



Norwegian Centre for  
**E-health Research**

# Patients as a part of the health team: Patient Centricity

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## The patient as a person - 1934

- ...what else could a patient be but a person?
- The answer is that in the progress of our art the case of illness may by almost imperceptible stages pass
  - from being a *person*,
  - through the stage of being a *problem* and
  - end in being regarded as so much *material*.

Gordon AH. THE PATIENT AS A PERSON. *Can Med Assoc J* 1934;31(2):191-93.

## Health foundation 2014

- ...there is no single agreed definition of the concept.
- ...still an emerging and evolving area.



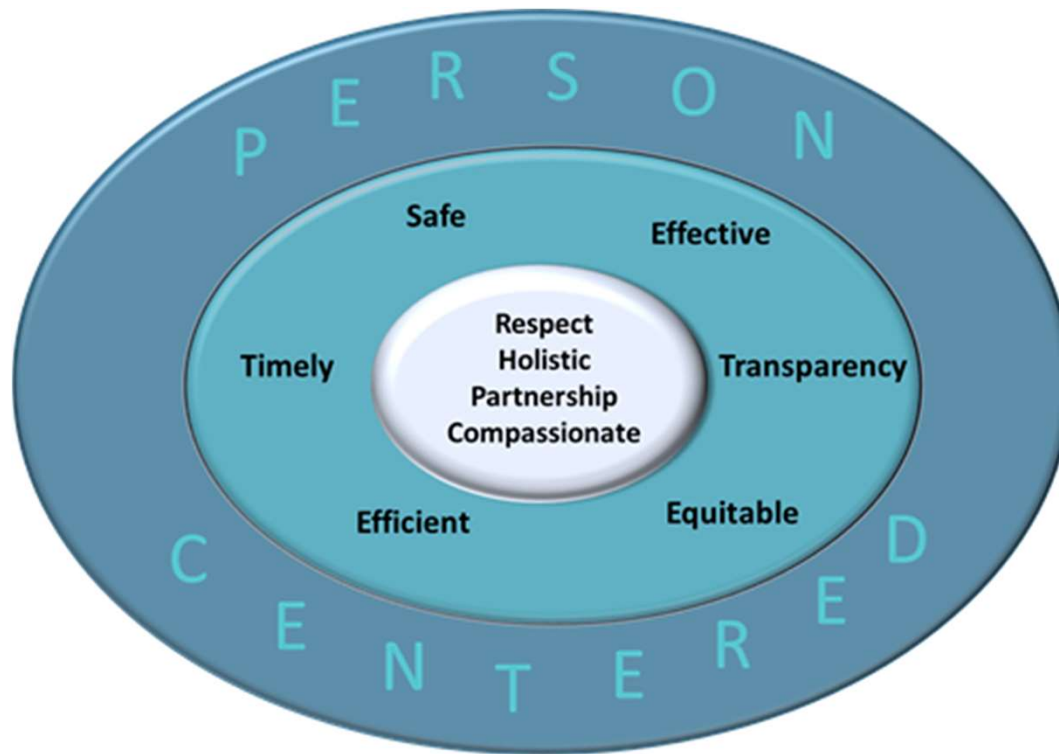
## Person-centred care made simple

What everyone should know about person-centred care

## Health foundation

- Dignity, compassion and respect.
- Coordinated care
- Personalised care
- Develop their strengths and abilities
- To live an independent and fulfilling life.

