Patient-Centered Care: What This Means for PCPs

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Presenter Disclosure Information

- I have no disclosures
Learning Objectives

- Individualize care based on patient preferences
- Respond to barriers of care
- Demonstrate shared decision making
Patient-Centered Care

• What is Patient-Centered Care?
• Why is Patient-Centered Care important?
  - What’s the data?
• What does Diabetes Patient-Centered Care look like?
“It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.”

William Osler July 12, 1849 – December 29, 1919
Six Domains of Health Care Quality

- Safe
- Equitable
- Efficient
- Effective
- Patient-centered
- Timely

Crossing the quality chiasm: a new health system for the 21st century BMJ 2001;323:1192
Six Domains of Health Care Quality

**Safe:** Avoiding harm to patients from the care that is intended to help them.

**Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

**Patient-centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

**Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.

**Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.

**Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Crossing the quality chiasm: a new health system for the 21st century BMJ 2001;323:1192
Patient-Centered Care

“Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.”

Crossing the quality chiasm: a new health system for the 21st century
BMJ 2001;323:1192
Why is Patient-Centered Care important? What’s the data?
Persistence and medication adherence

Mean medication adherence rate ≈ 75%, average proportion of patients adherent to medication < 70%.

Adherence slightly varies between orals vs injectable therapy and individual classes.

Discontinuation rates range from 10% to 60% (both in observational studies and in clinical trials).


# Results of Patient-Centered Medical Home Initiatives, by State or Agency

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Health Care Cost &amp; Acute Care Service Outcomes</th>
<th>Health Outcomes &amp; Quality of Care Results</th>
<th>Years of Data Review</th>
<th>Report Type</th>
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<tbody>
<tr>
<td>Air Force (2011) [37]</td>
<td>• 14% fewer emergency department (ED) and urgent care visits</td>
<td>• 77% of diabetic patients had improved glycemic control at Hill Air Force Base</td>
<td>2009–2011</td>
<td>Agency Congressional testimony</td>
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<td>• Hill Air Force Base (Utah) saved $300,000 annually through improved diabetes care management</td>
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<tr>
<td>AI AskA: Alaska Native Medical Center (2012) [38]</td>
<td>• 50% reduction in urgent care and ER utilization</td>
<td></td>
<td>10-year span (years not specified)</td>
<td>Industry report via public presentation</td>
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<td>• 53% reduction in hospital admissions</td>
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<td>• 65% reduction in specialist utilization</td>
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| **north Carolina: Blue Quality Physician’s Program (BCBSNC) 2011(54)** | • 52% fewer visits to specialists  
• 70% fewer visits to the ER |  | 2011 | BCBS industry report, press release |
| **north Carolina: Community Care of North Carolina (Medicaid)(55)** | • 23% lower ED utilization and costs  
• 25% lower outpatient care costs  
• 11% lower pharmacy costs  
Estimated cost savings of:  
• $60 million in 2003  
• $161 million in 2006  
• $103 million in 2007  
• $204 million in 2008  
• $295 million in 2009  
• $382 million 2010 (56) | • Improvements in asthma care:  
• 21% increase in asthma staging  
• 112% increase in influenza inoculations | 2003–2010 | Peer reviewed journals: Health Affairs; Annals of Family Medicine; agency report |
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| **CALifornia:** BCBS of California ACO Pilot (2012) (40) | • 15% fewer hospital readmissions  
• 15% fewer inpatient hospital stays  
• 50% fewer inpatient stays of 20 days or more  
• Overall health care cost savings of $15.5 million |  | 2010 | BCBS industry report |
| **Colorado:** Colorado Medicaid and SCHIP (41) | • $215 lower per member per year for children  
• Increased provider participation in CHIP program from 20% to 96%  
• Increased well-care visits for children from 54% in 2007 to 73% in 2009 |  | 2007—2009 | Peer-reviewed article: Health Affairs |
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<td>PennsylvAniA: UPMC(68) (Pittsburgh, PA) 2011</td>
<td>- 13% fewer hospitalizations by 2009&lt;br&gt;- Medical costs nearly 4% lower</td>
<td>Improved patient outcomes for diabetics:&lt;br&gt;- Increases in eye exams from 50% to 90%&lt;br&gt;- 20% long-term improvement in control of blood sugar&lt;br&gt;- 37% long-term improvement of cholesterol control</td>
<td>2009</td>
<td>Press interview</td>
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<tr>
<td>PennsylvAniA: Independence Blue Cross—Pennsylvania Chronic Care Initiative (Southeast Pennsylvania) 2012(51)</td>
<td>- $215 lower per member per year for children</td>
<td>Better diabetes care:&lt;br&gt;- Increased diabetes screenings from 40% to 92%&lt;br&gt;- 49% improvement in HbA1c levels&lt;br&gt;- 25% increase in blood pressure control&lt;br&gt;- 27% increase in cholesterol control&lt;br&gt;- 56% increase in patients with self-management goals</td>
<td>2008–2011</td>
<td>BCBS industry report</td>
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| **Texas: WellMed Inc.**<br>(San Antonio, Tex.) | Improved disease management:  
• Increased control of HbA1C levels from 81% to 93% of diabetes patients  
• Increased LDL levels under control, from 51% to 95%, for heart disease patients  
• Increased control of BP levels from 67% to 90% Improved preventive care  
• Increased screening rates for mammography from 19% to 40%  
• Increased screening rates for colon cancer from 11% to 50%  
• Improved diabetes HbA1c testing from 55% to 71%  
• LDL screenings for all patients increased from 47% to 70%  
• LDL screenings for diabetic patients increased from 53% to 78%  
• LDL screenings for ischemic heart disease patients increased from 53 to 76%.  
• BP screening rates for all patients increased from 38 to 76%  
• BP screenings for high BP patients increased from 46 to 88%. | 2000–2008                                                                                                                                          | Peer review journal: *Journal of Ambulatory Care Management* |
What Does Diabetes Patient-Centered Care Look Like?

