

## Innovative Approaches to Patient-Centered Care in Nursing

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### ABSTRACT

Growing interest in the promise of patient-centered care has led to numerous health care innovations, including the patient-centered medical home, shared decision-making, and payment reforms. How best to vet and adopt innovations is an open question. Washington State has been a leader in health care reform and is a rich laboratory for patient-centered innovations. The process of patient-centered care innovation undertaken by innovative health care organizations – from strategic planning to goal selection to implementation to maintenance.

**Keywords:** Patient-centered care, Model, Framework

### INTRODUCTION

Patient-centered care in healthcare is defined as care provision that is consistent with the values, needs, and desires of patients and is achieved when clinicians involve patients in healthcare discussions and decisions. The Patient Centered Clinical Method identifies that patient-centeredness is achieved in part by understanding patients' experiences with illness and disease as well as understanding patients holistically. (1)

Patient-centered care is thought to have many benefits and has been proposed as a means of achieving better health outcomes, greater patient satisfaction, and reduced health costs. (2)

For example, Cooper and colleagues have identified that in a population of patients receiving physiotherapy for the treatment of chronic low back pain, the provision of patient-centered care helped the physiotherapists to "better understand and manage" their patient's needs. Furthermore, an improved understanding of patient needs stems from clinicians acknowledging patient perspectives on recovery. (3)

In a multi-site study conducted in primary care physician's offices servicing members of both urban and rural communities, patient preferences for patient-centered care and suggested that the three main objectives of patient-centered care provision should include effective communication, partnership, and health promotion. Effective communication has been defined as the exploration of the patient's disease and illness to develop an understanding of the patient's healthcare experiences. (4)

Developing a partnership with patients occurs when clinicians and patients find common ground upon which a healthcare plan can be developed mutually. Finally, effective health promotion, defined in this study as tailoring healthcare plans based on reflections on the patient's past health history and current health context, helps ensure that healthcare plans are developed from an understanding of previous healthcare experiences. (5)

This approach reduces the risk of failed treatments and ensures optimal use of resources. While these three components of patient-centred care have been identified as the elements that are most valued by patients receiving medical attention, the extent to which different patient-centered care frameworks and models embrace these three components as core elements, and their application across different disciplines has not been studied.(6)

Although rehabilitation is an area of practice where patient-centered care is seen as “the way forward”, even here a consistent conceptual framework or model of patient-centered care has yet to be accepted. Clarity on definitions, frameworks, and essential ingredients of patient-centered care is a prerequisite for developing rigorous empirical evidence evaluating patient-centred care and for insuring fidelity when it is implemented. (7) A scoping review approach provides a methodology for determining the state of the evidence on a topic that is especially useful where issues require clarification before rigorous empirical studies are conducted. (8)

while patient-centered care is acknowledged by clinicians as an ideal approach to care provision, “what it is and how to measure it” is not clear to clinicians. They suggest that additional research is needed to strengthen the evidence supporting patient-centered care in healthcare .(9)

This scoping review provides a foundation for future research by collating and summarizing the theoretical and empirical evidence regarding effective approaches to achieving patient-centred care provision. There is clearly a need for greater emphasis on empirical testing of the health and system impacts of providing patient-centered care in different contexts since the literature reviewed primarily addressed this topic theoretically, and only one randomized control trial was identified.(10)

Despite this finding, the consensus around inclusion of communication, partnership, and health promotion, across frameworks identified through this scoping review provides preliminary support that these key features of patient-centered care should be specifically included and evaluated in future studies or in clinician training.(11)

The use of theoretical foundations is considered important in in complex health care issues, but theory has been operationalized more conceptually than empirically within the literature on patient-centered care, as indicated by the fact that only one randomized control trial was identified.(12)

This is consistent with findings of how theory has been applied to knowledge translation within the field of rehabilitation. theoretical frameworks were more commonly used in a generic way rather than as a specific operational tool for defining interventions, processes, expected outcomes or evaluation strategies. Charting the nature of the evidence with respect to the use of patient-centered care frameworks and models suggests a greater need for empirical studies that test the value of providing patient-centered care versus alternatives in a rehabilitation context.(13)

Explicit use of the theory would ideally be integrated throughout training processes, materials that operationalize patient-centered care, evaluative instruments that assess its implementation, and all research that seeks to understand how it affects the process and outcomes of care.(14)

