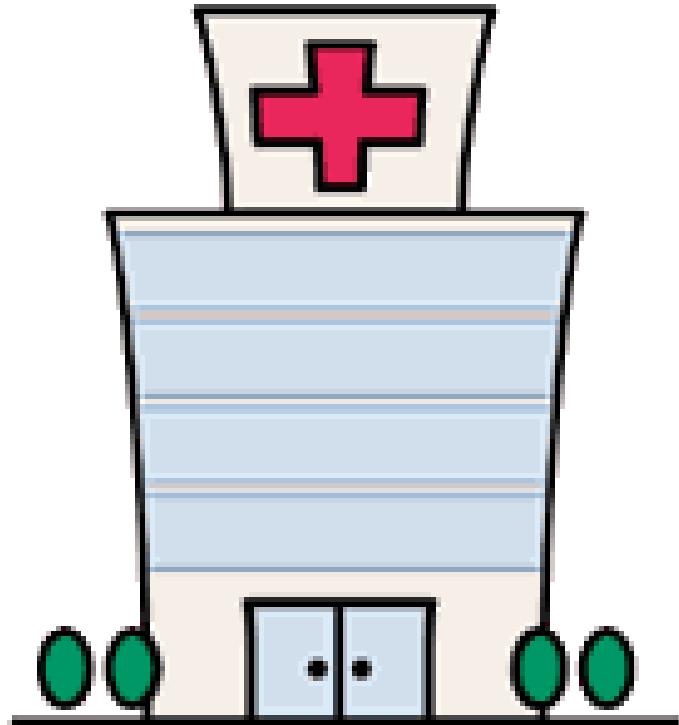
Coordination of
Care

Employee
Education

Family, Friends,
& Caregivers

Interpersonal
Relationships

Private Practice Implementation at
Retina Consultants



Structural Space Review

- What does your facility look like as you walk through the doors as a patient?
- Is it clean, organized, and pleasant?
- Is the access easy? Are your doors heavy? Can a patient in a wheelchair or walker enter easily?
- Are your patient restrooms clean with easy access for all?
- Consider walking distances throughout the office for patients with ambulation difficulties. Handrails?
- Peds patients-are you kid-sized or is everything out of reach?
- Walls and flooring in good appearance? Clutter?

Physical Comfort

- Is it comfortable to be a patient in your office?
- Explore your waiting room and clinical spaces: are your chairs comfortable?
- Is the temperature comfortable? Are your employees controlling the temperature to their personal liking which is outside of the normal comfort zone?
- Do you have enough seating in your waiting room to accommodate your busiest times?



Access to Care

- Can your patients readily access your facility?
- What are your hours and locations?
- Could you add locations or adjust your hours to reach more people?
- Do you have multiple avenues for your patients to reach your facility? Phone, yellow pages, portal, walk-in, text alerts, email, etc. Are patients aware of these choices?



Communication

- Are you personalizing your communication styles based upon the individual patient? Education level?
- Consider patients with hearing impairments, visual impairments, elderly, diminished processing skills, dementia, pediatrics, speak a foreign language, psychiatric or anxiety disorders, etc.
- Do your patients understand their disease, treatment plan, medication recommendations, reasons to call your office, informed consent, etc.? What can you do to increase their level of understanding? Communicate in different ways. Ask the patient what they prefer. Make adjustments depending upon their needs. Do you verify their understanding?
- Are your patient educational handouts and facility signage in layman's terms and easy to understand?
- We plan to add patient satisfaction surveys as the next step to get more input from our patients.

Communication

- Individualized, patient-centered care involves shared decision-making with the healthcare provider and patient. The paternalistic approach to medicine is not patient centered and is an aged approach.



Coordination of Care

- Do you communicate the patient's care plan to their alliance of healthcare providers?
- Does their eye doctor communicate with their PCP, endocrinologist, renal specialist, or cardiologist about their advanced diabetic eye disease, etc.? If their eyes are affected, are their kidneys and heart too? Are we maximizing their blood glucose control?
- Are we treating the whole patient while considering their resources and social support? Transportation availability? Caregivers or assistance available postoperatively or during their rehab period?



Employee Education



- Do your employees know the vision of your facility? If patient service is your focus, have you taught your employees how to deliver it?
- Provide educational sessions to employees explaining the aspects of patient-centered care. Discuss your typical demographic. Give examples. Be an example in your leadership.
- Get feedback from your employees about your facility, clinical practices, billing statements, patient educational materials, or anything affecting your patients. Everyone can give great ideas to help your practice/facility. Different views and different ideas improve the overall product and outcome. This is a great, thought-provoking exercise for your practice.

Family, Friends, and Caregivers



- Do you include family, friends, or caregivers in your patient's care if the patient permits?
- Many patients do not remember the education or treatment plans delivered during a healthcare visit. Encourage the caregiver to participate in the visit.
- If the patient has given permission, include the caregiver or family in communication modalities: text alerts, portal access, or phone communication with your facility.
- This permission does not encourage exclusion of the patient to participate in their care or communication. Communication with the patient is always the priority.

