

Trend 1 – PERSON-CENTRED CARE

INTRODUCTION

Person-centred care – also referred to as patient-centred care – is defined in terms of the following attributes: respect for people’s values, preferences, and expressed needs; coordination and integration of care; information, communication, education; physical comfort; emotional support and alleviation of fear and anxiety; involvement of family and friends; and transition and continuity.¹ According to the declaration on patient-centred health care by the International Alliance of Patients’ Organizations (IAPO), to achieve patient-centredness, health care must be based on the principles of respect, choice and empowerment, patient involvement in health policy, access and support, and information.²

There is currently a shift towards empowering patients. This can be a positive force as noted by the World Health Organization’s Declaration of Alma-Ata’s statement, “The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.”³

One of the observable forces contributing to the shift in viewing patients as consumers of health care is searchable health information that is quickly and easily accessible through the Internet^{4 5 6} and through new media tools such as weblogs, instant messaging platforms, video chat, and online social networks.⁷

SUMMARY OF KEY FINDINGS

Growing Challenges

- Patient demands and expectations are predicted to be significant drivers of health care cost and utilization.
- Increased consumer demands in health care are occurring around the world.

Emerging Responses

- Patients are becoming more involved in the decision making processes regarding their health.
- There is an emergence of hospitals focusing on “care needs” rather than “cure needs”.
- Increased interest in health care consumerism has created an environment conducive to growth in the use of decision aids to support patient decision making.
- The provision of consumer driven healthcare has led to increased private sector financing of health care and product offerings such as “Consumer Driven Health Plans”.

GROWING CHALLENGES

Involvement of Patients in Decision Making:

- It is argued that the public has the right to make decisions in setting health care priorities because the public funds and uses the health care system, thus citizens are the most important stakeholders of the health care system. Public involvement in decision making also provides a crucial perspective about the values and priorities of the community, which should lead to higher quality, or at least greater acceptance of, priority-setting decisions.⁸
- The European Foundation for the Improvement of Living and Working Conditions notes the increasing number and influences of vocal patient groups as an example of increasing involvement of patients in decision making.⁹

Consumer Driven Changes to Health and Health Care Delivery:

- It is expected that the aging of the baby boomer generation may significantly alter patterns of use of health services. A 2000 Provincial and Territorial Ministers Report notes that this generation's "sense of entitlement to health services" will lead to increased usage of homecare, increased visits to doctors, additional diagnostic testing, and demand for shorter waiting lists, advanced technology, surgical procedures, and alternate services.¹⁰
- The Conference Board of Canada views patient demands and expectations as significant drivers of health care cost, seeing positive outcomes as a potential impetus for increased productivity. However, the report also cautions that too many rising expectations in health care are "uncoupled from increased productivity."¹¹
- Coletti (2009) notes that many doctors consider patients who ask questions and do their own research "difficult." These patients may challenge their diagnoses, request the newest drugs they have seen advertised, or ask questions about something they read online. They may go to a doctor halfway across the country who specializes in conditions such as theirs.¹²
- A Swedish population-based study on the influence of perceived health on health utilization notes increasing demand for alternative medicine in the country and recommends the investigation of a relationship between alternative medicine and patients with multiple symptoms.¹³
- A survey of Australians in Perth identified two expectations of the public for major changes in the development of future health services:¹⁴
 - To shift services from inner metropolitan hospitals wherever possible in order to provide care closer to where most people live.
 - To assure high quality equivalents to inner metropolitan hospitals for locally delivered services.

Increasing Demand for Person-Centered Care

- Data from a 2008 poll by Ipsos Reid and the Canadian Medical Association indicate that only (55%) of Canadians agree that the health care services in their community are patient-centered. Three in ten (31%) disagree.¹⁵
- Overall Canadians were more positive about their relationship with health care providers (such as being treated with respect and dignity, having potential risks or side-effects of treatment explained) than they were about access and wait time related questions (e.g. being able to see family physician quickly, easily access health services on evenings and weekends).¹⁶
- Two recent reviews of the literature note that the implementation of patient-centered care has been hampered by the lack of a clear definition and method of measurement.^{17, 18} Research has shown that patient-centered interactions promote adherence and lead to improved health outcomes.¹⁹

EMERGING RESPONSES

Involvement of Patients in Decision Making:

- The public can be involved in health care decision making in many ways including: as representatives on priority-setting committees, as representatives on executive committees and boards (i.e., hospital boards and regional health authorities), as members of citizens' councils to provide ongoing advice on specific matters, and as participants of surveys, citizens' juries, community meetings, focus groups and the like, to provide feedback on all elements of priority setting.²⁰
- In Canada, patients as consumers of health care have been represented in hospital boards, consulted for health reform initiatives, and participated in identifying health research priorities.²¹
- In Ontario, legislation requires each LHIN to develop an integrated health service plan (IHSP) with input from the community and sets out requirements for community

