Patient-centered Medical Home Webinar Series:

Principles of Patient-Centered Interaction
Or
Seeing it Through Patients’ Eyes

Washington Association of Community and Migrant Health Centers
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Material based on information from Qualis Implementation Guide: Patient-Centered Interactions
Attributes of PCMH

- The patient has a relationship with the provider and care team
- Care is patient-centered
- Care is coordinated
- Patients have access to care, when and where they want and need it
- A systems-based approach to quality and safety
- The use of information technology
- Payment appropriately recognizes the added value provided to patients who are part of a PCMH
Dimensions of Patient-centered Care

- Respect for patients’ values, preferences, and expressed needs
- Coordination and integration of care
- Information, communication, and education
- Physical comfort
- Emotional support and alleviation of fear and anxiety
- Involvement of family and friends
- Transition and continuity

Harvard Medical School on behalf of Picker Institute and The Commonwealth Fund
We want to hear from you......

- What kinds of things are you doing to show respect for patients’ values, preferences, and expressed needs?
Change Concept: Patient-centered Interactions

- Assess and respect patient and family values and preferences, including patient satisfaction
- Assure culturally appropriate communication in a language and at a level that the patient can understand
- Encourage patients to expand their roles in decision-making, health-related behaviors and self-management
- Provide self-management support through collaborative goal setting and patient action planning
Measure the Patient Experience

Patient and Family Feedback Methods

• Point-of-care data gathering at time of visit
• Patient and family focus groups
• Patient and family walkthroughs or walkabouts
• Telephone, mail, internet
Point-of Care Data Gathering at Time of Visit

- Point of care data is collected during the visit or at the end of the visit.
- Used to find out patients’ experience when it is fresh in the mind.
- Focuses on a specific area of interest to the team or general experience of the patient during the visit.
- May be completed anonymously with a box for written responses or asked verbally.
We want to hear from you……

• Are you gathering patient/family experience information at the time of the visit?
  
  o How do you do it/how did you set it up?

  o What worked best?

  o What did you learn/what might you do differently?
Patient and Family Focus Groups

- May be used to answer many types of questions—casual feedback, more in-depth, multidimensional issues
- May be advantageous when working with a low literacy population
- Allow patients and families to engage in discussion rather than respond to written questions
- Allow for repeated input, which may advise the team on practice changes which increase patient satisfaction
- May morph into advisory group with in-depth expertise in the particular area of discussion
We want to hear from you……

• Are you using patient/family focus groups?
  - How do you do it/how did you set it up?
  - What worked best?
  - What did you learn/what might you do differently?
Patient and Family Walkthroughs or Walkabouts

- An exercise that helps the team explore care delivery through the patient/family eyes
- Can be used for a variety of care delivery experiences
- Can be broad or focused
  - How patients are greeted
  - Processes of care and exchange of information during the visit and exam
  - Patient forms and educational materials or anything else they receive or need to fill out at the visit
  - Characteristics of the physical environment
  - Evaluation of the experience of having questions answered
Patient and Family Walkthroughs or Walkabouts

Who should do this?

• Patients and families who may already be advisors within the clinic system

• Patients and families who receive care at the clinic and who are willing to share their opinions
We want to hear from you......

- Are you doing patient/family walkthroughs or walkabouts?
  - How do you do it/how did you set it up?
  - What worked best?
  - What did you learn/what might you do differently?
Telephone, Mail, Internet

- Telephone—has the advantage that it can, like face-to-face methods, be used with patients who have low literacy rates, although they have to have phone access

- Mail and internet are less useful for low literacy or homeless patients
We want to hear from you……

• Are you using telephone, e-mail or internet to collect patient/family experience information?
  
  o How do you do it/how did you set it up?

  o What worked best?

  o What did you learn/what might you do differently?
Use of Patient Experience Data to Change Care Processes

- Change takes time! Set realistic expectations for the amount of time and energy needed to see the results.
- A scaled response to “My healthcare provider has explained things to me in a way that was easy to understand” seems to show improvement within a relatively short timeframe when health literacy interventions are used.
- Ask patients early and often to get the most effective feedback.
- Family members are also an important part of the healthcare team, and can offer valuable insight—include them in care and advisory processes.
Communication