Having found a consensus that communication, partnership and health promotion are key aspects to providing patient-centered care, it is important to have rigorous definitions and clear descriptions of what these processes entail, as well as evidence about how to operationally optimize these elements in different contexts and with different patient populations. (15)

This study highlighted a rich body of evidence to inform our understanding of communication. However, health promotion and partnership have a generic meaning that is quite broad, as they have been divided as having specific characteristics within patient-centered care. (16)

This may cause confusion for clinicians who believe that they are practicing these components of patient-centered care, as their approach may be consistent with the generic meaning of patient-centered care, but inconsistent with the specific steps and components required to operationalize them in a patient-centered way. (17)

Thus, fidelity in patient-centered processes may be lost when the concept is disseminated or scaled-up. Furthermore, the lack of consistency between the meaning of health promotion within patient-centered care and other aspects of healthcare warrants further consideration.(18)

It may be that a more inclusive but specific definition would improve this component of patient centered care. For example, health promotion has been defined by the World Health Organization as “the process of enabling people to increase control over their health and its determinants, and thereby improve their health”. (19)

However, within the patient-centered care literature it has been defined as developing healthcare plans based on reflection on patient histories for the purposes of health enhancement, risk reduction, and early detection of illness .(20)

There are areas of conceptual consensus across these definitions that suggest they promote a common approach. However, the patient-centered care definition implicitly refers to the clinical interaction and goals; whereas, the World Health Organization places greater emphasis on determinants of health. Differences in conceptual framing of health promotion make it difficult to isolate studies that investigate the effect of this component of patient-centered care on outcomes. (21)

Conversely, there are a substantial number of systematic reviews that name communication as a key focus (in their title) suggesting that communication strategies can be improved by accessing high quality, empirical evidence. This reflects the importance of communication in most aspects of healthcare, and that it is studied as an important concept even where not framed within a patient-centered care framework. (22)

From these studies, we were able to determine that the majority of articles published on effective communication strategies in healthcare have a patient-centered focus and that improved outcomes can be expected when health services are designed to implement such strategies.(23)

#### **“Patient-centered care”**

“Patient-centered care” is an oft-touted ideal in health care today, yet its interpretation varies considerably: the Institute of Medicine report, *Crossing the Quality Chasm*, defines patient-centered care as clinical decision-making that flows from patient values; the patient-centered medical home, a delivery mechanism of patient-centered care, encompasses a broad range of goals, including quality, safety, and payment reform, in addition to patient-centered clinical decision-making and “whole person” care .(24)

Growing interest in patient-centered care coincides with growing attention to quality improvement and cost containment in the U.S. health care system . This attention has spurred development of several vehicles to transform health care delivery, including new or renewed innovations such as payment reforms, accountable care organizations, shared decision-making, and the patient-centered medical home. Yet exactly how these innovations can best be vetted and adopted remains an open question.(25)

Patient-centered care is one of several strategic goals pursued by health care organizations. Potential motivations to innovate in patient-centered care include policy mandates, available payment bonuses and research grant dollars, business opportunities, and moral imperative. (26)

But deterrents also exist, for example, the time and expense to adopt electronic health records and difficulty managing change in the relationships between payers and providers. (27)

To better understand healthcare organizations’ rationales for choosing -- or not -- to innovate in patient-centered care and their experiences of the process of innovation, we queried a range of innovative health plans, provider organizations, and primary care clinics in Washington State about their goals relating to patient-centered care, strategies used to achieve those goals, and challenges encountered along the way. (28)

#### **CONCLUSION**

While no unifying patient-centered care framework/model was found, a consensus among frameworks and models of different disciplines suggest that three components of patient-centered care have been consistently recognized as critical to the process. Health promotion, communication and partnership have been considered across multiple areas of clinical practice although rarely through empirical studies. This consensus suggests a broadly applicable framework/model of patient-centered care is feasible and together with appropriate operational definitions might advance future empirical studies addressing whether patient-centered care improves outcomes. Studies that attest to the implementation and empirical evaluation of the outcomes of patient-centered care are needed and should at minimum include and measure the three tenets of patient-centered care: communication, partnership, and health promotion.(29)

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