engagement by LHINs and health service providers.²²

- Based on the recommendation of the Commission on the Future of Health Care in Canada, the Health Council of Canada was established to support collaboration among governments, providers, and citizens in establishing system objectives, common indicators and benchmarks, measurement criteria and health tracking, and reporting to Canadians on system performance.^{23 24}
- The Canadian Agency for Drugs and Technologies in Health (previously the Canadian Coordinating Office for Health Technology Assessment) has developed consumer involvement in decision-making committees where no opportunities previously existed for patients' input.²⁵
- The Cochrane Musculoskeletal Group (CMSG), based in Canada, is an example of the movement to increase the involvement of patients and the public in health care. The CMSG has "dedicated resources for involving the consumers in all stages of the review process, from setting priorities for review topics to synthesizing the best evidence in systematic reviews. Consumers are also involved in transferring knowledge to people making health care decisions and in promoting uptake of the results of review."²⁶
- In the UK, the government has recently unveiled a plan to make structural changes to the National Health Service (NHS) in an effort to develop "a more responsive, patient-centred NHS".²⁷ The plan is controversial.^{28, 29, 30} but if it were enacted,
 - Shared decision-making would become the norm; patients would have access to information to make health care decisions, and would be able to choose which General Practitioner (GP) practice they register with, and choose between consultant-led teams.³¹
 - There would be a shift in how success is measured from process targets (e.g., wait times) to clinically credible and evidence-based outcome measures (e.g., improving cancer survival rates), and providers would be paid according to their outcomes.³²
- HealthWatch England, a new independent consumer organization would be created in an effort to strengthen the collective voice of patients. The organization would ensure that views and feedback from patients and caregivers are an integral part of local commissioning across health and social care.³³
- Increased interest in health care consumerism has created an environment conducive to growth in the use of decision aids to support patient decision making. Decision aids are evidence-based tools designed to prepare individuals to participate in making specific and informed values-based choices about disease management and treatment options, prevention, or screening.³⁴
 - Patient decision aids supplement (rather than replace) clinician's counselling about options. Decision aid such as pamphlets and videos that describe options are used when there is more than one medically reasonable option - no option has a clear advantage in terms of health outcomes, each has benefits and harms that people value differently.
 - Decision aids have been developed in several countries including Australia, Canada, China, Finland, Netherlands, United States, and the United Kingdom.³⁵
- In the UK, "INVOLVE" is a national advisory group, funded through the National Institute for Health Research. It was established to: "promote public involvement in research in order to improve the way that research is prioritized, commissioned, undertaken, communicated and used."³⁶
- The Food and Drug Administration in the US has implemented consumer representation on their Human Drug Advisory Committee.³⁷
- A *Health Technology Assessment* report found over 80 specific efforts to include consumers in identifying and prioritizing health research topics.³⁸

Consumer Driven Changes to Health and Health Care Delivery:

- In Canada, consumerism has led to increased private sector financing of health care. Private sector financing of health care expenditures in Canada increased from 23.8% in 1975 to an estimated 30.0% in 2008.³⁹
- Certain services such as eye care are being de-listed and private practices are filling the gap. In addition, patients are being discharged to the community sooner, thereby transferring the cost of care from the public to the private realm.⁴⁰
- In the US, Consumer Driven Health Plans (CDHPs) are one tool in a consumerism strategy, wherein consumers take more responsibility not only for costs but also for lifestyle choices and treatment decisions. Consumer driven health plans are typically a high-deductible health plan (HDHP)⁴¹ and employers often offset the higher out-of-pocket costs of CDHPs by offering employees a health reimbursement arrangement (HRA) or a health savings account (HSA) and contributing funds.⁴²
- Enrolment in CDHPs constituted only 5% of total enrolment in employer sponsored health plans in 2007,⁴³ but the number of employees covered by these plans increased to 12.4% in 2010. A recent survey of 11,413 employers in the US found that CDHPs experienced continued growth in 2010, though at a slower rate than in 2009; the rate of growth in 2010 was found to be 18.1%, about half that of 2009.⁴⁴

Retail-Based Medical Clinics

- In 2003, the US Congress enacted legislation allowing retail-based medical clinics. Found in the health centres of CVS pharmacies, Target Corporation, Wal-Marts and other high-traffic retail outlets in American cities, retail clinics provide health care services for patients with acute illnesses without an appointment. Patients see a nurse practitioner or a physician assistant.⁴⁵
- As of July 2009, there were approximately 1,107 retail clinics in operation in the US.

The annual growth rate of retail clinics was 65% from 2000-2007; while the growth rate currently sits at 10-15%, it is expected to accelerate above 30% from 2013-2014. The market is currently forecasted to top out at approximately 4,000 clinics in 2015.⁴⁶ MinuteClinic is the largest of these retail clinics. The number of MinuteClinics increased from 22 clinics in two states in 2005⁴⁷ to currently having 451 clinics and 41% of the market share.⁴⁸

