

Patient-Centeredness as an Indicator of Quality

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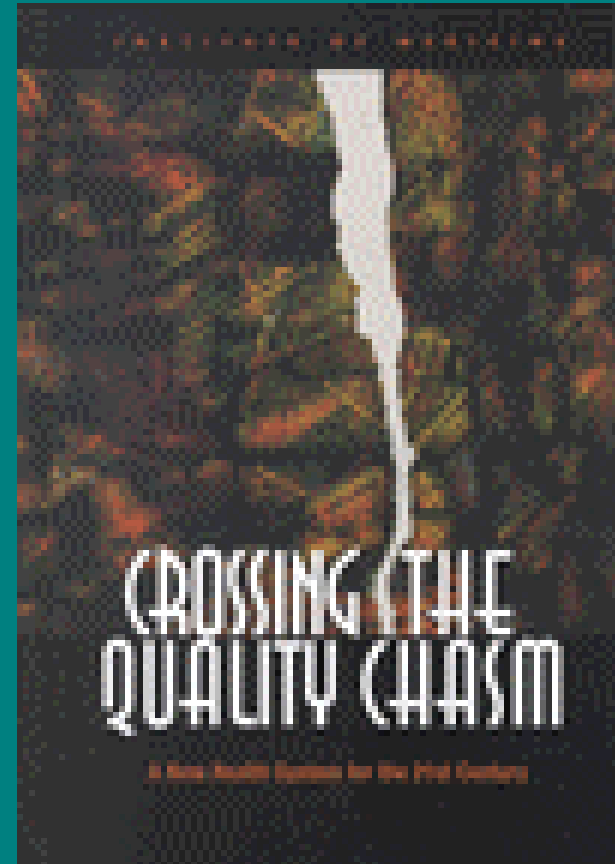
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Newport Beach, CA

Overview

- Patient-centeredness and equity as quality indicators
- Evolution of patient-centeredness
- Disparities in patient-centeredness
- Relationship between patient-centeredness, cultural competence, and health literacy
- Patient-centered quality improvement interventions to reduce disparities

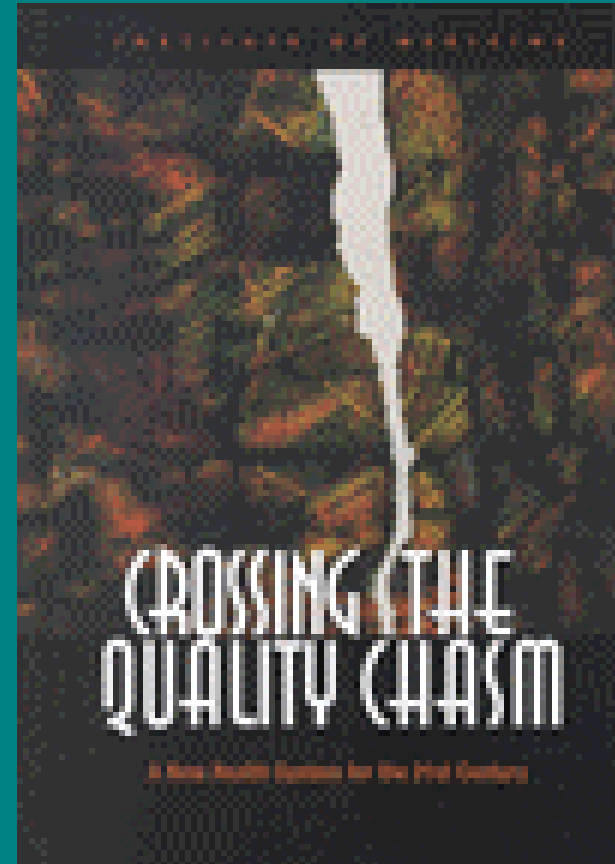
Six Dimensions of Quality

- Safe
- Effective
- Timely
- Patient-centered
- Efficient
- Equitable



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Evolution of Patient-Centeredness

Balint
1969

Each patient “has to be understood as a unique human being.”

Lipkin et al.
1984

“patient-centered interview”

approaches the patient as a unique human being with his own story to tell

clarifies the patient’s concerns

understands psychosocial dimensions of illness

creates the basis for an ongoing relationship

Stewart et al.
1986

1. exploring the illness experience
2. understanding the whole person
3. enhancing the doctor-patient relationship
4. finding common ground regarding management
- 5. incorporating prevention and health promotion**
- 6. being realistic about personal limitations**

Evolution of Patient-Centeredness

MeSH

Definition 1995

Design of patient care wherein institutional resources and personnel are organized around patients rather than around specialized departments.

