

EXECUTIVE SUMMARY

PATIENT AT THE CENTRE: REORIENTING HEALTH CARE PRACTICE TO THE 21st CENTURY

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Executive summary

Introduction

- WHO has been taking a range of initiatives to ensure health care systems can better respond to patients' needs – eg initiatives in quality of care, bioethics
- Member States have also agreed through the Regional Committees of WPRO and SEARO to pursue further work that would put the patient more at the centre of health care
- This paper sets out the scope of the issue – from the patient, to the various individual, health system, and societal forces that influence the nature and effectiveness of the clinical encounter, to possible strategies for improving current health care practices. It also suggests some possible ways forward for the WHO in championing this direction of work.

Why is 'reorientating healthcare practice' a relevant concept for the 21st century?

- In spite of advancement in science and technology, medicine has come under increased scrutiny by society, particularly in relation to concerns about an overly technological orientation and dissociation from the social and psychological needs of patients and families, and evidence that poor therapeutic relationship contributing to lesser outcomes
- The rise of the consumer health movement has also led to increased demands for improved communication and information, for new models of care, and for increased participation in services planning
- Consumer care-seeking behavior is changing and this can be seen through increased use of internet for health information and increased numbers opting for complementary and alternative healthcare
- There is enough accumulated evidence to show that psychosocial factors are also important determinants of health

Why do these problems exist?

- Medical education to date has concentrated on body systems and disease conditions, does not incorporate social context, psychosocial issues, ethics and communications
- Patient information has been limited in its availability and is often provided in inappropriate forms
- Service coordination is often fragmented due to clinical specialization, lack of effective team work, and program silos
- Quality systems are in need of better focus on both technical quality and experiential elements of care, including more feedback on quality of the care process
- Financing incentives in many health systems push physician behavior towards short consultation, high-throughput practices, over- and under-servicing in relation to the need for profit margin, non-referrals, and poor case management, leading to discontinuity of care
- Communication skills of health professionals require improvement

Why is 'patient at the centre' relevant to the Asia-Pacific Region in the 21st century?

- There have been and will continue to be rapidly changing health care needs - NCDs, mental health, disabling injuries mean need for regular and continuing contact with health system
- Increasing community expectations and knowledge in the region will create pressure to deliver preferred forms of care
- New scientific knowledge – such as better understanding of the links between psychosocial states and pathophysiology; effectiveness of psychosocial interventions (including social support and self-management); social determinants of health – will require changes in healthcare practice to incorporate the new evidence base

What is patient-centred care?

- Patient-centred care has been an area of increased research and action in developed countries. The literature suggests there are a number of key features, from a patient perspective, including
 - 1) Care and communication – being informed, respected, non-discrimination, involvement in decision-making, choice, privacy
 - 2) Information – about the health condition, likely course, choices of treatment, likely consequences
 - 3) Access – to appropriate and responsive care
 - 4) Professional teams – coordination and cooperation between health professionals
 - 5) Continuity of care across health institutions – sharing information between doctors and hospitals

What can be done to reorient health care practice to patients and their families?

- Establish shared values – empowerment, participation, people-centred development, non-discrimination (ie building on earlier international consensus documents)
- Articulate a vision for transforming healthcare – shifting the balance of power to a partnership between patients/families and health care professionals
- Operationalise values and vision throughout the health system, through policy measures that promote capacity-building amongst health professionals and the community and that re-orient healthcare institutions and health delivery systems

Operationalising the vision – demand side

- Consumer information, communication and health education – through decision aids (information to assist patients making informed choice), risk communication interventions, counseling support
- Increasing personal control – through self-management
- Increase social support and social integration – through peer support, self-help groups
- Increase social cohesion – through community development
- Attention to spiritual factors – through pastoral care

Operationalising the vision – supply side

- Consumer participation – such as accountability reporting, inclusive governance
- Primary health care – to emphasize the patient/primary care provider relationship as central in health system
- Health care organization – improve responsiveness by building in performance monitoring system for quality, safety, patient satisfaction, care coordination
- Law and ethics – legislate to protect for patient autonomy and informed consent, improved handling of patient complaints
- Workforce regulation – incorporate code of ethics, place protection of public health and safety as key regulatory objective
- Workforce development – through problem-based learning, curricula change to include increased study of ethics, cultural competency, communication skills and psychosocial interventions
- Financing – develop social health insurance, blended payments that balance incentive between over/under service, prevention/cure, and assure continuity of care

How can we move forward? – strategic elements

1. articulation of vision
2. continuous building of evidence base to improve practice
3. developing technical tools to guide change at all levels
4. consumer participation in system evaluation

Possible steps

1. international declaration – to encourage discussion of vision and strategy amongst member states, professional and consumer groups
2. flagship/foresight publication – to provide summary of evidence base on psychosocial determinants of health care, for Member States, professional and educational bodies, providers and consumers
3. technical guidance for health system development – guidelines for how the concept can be translated into a range of programs, guidelines for system change (eg legislation, workforce education, etc), collections of best practice, compilation of systematic reviews, information/indicator system for tracking progress

Next step

Gather stakeholder support for the initiative through

- defining process for national policy development and implementation
- indicative policy checklist as starting point for consensus building

