A PATIENT-CENTERED HEALTH SYSTEM

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Roger Larson Memorial Lecture

May 2, 2006

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In 1982, Roger Larson made a keen observation about people in health care and health policy, writing that "Most of us are humanists. We came into this business because of our feelings about human beings and their needs and certain social and human values that we had, or have." I share this view, and I think it's clear that the key to a high performance health care system that achieves better access, higher quality, and greater efficiency is a commitment to putting patients first.

Patient-centered care is defined by the Institute of Medicine as "care that is respectful of and responsive to individual patient preferences, needs, and values." Increasingly, patients expect the health care system to respond to their needs and preferences, to provide them with access to their medical information, and to treat them as partners in care decisions. I'd like to congratulate the American Hospital Association on supporting the Institute for Family-Centered Care, which is generating useful tools to achieve patient-centered care, such as a hospital self-assessment inventory on patient- and family-centered care.

The Commonwealth Fund is also working toward achieving the best possible care for all patients. In recognition of the substantial policy and practice changes needed, The Commonwealth Fund Board of Directors recently created a Commission on a High Performance Health System, chaired by Dr. James J. Mongan, president and CEO of Partners HealthCare. The Commission includes leading experts in health care delivery, insurance, and public policy, such as Glenn Steele, M.D., president and CEO of Geisinger Health System, on whose board I am pleased to serve; Patty Gabow, M.D., president and CEO of Denver Health; to name only a few.

At its first meeting, the Commission members stressed the importance of designing the health system around patients. The Commission is now drafting its first national scorecard on the U.S. health system, and it has selected patient- and family-centered care as one of its key dimensions of system performance.

Today, I'd like to talk about why patient-centered care is important as well as set out a vision of a patient- and family-centered health system for the future. Along the way,

I will describe some exciting efforts that are already advancing such care and a number of policy actions that could assist and reinforce innovative leaders' efforts to make patient- and family-centered care a reality for all.

Patient-centered care is a hallmark of compassion and respect. But it also makes sound business sense. As an economist, I'm steeped in the desirability of allocating resources to maximize consumer utility, and I've always been puzzled as to why the health care sector hasn't made patient satisfaction a priority.

Other industries invest considerable resources in market research. Providing health care without finding out how that care is perceived or valued by patients is like flying blind, making it impossible to improve care or provide a more responsive service. Using patient feedback to redesign care is likely to improve patient loyalty, augment one's market position, and reduce the risk of medical liability.

Collecting patient survey data—and then analyzing differences by race and ethnicity—can also pinpoint problem areas that need to be addressed to ensure the provision of culturally competent care. A recent Commonwealth Fund–supported study found that black and Latino patients in an urban teaching hospital reported more problems with care experiences, compared to white patients.[1]

I suspect that the low-priority often afforded patient-centered care is due to a preoccupation with achieving excellent clinical outcomes. While patients want excellent clinical outcomes as well, they also want information that will enable them to become active partners in their care. This is likely to be increasingly true in the future as a highly educated baby boom generation ages and encounters significant health problems.

Yet, patient-centered care and superior clinical outcomes are not at odds. In fact, there is substantial literature showing patient-centered care is associated with better clinical outcomes. One study of 23 New Hampshire hospitals found that patients experiencing worse patient-centered hospital were more likely to have chest pain 12 months after their AMI than other patients.[2]

Another study found that of 52 hospitals in southeastern Michigan, those that patients rated highest on the Picker inpatient survey had statistically better outcomes as measured by unexpected mortality and risk-adjusted complications.[3]

2020 Vision of a Patient- and Family-Centered Health System

In 2000 my colleagues and I advanced a "2020 Vision for American Health Care" that included: automatic and affordable health insurance for all, access to care, patient-centered care, information-driven care based on scientific evidence and supported by clinical information systems, and a commitment to quality improvement and betterment of health outcomes by everyone in the health care sector.[6]