*Institute of
Medicine*

*Crossing the
Quality Chasm*

2001

“providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”

“Through the patients eyes:” from individual interactions to systems



Original model of interaction and communication between patients and physicians

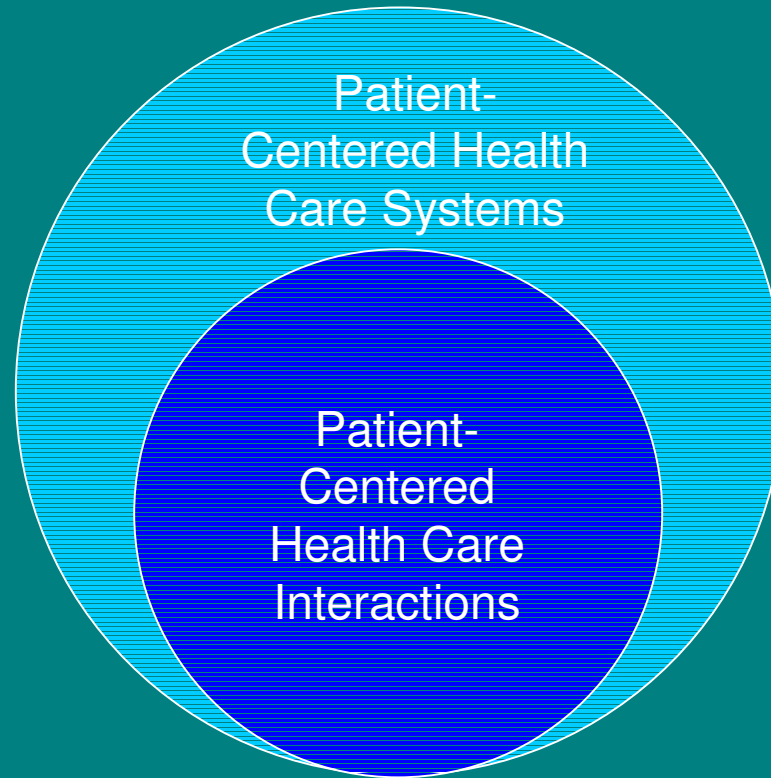
May include other modes of communication:

- communication with receptionists
- written communication (education materials, signage)
- phone calls, e-mails

Focus on other aspects of care:

