

# Patient Centered Care

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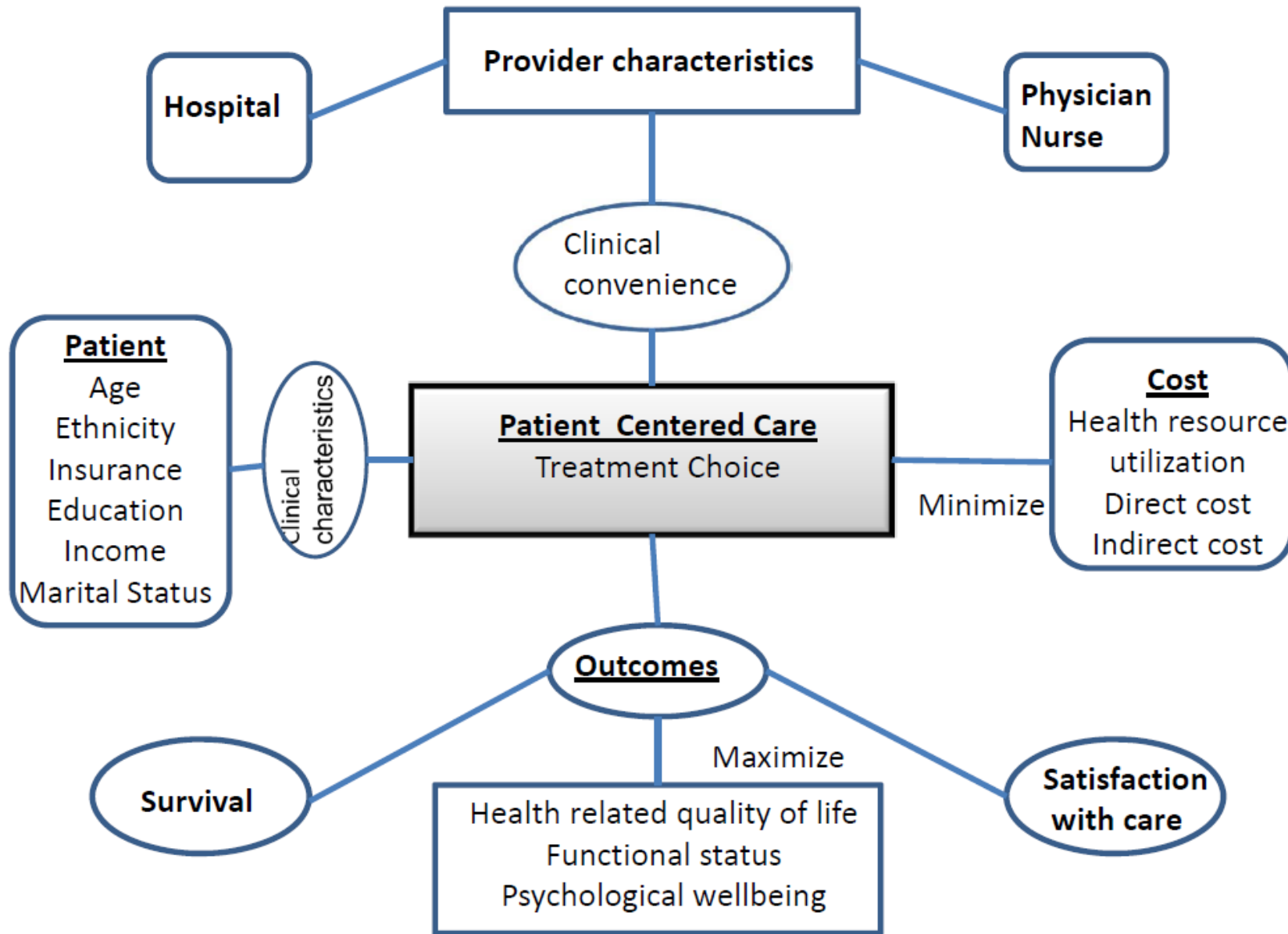
- Human

# Agenda

- Review Patient Centered Care
  - Relevance to HCV Elimination
- Typical Pathways to Access Care
- Atypical Pathways to Lower Barrier Access of Care
- How to Change the Narrative in Your Care Setting
  - Remove stigma
  - Individualize program
- Constant Innovation

# Patient Centered Care

The Institute of Medicine listed patient centered care as one the six aims for improvement in its 2001 report 'Crossing the Quality Chasm' and defines patient-centered care as care that respects and responds to the individual patient's **preferences, needs** and **values** and ensures that clinical decision incorporates patients' values



**Fig. (2).** Conceptual model of patient centered care.

- The health care system's mission, vision, values, leadership, and quality-improvement drivers are aligned to patient-centered goals.
- Care is collaborative, coordinated, and accessible. The right care is provided at the right time and the right place.
- Care focuses on physical comfort as well as emotional well-being.
- Patient and family preferences, values, cultural traditions, and socioeconomic conditions are respected.
- Patients and their families are an expected part of the care team and play a role in decisions at the patient and system level.
- The presence of family members in the care setting is encouraged and facilitated.
- Information is shared fully and in a timely manner so that patients and their family members can make informed decisions.

