Principles of Patient Centered Health Care

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Outline

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• Principles of PCHC
• Examples of Patient Centeredness
• Role of APCHC Initiative
Definitions of Patient Centered Health Care

“Health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients wants, needs, and preferences and that patients have the education and support they require to make decisions and participate in their own care”.

Institute of Medicine (2001)

New Definition:

“The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one’s person, circumstances, and relationships in health care”.

Don Berwick, Kimball Lecture, delivered 27 July 2008
Quoting the IOM's Quality Chasm report: "respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions” means:

1) a two way relationship, where the patient's responsibility is to learn about the disease and share his/her preferences, while the providers have to embrace the patient's values, beliefs, hopes and ways of dealing with adversity. Ultimately, consensus is achieved.

2) enriched by teaming, since no single provider can manage it all.

3) reliant on "framing," in which the health care providers "tailor" the information they provide in response to patient literacy, concerns, beliefs and expectations

4) deliberative, because expectations and circumstances change over time.
Principles of PCHC

• Respectful of and responsive to individual patient preferences, needs, and values and ensures that patient values guide all clinical decisions

• Quality that is grounded in relationships between patients and healthcare professionals

• Encapsulates healing relationships grounded in strong communication and trust (Epstein et al 2010: 1489)

• Healthcare professionals’ ability to understand patients’ experiences
International Consensus

• **The Salzburg Statement**: Better Care for All, Every Time - (22-27 April 2012).... **Problem**: Health care interventions that are known to work and save lives are not being implemented for every patient every time!


• **Three maxims**: (1) “The needs of the patient come first.” (2) “Nothing about me without me.” (3) “Every patient is the only patient.”
The Salzburg Statement
“Call for Action”

We call on patients:

• Be involved in the decision-making process of health care delivery, including during their visit to health care facilities in order to ensure upkeep of good health.

• Have a better understanding of their rights and responsibilities to receiving better health care and respect the rights of other patients and health care professionals.

• Utilize the health care services properly and feel ownership of the health care system and infrastructure.

• Inform providers of any risk or potential adverse conditions that arise during their care delivery.

• Develop knowledge and skills in self management of their health problems, the system approach to health care, upkeep of environments, and practice healthy behavior.
Examples of Patient centered Health Care

• Bridging cultural gap in child birth – Ecuador
• Establishing functional ETAT systems in OPD – Uganda
• Hand washing and use of antibiotics
• A Matter of Time
Place of birth by ethnic group

Source: ENDEMAIN 2004 (n = 2798)
Ecuador: Relationship of MMR to home delivery (by province)
Reasons mother gave birth at home

Source: ENDEMAIN 2004
n = 697
Positive aspects of giving birth at home

Source: ENDEMAIN 2004
n = 697

- More secure, at ease ('confianza')
- Family, TBA treat me well
- Able to carry out traditional practices
- Hospital does things I don't like
- Costs nothing, cheaper
- There's nothing good about it

[Bar chart showing the positive aspects of giving birth at home by different groups]
What mother liked about health facility where she delivered

Source: ENDEMAIN 2004
n = 2,065
Semmelweis – maternal mortality rate in April 1847 was 18% (18,000/100,000); handwashing started in mid-May, the rate in June was 2%.
Maternal mortality UK – reduction from ~ 500/100,000 pre 1935 after introduction of sulphonamides to current 9/100,000 in 2011

Figure 2: Maternal Mortality in England and Wales 1847-2002

A Matter of Time

Robert C. Lloyd, PhD
Donald A. Goldmann, MD
www.jama.com September 18, 2009

• Clinical Research (Knowledge) Time
• Patient (Illness) Time
• Clinical Practice (Disease) Time
• Improvement (Performance) Time

(Common Ground between Patient and Service Provider)
African Charter Article #16
Khayelitsha Western Cape Province

1. Every individual shall have the right to enjoy the best attainable state of physical and mental health.

2. States parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.

Médecins Sans Frontières; 20 March 2009
Role of APCHC Initiative

• Establish stewardship mechanisms and procedures to the implementation Initiative
• Facilitate implementation research to provide evidence for PCHC interventions
• Develop and support mechanisms for introduction, scale up and maintenance at scale PCHC in all facilities and communities in Africa
• Advocate for and assist to identify resources to support PCHC Initiative
• Develop tools and M&E progress in the implementation and institutionalization of sustainable PCHC in Africa
• Share best practices and advocate for Africa wide scale up of PCHC practices and culture
Asante Sana