

## People-centred Health Care: *An Overview*

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## Outline

- Introduction
- **What ails current health care?**
- People-centred Health Care
  - *Elements and Principles*
  - *The Four Domains*
- **How can you make a difference?**
- Conclusion



## Introduction



The achievements of modern  
medicine over the last century are  
impressive .....



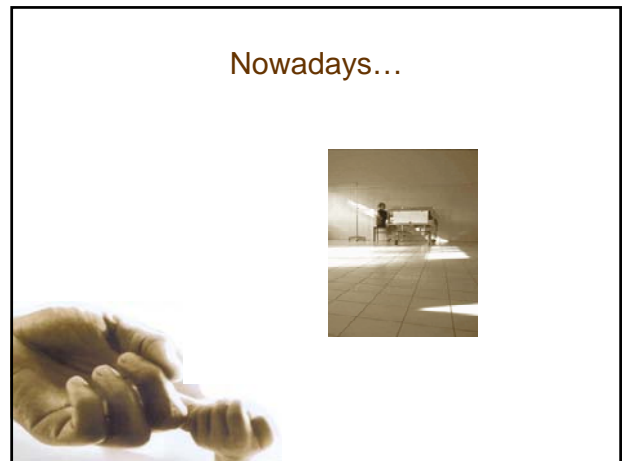
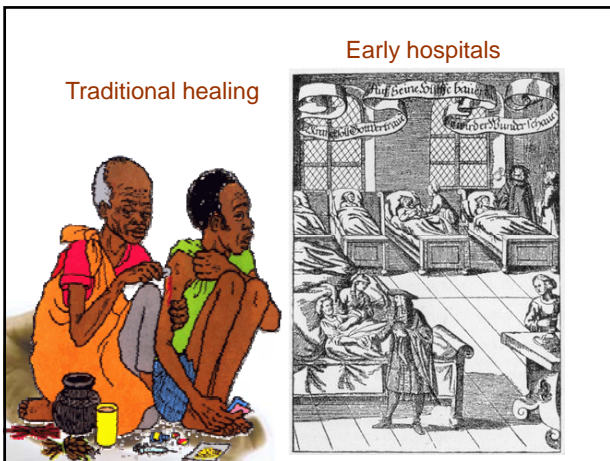
Improved ability of health  
practitioners to diagnose, manage,  
and treat .....

- **Advances in diagnostic procedures**
- Non-invasive interventions
- **Pharmaceuticals**
- Effective health promotion and disease prevention strategies



**But health  
care has  
reached an  
important  
turning  
point.....**

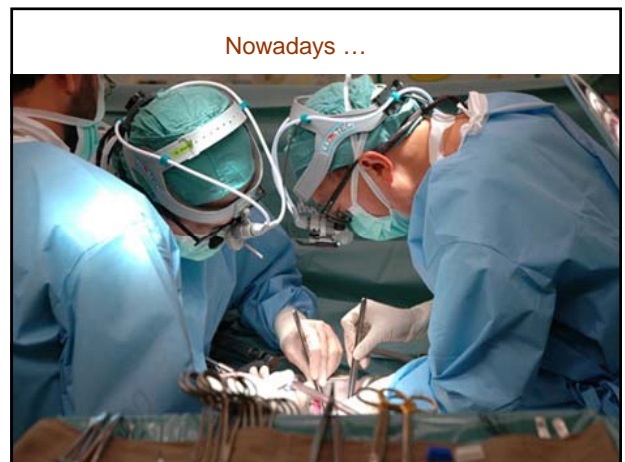




**A patient's journey through the system**

- **Registration**
- **Consultation**
- **Investigative procedures**
- **Test results turnaround time**
- **Treatment**
- **Follow-up**

EK Yeoh



**LEVELS OF PATIENT CARE:**

- Intensive Care**: Disease-oriented, Technology-driven, Doctor-dominated
- Intermediate Care**: Beholden to financial imperatives
- We don't care**: = dehumanising

## Access to Healthcare



## To err is human

- Iatrogenic deaths
- Adverse drug events /injuries
- Unsatisfactory care.