Patient-centered care is a critical component of a health system that ensures that all patients have access to the kind of care that works for them. Hospitals and health systems clearly have a central role in coordinating care for the sickest patients across the continuum of care. I propose that a patient- and family-centered health system would have the following characteristics:

- Superb access, quality, and safety for all – health systems and hospitals would implement a system that ensures safety; excellent communication by nurses and physicians with patients; responsiveness to patients and respect for patient preferences and family involvement; emotional support; communication and education about medication; pain management; a welcoming hospital environment (physical comfort, minimal patient waiting times, cleanliness and quiet); discharge information and planning; and translation services and other processes to ensure provision of culturally competent care.
- Patient engagement in care – hospitals and health systems would ensure patient access to medical records and other health information; patient education; shared decision-making, patient advisory councils, and family participation in rounds and safety rounds.
- Clinical information systems – hospitals and health systems would implement systems that support high-quality care, practice-based learning, and quality improvement.

- Care coordination – hospitals and health systems would play a key role in ensuring excellent continuity and transitional care; coordination across the continuum of care; discharge planning; and medication reconciliation.
- Integrated and comprehensive team care – hospitals and health systems would ensure promptly shared and coordinated information among all providers involved in the care of patients and utilize skills of all team members to their best advantage.
- Routine patient feedback to hospitals and physicians – hospitals and health systems would periodically obtain patient-centered care survey data and compare performance over time, across facilities and units, and with external peer organizations and benchmarks.
- Publicly available information – hospitals and health systems would embrace transparency and make information on patient-centered care, clinical quality, and efficiency publicly available.

Patient-Centered Care: Experience to Date

Hospitals have been leaders in conducting patient-centered care surveys. The Commonwealth Fund has had a long history of contributing to these surveys, beginning with support of the development and adoption of the Picker/Commonwealth patient-centered care survey in the 1980s.

The Massachusetts Health Quality Partnership was the first to publicly report hospital patient-centered care survey data on a state-wide basis, after initially providing confidential feedback to hospitals and giving them an opportunity to improve performance. Today, routine administration and public release of hospital patient-centered care surveys is much more accepted. More than eight in ten hospital CEOs in the U.S. report that patient satisfaction ratings should be made available to the public.[9]

A number of hospital systems have already adopted patient-surveys as a way of improving care. Geisinger Health System, for example, has used patient surveys for the last five years to monitor and reward performance at the individual hospital unit and physician level. As a consequence, Geisinger's patient ratings—compared to peer institutions and providers nationally—have improved markedly. The hospital has also

found the survey helped identify unit management problems and provided early warnings of system capacity issues, such as emergency room overcrowding.

A major boost to hospital patient-centered care survey data collection and public reporting is underway at the Centers for Medicare and Medicaid Services (CMS). Building on the National Quality Forum approval of hospital patient-centered care measures, it has approved H-CAHPS, the hospital consumer assessment of health practice survey, as the official instrument for patient-centered care measurement and reporting. The survey includes seven composite measures as well as overall rating of hospital and willingness to recommend hospital.

CMS plans to begin public reporting by the fall of 2007. An initial effort involving 50 hospitals will test whether there are systematic differences in mail versus telephone surveys, or mixed mode administration.[12] When national reporting is rolled out in late 2007, each hospital's results will be compared to national and state averages. Results will be reported for the seven composite measures and two overall rating questions. Results will be updated quarterly and integrated with clinical quality measures also being reported to CMS.

Hospital patient-centered care results for 2005 on 254 hospitals voluntarily submitting data were recently released by the Agency for HealthCare Research and Quality.

There was considerable variation across hospitals and across individual measures of performance. In general larger hospitals fared somewhat less well than smaller hospitals, and academic health centers less well than non-teaching hospitals.