# Patient-Centered Care



# Benefits of Patient-Centered Care

- The primary goal and benefit of patient-centered care is to improve **individual** health outcomes, not just **population** health outcomes, although population outcomes may also improve. Not only do patients benefit, but providers and health care systems benefit as well, through:
  - Improved satisfaction scores among patients and their families.
  - Enhanced reputation of providers among health care consumers.
  - Better morale and productivity among clinicians and ancillary staff.
  - Improved resource allocation.
  - Reduced expenses and increased financial margins throughout the continuum of care.



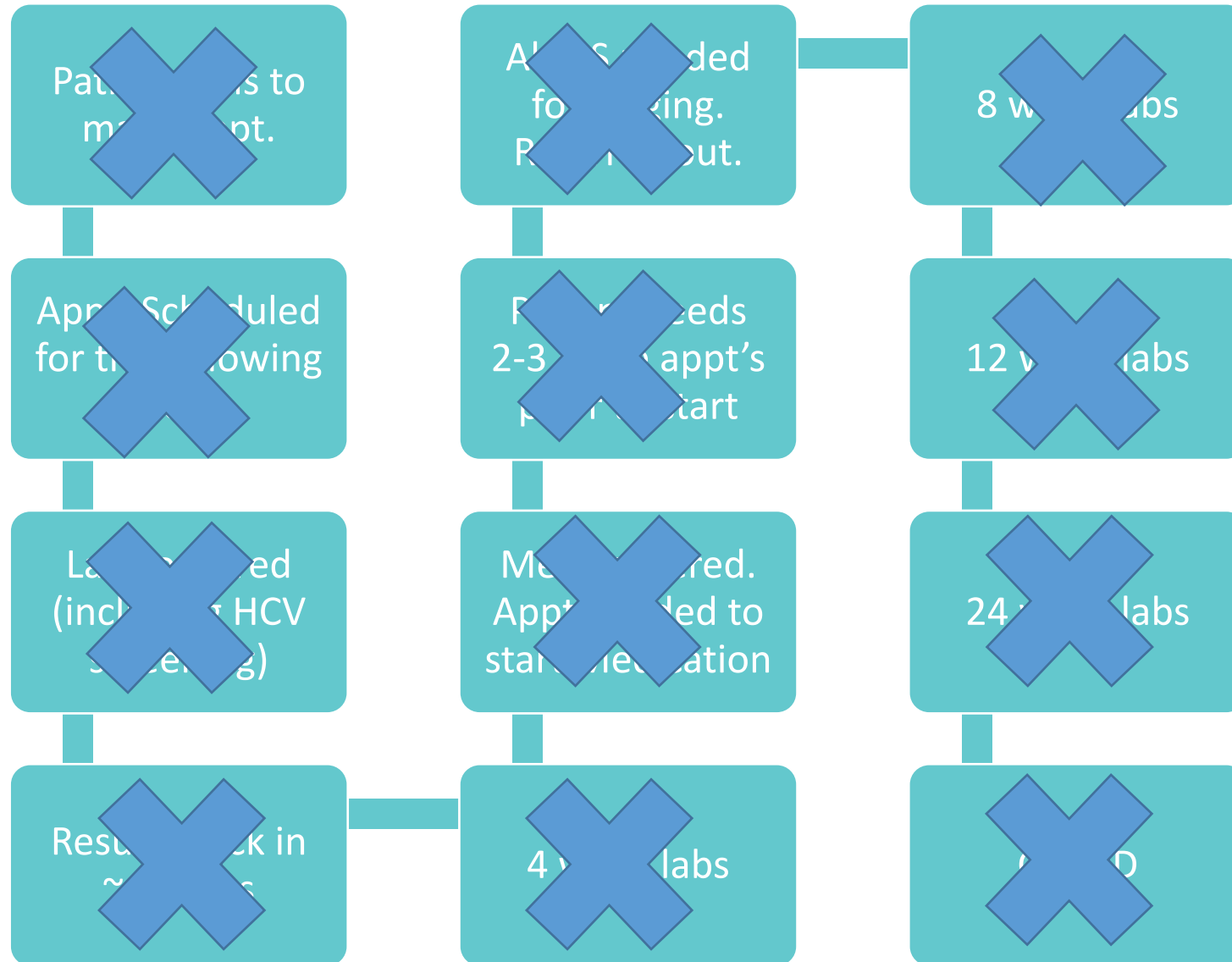
# Patient-Centered Care Examples

- Balint in 1969 expressed the belief that each patient “has to be understood as a unique human-being,” patient-centered medicine began as a descriptive account of how physicians should interact and communicate with patients.
- In 1984, Lipkin et al. described the patient-centered interview as one which “approaches the patient as a unique human being with his own story to tell, promotes trust and confidence, clarifies and characterizes the patient’s symptoms and concerns, generates and tests many hypotheses that may include biological and psychosocial dimensions of illness, and creates the basis for an ongoing relationship.”
- More recently, Mead and Bower proposed a framework with 5 dimensions:
  - 1) adopting the biopsychosocial (as opposed to narrowly biomedical) perspective;
  - 2) understanding the patient as a person in his or her own right, not merely as a body with an illness;
  - 3) sharing power and responsibility between the doctor and the patient;
  - 4) building a therapeutic alliance; and
  - 5) understanding the doctor as a person, not merely as a skilled technician.

# Cultural Shift to Patient-Centered Care

More succinctly, McWhinney described the patient-centered approach as one where the “physician tries to enter the patient’s world, to see the illness through the patient’s eyes.”