## Unsafe care

- Only 55% of patients diagnosed and treated adequately; up to 98,000 deaths per year due to medical errors (IOM-USA)
- 10% of hospital patients suffer adverse effects (UK)
- 12% of inpatients suffer adverse drug events or near-miss (Harvard study)
- Health care-associated infection in developing countries can exceed 25% and 10% of patients admitted to modern hospitals in the developed world acquire one or more infections (WAPS)

## Unsatisfactory care

- 48% are not satisfied with current health care (IAPO, 2006)
- 54% expect no significant improvement in health care in the next 5 years
- 27% expect health care to decline
- Poor populations experience the worst levels of responsive health care (WHO, 2000)

## Poor provider-patient interaction

- At least 62% of patients said that their doctor did not consider possible emotional factors coming into play.
- Up to 33% of health care providers did not discuss other medications taken before hospitalization.
- More than 1 out of 3 patients were not informed or involved regarding care and treatment choices.

(Source: Davis, et al, 2007 – based on a comparative study of Australia, Canada, Germany, New Zealand, United Kingdom and United States of America)

Health systems continue to struggle with issues of equity, quality, safety and responsiveness to the needs, legitimate demands and reasonable expectations of the people whom health care systems were set up to serve.....

## Why?...

- Changing population health patterns and outcomes – shift in disease burden
- Higher levels of education, increased availability of info., access to goods and services > alter expectations of health care delivery
- Patient satisfaction, patient safety, and responsiveness of care are important issues
- **Patient-centredness now a global issue**



## A NEW LENS...

- In global health, our work requires us to deal with numbers
- Numbers are, in fact, key indicators of progress or failure
- We remain focused on the numbers that define our work



*BUT.....*

**HEALTH IS MORE THAN JUST NUMBERS!**

- Behind each and every number, behind every statistic, are real people – individuals, families and communities whose lives are impacted significantly by disease and suboptimal health.
- If health systems are to be relevant and effective, we must be able to see behind the numbers and reach out to people for whom these systems were created in the first place.



## A Tale of Three Women: *Variations in health care (1)*

1. *Silei (American Samoa)* – no health centre in the village; nearest clinic was an hour's drive away; biopsy material had to be sent off-island for testing; needed to be sent abroad to get access to treatment facilities; protracted delays at each stage – **DIED WITHIN ONE YEAR**
2. *Helen (Guam)* – long visit with doctor to discuss results and options; doctor was supportive and made referral to a cancer specialist, a support group and a social worker; initiative to read about cancer; decision to have breast removed and go through chemotherapy; supportive family – **HAD A REMISSION, SURVIVED, LIVED A NORMAL LIFE AND BECAME A VOLUNTEER TO SUPPORT OTHER WOMEN**



## A Tale of Three Women: *Variations in health care (2)*

3. *Le (Vietnam)* – migrated to work in a metropolitan area in a rapidly developing neighbouring country; company health insurance enabled access to state-of-the-art health care; living alone and very much away from friends and family; went through the insurance maze and the cold and harsh hospital environment – **DECLARED CANCER-FREE, BUT EXPERIENCED FULL-BLOWN DEPRESSION, LOST HER JOB, HEALED IN BODY BUT BROKEN IN SPIRIT**



## Silei, Helen and Le had breast cancer...

- ~ fought using one standardized set of clinical guidelines
- ~ yet they experienced completely different outcomes

The differences were due, in no small measure, to the varying landscapes of health system and health care and support that they encountered.



## What ails current health care?



## 1948 WHO Constitution

- **WHO's definition of health:** A state of complete physical, mental and social well-being **and not merely the absence of disease or infirmity.**
- **WHO's objective:** The attainment by all peoples of the highest possible level of health.
- **WHO's function:** To act as the directing and coordinating authority in international health work.