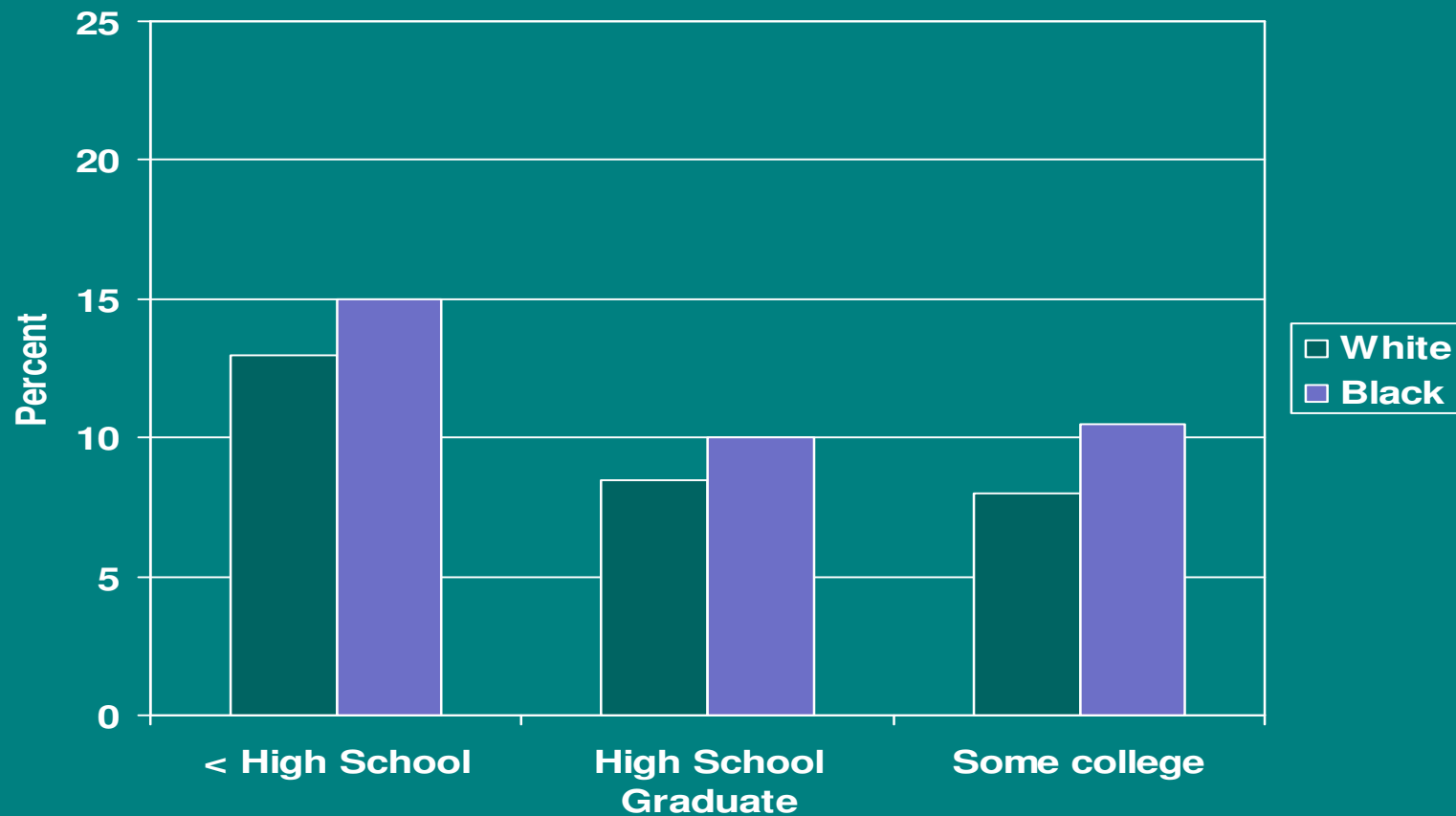
- convenient office hours
- ability to make appointments
- being seen on time
- having services available nearby