Shared Decision-Making

There are a number of strategies that hospitals and health systems use to improve patient-centered care. One prominent technique called "shared decision-making" educates patients about treatment choices using carefully prepared video decision aids.[13]

Dartmouth-Hitchcock Medical Center has established a formal Shared-Decision Making Center within the hospital. Newly diagnosed breast cancer patients routinely view a decision aid before meeting with a surgeon to discuss treatment choices for breast cancer. At Dartmouth-Hitchcock's SPINE Center, patients with low-back pain use a series of decision aids, and are supported in managing their condition non-surgically if they choose not to have surgery.[14] Requiring informed patient decision-making may contribute to the fact that Hanover, New Hampshire has one of the lowest low-back surgery rates in the nation.

Coordination of Care

Hospitals play a particularly key role in the coordination of care for the sickest patients who require care from multiple providers. Improved coordination has many potential benefits for patients: less confusion, fewer errors in handoffs, less repetition of tests and information, better control of conditions and, as a result, better outcomes and functioning and reduced use of resources.

With support from The Commonwealth Fund, different approaches to improving coordination of care are being tested. A team led by Mary Naylor at the University of Pennsylvania is providing assistance to high-risk enrollees of Aetna's Medicare Advantage plan in the mid-Atlanta region. In this program, advanced practice nurses see high-risk hospitalized congestive heart failure patients and provide follow-up care at home following discharge.

Earlier randomized controlled trials of the model found that the intervention results in a one-third reduction in total Medicare outlays.[15] Aetna is also using the model in its Chicago CMS chronic care improvement demonstration initiative.

A team led by Dr. Eric Coleman at the University of Colorado Health Sciences Center has developed care transitions measure (CTM) for hospitalized patients. The measure is currently under review by the National Quality Forum.

It is based on patient answers to three central questions that assess patient confidence and ability to manage their conditions post-discharge.

Coleman has found that hospitals scoring high on the measure are less likely to have discharged patients return to the hospital or to the emergency room with the same problem.[16] With Commonwealth Fund support, he is testing an intervention at Virginia Mason Hospital in Seattle to improve patient knowledge and confidence in handling their condition once discharged. Coleman has suggested the importance of changing JCAHO accreditation measurement of care coordination. Although 94 percent of hospitals scored 5 out of 5 on discharge planning in JCAHO accreditation, CTM measures show widespread deficiencies in discharge planning.

The Veterans Health Administration system of care coordination integrates care for patients with multiple chronic conditions, rather than managing them with separate but overlapping services for each disease. It uses technology to support patients' ability to manage their disease in their own homes. A pilot program in Florida using electronic aids in the home to monitor conditions demonstrated improved patient satisfaction as well as improved physical and mental health functional status.[17]

Care coordination is likely to become a central issue in the future. CMS is now collecting information on the percent of congestive heart failure patients discharged home with written instructions or educational materials There is wide variation across hospitals about the extent to which patients are currently receiving information– ranging from 87 percent in the top decile of hospitals to 9 percent in the bottom decile.

Some hospitals are transforming the role of families in patient care—and even encouraging families to participate in rounds. The Dana Farber includes patient or family representatives on its patient safety rounding teams. Cincinnati Children's Hospital uses a family preference card to ascertain families' and patients' preferences for documenting on chart and participating in rounds. Other hospitals, such as the Beth Israel Hospital in

Boston, have established patient advisory councils as a way to involve patients and families in care and solicit ideas for quality improvement.

While the efforts of pioneering leaders are encouraging, it is likely that public policies to promote patient-centered care will be required to achieve widespread change. Five public policy strategies that would appear most promising include:

- Public reporting of patient-centered care
- Pay for performance that explicitly includes patient-centered care rewards
- Coverage of shared-decision making aids
- Direct payment for care coordination function and establishment of care coordination standards
- Support for diffusion of modern health information technology with functionality that permits patients to be engaged partners in their care.

Pursuing these policy strategies, and providing financial incentives, would help make patient-centered care a national priority. But change will come most quickly if health care leaders make patient-centered care a core part of their mission—and provide the institutional leadership needed to make it a reality. Health care systems are particularly well positioned to assume this leadership role – and as the Veterans Health Administration has demonstrated—patient-centered care could well contribute to transformational change in clinical quality and efficiency as well.

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