

Patient Centred Care: Improving quality and safety

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The first of a series of discussion papers on the many benefits of 'patient centred care' and what needs to happen to truly achieve it. In this paper: What is meant by patient centred care?

The phrase 'patient centred care' has been around for some decades but not until relatively recently has it attracted much attention from policy makers around the world, including New Zealand. For politicians and DHB senior management, the phrase has an attractive, feel-good ring - and because there is no universally accepted definition for patient centred care, its meaning is malleable.

For doctors, talk of 'patient centred care' draws a mixed response. Some argue they have always been 'patient centred'. Patients are, after all, what they go to work for. But when New Zealand's service priorities are to balance budgets and meet targets, and the news is filled with stories of overflowing emergency departments, understaffed hospitals, and long delays in timely treatment for patients, there is growing recognition that providing care which genuinely centres on people's needs and priorities often falls short of what we should expect from a modern health system.

It is for these reasons that ASMS is producing a series of discussion papers to promote the patient centred care approach. It is of course an expansive topic, including governance issues, patients' involvement in policy development, health literacy, medical culture, use of information technology and inter-sectorial collaboration. There are also multiple models and frameworks for describing patient centred care, with many overlapping elements. Further, it is important to recognise the need for a *population* perspective to quality improvement in the health system. This involves a broader 'people centred' care approach that requires consideration of not only appropriate health care and timely access to care, but also the underlying determinants of health, health equity and of families and communities.¹

Rather than attempt to cover such a wide range of issues, these papers will concentrate on the 'sharp end' of health care – examining the policies and conditions that support high quality interaction between patient and clinician, or in this case the senior doctor – for there is broad consensus that this is where ultimately patient centred care is determined. There is now a wealth of evidence showing high quality patient-doctor interaction not only results in better care overall, but also helps to reduce health care costs by improving safety and by decreasing the use of diagnostic testing, prescriptions, hospitalisations and referrals.

This first paper outlines the generally accepted meaning of patient centred care.

Patient centred care: a description

Organising health care around the needs of the patient may seem an obvious approach to take but in systems as complex as health care delivery, under constant pressure to do more for less, 'patient centred



care' has often been viewed as 'nice to have' but not a fundamental aspect of a health organisation's attention.²

So while the concept of patient centred care has been researched, discussed and promoted internationally for some decades it has struggled to gain traction as a fundamental driver to the way health care is delivered. That it remains largely aspirational is also due in part to the difficulty in pinning down a definition that enables health service providers to have a clear understanding of what it means in practice.

Patient centred care is often defined by what it is not — namely, disease-centred, technology-centred, physician-centred, or hospital-centred care. Patient centred care, likewise, is not simply capitulating to patients' requests, nor is it simply giving people access to more information and leaving them to sort it out.³ Further, it does not replace good quality medicine; it both complements clinical excellence and contributes to it through effective partnerships and communication.⁴

But while there is no globally accepted definition of patient centred care, modern concepts are based largely on research conducted in 1993 by the now-multinational Picker Institute, in conjunction with the Harvard School of Medicine. This research identified eight dimensions of patient-centred care:⁵

- respect for patients' preferences and values
- emotional support
- physical comfort
- good communication, including access to quality information
- continuity and transition of care
- coordination of care
- the involvement of family and friends
- access to care.

According to the International Alliance of Patients' Organisations, the most common element in definitions of patient centred care is respect for the needs, wants, preferences and values of patients.⁶

In New Zealand, the Code of Health and Disability Services Consumers' Rights Regulation 1996⁷ (the Health and Disability Code) and the New Zealand Ministry of Health's document *Improving Quality: A systems approach for the New Zealand health and disability sector*⁸ established patient centred care as a priority, at least in principle.⁹ In the latter, the patient centred care approach includes adherence to the Health and Disability Code and adherence to other consumer protections such as the Health Information Privacy Code 1994. By referencing the Health and Disability Code, this document acknowledges patients' *rights* as integral to patient centred care, a common omission in other definitions.

District Health Boards (DHBs) may be able to tick off most, if not all, of the above aspects of patient centred care. And most clinicians may well see themselves as 'patient centred', but many of our operational structures, conditions and policies, especially in hospital-based care, work against it, whether it is restrictive



visiting hours, poorly integrated services, staff shortages, or policies with a focus on budgets, throughputs, production, and targets which have been described as dehumanising health care.^{10 11}

Policies to promote patient centred care often focus on infrastructural changes. These changes, such as electronic health records, may be necessary to move medical care into the 21st century, but they should not be conflated with achieving patient centred care. Simply implementing an electronic health record in itself is not patient centred unless it strengthens the patient-doctor relationship, promotes communication about things that matter, helps patients know more about their health, and facilitates their involvement in their own care.¹²

The evidence suggests a truly patient centred organisation will perform well on quality measures such as patient safety, timely treatment, equitability, and accessible services. New Zealand's health service performance indicators, however, show there is considerable room for improvement in all these areas.

Successful implementation of patient centred care may involve a broad range of activities including developing strong leadership, patient and clinician education, patients' involvement in policy development and feedback on performance, developing the uses of information technology, improving data collection, and inter-sectorial collaboration. There are also multiple models and frameworks for applying patient centred care, with many overlapping elements.

However, for all of the many aspects to patient centred care, there is broad consensus that ultimately it derives from the healing relationships between clinicians and patients and, by extension, patients' family members. A patient centred approach fosters interactions in which clinicians and patients engage in two-way sharing of information; explore patients' values and preferences; help patients and their families make clinical decisions; facilitate access to appropriate care; and enable patients to follow through with often difficult behavioural changes needed to maintain or improve health.¹³

References

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