

# Patient-Centred Care: moving beyond the rhetoric?

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# The evidence

- PCC: refocusing care delivery around the patient
- Clinical and operational-level benefits resulting from a patient-centred care approach:
  - decreased length of stay
  - decreased ED return visits
  - improved patient adherence
  - fewer medication errors
  - decreased adverse events
  - increased patient satisfaction
  - enhanced staff recruitment

# A Tale of Two Units

- Two hospital inpatient units – over 5yrs
- Intensive PCC practices implemented Vs Not
  - Shorter than average LOS
  - Above average patient care experience data
  - Shift to use of lower cost staff
  - Decreased cost per case

*S. Stone (2008) Evaluation of the Planetree Model on Inpatient Quality Outcomes. Health Environments Research and Design Journal. 1(4):55-69.*

# Impact on Clinical Outcomes?

- New evidence linking high level PCC with significantly lower mortality one yr after AMI (*Meterko, M et al. In press*)
  - 1800 USA veterans treated in a VA medical centre
  - PCC was statistically significantly related to survival even after controlling for patient socio-demographic characteristics, clinical condition and history, technical quality of care and admission process characteristics

# The evidence

- Business-case:
  - Decreased malpractice claims
  - Higher employee retention rates
  - Reduced operating costs
  - Increased market share

*Charmel, P., and Frampton, S.* Building the business case for patient-centered care. *Healthcare Financial Management*. 62(3):80-85, Mar. 2008

## Where are we at?

- Patient surveys used internationally
- National approaches (USA); State-based (Aust)
- Patient satisfaction Vs Patient care experience
- Increasing interest in re-aligning care delivery to focus on needs and preferences of the patient and carers
- Examples of facilities that have focussed transforming their care around the patient and seen the benefits

# Performance reporting - USA

- ‘Nice but not necessary’
- In USA 2008 – commenced publically reporting patient feedback on the CMS website “Hospital Compare”
- USA financial penalties from Medicare (+65s) if new patient survey outcomes not reported by hospitals

# Value-based purchasing

- October 2008, CMS in US introduced value-based purchasing
- Hospitals not just merely avoiding financial penalties for non-reporting
- Now benefiting from financial incentives for superior performance on the CMS process indicators, including patient care assessment
- Health insurers now negotiating 'alternative quality contracts' with providers, including improvement in PCE as indicator of quality of care