- According to one study, ten clinical problems such as sinusitis and immunizations encompassed more than 90% of US retail clinic visits.⁴⁹ These same ten clinical problems made up 13% of adult primary care physician visits, 30% of pediatric primary care physician visits, and 12% of emergency department visits. It is unknown whether there will be a future shift of care from emergency departments or primary care physicians to retail clinics. However, a 2007 US poll indicated that 15% of children and 19% of adults were very likely or likely to use a retail clinic in the future. It is estimated that by 2011, there will be 6,000 retail clinics in the US providing more than 50 million visits per year.⁵⁰
- A 2008 Deloitte survey found that women are more likely than men to explore alternatives to traditional health care services (e.g., alternative treatments and drugs, retail clinics).⁵¹
- Some risks associated with growth and expansion of retail-based clinics include:⁵²
 - A potential for significant liability cases with associated expenses and adverse publicity for large corporations.
 - The risk of efforts to regulate clinics to the point that they are no longer economically viable.
- Although retail medical clinics are suggested as a "potential answer from the private sector" for the uninsured, a way for people without primary care physicians to avoid the emergency department, and an opportunity for the uninsured to spend less money on health care, the geographic distribution of retail clinics in the US seems to counter this claim. A 2008 study found that retail clinics

are currently located in more advantaged neighbourhoods and are less likely to be located in medically underserved areas which make them less accessible for those most in need.⁵³

Other Person-Centred Initiatives:

- On June 3rd, 2010, the Ontario Legislature passed the Excellent Care for All Act, which emphasizes that the experience and the support of patients and their caregivers to realize their best health is a critical element of ensuring the future of the health care system. The act further recognizes that a high quality health care system is one that is, among other things, accessible, appropriate, equitable, integrated, patient centred, and states that the government is committed to ensuring that health care organizations are focused on creating a positive patient experience.⁵⁴
 - The act requires that health care organizations conduct surveys to assess patient and employee satisfaction, and to have a patient relations process (to address patient, client and caregiver relations⁵⁵) and a patient declaration of values.⁵⁶
- In Ontario, other patient centered initiatives that have been recently introduced by the government include: Ontario's Emergency Room Wait Times Strategy,⁵⁷ an Aging at Home Strategy that enables seniors to continue living in their homes, the Ontario Diabetes Strategy which includes tools and education to empower patients,⁵⁸ and the Health Care Options website which provides information to Ontarians about where to go for front-line health care needs.⁵⁹
- According to the most recent performance data on Ontario's Wait Time Strategy, compared to baseline data, Ontarians continue to wait less time from the *decision to treat*, to *treat* for almost all wait time procedures as measured by the 90th percentile (i.e., the point at which nine out of 10 patients received their treatment). Cardiac bypass surgery patients are waiting longer but 100% of these procedures are completed well within the access target.⁶⁰ Since 2005, wait times have been reduced by 22% for cancer surgery, 58% for knee replacement, and 57% for CT scans.⁶¹
- The National Health Service (NHS) in the UK launched a coordinated effort to improve patient centeredness of the system, including a wait time strategy which was moderately successful.⁶² Further, in response to a UK parliamentary report that highlighted the importance of locally led, patient-centred and clinically driven health care, more assistive technology and remote monitoring to help patients lead independent lives and plans to deliver more outpatient appointments in community settings have been initiated by local NHS authorities.⁶³
- The Institute for Healthcare Improvement in the US has developed a new health care framework – "The Triple Aim" – that simultaneously addresses the (1) patient experience, (2) the cost per capita and (3) the health of specific populations.⁶⁴
- In the US, the "medical homes" concept has evolved to embrace different patient populations including patients under state Medicaid and Children's Health Insurance Programs (CHIP). A medical home is an enhanced model of primary care in which care teams attend to the multi-faceted needs of patients and provide whole person comprehensive and coordinated patient-centred care. Since 2006, more than 30 states have initiated projects to improve Medicaid and CHIP to advance medical homes. The lessons learned from these projects have shown that the provision of good, comprehensive primary care via medical homes has promise in achieving the goals of quality improvement and cost containment.⁶⁵
 - The 2010 US health care reform law provides grants to help establish community health teams to support the patient-centred medical homes.⁶⁶
- In the past year, the US Department of Veterans Health Affairs (VA) has embraced the medical home model as the future standard of care for Veterans. The Behavioral Health Laboratory (BHL) is a care management model that has been implemented in more than 20 VA facilities. BHL uses a platform of standardized,

software-aided mental health assessments and clinical care managers to deliver evidence-based treatments for depression, anxiety, and substance abuse in primary care settings.⁶⁷

- In a current patient-focused hospital design, patients are pooled in wards according to either length of stay or by patient needs. One such redesign to meet patient needs was done at Mount Sinai Hospital of New York (US) which proved successful due to better staffing and improvement of nurses and physician's relationships through the assessment of patient's needs and the specific training of nurses.⁶⁸
- Planetree is an association of 100 hospitals in the US aimed at improving the patient experience: "The Planetree model of care is a patient-centered, holistic approach to health care, promoting mental, emotional, spiritual, social, and physical healing."⁶⁹
- In an effort to further patient-centered care, the American Hospital Association (AHA) has recently endorsed two products: Inpatient Flow Patient Progression solution consulting service and GetWellNetwork, a form of interactive patient care. More effective patient flow gives hospitals the ability to significantly increase effective capacity and improve their bottom line. GetWellNetwork is designed to engage and prepare patients to be active participants in their health care process; it transforms patient room televisions into interactive resources and daily guides during a hospital stay.⁷⁰

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