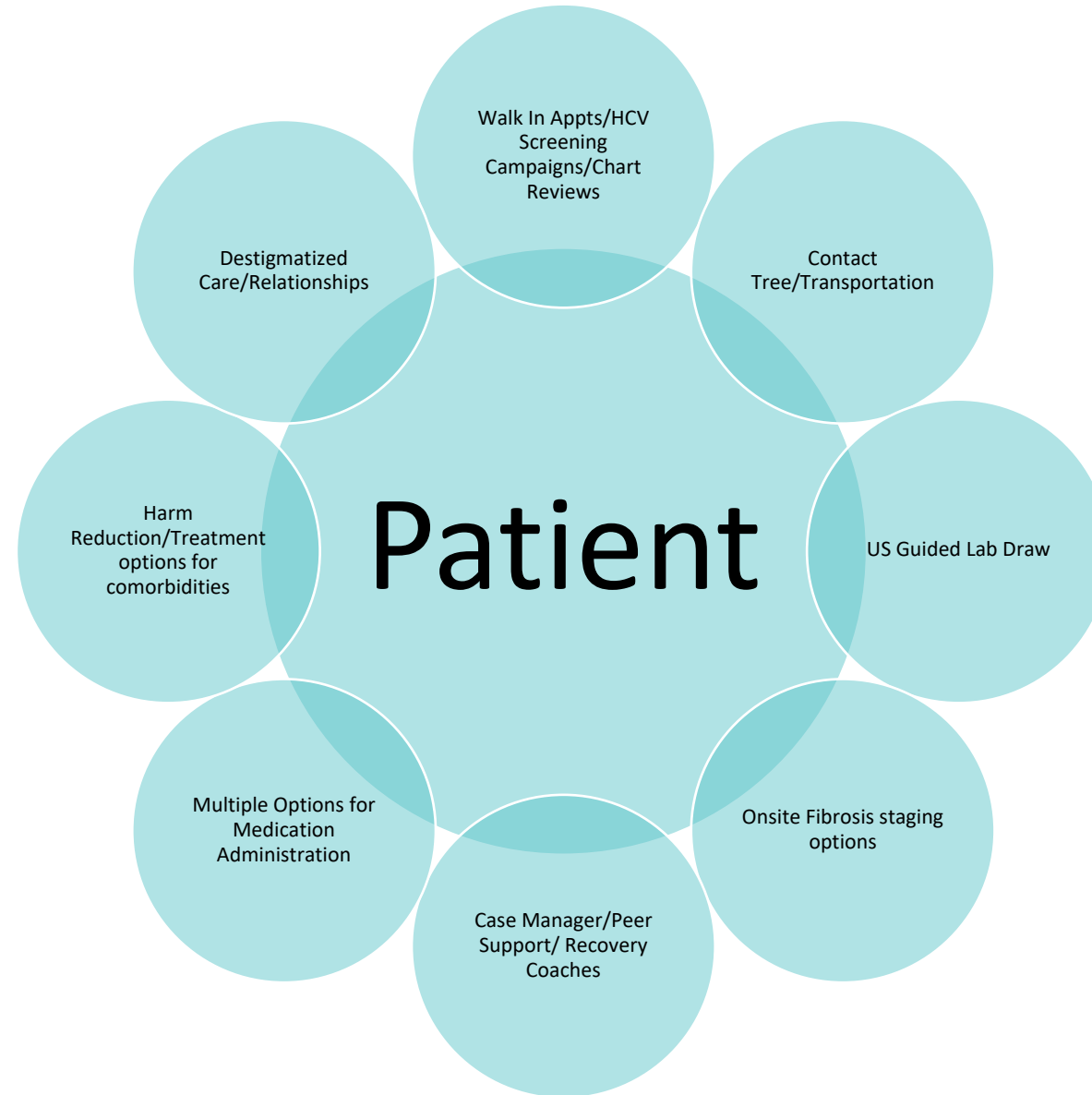
# “Typical” Care Pathway

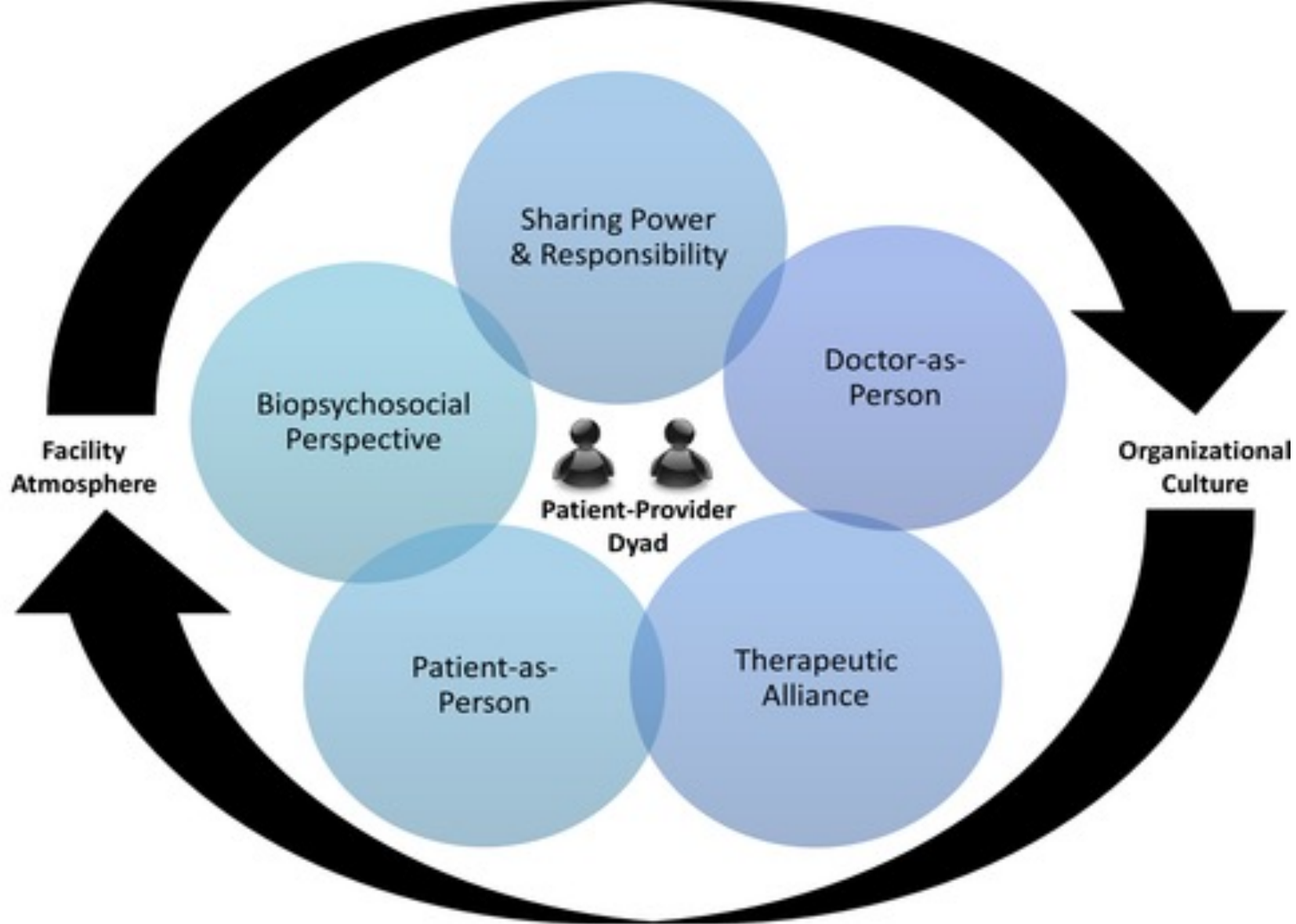


# Common Barriers to Care

- housing insecurity
- co-occurring mental health diagnosis
- high rates of incarceration
- inconsistent transportation
- other complicating medical diagnosis
- frequently changing schedule
- Inconsistent access to phone
- child care/family needs

# Atypical/Individualized Care Pathway





**Key:** Inner Circles ● = Mead & Bower (2000) definition of patient-centered care;  
 Outer Arrows → = additional organizational aspects