ISQUA

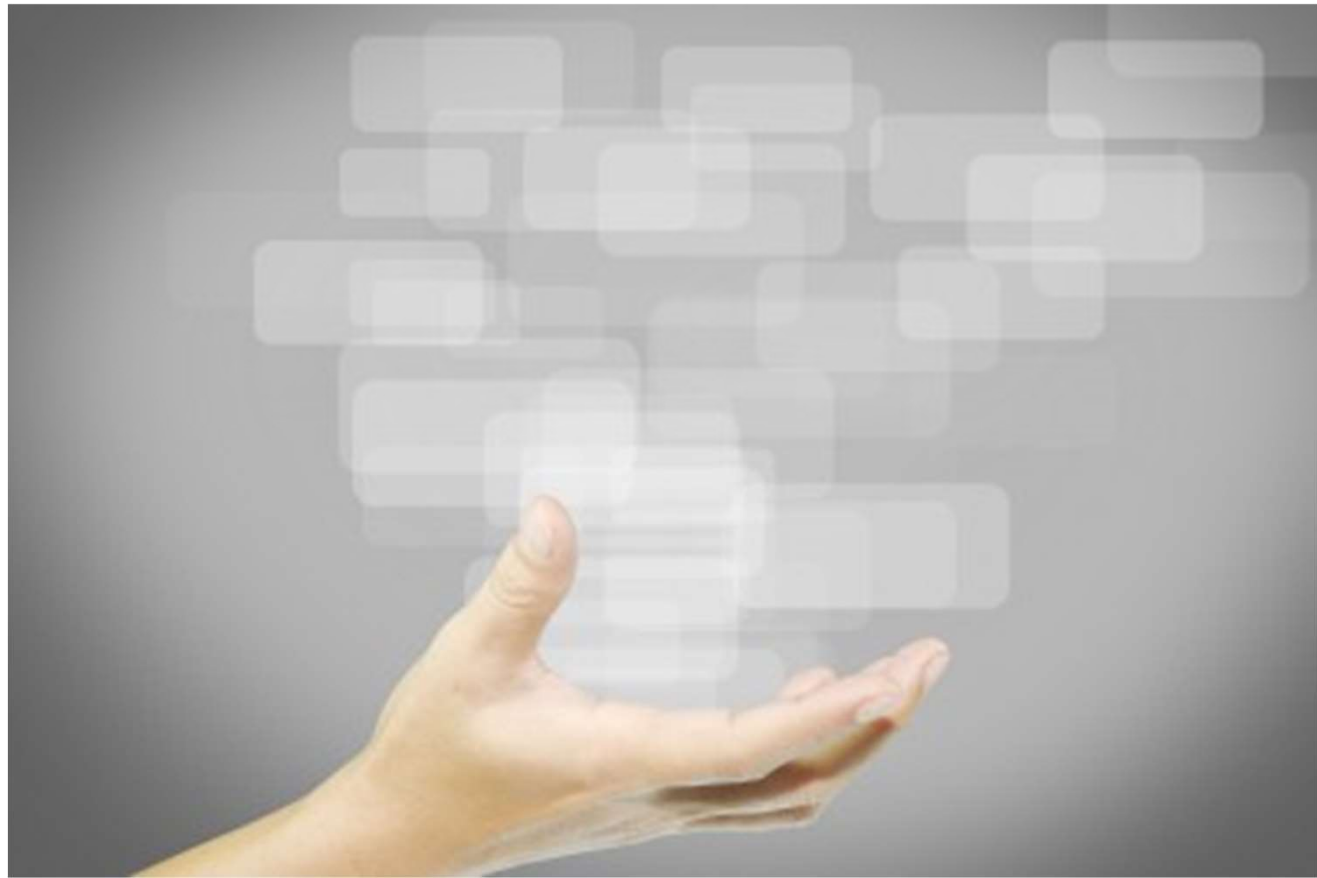


<https://isqua.org/images/default-source/Patient-Area/person-centered-care-image.png>

# International College of Person Centered Medicine

- Person Centered Medicine was defined in that first Geneva Conference as Medicine
  - Of the person (of the totality of the person's health including its ill and positive aspects)
  - For the person (promoting the fulfillment of the persons life project)
  - By the person (with clinicians extending themselves as full human beings well grounded in science and high ethical aspirations), and
  - With the person (working respectfully in collaboration and in an empowering manner through a partnership of patients, family and clinicians).

Fuzzy...



Challenge to the audience

- How do you recognize person-centeredness in care?
- Discuss this briefly with your neighbour for 3-5 minutes

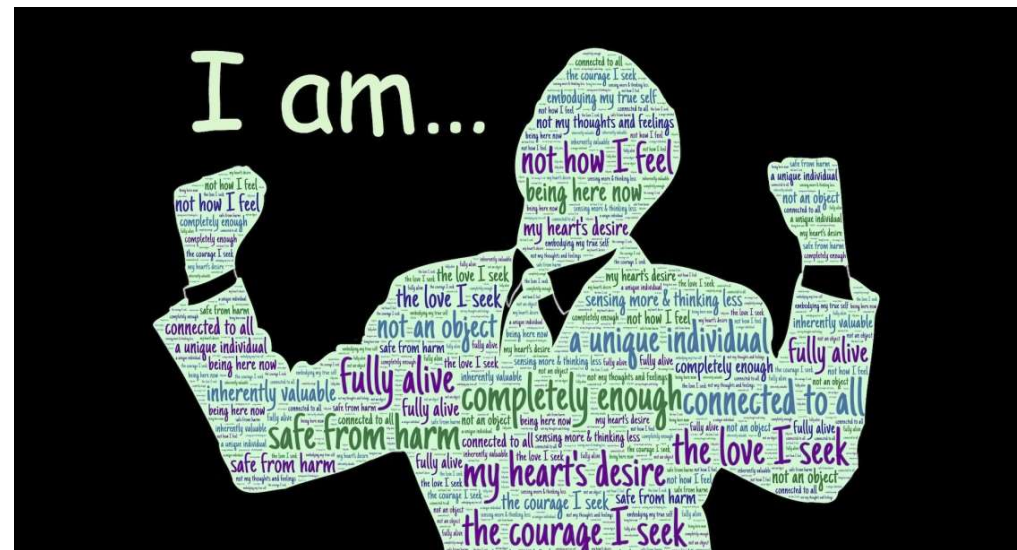
Person-Centered care **is sharing of power**

