

Patient-centeredness and the Chronic Care Model

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Part 3

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Evidence-based Care

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- Care in accord with the best scientific data
 - Promoted through Decision Support, Reminders, Planned Visits, Case Management by protocol

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Population-based Care

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- Care planned and organized to reach entire population
 - Promoted by use of Outreach, Registry, Proactive care and follow-up, Planned Visits

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Patient-centered Care

- What is it?



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The IOM Quality report: *A New Health System for the 21st Century*



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IOM Criteria for Quality Healthcare

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

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IOM (Gerteis) Dimensions of Patient-centeredness

- Respect for patients' values, preferences and expressed needs
- Coordination and integration of care
- Information, communication and education
- Physical comfort
- Emotional support—relieving fear and anxiety
- Involvement of family and friends

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Emerging Global Definition

- Patient-centered Care:
- Explores patients' reason for visit, concerns and need for information
 - Seeks an integrated understanding of the patients' world – life issues, emotional needs
 - Finds common ground on the problem(s) and mutually agrees on management
 - Enhances prevention and health promotion
 - Enhances the continuing relationship with the clinician

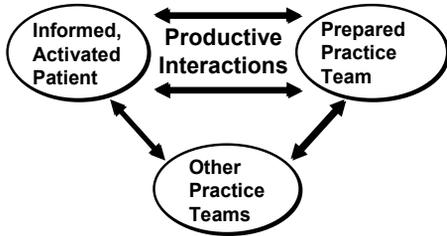
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Making Patient-centered Care a Reality



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The Chronic Care Model Route to Quality Ongoing Care



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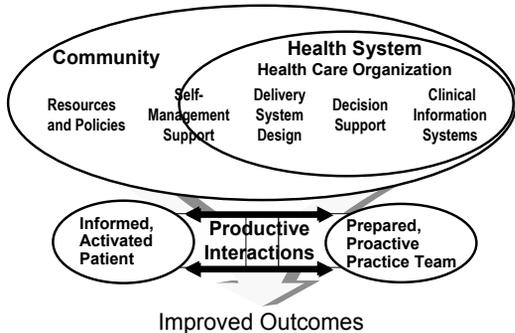
How Would I Recognize a Patient-centered Interaction?



- Scheduled at patient's preference
- Patient concerns and needs elicited
- Assessment of self-management skills and confidence as well as clinical (risk) status
- Collaborative goal-setting and problem-solving resulting in a shared care plan
- Information communicated in patient's preferred language and mode

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Chronic Care Model



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What old and new* elements of the Chronic Care Model contribute to Patient-centered Care?

*Additions based on AHRQ study of best ambulatory systems

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Health Care Organization

- Visibly support improvement at all levels, starting with senior leaders
- Promote effective improvement strategies aimed at comprehensive system change
- Encourage open and systematic handling of problems
- Involve patients in quality improvement and system redesign
- Develop agreements for care coordination

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Community Resources and Policies

- Define important services and resources not available within the healthcare organization
- Identify best options for those services in the community
- Encourage patients to participate in effective programs
- Form partnerships with community organizations to support or develop programs
- Advocate for policies to improve care

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Self-management Support

- Emphasize the patient's central role
- Use effective self-management support strategies that include assessment, goal-setting, action planning, problem-solving and follow-up
- Organize resources to provide support

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Delivery System Design

- Define roles and distribute tasks among team members
- Assure access when and how patients want it—advanced access
- Use planned interactions to support evidence-based care
- Provide clinical case management services for complex patients especially for major transitions
- Ensure regular follow-up
- Give care that patients understand and that fits their culture

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Decision Support

- Embed evidence-based guidelines into daily clinical practice
- Integrate specialist expertise and primary care
- Use proven provider education methods
- Share guidelines and information with patients

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Clinical Information System

- Provide reminders for providers and patients
- Identify relevant patient subpopulations for proactive care
- Facilitate individual patient care planning
- Share information with providers and patients (give patients access to their clinical data)
- Monitor performance of team and system

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Health Care Organization

- Organizations can be patient-centered: positive patient experience an organizational priority
- ICIC evaluation found that more patient-centered organizations performed better in collaboratives
- AHRQ study of best practice orgs found:
 - patient experience valued and routinely monitored
 - patient opinions and perspectives sought
 - involvement of staff at all levels in QI

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Primary Care – Specialist Integration

- Evidence that continuity of primary care associated with better outcomes
- Why was Florida care so much more expensive and of poorer quality than in Minnesota?
- Challenge is to gain expertise of relevant specialists without adding unnecessary or redundant care, increasing confusion over treatment goals and plan or undermining continuous healing relationship
- Models of integration emerging

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Will IT save us?

- If it does more than electronicize the paper record
- If it enhances communication among patients and their caregivers



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Does patient-centeredness matter?

- Organizations that approach quality through patient perspective appear to do better
- Patient satisfaction ratings dominated by quality of interaction and respect shown
- Perceived patient-centeredness appears to be associated with more satisfied, more enabled and less symptomatic patients
- Empowered patients more likely to do well and use fewer services

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