The ADA 2019 Standards of Care
Balancing Risks and Benefits for Personalized Goals

More Stringent Control
- No hypoglycemia
- Less complexity/polypharmacy
- Lifestyle or metformin only
- Short disease duration
- Long life expectancy
- No CVD

Less Stringent Control
- History of severe hypoglycemia
- High burden of therapy
- Longer disease duration
- Limited life expectancy
-Extensive co-morbidity
- CVD
Putting the Patient at the Center of Care
Decision Cycle for Patient-Centered Glycemic Management

GOALS OF CARE
- Prevent complications
- Optimize quality of life

- REVIEW AND AGREE ON MANAGEMENT PLAN
- ASSESS KEY PATIENT CHARACTERISTICS
- CONSIDER SPECIFIC FACTORS WHICH IMPACT ON CHOICE OF TREATMENT
- SHARE DECISION-MAKING TO CREATE A MANAGEMENT PLAN
- ONGOING MONITORING AND SUPPORT
- IMPLEMENT MANAGEMENT PLAN
- AGREE ON MANAGEMENT PLAN
Decision Cycle for Patient-Centered Glycemic Management

ASSESS KEY PATIENT CHARACTERISTICS

- Current lifestyle
- Comorbidities i.e. ASCVD, CKD, HF
- Clinical characteristics i.e. age, HbA$_{1c}$, weight
- Issues such as motivation and depression
- Cultural and socio-economic context