...so that the answer to:  
**“What matters to you?”**  
drives care decisions.



# What and How – the difference

- What:
- A sensitive and empathic exploration of:
  - **What matters to you?**
- And make «what matters» count
- How:
- Dignity, coordinated, respectful etc...
- A 1000 different ways



“What matters” may not fit into a “neatly” into health care thinking



Health is a resource for life

What matters –  
may not be health related

Meet «Eva»



## Evas goals:

« Be able to get out of bed on my own.

Be able to walk into the living room and take my morning coffee and read the newspaper – on my own»

### Needs:

- Respiration
- Muscle strength
- Spend her energy on issues that matter to her
- Not too much help, nor too little
- Feel safe



«Be able to walk into the living room and take my morning coffee and read the newspaper – on my own»

Our job:

- To transform the functional goal of the patient – into relevant goals for care
- What can the health and care services do to meet Evas goals
- Which health challenges threaten her goals?
- How can we influence the «threats»?

# Barriers towards Evas goals

## Prioritized areas of Evas plan

**Respiration**

**Out of breath  
Pulmonary edema**



 **Optimize Heart  
Failure treatment**

**Challenging trip to  
her chair**

**Dizzy, Wobbly**



**FALL-prevention: fall  
risk assessment, fall  
alarm**

**Strength for  
walking**

**Undernourished,  
Frail – reduced muscle  
strength**



**Nutrition, Gentle  
exercises**

**Feeling unsafe**

**Anxious and  
afraid**



**Home nursing services,  
Alarms**

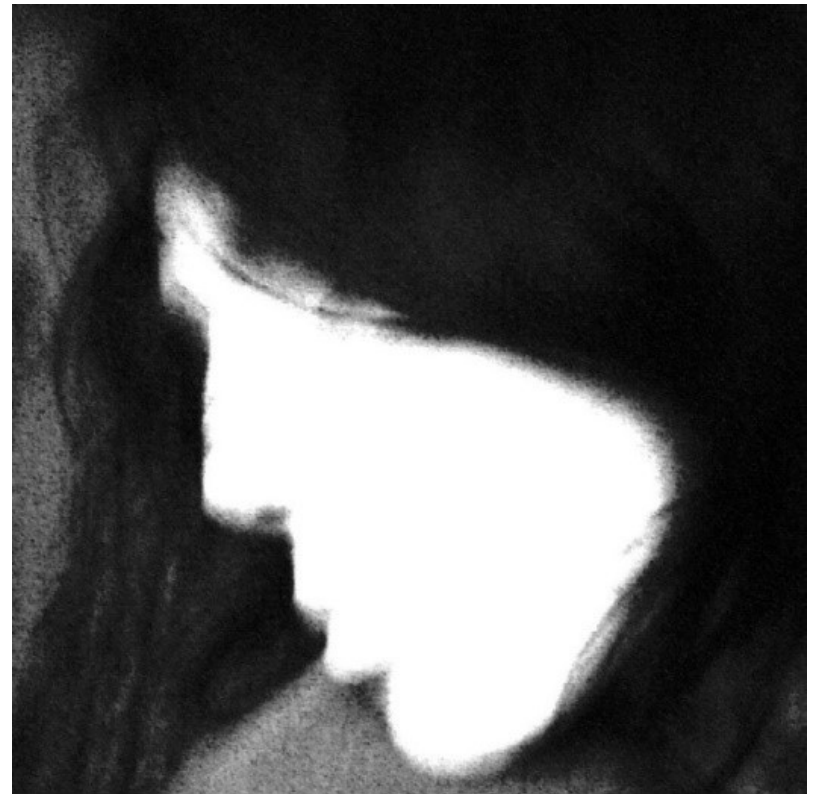
# Why is it so hard?

