



Adopting the Patient Perspective: A New Breed of Recognition Programs

By Sara Guastello

NOTE: Medical Home News has invited each of the five national organizations offering recognition/accreditation for medical homes – the Accreditation Association for Ambulatory Health Care, the Joint Commission, NCQA, Planetree, Inc., and URAC -- to provide a feature article describing their programs. This is the third in the series. Ed.

Patient-centered care is care delivered in a way that incorporates the patient's perspective, is organized around his or her experiences and values, and is responsive to needs that may change over time. Notably absent from too many discussions about patient-centered care are patients and their loved ones -- precisely those whose unique perspectives on the healthcare experience should be the guiding force for any effort to facilitate the delivery of patient-centered care. Patient-centered care defined, implemented and measured in the absence of the patient perspective is a delusion. For the vast potential of patient-centered care as a crucial linchpin for healthcare quality to be realized, we must invite patients in to be a part of the discussion of what it means to achieve patient-centered excellence, and to be a part of developing the solutions for achieving that aim.

A Recognition Program that Prioritizes the Patient Perspective. The role that patients and family members play in Planetree's Patient-Centered Designation Program® is a defining aspect of the program, the only one of its kind to recognize patient-centered excellence across the continuum of care. With its emphasis on patients and family members assessing how well an organization is addressing a broad array of aspects of the care experience, the Designation Program complements existing Patient-Centered Medical Home and Patient-Centered Health Care Home recognition programs. Given that each of these programs has been thoughtfully constructed with the aim to improve quality by organizing care around the patient, it is not surprising that there is a fair amount of overlap in the areas covered. For instance, all three address care coordination, the establishment of effective patient-caregiver partnerships and continuity of care.

In many ways, the Planetree Patient-Centered Designation Program serves as an extension of these other programs, expanding our collective understanding of what matters most to patients and offering providers a defined set of more than 60 actionable criteria for addressing those patient-identified priorities. These criteria were largely informed by thousands of patient focus groups facilitated by Planetree, a not-for-profit organization that partners with healthcare establishments to drive adoption of patient-centered care principles and practices by connecting healthcare professionals with the voices of the patients and family members who utilize their services.

This focus group data, collected over the past decade, provides a rich basis for understanding the patient perspective of patient-centered excellence. Drawing on these insights, the designation criteria build on the standards of other Patient-Centered Medical Home/Health Care Home recognition programs to also address:

- Strategies for embedding compassion and caring touch into care delivery
- Access to meaningful information that activates patients to be effective managers of their health
- The creation of a healing environment that reduces stress and promotes healing
- The role of spirituality, food, arts and complementary therapies in healing
- Infrastructures to support sustained organizational culture change

The full set of designation criteria can be downloaded at www.planetree.org. Examples appear in Table 1 on page 4.

Patients as Arbiters of Patient-Centered Quality. The designation program not only originates with the perspectives of patients; input provided by patients is crucial to the assessment of individual applicant organizations. A written self-assessment enables the applicant organization to convey in writing its fulfillment of each criterion. It would be incongruous, though, to assess patient-centeredness without consulting patients. Unlike other patient-centered recognition programs that rely on patient experience surveys as the exclusive measure of patient perceptions, the Patient-Centered Designation Program integrates in-depth discussion with patients and family members about their experience as part of the assessment process.

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Use of the focus group methodology encourages participants (patients, family members, staff, providers) to share their ideas and suggestions for enhancements and improvements, which most mailed or telephone surveys are not able to obtain in any real depth. The use of neutral moderators in safe environments encourages comments of all types—positive and negative. These focus groups create a direct link from patients’ personal experiences and lasting impressions created by the healthcare organization to the award of designation.

These focus groups validate that the organization’s commitment to patient-centeredness is, in fact, meeting patients’ needs in tangible, impactful ways. Focus groups with staff corroborate that staff’s needs are met as well, and that those who work most closely with patients have the ability to personalize care and contribute in a meaningful way to ongoing improvement efforts.

Other components of the on-site validation visit include observation, a facility tour and a review of patient experience and quality outcomes data.

Informed by the findings of the written self-assessment and the follow-up on-site validation visit, all designation decisions are made by the Planetree Designation Committee, comprised of healthcare quality experts, senior healthcare executives, providers and, importantly, patients. This committee composition generates a balanced exchange of ideas about patient-centered care expectations, priorities and operational realities from various perspectives.

Transcending Specific Settings. Consistent with the Designation Program’s design around the experience of patients, the criteria apply across healthcare settings. After all, rarely is a patient’s healthcare experience limited to one provider, one setting, even one diagnosis. By establishing a common set of expectations for what patient-centered excellence looks like across the healthcare continuum, the program supports cross-continuum collaboration, coordination and communication, facilitating consistency in the patient experience, care setting to care setting.

This is not only good for patients. At a time when numerous policy levers are aimed at improving population health, shoring up coordination of care, and integrating information systems across the continuum, adopting a cohesive, cross-continuum patient-centered approach to care positions providers for success in a changing healthcare landscape.

