

# Making Healthcare 'Patient-Centered': The Centerpiece of Quality Improvement

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In a time when the bottom line drives healthcare delivery, including access to care, diagnostic interventions, and therapeutic plans, we are left with a system that is in need of fundamental change. The system is inefficient, redundant, confusing for patients and providers. It is increasingly fragmented and is not meeting the needs of its recipients. Instead of treating patients, caregivers treat the threat of malpractice law suits as well as concerns of evoking the wrath of payers over the costs of tests ordered and medications prescribed. Despite the best efforts of those involved in caring for patients, our systems have failed both the patients and the caregiver.

The current attention to the need for quality improvement identified in the 2001 national Institute of Medicine report<sup>1</sup> and the subject of this Journal has sparked significant discussion in the medical, government, and business communities. Future models of healthcare must focus on patients' needs and preferences, quality of services, and a reduction in variability of care. Care coordination and integration, the transfer of information, and communication with the patient must be addressed in any emerging system that adequately meets patients' expectations.

## Patient-Centered Care

Patient-centered care has been identified as a key attribute of a new system. It has the needs and preferences of each patient as its central focus. The cornerstone of this care is a patient-physician relationship that is satisfying to the patient and humanizing to both the patient and physician.<sup>2</sup> The interaction should be sensitive to the patient's physical and emotional needs and wants and should be culturally competent. These needs are likely to change over time and with different disease states; therefore, an established relationship will augment decisions and help ensure patient satisfaction. This should ideally be a

long-term relationship and should be a partnership for the good of the patient. To-date, there is limited research to identify the most important aspects of patient-centered care or how to best deliver such care. The Cochrane Collaborative<sup>3</sup> performed a systematic review of the literature to determine whether patient-centered communication improves patient health outcomes and patient satisfaction. Although there was evidence of positive impact on patient satisfaction, the evidence was insufficient to draw conclusions about the impact on the patient's health status. Yet, intuitively, care that is patient-centered is what we all want for our own families and represents an obvious system goal in the move toward quality improvement. Clearly more research is required.

Unfortunately the quality of care and evidenced-based decision making provided alone may do little to make up for the shortcomings in the quality of service patients receive, and therefore their perception regarding the quality of our healthcare system. A study by

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the Picker/Commonwealth Program for Patient-Centered Care<sup>4</sup> suggests that patients often define quality care in terms of "service." Among the measures of quality patients identified in the study were: (1) respect for patient's preferences and values, (2) timely access to care, (3) information and education, and (4) continuity. Similarly, a recent study found that medical errors reported by patients are more likely to directly involve the breakdowns in the physician-patient relationship and the access to clinicians than the technical errors that are the focus of the most current patient safety initiatives.<sup>5</sup>

## A Medical Home for All Patients

There is clearly a need for the healthcare system to refocus on better coordination and integration of patient care. This coordination and integration of care should focus on better

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service and begin with a personal physician and a personal medical home. The recommendation of a medical home was initially adopted by the American Academy of Pediatrics for children, but all patients in the healthcare system deserve a medical home. A medical home would serve as a point through which all individuals regardless of age, sex, race, or socioeconomic status enter into the healthcare system. It would ensure access to comprehensive and integrated care through physicians, nurses, therapists, and educators. Information and educational materials for patients could be easily accessed by patients. Barriers to access can be minimized with flexible office hours, open-access scheduling, and asynchronous communication such as voice mail and e-mail. Consultation and referral services would be coordinated through this model and would be smooth with a timely and reliable exchange of information to and from the consultant. The electronic medical record has great potential for improving this vital communication exchange. Many patients depend on those who provide care to coordinate seamless transitions from one setting to another and from a healthcare to a self-care setting.<sup>6</sup>

### Patient Inclusion Improves Care

In the current system, timely access to information belongs only to the caregivers. Patients may only obtain information after permission is obtained, the appropriate paperwork is completed, and the two-week waiting period during which the charts are copied by contracting agencies has passed. Donald Berwick has introduced a concept of nurturing "transparency" in the healthcare system. By this he means that all information should be available to anyone involved in the system and in the care of the patient, including, and most importantly, the patient. Healthcare should certainly be confidential, but the healthcare industry is not entitled to secrecy.<sup>7</sup>

A quote from Diane Plamping, a public health researcher from the United Kingdom, says, "Nothing about me, without me."<sup>8</sup> Transparency in the system will allow patients to make informed choices and allow access to facts that may be relevant to the patient's decision making. Naturally, there is a concern about increased liability risk, and tort reform would be a desirable change, but improvement in the system cannot wait for such change. Healthcare systems with transparency will be more patient-centered and safer because patients may recognize information that is outdated or incorrect, which may affect their care.

Information on disease states may be obtained through many peer-reviewed and non-peer reviewed sources with varying degrees of accuracy. No longer is the physician the major source of medical information for patients. In a 1998 survey of Internet users, 42% said they accessed medical information weekly or daily on the Internet.<sup>9</sup> It is becoming well known through growing scientific literature that informed patients participating actively in their care have better outcomes, lower costs, and higher functional status than those held to more passive roles. Guadagnoli and Ward have found in a recent review of

the literature that most patients want to be involved in the treatment decisions and to know about available alternatives.<sup>10</sup> Patients should not be forced to share decision making, but should be able to exercise the degree of control they wish. Arora

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and McHorney found that the majority of patients with chronic diseases, such as hypertension, diabetes, congestive heart failure and depression, preferred to delegate their medical decisions to their physicians.<sup>11</sup> Currently, two-thirds of United States healthcare expenditures are related to such chronic illnesses. Providing systems that support a continuous ongoing relationship between patient and physician, collaborative multi-provider models that support patient needs, and reliable information exchange with patients and clinical decision support systems for physicians are critical in adjusting the healthcare system from an acute care model to one capable of handling the burden of chronic illness.

### The Internet Extends Care Beyond the Office

Traditionally, the doctor-patient interaction is only reimbursed with a face-to-face meeting. Often times this interaction is needed for evaluation of a patient's condition, but for many this meeting is neither needed by the provider nor wanted by the patient. Twenty-first century technology through the Internet and e-mail communication allows for care in the comfort of a patient's own home. The Internet may offer providers a way to interact more frequently with patients, to monitor progress, and provide education and reminders.

The Internet will likely be able to support a substantial portion of healthcare services, which will require new payment policies to compensate providers as the face-to-face patient visits cease to be the single method of patient care. In the past, payers have resisted paying for these services, citing this was part of the coordination of care and difficulties in adequately documenting time and effort spent on such services. However, primary care practice involves much more time spent in answering calls and messages and in coordinating care. A new healthcare system must keep the patient and the patient-physician relationship as its central focus and must also compensate providers adequately for such services. As pointed out in a recent commentary by Paul Ginsburg, "mechanisms of payment for primary care services can be a substantial impediment to achieving the vision of the primary care

of the future. Fee-for service payment is not evolving in the same way that the practice of medicine is.”<sup>12</sup>

## Conclusion

Major reform in the system clearly is needed, including new payment methods to support needed changes. However providers should not wait until the system is reformed, tort

reform is enacted, or new payment methods are aligned to begin the work at-hand. We must begin the discussions necessary between specialties to re-establish a degree of coordination in care. We must make sure all patients have a medical home. We must innovate and share successes in better service delivery for patients. Insurers must be willing to be flexible in looking at funding innovation. We all must engage our patients in this discussion—becoming patient-centered begins there. **NCMJ**

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