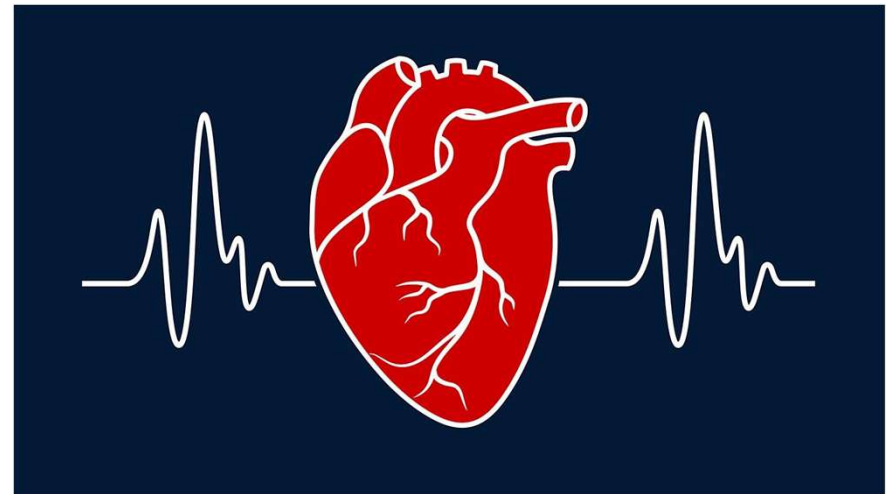
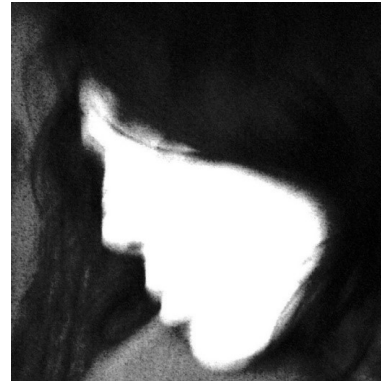
Specialists are specialists

Patient symptoms => Diagnoses and  
Treatment plans

They are not trained to understand  
patients life challenges

In the process of understanding Eva the  
health problem => we loose sight of Eva  
the person.





Diagnosis  
= Treatment  
Diagnosis + Evas life =  
Care goals and plan

Write it up and share it...

## PART 2: SNAPSHOT

### Snapshot:

What do you want your healthcare team to know about you?

(This can include your most important medical and/or emotional concerns. You can also include information about what you like to do in your free time, what you do for work, what your spiritual or religious affiliations are, what your financial situation is, what your unique talents or hobbies are, and what makes you happy.)

- I play the guitar. I taught myself. Music is important to me.
- I attend church every Sunday. I like going to church, but I'm not religious.
- I don't eat meat.
- I never have transportation when I need it. I need at least 3 weeks advance notice to arrange a ride, and I don't always know if my transportation is going to show up.
- I am quick-tempered, but I don't mean to be.

My provider wants my care team to know

Because Cindy is in active recovery, potentially addictive medications need to be prescribed with a specific plan as to how to take them (e.g. take at 8 am

## Negotiate and clarify - together

My provider wants my care team to know:	Because Cindy is in active recovery, potentially addictive medications need to be prescribed with a specific plan as to how to take them (e.g. take at 8 am and 3pm). Always let her know if a medication could be sedating because this makes her anxious.
Urgent Plan of Care: <i>Do you have any recommendations for how your healthcare team should respond if you are in a crisis?</i>	<ul style="list-style-type: none"><li>• If I'm angry, tell me, "Everything is going to be okay." Don't put me on hold.</li><li>• When I'm in pain, I want to kill myself. When I feel like this, I need a plan. I don't want to be told that you'll call me back. Reassure me the pain is not life-threatening, and ask me if I'm thinking about hurting myself. If I am, help me get in touch with Robert. He always knows what to say.</li></ul>

## Does it work?

- Improvements in:
  - physical and psychological health status,
  - self-management
  - The effects are small
- Better when intervention is more comprehensive, more intensive, and better integrated into routine care.



Coulter A, Entwistle Vikki A, Eccles A, Ryan S, Shepperd S, Perera R. Personalised care planning for adults with chronic or long-term health conditions. Cochrane Database of Systematic Reviews. 2015 (3). PMID: 25733495. doi: 10.1002/14651858.CD010523.pub2.

