The Center of the Universe
A Closer Look at a Patient-Centric Care Model

Thinking outside the box is a cliché often used to refer to looking at a problem from a new perspective and without preconceptions. As we try to be innovative in our thinking regarding healthcare IT implementation, this phrase could certainly apply as we try to approach clinical problems in a new way, creatively integrate technology at the point-of-care or find ways to transform healthcare through the use of IT. But in this column, I am going to offer a new twist on this process, and propose that we consider thinking inside another box.

The world of Aristotle and Ptolemy believed that Earth was positioned at the center of the universe. Thanks to Galileo and Copernicus, we know that this is not true. Perspectives of healthcare have undergone similar, radical changes in perception. For decades we held an illness-based model of healthcare in which the majority of care was provided in hospitals. In recent years, that model has shifted to a wellness/health maintenance model, where the emphasis of care is found outside the hospital and in venues such as outpatient, ambulatory/clinic and home care. This was a move in the right direction, and would qualify as thinking outside the box.

But as we all know, this was still not where we needed to be to support the highest quality care at the right cost. Despite an increased focus on healthcare beyond hospital walls, one only needs to think about the process of medication reconciliation among care venues to realize the lack of seamless integration of care delivery and the challenges of supporting interoperability across the continuum. Hence, I am proposing a new box—the patient-centric view—where patients actively participate in their care and we deliver care from their point of view. Thinking inside this new box might allow us to breakdown some of the barriers that we have struggled with on our journeys to promote higher quality care thought the use of IT.

**PATIENT-CENTRIC CARE**

It seems odd that healthcare organizations need to be reminded to involve patients in their own healthcare decisions. After all, this approach would certainly be supported by patients, and the healthcare industry has compelling reasons to foster customer service and improve patient satisfaction and loyalty. Unfortunately, when a healthcare system is too complex and fragmented, and when they place ever-greater pressure on clinicians to boost productivity, care centers on the needs of the system, rather than the patient.

Patient-centric care includes the patient and his or her significant others as an integral part of the care team. They collaborate with health professionals to make decisions about wellness and treatment. Patient-centered care encourages patients to take responsibility for important aspects of preventive self-care practices, as well as any disease management strategies and monitoring. Patient-centric care makes the flow between healthcare settings seamless because the patient is an active participant and the healthcare provider is paying attention to the needs of the patient. When care is centered on the patient, opportunity exists to remove unneeded and unwanted services. So, how can technology fit inside this box to support patient-centric care and help improve patient outcomes?

**E-HEALTH**

The healthcare IT industry has just begun to tap into the potential of e-Health and the value of Web-based tools. Often this is seen as a “self service” option, and possibly as a productivity enhancer for the healthcare organization. However, opening our registration systems and scheduling books so patients can arrange appointments when it is most convenient for them serves the more important purpose of demonstrating that they are a true partner in their care.

Furthermore, to have patients update their demographics, insurance, allergies and medication lists puts the accountability for the accuracy of this information not only where it belongs, but where the source of truth lies. This is, of course, the underlying principle of Microsoft’s HealthVault, where patients create their own account and store their data in a health record “bank.” There is no other part of the human experience where such a passive role is played as we see by patients in managing their own healthcare today. This needs to be turned around if we are to be able to get to the next level of care quality. It is the patient who is the constant across the care continuum, and it is by focusing on the patient—not the care venue—that we can create the seamless integration needed to have the information to provide the best care.

I believe this area has the largest potential for impact on the quality of healthcare. Online storage of immunizations records, advanced directives, medication lists and medical histories allow patients and practitioners to access them any time, from any care venue. Furthermore, computer-generated health maintenance
and disease management reminders can support the evidence-based care all clinicians strive to provide. Our challenge is clear: not only do we need to give patients the opportunities to participate as true partners in their healthcare, we need to communicate to them why this model makes sense.

**PRIMARY CARE**

Little is known about the extent to which primary care physicians support or practice patient-centered care, one of the Institute of Medicine’s six dimensions of quality. A Commonwealth Fund study of Patient-Centered Practices by Primary Care Physicians focused on 11 patient-centered care practices: same-day appointments; patient e-mail; reminder notices for preventive or follow-up care; registries of patients with chronic conditions; patient medication lists; electronic medical records; information from referral physicians made promptly available; medical records/test results readily available when needed; patient survey data fed back to the practice; patient ratings of care affect compensation; and information on quality of care of referral physicians available.

The researchers rated physicians’ patient-centered practice scores as low (zero to two practices adopted), medium (three to five practices adopted) or high (six to 11 practices adopted). Twenty percent scored in the low range; 58 percent in the medium range; and 22 percent in the high range. These results aren’t too bad, but automation in the physician office could improve these patient-centered practices even more.

This same study documented that only 16 percent of primary care physicians used e-mail to communicate with their patients; 74 percent experienced problems with the availability of patients’ medical records or test results; and only 50 percent had adopted patient reminder systems.

Imagine if the physician office was fully automated with an electronic patient record that was integrated with a patient portal for e-Health: The patient's medical record would always be available. Results and reminders would be electronically generated and sent to the patient. The patient could respond with questions, and document other results he or she wants the physician to know. A good medication list could be co-owned and maintained.

It is easy to see how shifting the focus to the patient and away from the provider or clinic system could positively impact patient care and satisfaction.

**HOSPITAL CARE**

Focusing on the patient is not a new concept for the inpatient setting. Of any healthcare venue, the inpatient setting probably has the richest history of incorporating patient-centric care practices. But even here we can enhance patients’ experiences by using technology to enable hospitalized patients to participate more fully in their care.

What if systems implemented change-of-shift walking rounds with computers-on-wheels, using online shift reports or task lists to review with patients what occurred during the previous shifts and inform them of what is to come on the next shift? What about electronically generating a patient “itinerary,” so patients know what to expect from lab, nursing, and radiology? Why not include interactive education modules? Or include patients on their own outcome facilitation team, having them participate in discharge planning rounds, or having them help update their online care plan?

The patient’s outcomes can only be better if they know what we are working on and can actively participate with us. I am not naïve enough to think that all patients want this today, but there are many patients who would benefit from a de-mystified the healthcare experience.

**REFERENCES**