Key Features of Patient-Centeredness

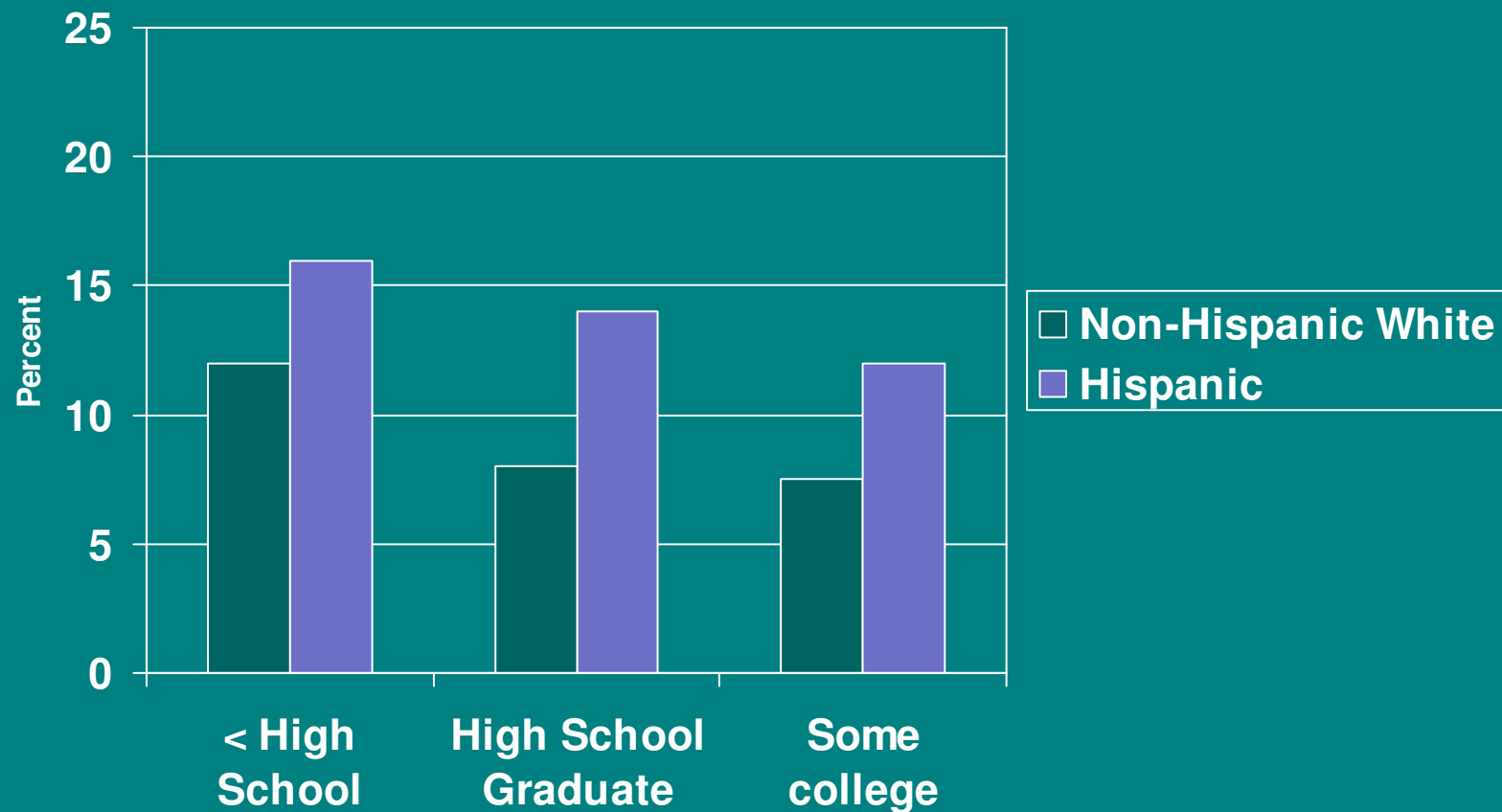


Disparities in Patient-centeredness

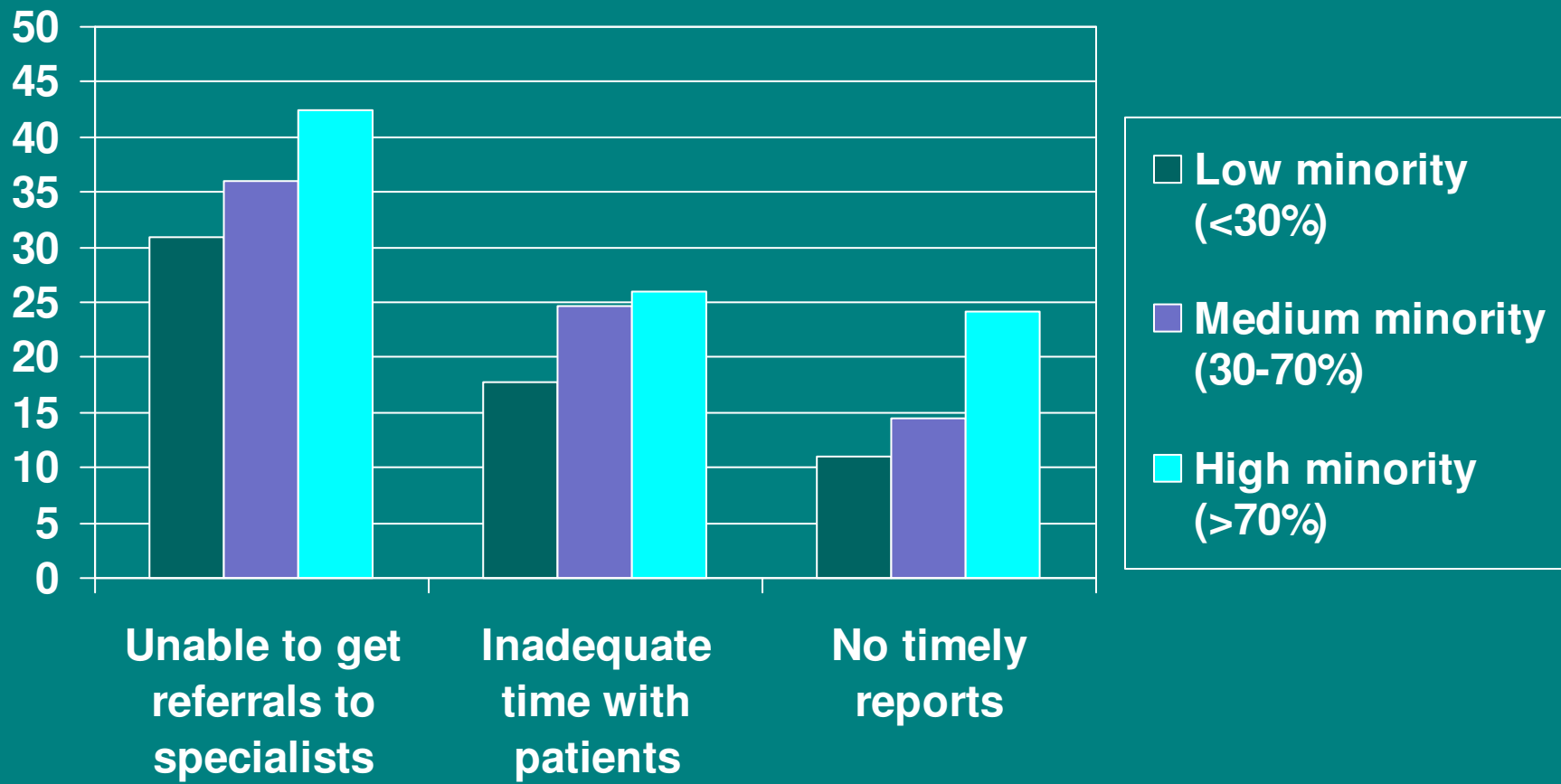
Adults whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, and spent enough time by patient education and race