# Contact Tree

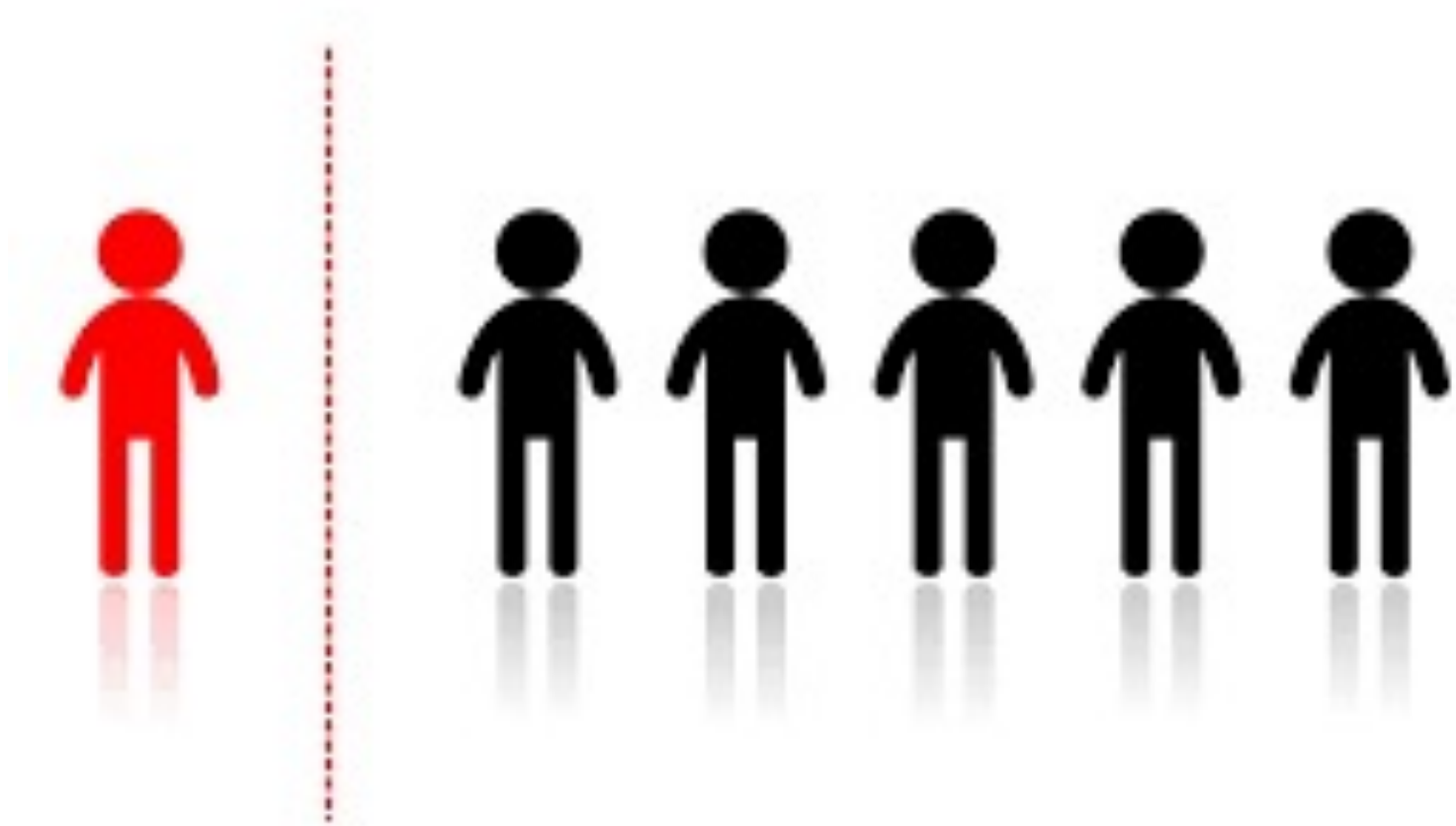
- Compile list of contacts (have ROIs signed as appropriate)
- Discuss family/relatives/friends who live in the area
- Life patterns/weekly routines/points of return contact
- Make a plan on how to reach the patient if they miss an appointment

# Examples of contact tree

- the now ex boyfriend's mom who is only home on weekdays after 3 at this address
- the local YMCA that a patient frequented weekly for showers
- the location and time of the AA group that the patient attended religiously every week
- family members informed us of change in residence and how to find them (treatment facilities/change of state for job/incarcerated)
- the boat at the marina that has the most plants on it



# Addressing Stigma



**ALL PATIENTS DESERVE  
ACCESS TO  
TREATMENT**

SHATTER STIGMA

Stigma Is Shame

Shame Causes  
Silence

Silence Hurts Us All



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# Words Matter When We Talk About Addiction

## Why is it Important to Use Healing Words?

Research studies show that language matters when we talk about opioids. When doctors use stigmatizing language, they are less likely to give good care to people addicted to opioids. Plus, their patients do not recover as well.