# Effects of a People-centered, integrated and proactive approach

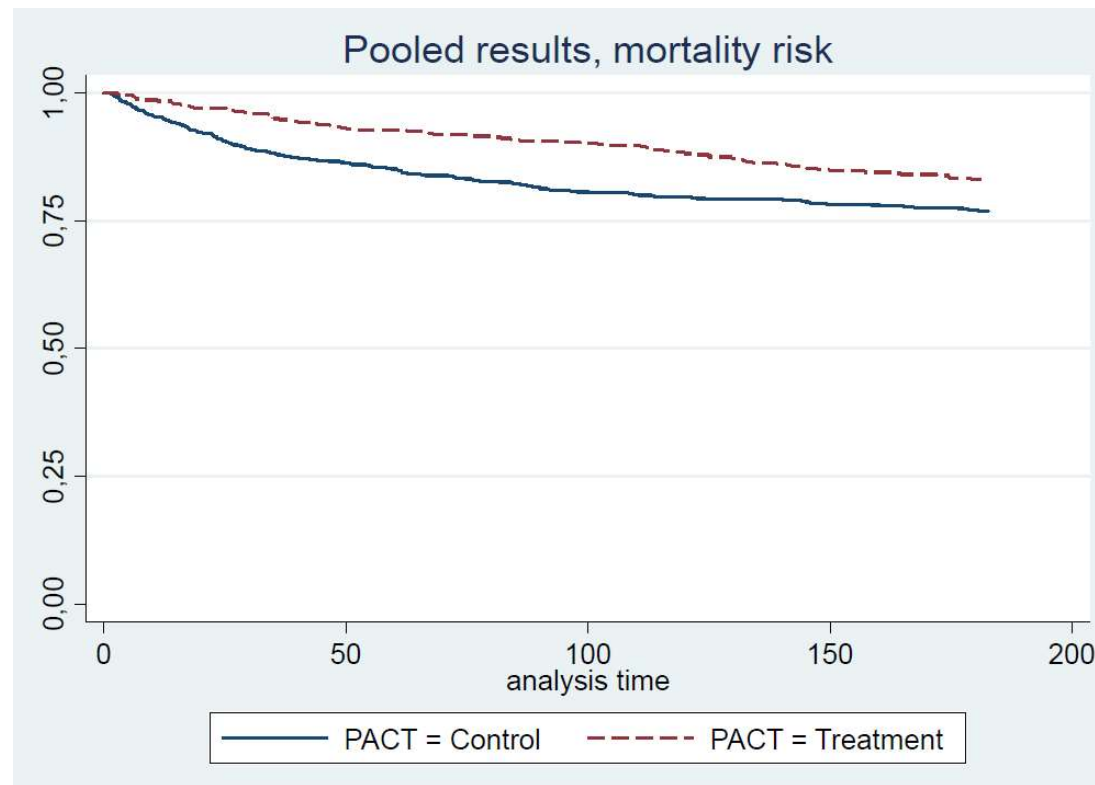
## All the active ingredients

- ✓ Patient goals
- ✓ The patient's team
- ✓ The patient's proactive plan



## Does it work?

- Follow-up over 6 months
- Propensity Score matched control group
- Reduced need for emergency services
- Increase in planned health services
- Reduced mortality by 40%



Berntsen GR, Hurley JS, Dalbakk M, Bergmo T, Bellika JG, Solbakken B, et al. 17th International Conference on Integrated Care : Personcentered, cross organizational and multiprofessional team halves mortality risk. The PATient Centered Care Team (PACT) Study – Preliminary results from a comparative effectiveness study, International Journal of Integrated Care, 2017.

# Tools for patient centred care

- Patient generated index
  - Klokkerud, M., et al. (2013). "Psychometric properties of the Norwegian version of the Patient Generated Index in patients with rheumatic diseases participating in rehabilitation or self-management programmes." Rheumatology 52(5): 924-932.
- Talking points:
  - Cook, A. and E. Miller (2012). Personal outcomes approach Practical guide. JiT-team.  
<http://www.jitscotland.org.uk/resource/talking-points-personal-outcomes-approach-practical-guide/>
- Goal Attainment Scale
  - Krasny-Pacini, A., et al. (2013). "Goal Attainment Scaling in rehabilitation: A literature-based update." Annals of Physical and Rehabilitation Medicine 56(3): 212-230.

Thank you for your attention

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Emergency Dept



Patient



Hospital



Home nursing services



General practitioner



## Hallmarks of goal-oriented PCC

- A 1000 ways to understand “what matters” to the person.
- Translation => goals for care
- Explicit documentation of goals
- Goals may change => review
- Make goals count => Evaluate goal attainment

When the person is unable to engage:

- Professionals may make temporary choices
  - (In)formal care-givers might help
- 
- *PCC is a people centered approach where “negotiation” between the stakeholders is a core element*