



Patient as Center of the Health Care Universe: A Closer Look at Patient-Centered Care

EXECUTIVE SUMMARY

- ▶ We need to consider how the health care system should revolve around the patient, rather than the patient rotating around the hospital.
- ▶ Considering a patient-centric point of view when implementing and optimizing the use of health information technology (HIT) provides new perspectives on the meaning of “integrated” health care.
- ▶ Not only do we need to give patients the opportunities to participate as true partners in their health care, we must convince them why this partnership makes sense.
- ▶ We should not be naive and believe all patients want this involvement in their care today and are ready to do all their health care transactions electronically.
- ▶ But considering and using these practices are important steps in the health care reform journey to improve quality and decrease cost.
- ▶ Many patients will benefit by our working with them to demystify the health care experience through patient-centric practices and the use of HIT.



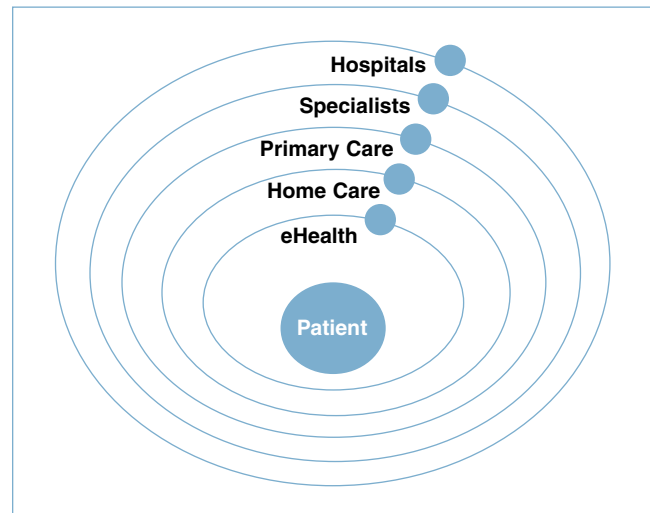
Judy Murphy

THE WORLD OF ARISTOTLE AND Ptolemy believed that Earth was positioned at the center of the universe. Thanks to Galileo and Copernicus’s studies in the 16th century, we know this is not true and that the sun is the center of our universe. Perspectives of health care have undergone similar, radical changes in perception. For centuries we had a hospital-centric view; an

illness-based model, where the majority of care was provided in hospitals, when we were ill. In the last few decades, that model has migrated to a more continuum of care view; a wellness/health maintenance model, where emphasis of care is outside the hospital in other venues such as outpatient, ambulatory/clinic, and home care (see Figure 1).

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Figure 1.
Patient as Center of the Health Care Universe



But as we all know, this is still not where we need to be to support the highest quality care at the right cost. Despite a focus on moving care out of the hospitals, one only needs to think about the process of medication reconciliation between care venues to realize the lack of seamless integration of care delivery and the challenges of supporting interoperability across the continuum. Hence, here I am proposing the patient centric view, where the patient actively participates in his or her care and we look at delivering care from a patient’s point of view. This allows us to break down some of the barriers we have struggled with on our journeys to promote higher quality care through the use of health information technology (HIT). Now we need to consider how the health care system should revolve around the patient, rather than the patient rotating around the hospital. Considering a patient-centric point of view when implementing and optimizing the use of HIT provides new perspectives on the meaning of “integrated” health care.

Patient-Centric Care

It might seem odd that a health care organization needs to be reminded to involve the patient in his or her care. After all, this approach would certainly be supported from a patient’s perspective. And, of course, the health care industry has compelling reasons to incorporate a strong customer and service focus in order to improve patient satisfaction and impact patient loyalty. But as health care systems

have grown more complex and fragmented, and as clinicians have felt pressured to be more productive, care has become more centered around the needs of the system – often at the patient’s expense.

Patient-centric care includes the patient and her or his significant others as an integral part of the care team. They collaborate with health professionals to make decisions about their wellness and illness care. Patient-centered care encourages patients to take responsibility for important aspects of their preventive self-care practices, as well as any disease management strategies and monitoring. Patient-centric care helps the flow between health care settings be more seamless, as the patient is an active participant and the health care providers are paying attention to the needs of the patient. When care is centered around the patient, opportunity exists to remove unneeded and unwanted services. So, just how can technology help to support patient-centric care and help improve patient outcomes? Let’s investigate four practices where technology can help.

eHealth

The HIT industry has just begun to tap into the potential of eHealth and the value of patients participating in their own care using web-based tools. Often this is seen as a “self-service” option, and possibly as a productivity enhancer for the health care organization. But, 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 they are true partners in their care. Further, 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, Google Health, Relay Health, or other personal health records (PHRs) tethered to a health care organization’s electronic health records (EHRs), where patients create their own account and store their personal health information in a health record bank.