Adults whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, and spent enough time by patient education and ethnicity



Primary care physicians treating minority patients report more problems delivering patient-centered care



Reschovsky et al. Health Affairs 2008

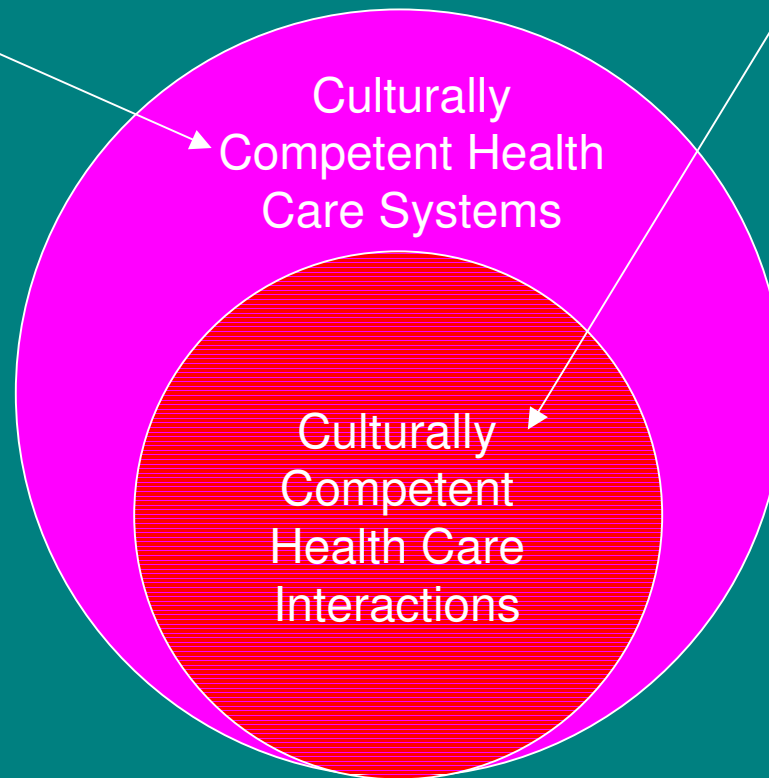
Disparities in patient-centeredness by health literacy

- Patients with inadequate health literacy were more likely to report worse communication in the domains of
 - general clarity (AOR 6.29, $P < 0.01$),
 - explanation of condition (AOR 4.85, $P = 0.03$), and
 - explanation of processes of care (AOR 2.70, $p = 0.03$).
(Schillinger D et al. 2004)
- Patients with lower health literacy
 - ask fewer questions of physicians in observed medical encounters (Katz et al. 2006; Beach et al. 2006), and
 - are more likely to be perceived by physicians as desiring a less active role (Beach et al. 2006)

Relationship between patient-
centeredness, cultural
competence, and health literacy