## WHO Governing Body Resolutions

- **WHA55.18** (2002) on Quality of Care: patient safety
- **WPR/RC53.R7** (2002) on Essential Public Health Functions – to promote reorientation of health professionals, managers, policy-makers and government institutions ...in line with the development of essential public health functions
- **WPR/RC54.R2** (2003) – to support Member States to improve the quality of health care and ensure that broader psychological, social, ethical, cultural determinants are taken into account



## 5 Common Shortcomings of Health-Care Delivery

- Inverse care – people with the most means consumes the most care
- Impoverishing care – out of pocket payments result in catastrophic expenses (100 m/year into poverty)
- Fragmented/fragmenting care – overspecialization and narrow focus of disease control programmes
- Unsafe care -
- Misdirected care – clustering around curative services.



WHR 2008

## World Health Report 2008 *Primary Health Care: Now More than Ever*

### Chapter 3. Primary care: putting people first

Good care is about people

Effectiveness and safety are not just technical matters

Understanding people: person-centred care

Comprehensive and integrated responses

Continuity of care

A regular and trusted provider as entry point

Organizing primary-care networks

Bringing care closer to the people

**Monitoring progress**



*In preventing and controlling such suffering, we must think beyond the practice of reducing everything to component parts, and this is where, I believe, modern medicine needs to accommodate a more integrated and holistic approach...*



Prince Charles

## The need for a paradigm shift in health care...

- Health systems - becoming overly biomedical-oriented, technology-driven, doctor-dominated, and market-oriented
- Changing health needs and community expectations – ageing populations, rise of chronic conditions; increased literacy and buying power; better information technology and access to information; increasing consumerism



## The need for a paradigm shift in health care...

- Medical education/practice - concentrates on body systems and disease conditions; less attention to social context, psychosocial and cultural issues, ethics, interpersonal communication and relational skills; specialization and lack of team work leads to fragmented and uncoordinated care (hole system)
- Health literacy/patient information – limited availability, or in inappropriate forms



## The need for a paradigm shift in health care...

**Quality systems - need to focus on both technical quality and experiential elements of care; need for feedback on quality of care process**

- Problems in the healthcare system – quality, financing incentives, workforce production, distribution and regulation, weaknesses in primary care and in continuity of care



## The need for a paradigm shift in health care...

- Health care governance – few opportunities for consumer input and feedback; little reporting back to the community
- Health systems with basic infrastructure – continuous improvement from coverage to quality and people-centred health care



## People-centred Health Care



### Elements and principles

**Culture of care and communication** – health care users being informed in decision-making and having choices; providers showing respect for their privacy and dignity and responding to their needs in a holistic manner

**Responsible, responsive and accountable services and institutions** – providing affordable, accessible, safe, ethical, effective, evidence-based and holistic health care

**Supportive health care environments** – putting in place appropriate policies and interventions, positive care and work environments, strong primary care workforce, and mechanisms for stakeholders' involvement in health services planning, policy development and feedback for quality improvement



## The 4 Domains

- **Individuals, families and communities** > **Informed and empowered**
- **Health practitioners** > **Competent and responsive**
- **Health care organizations** > **Efficient and just**
- **Health systems** > **Supportive and humanitarian**



## DOMAIN 1:

### *individuals, families and communities*

*We do not realize that in the traditional way we relate to our patients – a superior to be strictly obeyed, by a subordinate to unquestionably comply – we are perpetuating an imbalance that makes for poor management of health and economics. Generalist or specialist, community or hospital based, we can restore a sense of balance by giving our patients and those around them the appropriate and correct information about their body physiology, with words and images that they can understand, and insist that they be co-responsible for their own health.*

A.R.A. Bengzon



## DOMAIN 1:

### *individuals, families and communities*

- Increasing health literacy
- Providing communication and negotiation skills that lead to meaningful participation in decision-making
- Improving capacity for self-management and self-care
- Increasing capacity of the voluntary sector, community-based organizations and professional organizations to extend mutual assistance
- Promoting social infrastructure that supports community participation in health services planning and facilitates greater collaboration between local governments and communities
- Developing community leaders who advocate and support community involvement in health service delivery