Interpersonal Relationships

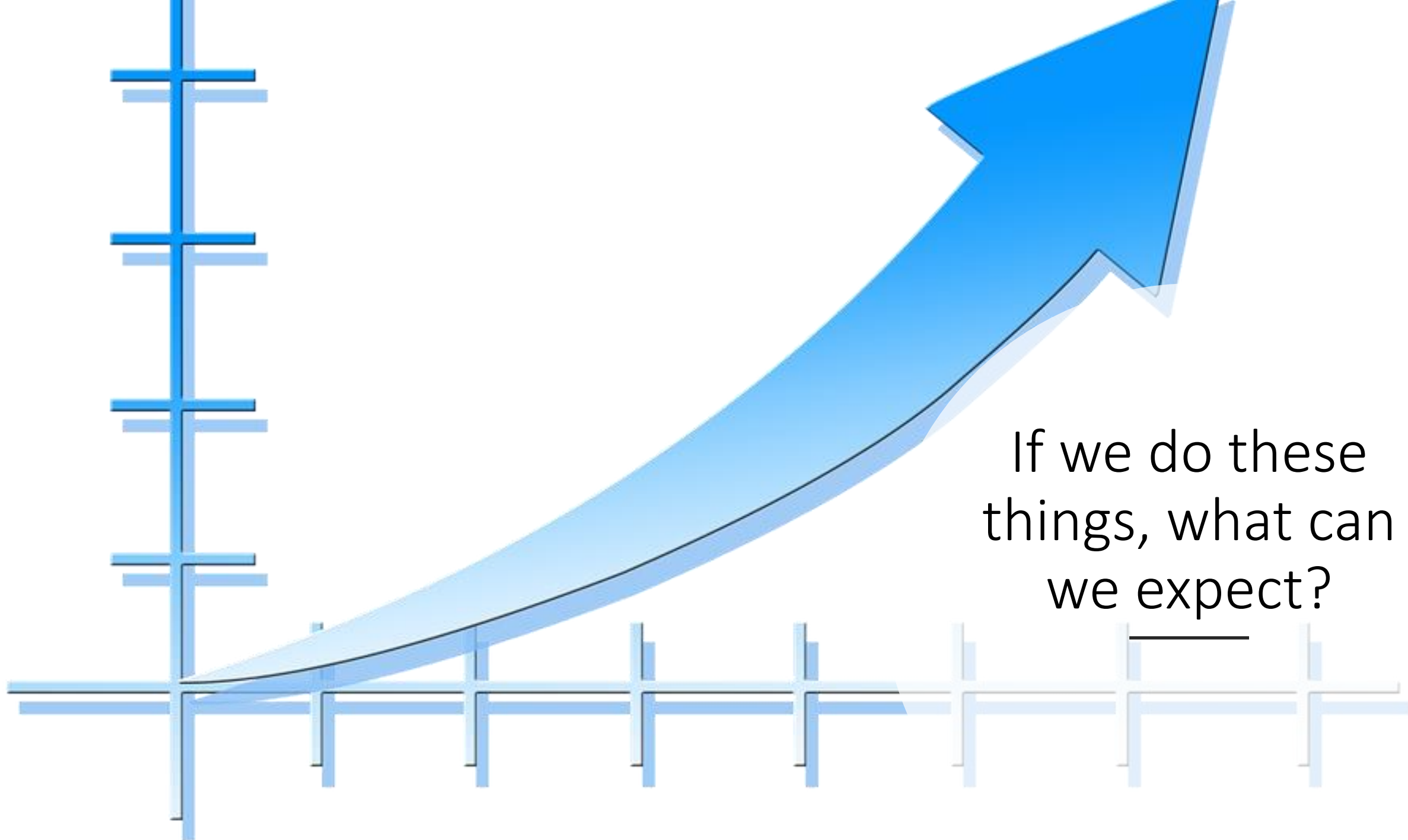


- Use great manners and greetings on the phone and during personal patient encounters.
- Make eye contact, smile, introduce yourself, and explain your purpose for the interaction.
- Make a personal connection with the patient. How are you today? If they don't feel well, consider this in your care plan. Make adjustments as necessary.
- Does the patient feel heard? Is the healthcare team truly present and listening to them? Are you distracted by other things-personal life, cell phones, other waiting patients, etc.?

Interpersonal Relationships

- Green et al. (2012) explain that “all members of a team affect the team’s relationship with the patient” (p. 52).
- “Everyone on a team or in a system must recognize that one unpleasant or uncaring encounter can have a lasting negative impact on the patient” (Greene et al., 2012, p. 52).
- Kindness is contagious among your staff and with your personal interactions with patients. This can increase teamwork and patient and employee satisfaction.





If we do these
things, what can
we expect?

Outcomes

- van den Berk-Clark et al. (2018) published a systematic review and meta-analysis regarding patient-centered care in low-income populations comprising of 33 articles. The following outcomes were found:
 - Moderate improvement in health outcomes related to diabetes and addiction especially.
 - Health care utilization, ER use, and inpatient use were improved.
 - Patients were more likely to follow up with treatment and use primary care services.
 - Quality of care improved.
 - Mixed results were found in patient and provider satisfaction.



Conclusion

- If we respect and truly know our patients,
 - Patients are more likely to return for follow up visits.
 - Usage of primary care services and preventative care measures will increase.
 - Diagnostic tests and referral to specialists will be better utilized giving the patient superior results in a cost-effective manner.
- At the end of the day, being patient-centric is the right thing to do and should be the foundation of any healthcare system.

(Greene et al., 2012; van den Berk-Clark et al., 2018)



References

- Greene, S., Tuzzio, L., & Cherkin, D. (2012). A framework for making patient-centered care front and center. *The Permanente Journal*, 16(3), 49-53.
- van den Berk-Clark, Doucette, E., Rottnek, F., Manard, W., Prada, M. A., Hughes, R., ... Schneider, F. D. (2018). Do patient-centered medical homes improve health behaviors, outcomes, and experiences of low-income patients? A systematic review and meta-analyses. *Health Services Research*, 53(3), 1777-1798. doi: 10.1111/1475-6773.12737