# Consumer Assessment of Hospital Care

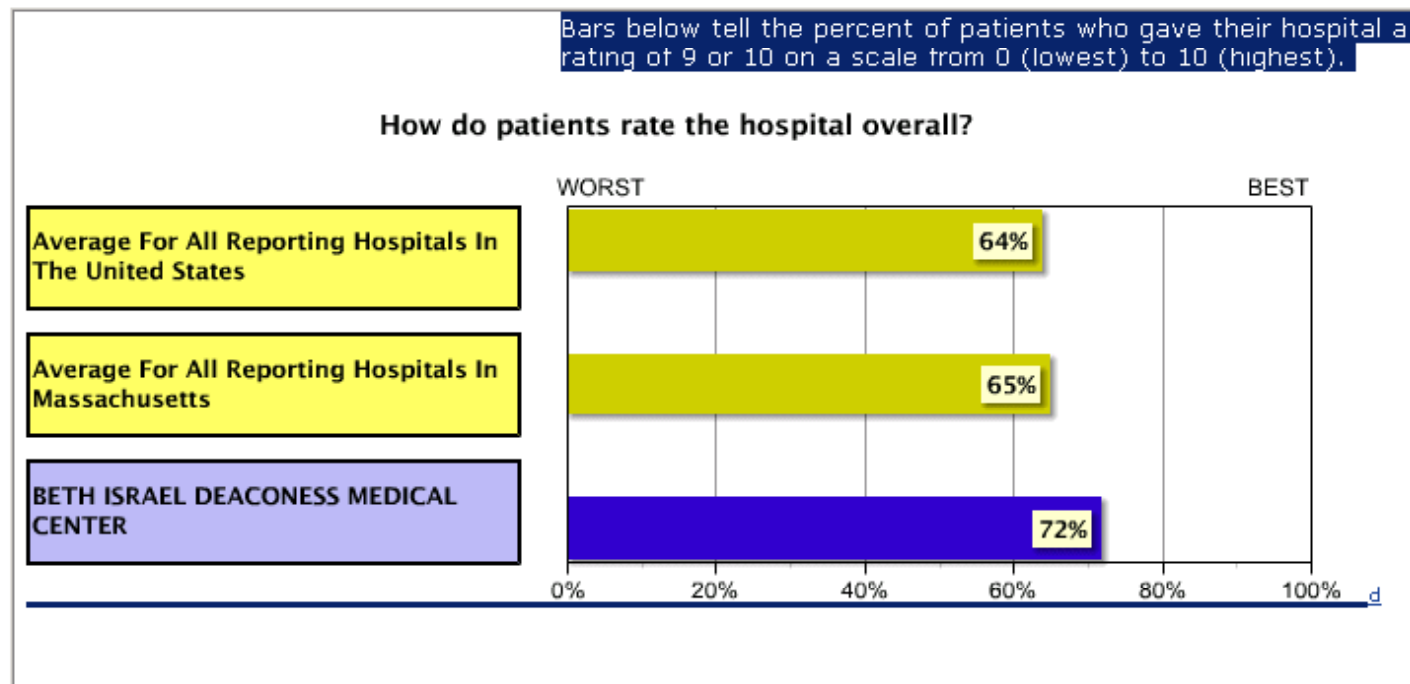
- H-CAHPS public reporting includes 2 overall ratings plus 7 domains:
  - Communication with Doctors
  - Communication with Nurses
  - Responsiveness of Hospital Staff
  - Pain Control
  - Communication about Medicines
  - Cleanliness and Quiet of Physical Environment
  - Discharge Information
- Also survey versions for clinician group practices and health plans

Graph 1 of 1

[How do patients rate the hospital overall?](#)

These results are from patients who had overnight hospital stays from January 2007 through December 2007.

After answering all other questions on the survey, **patients answered a separate question that asked for an overall rating of the hospital.** Ratings were on a scale from 0 to 10, where "0" means "worst hospital possible" and "10" means "best hospital possible."



Data Last Updated: September 8, 2008  
Page Last Updated: September 17, 2008

## Study of US services

What, if anything, is special about 'exemplar' health services renowned for patient-centred care?

1. Are there key **organizational characteristics** for improving patient care experience? Sustaining?
2. Are **patients really engaged** in improving care experience? How? To what extent?
3. Are **patient care experience data** collected and actively used?
4. Are there **leadership features** that contribute to transforming services for improved PCC? Motivation?

