There are some healthcare needs that can be easily identified and accepted by patients. The patient with a hip fracture is readily diagnosed and, according to evidence-based care, requires hospitalization. However, easily diagnosed conditions with well-accepted, evidence-based care pathways are unusual. More commonly, healthcare involves less certainty, and the “best” course of treatment often involves choosing between two or more beneficial options. Such situations beg for true patient-centered care.

Leaders need to demonstrate a full understanding and support of the patient-centered care concept and its ethical value.

Aligning a healthcare delivery system with patients’ informed preferences is the goal and promise of patient-centered care. In 2001, the Institute of Medicine’s report, “Crossing the Quality Chasm: A New Healthcare System for the 21st Century,” described patient-centered care as one of six interrelated aims that are essential for delivering high-quality healthcare. According to the IOM, the patient-centered aim is to provide “care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.” Patient-centered care has been the battle cry for hospitals ever since.

Since the IOM first introduced the patient-centered aim, a torrent of wide-ranging activities have occurred under this banner, ranging from fresh coats of paint, to improved signage that helps guide patients’ movement within a hospital, to emphasizing compassionate care and transparency. Despite being important initiatives, these activities failed to fully grasp the ethical component of patient-centered care. Patient-centered care is achieved by consistently eliciting informed patient preferences and ensuring those preferences are integrated into the care plan.

How are patients’ preferences consistently elicited and integrated and what role do organizational leaders have in ensuring these processes occur? Despite the diverse areas of attention given to patient-centered care, the central focus needs to be on fostering enhanced patient-provider communication and collaborative decision making. Shared decision making is at the core of patient-centered care. It requires providers to invite patients to actively engage in robust communication in which clinicians provide information regarding the risks and benefits of treatment choices, make an effort to elicit patients’ preferences and integrate the informed patient’s preferences into an individualized care plan.

Because shared decision making is so central to the true meaning of patient-centered care and organizational values, leaders need to ensure processes for eliciting informed patients’ choices are the norm rather than an exception. Healthcare policy makers, regulatory bodies and some healthcare executives are developing approaches to ensure that it is a consistently applied practice in delivery of all care.

Healthcare Leaders’ Role

The Affordable Care Act has raised the profile of shared decision making still further but has also generated confusion about what it means to implement shared decision making. Without clarity about the concept and required training and skills, it is easy to confuse shared decision-making skills with patient...
decision support tools (e.g., educational videos, option grids, websites and leaflets). These tools augment a skilled provider’s shared decision making, and they can be helpful for sharing information with patients, but they do not ensure patient-centered communication between patient and provider or integration of preferences into the care plan.

We propose healthcare leaders have an integral role to play to ensure patient-centered care is meaningful. To achieve the IOM aim of enhancing patient-provider decision making, there needs to be an organizationwide focus on ensuring that the concept moves beyond just a tagline in a value statement to consistent application in all provider-patient engagements.

In the February 2014 issue of the *Journal of General Internal Medicine*, Michael L. Millenson notes that “Behaviors formerly presented as ideals are being reframed to include benchmarks such as one might see in a financial plan.” Behaviors once described as ideals by the IOM need to be reframed as organizational benchmarks. In other words, the fulfillment of the patient-centered aim cannot be left to chance. Leaders must prioritize it and measure it.

Measurement data is the key to Millenson’s description of an “ongoing change from aspirational goals to operational ones in patient-centeredness.” With this shift from a broad ideal to a more regulated approach to patient-centered care, organizational leaders must ensure that provider-patient decision
making consistently reflects a shared decision-making process.

For organizations to fully move in such a direction requires the organization’s leadership to ensure that patient-centered care is the normative behavior of healthcare providers. To embrace the concept of patient-centered care, organizational leadership will need to:

**Understand the scope and value of patient-centered care.** Leaders need to demonstrate a full understanding and support of the patient-centered care concept and its ethical value.

**Ensure providers embrace and implement patient-centered care.** Leaders must collaborate to ensure frontline healthcare providers understand, accept and implement shared decision-making skills. Training is crucial if providers are to learn the skills. And executives must support training. For example, a concerted effort is required to measure the effectiveness of the communication process between providers and patients. It is not enough to simply count the number of decision support tools disseminated.

**Address barriers preventing patient-centered care.** Leaders need to acknowledge and reconcile organizational barriers in the implementation of patient-centered care, including the current reimbursement models that often limit the clinician’s time for necessary, expanded patient engagement.

**Ensure patient information and tools are available.** The availability and use of patient decision support tools are part of patient-centered care, but the tools do not replace communication skills. Decision support tools need to be regularly assessed and evaluated for their ability to assist providers’ and patients’ efforts to integrate informed patient preferences into individualized care plans.

**Monitor the quality of patient-provider decision making.** Leaders, in collaboration with providers, must implement routine processes that measure patient-centered care. The CollaboRATE project at The Dartmouth Center for Health Care Delivery Science and The Dartmouth Institute for Health Policy & Clinical Practice at Dartmouth College, Hanover, N.H., developed a survey that can provide clinicians and administrators with data regarding patient-centered care (www.collaboratescore.org). The survey asks patients three questions using a 1–9 scale: “How much effort was made to help you understand your health issues? How much effort was made to listen to the things that matter most to you about your health issues? And, how much effort was made to include what matters most to you in choosing what to do next?”

Measured at the clinic level, this feedback helps executives know which delivery units are “walking the talk.” The survey provides a wealth of information for providers and executives. For example, it provides insights into whether additional provider training is needed or if clinicians are fulfilling best practice protocols.

**Assess the effectiveness of patient-centered care.** Assessment results should be collated and shared. This process is not conducted to cast blame, but, rather, to determine where further training efforts are needed, where system issues need to be altered, where barriers need to be addressed or where care processes need to be redesigned to further patient-centered care. When effective patient-centered care is achieved, it can be celebrated and marketed to the community.

Patient-centered care is more than a banner on a website; it is a fundamental change from a traditional provider decision-making process to a patient engagement approach that fosters reciprocal sharing of information, preference solicitation and integration in care. Aligning the care patients receive with their informed preferences is the essence of patient-centered care. Training is needed for providers to learn needed skills, and measurement is also needed to monitor the implementation of true patient-centered care. Healthcare executives must play an active role in leading and celebrating the change.

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Reprinted from Healthcare Executive JULY/AUG 2014 ache.org