Key Features of Culturally-Competent Health Care

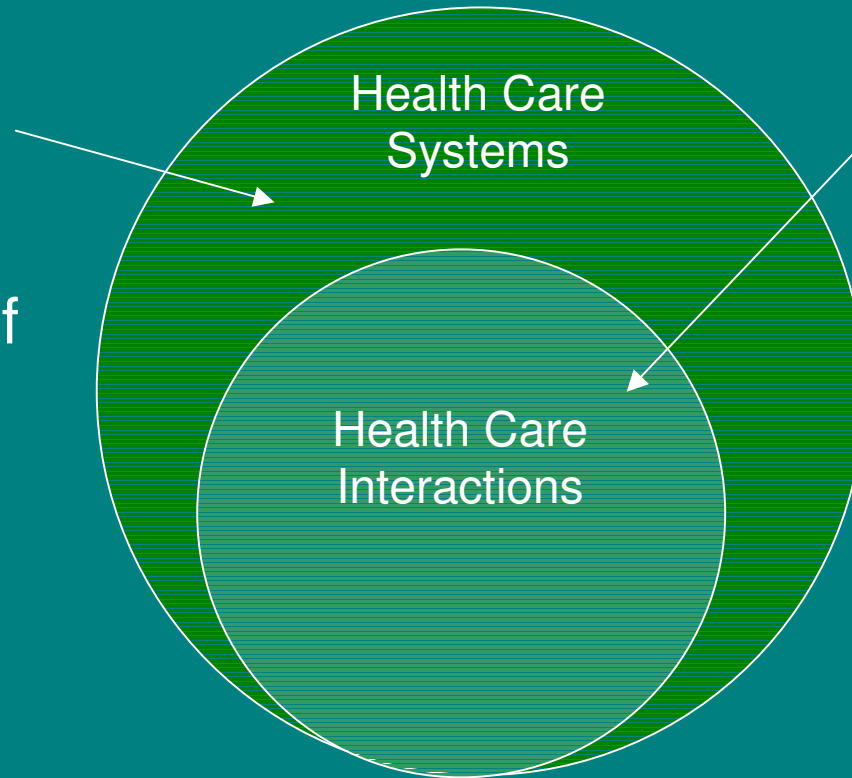
Ability of the health care organization to meet needs of diverse groups of patients



Ability of a provider to bridge cultural differences to build an effective relationship with a patient

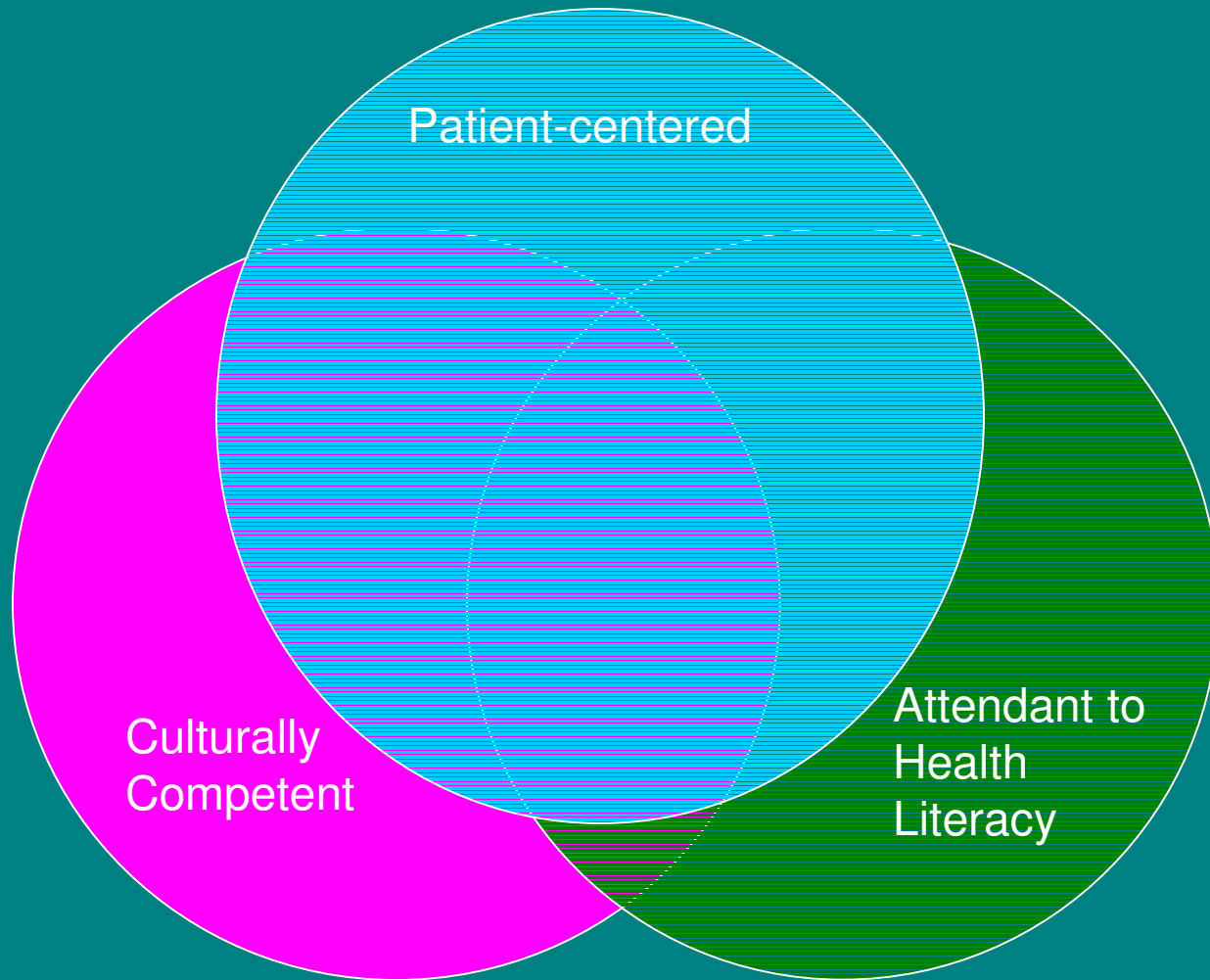
Key Features of Health Care that Effectively Addresses Health Literacy