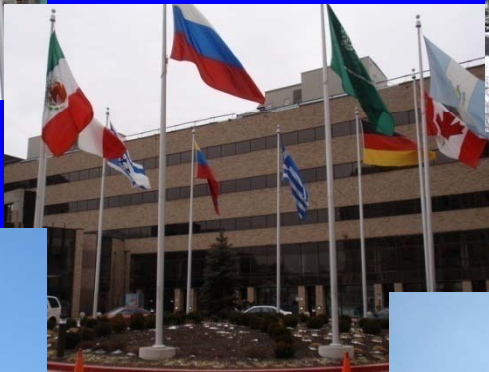
# Methods

## Case studies of 8 'exemplar' institutions across USA:

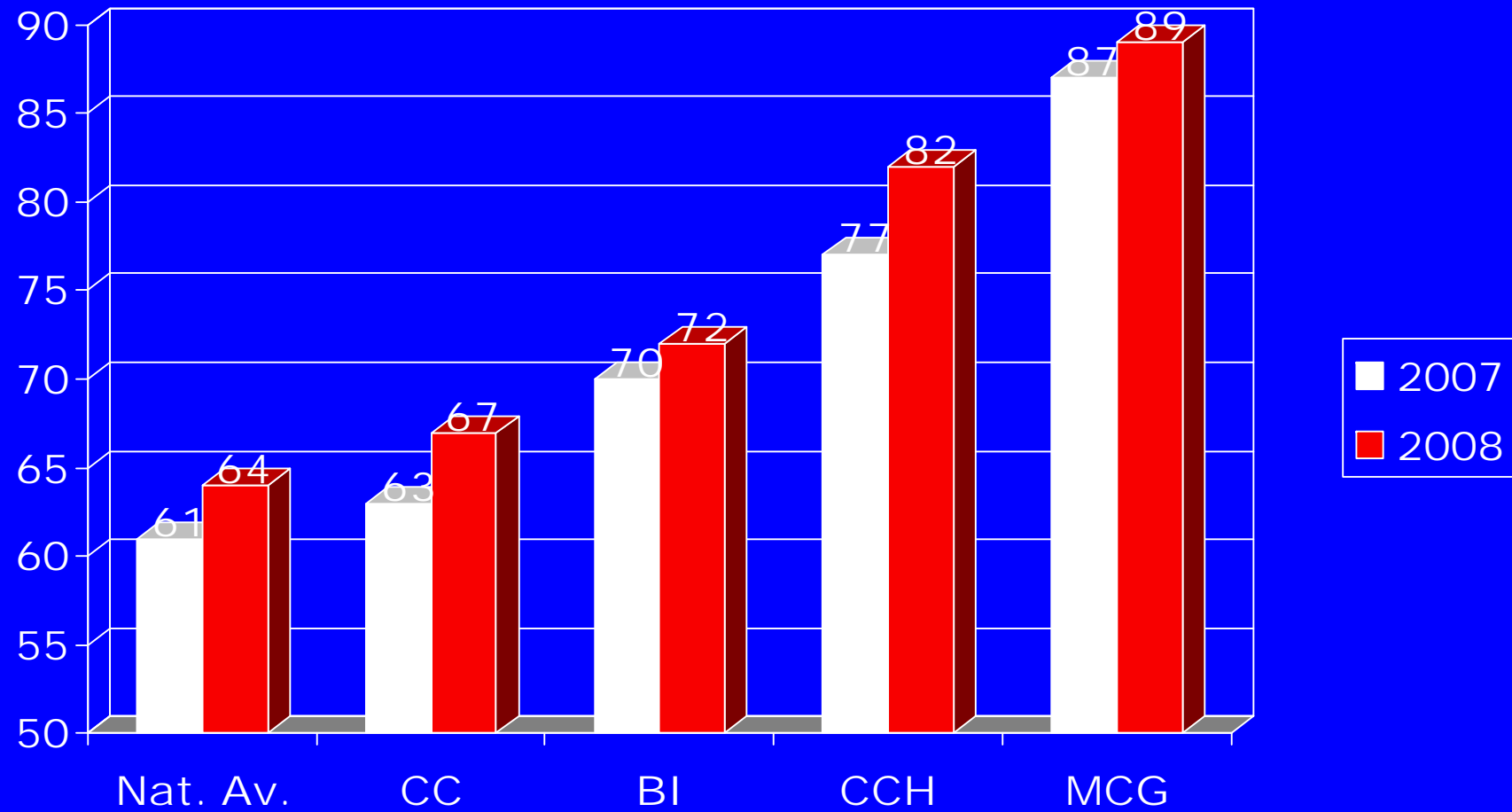
- 3 acute inpatient
  - 3 ambulatory/medical groups
  - 2 staff/group model HMOs
- Plus 1 pilot (BIDMC)