There is no other part of the human experience where such a passive role is played as patients managing their own health care. This needs to be turned around if we are to reach the next level of care quality. It is the patient who is the constant across the care continuum. By focusing on the patient, and not the care venue, we can create the seamless integration needed to provide the best care.

This area has one of the largest potentials for impacting the quality of health care. Online storage of immunization records, advanced directives, medication lists, medical histories, and a cadre of other pertinent medical information just makes sense and allows the patient and practitioner 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 health care, we must convince them why this partnership makes sense. But as their advocate, that is our job, too.

Nursing has a long history working as the patient’s advocate. In this case, we need to work with our patients so they can understand the importance of their participation as a partner in their care, instead of playing a passive role. One way we can do that is to encourage our patients to actively use a PHR to manage their own health care and to partner with their health care providers.

Primary Care

Little is known about the extent to which primary care physicians support or practice patient-centered care, which is one of the Institute of Medicine’s (2001) six dimensions of quality. A Commonwealth Fund study (Audet, Davis, & Schoenbaum, 2006) of patient-centered practices by primary care physicians focused on 11 specific patient-centered care practices: same-day appointments, e-mail with patients, reminder notices for preventive or follow-up care, registries of patients with chronic conditions, patient medication lists, electronic medical records, information from referral physicians promptly available, medical records/test results readily available when needed, patient survey data fed back to 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, medium, or high based on how many of these 11 patient-centered care practices they adopted. Twenty percent scored in the low range (0-2 practices adopted), 58% in the medium range (3-5), and 22% in the high range (6-11). Actually, 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% of primary care physicians used e-mail to communicate with their patients, 74% experienced problems with the availability of their patients’ medical records or test results, and only 50% had adopted patient reminder systems. Imagine if the physician office was fully automated with an electronic patient record integrated with a patient portal for eHealth. First and foremost, the patient’s medical record would always be available. Results and reminders would be generated electronically and sent to the patient. The patient could respond with questions, and document other results for the physician. 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 impact patient care and satisfaction in a positive way.

The Patient Centered Medical Home (PCMH) model in primary care promotes patient-centered care by facilitating a partnership between individual patients and their personal physicians. Care is facilitated by registries, information technology, health information exchange, and other means to assure patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner. The National Committee for Quality Assurance has published PCMH standards and has a recognition program for primary care practices. This is another way to encourage the patient-centric model and patients' participation in their care.

Hospital Care

Focusing on the patient is not a new concept for the inpatient setting, and probably is the venue that has the richest history of incorporating patient-centric care practices. But even here we can enhance the patient experience by using technology to enable the hospitalized patient to participate more fully in his or her care.

What if hospitals implemented change-of-shift walking rounds with computers-on-wheels, using online shift report or task lists to remind patients of what went on during the previous shift and inform them of what is to come on the next shift? What about a computer-generated "itinerary" of patient activities for the day, so they know what to expect from lab, nursing, and radiology, and can participate more fully in their care? Why not include interactive patient teaching modules patients could complete through the TV? What about including patients on their own outcome facilitation team, having them participate in discharge planning rounds, or having them help update their online care plan? Patient outcomes can only be better if they know what we are working on and can actively participate *with* us.

Health Information Exchange

One of the most important changes to improve care coordination and create a patient-centric health system in the United States is related to the ability to exchange health care information between all care venues: hospitals, clinics, physicians, home care, and pharmacies. Of course, moving paper health records around would never adequately serve this purpose, so this initiative has been directly linked to EHRs. There are local, regional, state, and federal initiatives underway to create the foundation and implementation specifications for data interoperability between all care venues and between varying EHR systems. Significant parts of the American Recovery and Reinvestment Act's HITECH funding has gone toward advancing the interoperability and portability of electronic health records. This includes sharing EHR information with the PHR.

Imagine if a patient's problem list, family history, medication list, allergy list, and vital signs were

always available to any care provider in any location. Imagine if the patient's lab data, last chest x-ray, or last mammogram result were readily available during a followup exam. Imagine if all histories and physicals, consults, outpatient reports, and discharge summaries were accessible. There would certainly be less repeats of tests because previous results were not available, and there would be better care decisions because data would be available. These are practices that focus on the patient and promote patient-centric care, enabled by HIT.

Summary

The federal EHR Incentive Program identified many of the principles discussed here in the criteria to qualify for "meaningful use" of certified EHR incentives. Two of the five meaningful use initiatives incorporate specific objectives focused on patient-centric care: engaging patients and families, and improving care coordination. This includes ensuring the EHR can customize delivery of information to the patient, provide an electronic copy of discharge instructions and a summary of care, as well as the ability to electronically transmit health information from one care venue to another.

We should not be naive and believe all patients want this involvement in their care today and are ready to do all their health care transactions electronically, but considering and using these practices are important steps in the health care reform journey to improve quality and decrease cost in the United States. Many patients will benefit by our help in demystifying the health care experience through patient-centric practices and the use of HIT. \$

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