GOALS OF CARE
- Prevent complications
- Optimize quality of life

CONSIDER SPECIFIC FACTORS WHICH IMPACT ON CHOICE OF TREATMENT

SHARED DECISION-MAKING TO CREATE A MANAGEMENT PLAN

IMPLEMENT MANAGEMENT PLAN

ONGOING MONITORING AND SUPPORT

REVIEW AND AGREE ON MANAGEMENT PLAN

ASSESS KEY PATIENT CHARACTERISTICS
Empathic patient-centered care

- Patients with diabetes often live with multiple chronic conditions
- Providers & health care systems should prioritize the delivery of empathic, individualized patient-centered care
- To determine what is the best management option for each patient, consider each individual’s
  - personal, social and biomedical context,
    - Food insecurity
    - Insecure or unsafe housing
    - Public safety worries
    - Lack of social supports
    - Lack of reliable transportation
  - his/her values,
  - reasons he/she values the available options, and
  - relative contribution of each option in terms of benefits, harms, costs and inconveniences.
Decision Cycle for Patient-Centered Glycemic Management

CONSIDER SPECIFIC FACTORS WHICH IMPACT CHOICE OF TREATMENT

- Individualised HbA1c target
- Impact on weight and hypoglycaemia
- Side effect profile of medication
- Complexity of regimen
- Choose regimen to optimise adherence and persistence
- Access, cost and availability of medication

Decision Cycle for Patient-Centered Glycemic Management

**SHARED DECISION-MAKING TO CREATE A MANAGEMENT PLAN**
- Involves an educated and informed patient
- Seeks patient preferences
- Effective consultation to empowers the patient
- Ensures access to DSMES

**GOALS OF CARE**
- Prevent complications
- Optimize quality of life

1. Review and agree on management plan
2. Assess key patient characteristics
3. Consider specific factors which impact on choice of treatment
4. Implement management plan
5. Ongoing monitoring and support

Shared decision making in type 2 diabetes

• SDM can improve
  - decision quality
  - patient knowledge
  - patient risk perception

• Ethical imperative for support of patients’ autonomy

Use of Empowering Language

Five key consensus recommendations for language use:

1. Use language that is neutral, nonjudgmental, and based on facts, actions, or physiology/biology;
2. Use language that is free from stigma;
3. Use language that is strength based, respectful, and inclusive and that imparts hope;
4. Use language that fosters collaboration between patients and providers;
5. Use language that is person centered (e.g., “person with diabetes” is preferred over “diabetic”).

Decision Cycle for Patient-Centered Glycemic Management

ONGOING MONITORING AND SUPPORT
• Emotional well-being
• Check tolerability of medication
• Monitor glycaemic status
• Biofeedback

GOALS OF CARE
• Prevent complications
• Optimize quality of life

REVIEW AND AGREE ON MANAGEMENT PLAN

ASSESS KEY PATIENT CHARACTERISTICS

CONSIDER SPECIFIC FACTORS WHICH IMPACT ON CHOICE OF TREATMENT

IMPLEMENT MANAGEMENT PLAN

SHARE DECISION-MAKING TO CREATE A MANAGEMENT PLAN

Decision Cycle for Patient-Centered Glycemic Management

**Review Management Plan**
- Mutual agreement on changes
- Ensure agreed modification of therapy is implemented to avoid clinical inertia
- Decision cycle undertaken regularly

**Goals of Care**
- Prevent complications
- Optimize quality of life

**Implementation**

**Agree on Management Plan**

**Ongoing Monitoring and Support**

**Assess Key Patient Characteristics**

**Consider Specific Factors Which Impact on Choice of Treatment**

Clinical Inertia

Clinical inertia: failure of healthcare providers (and patients) to initiate or intensify therapy when indicated, due to:

- Overestimation of care provided
- Use of “soft” reasons to avoid intensification of therapy
- Lack of education, training, and practice organization aimed at achieving therapeutic goals
- Patient perception of advancing therapy leads to worst outcomes

Khunti K, Davies MJ. Clinical inertia-time to reappraise the terminology? Prim Care Diabetes 2017;11:105–106
Key Take-Aways

• Treat the patient before treating the disease.
• The best medication for the patient is the one they will take.
• We were born with two ears and one mouth and if we use them in that proportion we would be well served.