

Time to Embrace a New Patient-Centered Care Rallying Cry: “Why Not?”

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The inaugural issue of *The Patient – Patient-Centered Outcomes Research* included a piece on Planetree’s¹ efforts to elevate awareness and adoption of patient-centered care (PCC) [1]. In the 6 years since, thanks to the efforts of countless individual and institutional PCC champions, there has been much progress to celebrate, with global healthcare reform efforts increasingly hinging on patient-centeredness as their centerpiece for achieving high-quality, high-value care [2].

1 Patient-Centered Care Gaining Traction

Momentum for widespread adoption of PCC has been steadily building, with a variety of levers driving the shift from provider-centric norms to care organized around individual patients’ needs, values, and preferences. Meanwhile, the evidence-base for PCC is accumulating, demonstrating empirically that:

- being attentive to the human experience improves quality [3–5];
- empowering patients with access to information to inform decision making, collaborative care planning, and self-management of care lowers costs and results in better health outcomes [6–11];
- engaging patients and family members as essential partners on the care team has the potential to reduce costs [12, 13].

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2 Persistent Impediments to Change

Yet, amidst all of these advancements, barriers to adoption of PCC persist. Among them is a relentless demand for more evidence of the efficacy of PCC approaches. Unfortunately, this demand for data is coming at the expense of the very action that will ultimately yield the evidence being sought.

In our roles at Planetree, we have been humbled by the ability of highly motivated changemakers to think creatively, mobilize others, and alter business as usual to put patients first. We have seen healthcare workers at Northern Westchester Hospital in New York break out of professional silos to develop what once seemed unfathomable—a single plan of care that gets all members of the interdisciplinary care team on the same page, ensuring that patients and family members receive clear and consistent information and that they are actively involved in care planning. We have seen a team at the VA New Jersey Healthcare System develop an effective protocol for assessing patients’ sleep preferences and devising work flows to preserve sleep as a treatment plan priority. We have been moved by the efforts of the team at Eindoven, a behavioral health hospital in The Netherlands, to sensitize all of its professional caregivers, as well as community members, to the realities of living with mental illness.

3 We are Getting in Our Own Way

Perhaps it is precisely because we have borne witness to what is possible that we have become so disheartened by the obstacles to this progress we continue to erect. On

¹ <http://www.planetree.org>.

national and international task forces, we have seen promising dialogue about how to facilitate genuine partnerships with patients and families becoming habitually waylaid by interjections about the need for more evidence substantiating the value of this work. To be clear, these calls for more evidence are not coming from the patients and families that we are pleased to report are increasingly included on these groups; they are coming from the traditional experts who are oftentimes somewhat distanced from the patient and family experience.

We are not suggesting that work to build the evidence base for PCC is not important, but to hold up efforts to facilitate partnerships with patients and families as we wait for this data is illogical and shortsighted. To test the impact of these patient-centered interventions, we need to first intervene, to question old patterns, break down conventions, and re-engineer business as usual. After all, we are not talking about interventions with high risk for compromising quality or safety (and yet the potential rewards for *improving* quality and safety through partnership, communication, and increased engagement are profound). They are not even particularly high risk from a cost perspective—quite the reverse; early research suggests the potential financial reward exceeds the costs associated with implementing PCC (specifically the Planetree model) [14, 15].

Fueled by the existing research summarized above—and even more so by the voices of patients and family members who time and again express their desires for healthcare experiences in which they partner with their providers, in which their personal values and preferences are accommodated, and in which the delineations between the information shared among professionals and the information shared with the patient and his loved ones are eliminated—it is time for the ‘show me the data!’ imperative to be supplanted by a new rallying cry: ‘*Why not?*’

4 Why Not?

Why not eliminate restrictive visiting hours that needlessly separate patients from their loved ones? Especially when we know from patients themselves that the presence of family provides them comfort and adds to a sense of confidence that the information being conveyed throughout their hospital stay is being absorbed by another set of trusted eyes and ears.

Why not provide patients with access to their real-time personal health information? Especially when patients in focus groups routinely express a desire to review the information, not in the hope of ‘catching’ their clinicians in an error but because they want to better understand test

results, how their body is reacting to treatments, and what they can do to take care of themselves.

Why not conduct a nursing shift report at the bedside so that the patient can participate in the exchange? Especially when we know that doing so is not nearly as time-consuming as nurses often fear [16], and patients state how much it means to them to be invited to share their personal goals as among the most important points of knowledge being exchanged among the care team.

Why not embrace family members as integral members of the care team? Especially when it is precisely those individuals who will likely continue to provide care, or at least some degree of care coordination, once the patient transitions to their next level of care.

5 Making Patient-Preferred Practices a Priority

While hallmark patient-centered practices such as 24-hour patient-directed visiting, shared medical records, bedside shift report, and care partner programs may not yet satisfy the rigorous evaluation standards necessary to qualify as ‘best practices’, they *are* definitively *patient-preferred practices*. Over the past decade, Planetree has captured the voices of more than 50,000 patients, family members, and professional caregivers through focus groups, listening sessions, and personal interviews. Across regions, cultures, generations, and other demographics, these patient-centered practices consistently surface as the way patients want their healthcare delivered.

Perhaps one of the most meaningful ways we, as an industry, can lead by example in ‘walking the talk’ of PCC is to embrace this qualitative data as a clear directive of how patients define quality PCC, and to move forward aggressively with implementing strategies for making these patient-preferred practices the expectation, rather than the exception. The good news is that this is hardly uncharted territory. We have numerous examples of healthcare organizations around the world that have blazed these trails, serving as practical examples of what it takes to implement and sustain these hallmark PCC practices.

6 Conclusion

Serving as a facilitator, convener, and clearinghouse of PCC implementation knowledge and resources, Planetree has made promotion of these patient-preferred practices an organizational priority, and has partnered with patients and family members on the development of a range of resources to guide organizations in their implementation efforts. The practices and the associated resources will take

center stage as part of Patient-Centered Care Awareness Month, an annual awareness building campaign coordinated by Planetree. We invite you to join a growing cadre of PCC champions in commemorating Patient-Centered Care Awareness Month this October, during which time we will celebrate all that is possible when we heed the voices and preferences of patients, and embrace them as our most valued partners (MVPs) in this effort to not merely reform how healthcare is delivered, but to radically transform it.

Acknowledgments Susan Frampton, PhD, is President of Planetree, an international not-for-profit advocacy, education, and training organization that provides products and services to healthcare organizations around the design and implementation of PCC.

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