People with opioid addiction benefit from community support, non-judgemental healthcare providers, and a strong circle of relatives and relations who can walk the path to recovery with them. In order to be a good support for people with opioid addiction, it is important to use kind and respectful language.



## Whole Person Language

Kind and respectful language honors people with opioid addiction as whole people. It does not define them only by their opioid use.

## How to Use Whole Person Language

Instead of saying "drug user," "addict," or "junkie," it is better to say "person who uses drugs," "person with an opioid use disorder," or "person with a substance use disorder."

Why?

Words like "drug user," "addict," and "junkie" are stigmatizing. They label a person by only one activity they do in life. The truth is that people who use drugs have families, hobbies, interests, histories and futures outside of their drug use. Honor them as whole people.



## Avoiding Stigmatizing Language

Below are stigmatizing words and phrases you should avoid, as well as terms you should consider using instead.



**Stigmatizing Language:**  
Clean, dirty  
(when referring to drug test results)

These words associate a positive drug test with filth. Anyone can become addicted to opioids, and having a problem with opioids does not make a person (or their test results) dirty.



**Recommended Language:**  
Negative, positive, or substance-free test result.



**Stigmatizing Language:**  
Drug Habit

This term suggests that a person with opioid addiction simply needs more willpower to stop using opioids. The problem: opioid use disorder is a medical condition that impacts the brain. Recovery often requires medical treatment to help with cravings and behavior change.



**Recommended Language:**  
Substance use disorder,  
opioid use disorder.

## There is Hope

We can heal our communities through educating ourselves and others, supporting each other, and seeking help when we need it.

