



In the Literature

Highlights from Commonwealth Fund-Supported Studies in Professional Journals

Why the Nation Needs a Policy Push on Patient-Centered Health Care

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Synopsis

Efforts to improve patient-centered care have focused on infrastructure and information technology support. However, a true patient-centered approach depends on healing relationships among physicians, patients, and family, with a strong foundation of communication and shared decision-making. Health policy should focus on multiple means for improving healing relationships, including training health care professionals and activating and enabling patients to participate in their care.

The Issue

Although the phrase “patient-centered care” has been in existence for decades, the term entered the health policy lexicon in 2001 with the Institute of Medicine’s *Crossing the Quality Chasm*. That report identified patient-centered care as one of the six aims for high-quality health care, defining the term as care that is “respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.” The authors of this Commonwealth Fund–supported study in *Health Affairs* contend that patient-centered care has distinct, identifiable characteristics and has been shown to control costs and improve quality. Nevertheless, the term is still not well understood in all health care policy circles and is often conflated with merely providing infrastructure support and information technology.

What Is Patient-Centered Care?

Patient-centered care is not, the authors say, “just giving patients what they want, when they want it, regardless of value or cost.” At its core, patient-centered care is about the healing relationships between physicians and patients and patients’ families. This relationship is grounded in strong communication and trust, highlighted by clinicians and patients engaging in a two-way dialogue, sharing information, exploring patients’ values and preferences, and helping patients and families make clinical decisions. These interactions strive to achieve a state of “shared information, shared deliberation, and shared mind.” A “shared information” approach involves more than simple facts and figures. In such an approach, a physician tailors information to an individual patient’s concerns, beliefs, and expectations, while also

considering his or her level of health literacy. “Shared deliberations” engage the patient in discussions and decision-making to help arrive at a “shared mind”—that is, consensus on an approach to care that goes beyond informed consent. Achieving the objectives of patient-centered care, the authors note, often requires a coordinated team of health care professionals, patients who participate in their own care, and a health care system that functions smoothly and provides information technology that strengthens patient–clinician relationships.

Why the Approach Matters

Patient-centered care is the right thing to do: it places the interests of patients above all else and respects patients’ autonomy. The approach has also been shown to:

- improve disease-related outcomes and quality of life;
- increase patient adherence to medications and improve chronic disease control, without higher costs;
- boost well-being by reducing anxiety and depression, and promote patient access and self-efficacy;
- address racial, ethnic, and socioeconomic disparities in care and outcomes; and
- reduce diagnostic-testing costs in primary care and decrease lawsuits against clinicians.

“Multiple studies show that patient-centered care improves patient satisfaction, quality of care, and health outcomes while reducing health care costs and disparities in health care.”

How to Achieve Patient-Centered Care

Patient-centered care depends on informed and involved patients, receptive and responsive health professionals, and a supportive health care environment. While investments in infrastructure and health information technology can facilitate an environment for such a care approach, these two ingredients alone are not sufficient to produce healing relationships and effective communication. Multiple players must work to advance the goal of patient-centered care: policymakers must set specific performance targets; educators must teach and assess interpersonal skills; consumer advocates must encourage greater patient involvement in shared decision-making; and health care organizations must foster a culture of patient-centeredness.

The Bottom Line

Patient-centered care has been shown to improve outcomes and quality of life, while reducing costs and health care disparities. Investing in infrastructure and health information technology is important, but not sufficient, for creating a patient-centered health system.

Citation

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