## Mixture of private facilities, charitable/NFP and cooperatives

- qualitative interviews with 40+ senior staff and patient representatives in health care institutions
- reviews of patient care experience (PCE) data reports from case study sites



## H-CAHPS - Overall rating, high



# Organizational characteristics

Critical to improving patient care experience:

- a) Strong committed leadership
- b) Regular collection and reporting of PCE data

And, specifically:

- c) Adequate resourcing and capacity building
- d) Use of accountability and incentives at all levels (performance review and remuneration)
- e) Culture strongly supportive of learning and improvement
- f) Considerable focus on staff satisfaction (celebrate successes)

## Beyond patient surveys...

Surveys were 'entry level...'

- Many other patient feedback mechanisms
- Long history of systematic measurement
- Feedback reported with high specificity
- Narrative text highly valued (vendors added in)

## Motivators

- Internal organizational ethos
- Market share/Branding organization
- Personal motivation (epiphany/ 'aha' moment)



# Responsiveness

- What did patients want improved?
  - Communication
  - Access/Coordination of care
  - Pain management
- How did organizations respond?
  - *Resourced delivery changes:*
    - new scheduling & tracking systems; hourly rounding
    - family facilities; 24/7 access; hand-offs
    - Patient & family advisory committees
    - multidisciplinary pain management teams
    - redesign & new facilities
  - *Staff capacity building:*
    - training in communication skills, PCC values, customer service
    - involved patients in resident & medical student training
    - use patient feedback in individual staff development

## Barriers

- Few barriers perceived ('took longer than anticipated')
- Changing mind set of staff from 'provider-focus'

## Sustainability

- Embedding strategies within policies & processes
- Identifying to staff benefits gained by both staff and patients
- Committed leadership continually promotes improvements

## Particularly striking sites ...academic medical centres

- Common governance elements
  - Strong Board commitment
  - Singular strategic goal to improve patient-centered care
  - CEO leader (with story) clearly articulates vision/mission
- “Consumer as active partner” - high levels of patient involvement throughout organization (board, policy, quality, new staff, systems and building redesign). Patient Advisory Committees seen as ‘bare minimum.’
- Tailored workforce – hired for organizational fit
- Highly responsive to patient feedback (QI driver)
- Patients seen as force to make health care more affordable

# "Success feeds on success"

- ↑ **staff satisfaction**
- ↑ **staff retention rates**
- ↑ **market share**
- ↓ **mortality**
- ↓ **LOS**
- ↓ **preventable harm**

# Medical College of Georgia Case Study

- 632 bed tertiary medical centre
- 22,000 admissions per year; 455,000 outpatients
- Breast cancer unit redesigned by patients. Moved ratings from 40<sup>th</sup> to 74<sup>th</sup> percentile in a few years
- Neuro ICU renovated (USD\$1m). Introduced 24/7 visits. Moved ratings from 10<sup>th</sup> to 95<sup>th</sup> percentile in 5yrs. Cut LOS by 50%. CEO “saw business case”
- MCG Health overall staff vacancy rate fell from 8% to 0%. Now have long waiting list
- 2010 – planning for new cancer centre with patient input into design

## Re-focusing around the patient...

- *“When [the CEO] first came, he really tagged the phrase, “Patients first.” You’ll hear employees talk about that all the time. That really focused the organization – remember, that’s why we here. It’s not about the nurses, or the physicians. It’s about the patients.” [CNO]*
- *“[The CEO] has elevated the importance of patient experience on par with the clinical outcomes and the quality and safety data.” [VP Quality]*
- *“We help with everything from paint chips to policy.” [Patient rep.]*

# Feedback driving improvement

- *Part of our culture is that we're never happy with the status quo. Never... We ask patients, 'What would we need to do in order to be a 10/10?' [CNO]*
- *I would say that we are focused on three things (in quality improvement) and those three were all identified by patients. [VP Quality]*
- *We respect and value what the patients have to say, and we act on it. [VP Quality]*
- *We ended up recognizing that going to ask advice after we'd made the decision was not nearly as good as having patients at the table from the start. [VP Quality]*