## DOMAIN 2: *health practitioners*

*Never before has medicine had the capacity to do so much good, yet never have people been so disenchanted with their doctors. The problem is that doctors have lost the art of healing, which involves much more than diagnostic skills and the ability to mobilize technology. At its core is the doctor-patient relationship...how important that relationship ....a new paradigm: medicine with a human face in which the art of healing is as important as the mastery of medical techniques.*

Dr Bernard Lown



## DOMAIN 2: *Health practitioners*

### OBJECTIVES

- Increase capacity for holistic and compassionate care through better communication, recognition of psychosocial and cultural issues
- Enhance commitment to quality, safe and ethical care
- Equip for patient-centredness as a core competency

### MEASURES

- Basic and continuing education to incorporate core competencies and knowledge base as well as experiential and reflective training methods
- Value formation and reinforcement
- Open disclosure standards and peer review



## Some facts

- *75% of the information leading to a correct diagnosis comes from a detailed history*
- *10% from the physical examination*
- *5% from simple routine tests*
- *5% from costly invasive tests*
- *5% undetermined*

Dr Bernard Lown  
The Lost Art of Healing, 1996



### *the CARE\* measure*

How was the doctor at:

- Making you feel at ease
- Letting you tell the story
- Really listening
- Being interested in you as a "whole person"
- Fully understanding your concerns
- Showing care and compassion
- Being positive
- Explaining things clearly
- Helping you to take control
- Making a plan of action with you

*Consultation and relational empathy*

Mercer et al 2005



### **DOMAIN 3: health care organizations**

Health care organizations are a mirror. The experience of people seeking care is a reflection of how the organization treats its own employees...

Just as we need a holistic approach to the health and well-being of people, we need also to treat health care organizations as living entities that have a mind, body and spirit... [with] focus on meaning and relationships as much as structure.

*Robin Youngson*



### **DOMAIN 3: health care organizations**

- Providing a conducive and comfortable environment for people receiving and providing health care
- Ensuring efficient and effective coordination of care
- Establishing and strengthening multidisciplinary care systems
- Strengthening the integration of patient education, family involvement, self-management and counselling into health care
- Providing standards and incentives for safe, quality and ethical services
- Introducing and strengthening models of care



### **Domain 4: health systems**

- Trying harder will not work. Changing systems will.

*IOM, 2001*

- Patient-centred care is more than just emphatic interviewing of patients. It is about re-organising healthcare systems.

*Bauman et al, 2003*



### **Domain 4: health systems**

- Developing and strengthening primary care and the primary care workforce
- Putting in place financial incentives that induce positive provider behaviour and improve access and financial risk protection for the whole population
- Building a stronger evidence base on ways to improve health care and the health system itself to achieve better health outcomes
- Ensuring rational technology use



### **Domain 4: health systems (cont.)**

- Strengthening the monitoring of professional standards
- Instituting public accountability measures for health services organization, delivery and financing
- Monitoring and addressing patient and community concerns about health care quality
- Assisting people who have experienced adverse events in the health system
- Ensuring protection of patient information



## How Can You Make a Difference?



### DOMAIN 3: Health care organizations

#### OBJECTIVES

- Appropriate environment for patients and staff
- Efficient systems for co-ordination of care
- Multidisciplinary healthcare teams with clear roles
- Integrate education and counselling into care
- Continuous quality improvement systems
- More supportive models of intervention
- Committed health services managers
- Regular professional development opportunities for staff

#### MEASURES

- Physical design that promotes functionality, comfort, and safety
- Improved patient flow and service scheduling
- Detailed job descriptions
- Communication protocols for health practitioners
- Patient counselling protocols
- Appropriate staff payment or financing incentives for holistic care
- Audit and feedback systems
- Models of intervention that recognise psychosocial dimensions and provide for continuity of care
- Leadership development
- On-site professional development



### Desired shifts in thinking and culture

- *Machine thinking, command and control mechanisms* > complexity of human dynamics and focus on meaning and relationships
- *Technical problem solving and use of authority to direct resources* > leading adaptive change that requires transformation of values, beliefs and behaviours
- *Providing a service* > being of service
- *Detachment and defensiveness* > empathic support, apology and open disclosure
- *Management (shareholder value)* > Stewardship (stakeholder value)
- *Individual competence* > organizational capability
- *Clinical facilities* > healing environment

