



## A Vision and Audacious Goals for Patient-Centered Care

July 2004

Patient-centered care (PCC) is a significant movement in the US and Europe to ensure that patient interests and concerns are at the center of the patient's healthcare experience. In 2004 the Picker Institute, a leader in measuring the nature and quality of patient-centered care, commissioned the Institute for Alternative Futures (IAF) to convene a Patient-Centered Care Summit and engage key leaders in developing a vision and challenging goals for the field. In the March vision summit, these leaders engaged with four scenarios to define a 2015 vision and audacious goals for the field. In July the vision and goals were presented at the Picker Symposium, a major public forum for patient-centered care in the U.S. Participants at the Picker Symposium used audience response technology to rank the 12 audacious goals, which are listed below in the audience's rank order. IAF developed Scenarios for Patient-Centered Care in 2015 for this project. The scenarios, vision, goals and next steps are described in the full project report available at IAF's website at

<http://www.altfutures.com/pubs/Picker%20Final%20Report%20May%2014%202004.pdf>

### ***Patient-Centered Care Vision***

*Our vision of care is that each of us is in charge of our health. Healthcare providers are there to help us gain the skills and knowledge to enable us to take charge. Each of us gets the care we need, not less and not more.*

*Our care is efficient and respectful of the value of our time. It integrates ethics and compassion with science. Each of us learns from an early age to be healthy throughout our lives. When we are sick, our care reduces fear and aids healing. When we live with chronic disease, our care and our own health practices bring quality to life. Our care at the end of life honors our values. Our caregivers treat us with respect even if we do not know what they know or do not come from the same background.*

### ***Audacious Goals for Patient-Centered Care***

The top twelve goals for the field, identified through the PCC Summit and ranked at the Picker Symposium are:

#### **A. Participation in Shared Decision Making**

By 2015, at least 50 percent of patients will participate in shared decision making processes that lead to measured improvement in decision quality. We will have developed, implemented, and responded to an array of measures of "concordance" between healthcare interventions and what people value, first as individuals and then as communities.

#### **B. Train Healthcare Professionals to Support Patients**

By 2010, all healthcare professionals will receive training in how to support patients to play an active role in their care.

#### **C. Anticipating Care Scenarios/Needs**

By 2015, education will be available to everyone 50 years and older on realistic scenarios regarding health, long-term care and the end of life through videos, CDs and interactive media.

#### **D. Adopt IOM's Simple Rules for Healthcare**

By 2015, every community's healthcare will be organized around access, quality and safety. Communities nationwide will implement IOM's Simple Rules for the 21<sup>st</sup> Century Healthcare System in every organization, institution and care setting. **(IOM Simple Rules:** Care is based on continuous

healing relationships and customized according to patient needs and values. The patient is the source of control. Knowledge is shared and information flows freely. Decision making is evidence-based. Safety is a system property. Transparency is necessary. Needs are anticipated. Waste is continuously decreased. Cooperation among clinicians is a priority. – From the IOM Crossing the Chasm Report)

#### **E. Make Patient Perspective a Priority in Policy and Planning**

By 2010, a patient perspective will be considered first in all policy and planning decisions. Patients and /or their families will be present and actively participate in all decision-making bodies.

#### **F. Anticipating Care Scenarios/Needs**

By 2015, education will be available to everyone 50 years and older on realistic scenarios regarding health, long-term care and the end of life through videos, CDs and interactive media.

#### **G. Enable Patients to Direct Their Care**

By 2010, 80 percent of patients and families believe they have the knowledge, support and confidence necessary to effectively direct their own health and healthcare.

#### **H. Access to Patient-Centered Care Information and Care**

By 2015, everyone will have information and access to patient-centered healthcare and 50 percent will receive their care through a Picker patient-centered care practice.

#### **I. Licensing Requirements for Patient-Centered Care**

By 2015, every health professional licensed to practice in the U.S. is competent, agrees with the major tenets of patient-centered care, and is honest in compliance with standards agreed to between the public and the health profession. Those who cannot or will not comply are removed from practice.

#### **J. Measure and Reward Providers for Achieving Patient Empowerment**

By 2010, health professionals and healthcare facilities will be rewarded according to their patients' sense of empowerment and self-efficacy, which will be measured routinely.

#### **K. Patients' Use Performance Data to Choose Supportive Providers**

By 2010, patients will be able to choose healthcare providers based on comparative performance data showing how well providers support patients and their family's role in care.

#### **L. Joint Contracting for Care and Prevention in Diabetes**

By 2015, all patients with Type 2 Diabetes will "contract" or "sign" a joint care and prevention agreement with their caregivers.

### **Taking the Next Steps to the Vision and Goals**

Individuals and organizations are encouraged to support the vision and achievement of these audacious goals. Here are examples of next steps others are taking

- Measures of patient self-management competency and choosing providers-- Judith Hibbard, University of Oregon [Jhibbard@uoregon.edu](mailto:Jhibbard@uoregon.edu)
- PCC course for medical students and decision quality and value concordance instructions -- Albert Mulley, Massachusetts General Hospital, [amulley@partners.org](mailto:amulley@partners.org) [www.Fimdm.org](http://www.Fimdm.org)
- National and international standards and implementation of the personal health record -- Don Detmer, American Medical Informatics Association [detmer@amia.org](mailto:detmer@amia.org)
- PCC indexes across settings and countries; international journal on PCC practice evaluation, *Health Expectations* -- Angela Coulter, Picker Institute Europe, <http://www.pickereurope.org/>
- Tested media messages and strategy; and community-based national campaign to promote PCC -- The National Health Council, Putting Patients First Program, contact Marc Bouton, [http://www.nationalhealthcouncil.org/initiatives/putting\\_patients.htm](http://www.nationalhealthcouncil.org/initiatives/putting_patients.htm)

**Please let IAF know if you pursue these goals or want to know more about others pursuing them. Contact Marsha Rhea at [mrhea@altfutures.com](mailto:mrhea@altfutures.com) with this information.**