- Communication challenges and opportunities
- Know your patient population
- Determine the patient's view of the health problem
- Address health literacy issues
Challenge

• More than one third of patients have limited health literacy, which is associated with:
  
  o Misunderstanding of what they need to do to take care of their health
  o Poor management of chronic diseases
  o Poor ability to understand and adhere to medication schedules
  o Increased hospitalizations
  o Poor health outcomes
Know Your Patient Population

- Collection of data, especially race, ethnicity, and primary language is an important first step towards tracking disparities and developing effective programs to reduce or eliminate them
  - Help evaluate population trends
  - Ensure nondiscrimination on basis of race or national origin
  - Provide meaningful access for people with limited English proficiency
  - Ensure availability of language assistance services
  - Develop appropriate patient education materials
  - Track quality indicators and health outcomes for specific groups to assist with improvements in quality of care
Communicating with Diverse Patients

- Language barriers
  - Professional interpreters where possible
  - Do not use friends or family as interpreters
  - Language Line provides access to professional interpreters in more than 170 languages 24/7
Communicating with Diverse Patients

- Cultural Barriers
  - Culture is shaped by neighborhood, education, gender, sexual orientation, income age, and ethnicity
  - Provider and care team’s biomedical view of disease and illness may not coincide with the patient’s view
  - Lack of knowledge and understanding of cultural differences in health beliefs can lead to miscommunication and understanding with a variety of negative effects, from mild discomfort to lack of trust and inability to adhere to prescribed treatments and even death
Communicating with Diverse Patients

• Get the patient’s perspective
  o Explore the meaning of illness from the patient’s perspective
  o What is the illness behavior?
  o What is the patient’s agenda?

• Get the social context of the patient’s beliefs
  o Background
  o Language
  o Literacy
  o Social Support
  o Socioeconomic stressors

Communication with Diverse Patients

- Patients with limited health literacy are less likely to ask questions during the medical visit, seek health information from printed sources, and understand medical terminology and jargon.

  - Clear oral communication is important—use plain non-medical language, speak clearly, use repetition and graphics.
  - Encourage the patient to ask questions.
  - Confirm that the patient understands what they need to know by having them teach back the directions.
We want to hear from you……

• What kinds of things do you do to communicate with diverse patient populations?

• How do you get into the patient’s perspective on health and illness?

• What kinds of patient educational materials have you discovered or have developed for use with diverse patient populations?
Self-management

- Manage chronic conditions
- Engage patients in their health and healthcare
- Provide strong self-management support
So—How Can We Implement Patient-centered Care?

- Patient and Family Level
- Organizational Level
Resources

• IHI Tools for Pt-centered Care
  http://www.ihi.org/IHI/Topics/PatientCenteredCare/PatientCenteredCareGeneral/Tools/

• IHI Resources for Patient-centered Care—this website has many tools available for use
  http://www.ihi.org/IHI/Topics/PatientCenteredCare/PatientCenteredCareGeneral/Resources/

• Patient-Centered Care Improvement Guide
  http://www.planetree.org/Patient-Centered%20Care%20Improvement%20Guide%202010.10.08.pdf
Resources

• Team Care—has a variety of information
http://www.teamcarehealth.org/Home.aspx
  o Training Opportunities with Team Care
    http://www.teamcarehealth.org/Training.aspx

• Qualis Health Safety Net Medical Home Initiative—website has a variety of tools and information available, including Implementation Guides for each of the Medical Home Change Concepts
  http://www.qhmedicalhome.org/safety-net
Resources

• Patient-centered Care for Underserved Populations: Definitions and best Practices
  http://www.esresearch.org/documents_06/Overview.pdf

• Resources for Healthcare Professionals
  http://patientcentereddesign.org/forhealthcareprofessionals.html

• Improving Chronic Illness Care—has a variety of information and tools
Let’s Talk More About What You Are Doing

Discussion and Questions
Contact Information

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