R Youngson



### 1) Establish equitable, accessible and good quality health care services

Quality is compromised when health systems:  
 fail to take responsibility for unsafe care and adverse events in hospitals  
 fail to implement effective quality assurance programmes

- quality includes both technical and experiential dimensions of health care

- safety closely related to quality



### 2) Provide healing and nurturing environments

- Improve physical design - thoughtful, people-centred physical facility design reconciles efficiency, functionality, cleanliness, orderliness with comfort and ease of use.

Emphasize warm, home-like non-institutional designs which value humans, not just technology

Remove architectural barriers which inhibit patient control and privacy, and interfere with family participation

- Create social environment that facilitate healing – support groups, care partner programmes
- Facilitate navigation through hospital environment



### Responsiveness of care (to non-medical expectations)

- one measure of health systems performance

1) <i>Respect for persons</i>	50%
<i>Respect for dignity</i>	16.7
<i>Confidentiality</i>	16.7
<i>Autonomy</i>	16.7
2) <i>Client orientation</i>	50%
<i>Prompt attention</i>	20
<i>Quality of amenities</i>	15
<i>Access to social support networks</i>	10
<i>Choice of provider</i>	5

WHO 2000



### What do patients want? *The Asia-Pacific view*

- *Better communication and information*
- *Full disclosure of diagnosis and prognosis*
- *Shared treatment decision making*
- *Privacy*
- *Respect and politeness*
- *Service provider discipline*
- *Assurance*
- *Emotional support*
- *Feeling of being listened to*
- *Health practitioner knowledge about disease and treatment*

WHO/WPRO 2007



### A case for "partnering" with families

#### Partnering occurs at multiple levels:

*Family Advisory Committee, quality improvement teams, etc; families are encouraged to be present for rounds and given choices on how they would like to participate; such rounds are linked to patients' discharge goals.*

#### Results:

- Medical order errors have been reduced
- Faculty say the rounds are a more effective way to teach
- Patients are being discharged sooner



### 3) Support coordination and continuity of care

- Promote multidisciplinary health care – enhances communication, knowledge sharing between health practitioners
- Strategies include reminder notices (letters, postcards, phone calls) for specific interventions; appropriate scheduling of appointments; patient-held records; protocols for discharge/referral
- Build an effective team with well-delineated roles, responsibilities; encourage team problem solving; promote respect even when opinions differ



### 4) Foster values-based leadership

- Go beyond the formal mission/vision statements; clearly articulate and model people-centredness, and motivate staff
- Create environment where collaboration is the norm, where health practitioners/staff are respected, valued, with open communication
- Extend participatory approach to health care team members, thus allowing them to guide policy and programme dev't
- Establish leadership dev't and other capacity building programmes



### Key ingredient at the organizational level: *Leadership and stewardship*

- **Combined, multi-level interventions more potent than single-level interventions**
- **Patient-level interventions and individual-level actions necessary but not sufficient**



### Conclusion



## *The Vision*

Individuals, families and communities are served by and are able to participate in trusted health systems that respond to their needs in humane and holistic ways

*...in all settings and at all times.*



## **A shift in focus ...**

*"The essence of care is to **centre on the patient**. This is a shift from traditional, provider focused practice, and it requires the workforce to develop communication skills that empower patients through seeing health from the patient's perspective, and motivating and training patients in health-related self-management."*

(Core Competencies of the Health Care Workforce for the 21<sup>st</sup> Century: The Challenge of Chronic Conditions (WHO 2005 )



**Patient-centredness is not a luxury....**

**It is a necessity.**



*The client is the most important visitor of our facility. He is not dependent on us; we are dependent on him. He is not an interruption to our work; he is the purpose of it. He is not an outsider to our business; he is part of it. We are not doing him a favour by serving him; he is doing us a favour by giving us the opportunity to do.*

**Mahatma Gandhi**



**THANK YOU!**

