



Building a Patient-Centered Health System

Presentation to LAN Participants

October 26, 2015

Evolution of “Patient-Centered”

- Don Berwick, 2009: “leaving choice ultimately up to the patient and family means that evidence-based medicine may sometimes take a back seat.”
- Triple Aim – includes patient experience
- PCORI created in 2010 to change the culture of research to better respond to patient needs, outcomes, and preferences.
- FDA focus on patient experience, PFDD
- Patient engagement -> patient empowerment and activation

Key Considerations

- The range of endpoints, care outcomes and treatment goals that matter to patients;
- Factors that influence differences in value to patients within populations;
- Differences in perspectives and priorities between patients, caregivers, people with disabilities, consumers and beneficiaries;
- How patients want to be engaged in their health care and treatment decisions, and characteristics of meaningful shared decision-making to support this.

Goal: Culture of Patient Engagement

- Formalize pathways to provide a meaningful voice to patients in the creation and testing of APMs;
- Ensure value and quality definitions driven by value to patients;
- Be transparent to patients.
- Foster informed choices from the range of clinical care options through shared decision-making, and by empowering patients with accessible, understandable evidence to achieve their personal treatment goals.
- Avoid a singular focus on cost-containment and protect against a “one-size-fits-all” approach to patient care.
- Support access to new medical advances.

Key Recommendations

- Create a national advisory panel on patient-centeredness to give patients a voice in emerging APMs.
- Identify, and subsequently apply, clear patient-centeredness criteria in approval and evaluation of APMs.
- Include patients and providers in the development of quality improvement and measurement.
- Develop tools to translate evidence to practice with patients.
- Use value definitions centered on outcomes that matter to patients.
- Prioritize APMs that engage patients and use real SDM.
 - Information on all treatment options, impact, out-of-pocket costs, etc.
- Allow providers flexibility to tailor care to an individual patient.
 - Identify patient preferences in care planning, use SDM to achieve those goals, measure quality based on achieving patient preferences.