

Is Your Practice “Patient Centered”?

A scorecard for your team ... and other related thoughts



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Because this issue of *The Permanente Journal* focuses on patient-centered care, I thought it worthwhile to explore what this type of care might look like in our daily practices. Although physicians describe their practices as patient centered, in fact, upon closer scrutiny, many of our clinical practices may tend toward processes of care that are more provider centered than patient centered.

Patient-Centered Care Defined

In general terms, care is considered patient centered when the processes and culture (attitude and behaviors) of an organization, office, team, or individual practitioner address first and foremost the wants and needs of the patient.

To determine if care is patient centered, an assessment of several of the processes of the patients' care experience can be undertaken:

- The service criteria consist of appointment accessibility and the level of effectiveness of the clinician-patient communication (see the Roundtable discussion on page 26).
- The affordability criteria consist of the deliberations and actions concerning the cost of care.
- The quality criteria include the assessment of diagnostic and therapeutic interventions based on what is most appropriate for the patient.

So How Does Your Practice Rate?

Answer these three questions to better understand where your team's practice falls on the spectrum of patient- rather than physician- and/or staff-centered care:

1. Accessibility—*When we consider schedule changes or process changes, do we first consider what the patient wishes and what the patient needs ... or do we consider what works best for us—the physicians and staff?*
2. Interpersonal—*Do I listen to the patient to understand the feelings, perspectives, and desires of the patient and involve him or her in treatment options ... or, since I am the trained expert and know what is best, do I tell the patient what to do?*

3. Affordability and Quality—*Do I keep abreast of the quality and cost options of care to provide the patient with the most appropriate choices ... or do I simply go with the newest and/or the most expensive approach?*

Patient-Centered Care—How Does Your Organization Rate?

Although our first reaction is to consider patient-centered care only at the team/office or individual practitioner level, a comprehensive assessment must also include the overall organization in which the teams and practitioners operate.

Here's an interesting question for leaders of your medical group or health care organization to consider:

If the three questions listed above were asked of the leader of your organization, are you confident that s/he would conclude your organization truly puts the patient first?

If you and your organization's leadership are not in full agreement with the responses to these key questions, I expect this topic will provide a constructive dialogue.

The Core Issue of the US Health Care Crisis: Individual Patient-Versus Population-Centered Care

The challenge: Balancing the needs of the individual patient with those of the community of patients. This is probably the most important issue confronting policy makers as they deal with the US health care system. Is there an inherent conflict in developing a health care program that is strongly patient centered while at the same time being sensitive to the needs of the overall population? Why do some feel it is appropriate to use Nexum for the individual patient and then complain about the cost of health care and the rising number of uninsured? Can care be provided so that it is both best for the individual patient and for the community?

The answer is absolutely “yes.” The organizational structure, incentive alignment, culture, and accountabilities of the Permanente Medical Groups provide a model that addresses this essential balance. The Permanente practitioners, along with their KP Health Plan partners, dem-

... the processes and culture ... of an organization, office, team, or individual practitioner address first and foremost the wants and needs of the patient.

onstrate daily how physicians can be strong advocates for their individual patients while practicing in an organization that can justifiably claim to be doing what is best for the broader population of the community.

Unfortunately, this cannot be said for any other entity involved in setting health care policy! Not politicians. Not hospitals. Not pharmaceutical companies. Not solo practitioners. In these settings, the incentives and accountabilities are not aligned, so none is in position to be the best advocate for the individual patient and at the same time act appropriately for the collective communities.

Attention US policy makers: Only strong group models such as Kaiser Permanente can claim this advocacy position.

One Last Comment ...

Providing care that is patient centered—the goal of all of us called to serve in medicine—is, in many ways, more difficult today because of the changing role the patient has assumed in their care experience as well as the increasing financial tensions on the clinician-patient relationship. However, if we keep our vision of how we want to provide care in the forefront, we will continue to enjoy a level of professional satisfaction that can only originate from the caring of our patients.

So what do you think—is your practice patient centered? Is your organization patient centered? ❖

Only strong group models such as Kaiser Permanente can claim this advocacy position.

letters to the editor

From our Readers ...

The Permanente Journal,

I think the recent issues on weight management have been excellent, and feel that the article by Dr Willett should be required reading for every practitioner. I talked to one of our nutritionists who wasn't aware of the articles and hadn't seen the *Journal* recently. Could these two issues be sent to all of our Nutritionists? Keep up the good work.

Stu Levy, MD
Family Practice, NWP

—Reply

We are happy to hear you found this series useful. We unfortunately are not funded for distribution to nutritionists. However, the full content is available online, and can be downloaded and printed. Please pass this information on, www.kp.org/permanentejournal.

Editor

The Permanente Journal,

I read *The Permanente Journal* with great interest. You do excellent work. In particular, I am always struck by the high quality of the art pieces and photographs you select. We have outstanding people in our program nationwide. The *Journal* is quite a treat in comparison with the marginal, and often very poor, work in *The New England Journal of Medicine*.

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