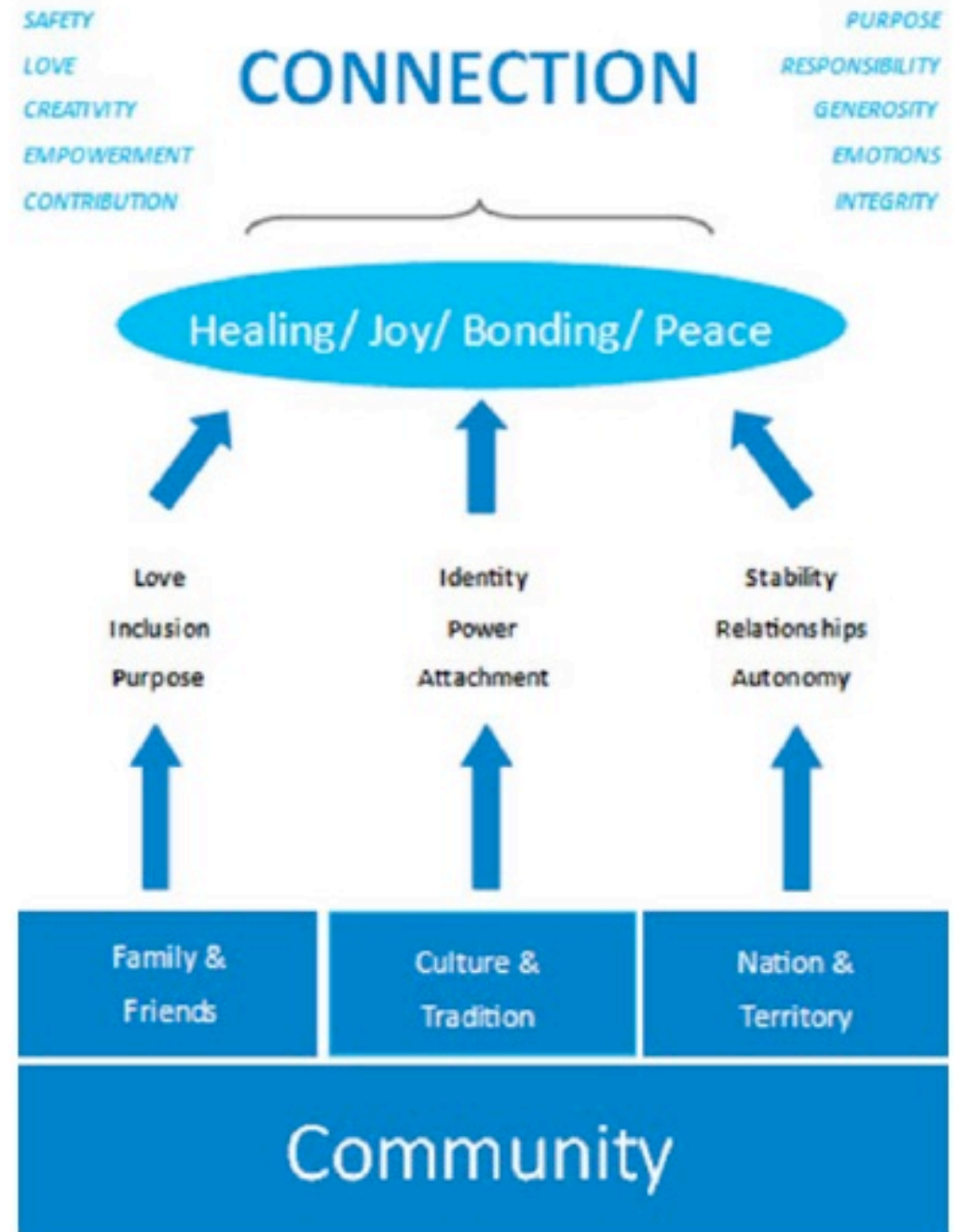
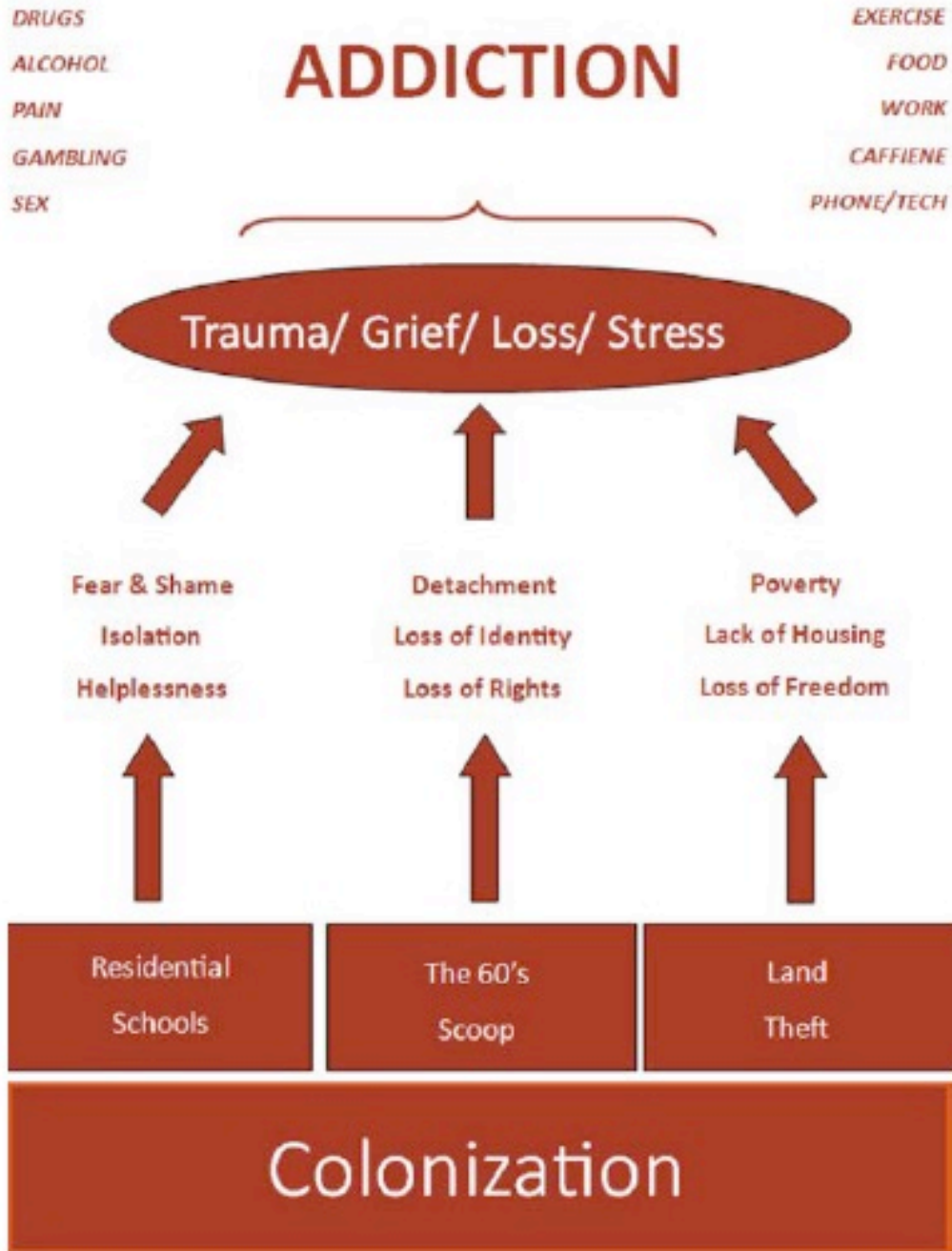


Text 'OPIOIDS' to 97779 to receive videos, quizzes, facts, and more to grow your knowledge about opioids.