Ability of the health care organization to meet needs of patients with limited health literacy



Ability of a provider to communicate effectively with all patients regardless of health literacy

Health care that is respectful of and responsive to individual patient preferences, needs, and values



Patient-Centered Quality
Improvement Interventions to
Reduce Disparities

Interventions to Improve Patient-Clinician Communication and Reduce Disparities

- Coached Care for Diabetes Program (CCDP)
 - RWJF
 - Ngo-Metzer Q, Kaplan S, Greenfield S, Sorkin D; Center for Health Policy Research, University of California, Irvine
- Patient-Physician Partnership to Improve High Blood Pressure Medication Adherence (PPP)
 - NHLBI
 - Cooper LA, Roter DL, Powe N; The Welch Center, Johns Hopkins University
- Enhancing Communication and HIV Outcomes (ECHO)
 - AHRQ/ HRSA
 - Beach MC, Saha S, Korthuis T, Sharp V, Cohn J, Moore RD; Johns Hopkins University

AMA Ethical Force Program

Improving Communication-Improving Care

- A new performance measurement toolkit designed to assist organizations in meeting the needs of a diverse patient population.
- Facilitates assessment of how effectively an organization communicates and target resources for improvement.
- Toolkit includes:
 - 1) Surveys and cover letters to gather feedback from your health care organization's leaders, staff and patients;
 - 2) A handy user's guide;
 - 3) Templates to help you enter and analyze survey results;
 - 4) An analysis guide;
 - 5) Model PowerPoint® presentations and other promotional materials to present your survey results to staff and leaders.

<http://www.ama-assn.org/ama/pub/category/18225.html>

National Committee on Quality Assurance (NCQA) Standards and Scoring for Patient-centered Medical Home

1. Access and Communication (9)**
2. Patient Tracking and Registry Functions (21)**
3. Care Management (20)**
4. Patient Self-Management Support (6)**
5. Electronic Prescribing (8)
6. Test Tracking (13)**
7. Referral Tracking (4)**
8. Performance Reporting and Improvement (15)**
9. Advanced Electronic Communications (4)

<http://www.ncqa.org/tabid/631/Default.aspx>

Conclusions

- Patient-centered care *conceptually* includes attention to patients' health literacy, cultural context, and language preferences
- Patient-centered quality improvement efforts
 - have the potential to reduce disparities by race and health literacy
 - ought to be targeted at the interpersonal (e.g. patient-provider communication) AND health care system levels