Table 1. Sample Planetree Patient-Centered Designation Criteria

Categories	Example of Designation Criteria
Structures and Functions Necessary for Implementation, Development, and Maintenance of Patient-Centered Concepts	An ongoing mechanism is in place to solicit meaningful dialogue, input and reactions from patients and families on current practices and new initiatives.
Human Interactions / Independence, Dignity and Choice	A model of care delivery or work design is adopted that embraces continuity, consistency and accountability-based care, and allows staff the opportunity and responsibility for personalizing care in partnership with each patient.
Promoting Patient Education, Choice and Responsibility	A process is in place to assist patients and families in managing their medical information and coordinating their care among multiple physicians, including their admitting physician, primary care provider and appropriate specialists.
Family Involvement	A comprehensive formalized approach for partnering with families in all aspects of the patient’s care is developed.
Dining, Food and Nutrition	A system is in place to provide patients, families and staff with 24-hour access to a variety of fresh, healthy foods and beverages.
Healing Environment: Architecture and Design	Symbolic and real barriers are minimized and open communication and human interactions are prioritized.
Arts Program/Meaningful Activities and Entertainment	Arts and entertainment programming and activities are designed with and in response to the interests of patients/residents.
Spirituality and Diversity	On an individual basis, accommodations are made to integrate patients’ beliefs into their care and treatment plan upon request.
Integrative Therapies/Paths to Well-Being	The interests and current utilization patterns of patients and medical staff in the areas of alternative, complementary and integrative healing modalities, is assessed and a plan is developed to address these needs.
Healthy Communities	The organization works with other local healthcare providers across the continuum of care to improve care coordination, communication and information exchanges around the needs of each patient/resident and family, especially during transitions of care.
Measurement	Patient experience is regularly assessed using a validated survey instrument and performance exceeds established benchmarks.

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A Goal that Can Be Set, Measured and Achieved. Though the Patient-Centered Designation Program originated in the hospital setting, in the last several years, a growing number of long-term care communities, ambulatory care settings and outpatient primary care practices have begun to use the designation criteria to chart an organization-specific plan for patient-centered care implementation. The introduction last year of two intermediate tiers of recognition (Bronze Recognition for Meaningful Progress in Patient-Centered Care and Silver Recognition for Significant Advancement in Patient-Centered Care) serve as shorter-term milestones that recognize progress while propelling the change effort toward the most prestigious level of recognition: Patient-Centered Designation.

Applying the Criteria to a Primary Care Setting. In the program's first five years, Patient-Centered Designation was awarded to a wide variety of healthcare organizations. Last year, this list extended to primary care when a practice in the Netherlands became the first Planetree Designated Patient-Centered primary care center

A part of a large integrated healthcare system in the city of Almere, The Notekraker provides primary care for a population of approximately 11,000 residents. Services include primary care, physical therapy, a pharmacy, social work, midwifery, dentistry, psychology, and homeopathy, all co-located within a single building to facilitate coordination of care. A chaplain is also on-site to help address the spiritual aspect of healing.

Integrated information systems keep Notekraker caregivers well connected with local hospitals. Patients, too, can remain connected through an on-line patient portal. Beyond caring for patients who are sick, the Center embraces its role as promoter of health. Chronic disease programs, district nurses and access to complementary therapies are available to all patients to help them not only to get well, but to stay well. Ongoing improvement efforts are influenced by an active client council, and regular patient surveys and focus groups ensure patients have a voice in guiding the Center's planning efforts. This pioneering patient-centered physician practice has established that the Patient-Centered Designation criteria apply not only in hospitals and long-term care settings, but in primary care settings as well.

The Bottom Line. Of course, the ultimate reward for redesigning care delivery systems, decision-making and planning processes, and human resources practices to put patients first has little to do with a gold seal or a prestigious award to tout in marketing collaterals. A growing body of research illustrates that adoption of patient-centered attitudes and practices results in patients' improved health status¹, increased efficiency of care², improved patient adherence to care plans³, and patients' increased trust in their physicians⁴ – in other words, the high quality, high value care patients seek and providers strive to deliver.

The cultivation and maintenance of a patient-centered culture indeed requires an investment of time, energy and resources. But with the potential returns of more engaged and activated patients (and staff), are these really investments a medical home can afford not to make? Utilizing an established implementation framework like the Patient-Centered Designation criteria can be an effective strategy for establishing patient-centered excellence as a measureable goal, keeping the organization's change effort on course, and maintaining momentum to continue progressing to greater heights. For more information on the designation program, visit www.planetree.org.

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References:

¹ Stewart M., Brown J, Donner A, et al. The Impact of Patient-Centered Care on Outcomes. *J Fam Pract.* 2000;49:796-804.

² Ibid.

³ Zolnierek KB, Dimatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. *Med Care.* 2009;47:826-34.

⁴ Fiscella K, Meldrum S, Franks P, et al. Patient trust: is it related to patient-centered behavior of primary care physicians? *Med Care.* 2004;42:1049055.