Also visit the Northwest Portland Area Indian Health Board's website at [www.npaihb.org/opioid](http://www.npaihb.org/opioid) to learn more about treatments, reversing an overdose, and other important topics.

*This fact sheet was adapted based on materials by The National Alliance of Advocates for Buprenorphine Treatment.*



# Constant Innovation

Human-centered design. Meeting people where they are and really taking their needs and feedback into account. When you let people participate in the design process, you find that they often have ingenious ideas about what would really help them. And it's not a onetime thing; it's an iterative process.

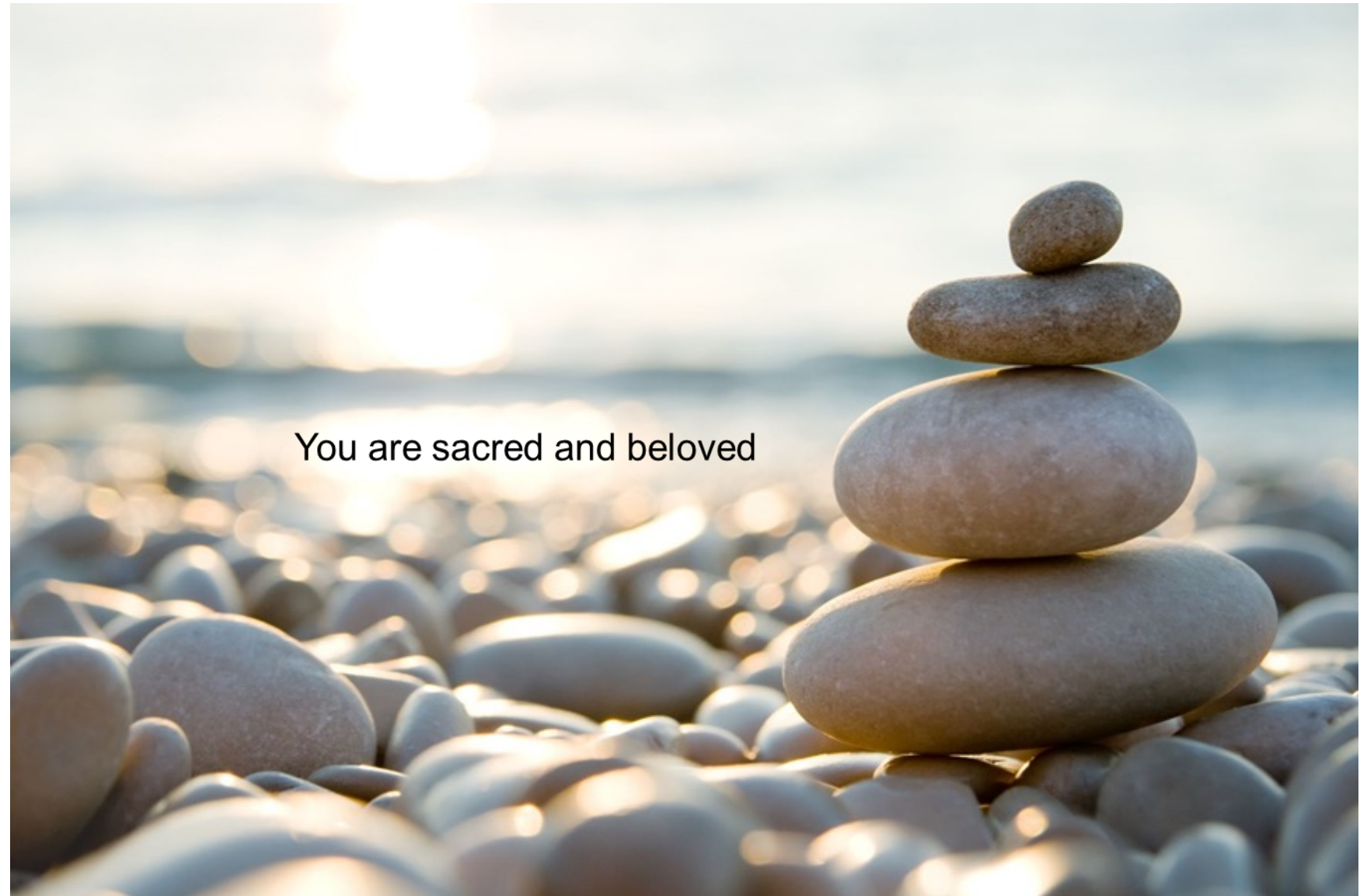
— *Melinda Gates* —



THANK YOU!

Please reach out with any questions

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