## This isn't a 'flavour of the month' thing...

- *Once your mind has woken up to it, then you just can't get away from it. It's like that movie - The Sixth Sense ... You just see them...you see people all the time" [Snr VP Quality]*
- *Most hospitals have a dept of surgery, dept of medicine,...Those are essentially guild systems for professionals. They're not an organization around patients. They're an organization around professionals. So we've changed. We no longer have departments or chiefs.... [CEO]*
- *Why?... Because it's just better healthcare [CEO]*

# Comparison of site key attributes

	Inpatient sites			
Domain	BIDMC	CC	CCH	MCG
Patient rating improvement (07/08)	++ (2pts)	+++ (4pts)	+++ (5pts)	++ (2pts; high end)
Patient engagement in service improvement	+	+++	+++	+++
Responsiveness - uses f/b to drive overall QI	++	+++	++	+++
CEO leader champions patient-centred care	+++	++++	+++	++++

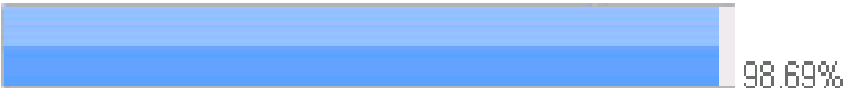
# Overall Heart Attack Care (Composite Score)

July 2007 to June 2008

Select End Date

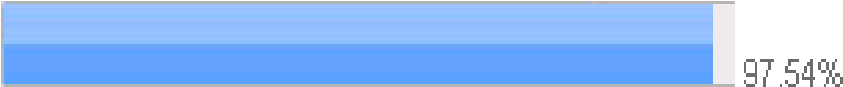
## Hospital Performance

CLEVELAND CLINIC FOUNDATION , OH



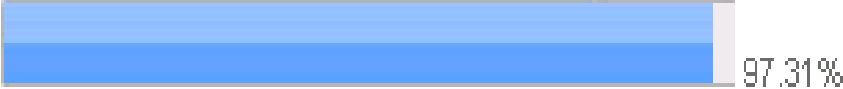
[View Data Over Time »](#)

MEDICAL COLLEGE OF GA HOSPITALS AND CLINICS , GA<sup>20</sup>



[View Data Over Time »](#)

BETH ISRAEL DEACONESS MEDICAL CENTER , MA<sup>20</sup>



[View Data Over Time »](#)

National Average



# Transforming for Patient-Centred Care

What makes these 'exemplars' different?

- Patient-focused vision
- Governance supports & articulates mission
- Resource service re-alignment
- Support collection and reporting of feedback
- Responsive to patients
- Staff accountability (PCE performance review)
- Staff satisfaction as important as patient 'satisfaction'
- Learning organizations ("We are never happy with the status quo")
- Engage patients as partners
- Dual motivation - market share and "just do the right thing"
- "In it for the long haul"



# Policy implications - Australia

- Quality improvement focused on clinical quality indicators
- Patient assessment metrics poorly used by services to drive improvement in comparison with USA & UK
- Commissions, Inquiries – increase patient-centred care
- Increase patient engagement in driving transformation of health care services
- Investment in national metrics for a comprehensive picture
- Levers:
  - Private sector – performance management & P4P
  - Public - Federal/state funding agreements - include 'patient care experience' as a new national indicator in addition to operational aspects, such as waiting times.
- Opportunities exist for patient care experience to become an important driver of quality improvement in Australia.

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  - Cincinnati Children's Hospital, OH
  - University of Pennsylvania Health System - Outpatients, PA
  - Harvard Vanguard Medical Associates, MA
  - Mills Peninsula Medical Group, CA
  - Kaiser Permanente (SCAL), CA
  - Group Health Cooperative, WA

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