

# PERSON-CENTRED CARE & NAVIGATION



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**On behalf of: ACCESS TO RESOURCES IN THE COMMUNITY  
Research Team**

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# Agenda

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- ❑ Definition of person-centred care
- ❑ Evolution of patient-centred care
- ❑ Dimensions of person-centred care
- ❑ Putting PCC into practice

# Buddy Activity

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- Patient Care
- Patient-Centred Care
- Person-Centred Care

What are the differences in these terms?

How do these definitions influence navigation services?

# Person-centred Care

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- Lack of consensus about how person-centered care is defined, rendering it difficult to determine how it is translated into practice (Smebye & Kirkevold, 2013)
- Definitions in medicine, nursing, other health professions: client-centred care, person-centred care, user-centred care
- Other?

# Person-centred Care

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**“Person-centred care is a way of thinking and doing things** that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. This means putting people and their families at the centre of decisions and seeing them as experts, working alongside professionals to get the best outcome” (Health Innovation Network, 2014, p. 2)

# Person-centredness

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“ A standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust” (Kitwood, 1997, p. 8)

# Person-centredness

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Table 1 Relationship between Kitwood's definition and derived concepts of person-centredness

Concept	Link with Kitwood's definition
Being in relation	Persons exist in relationships with other persons
Being in social world	Persons are social beings
Being in place	Persons have a context through which their personhood is articulated
Being with self	Being recognized, respected and trusted as a person impacts on a person's sense of self

# Core concepts of Person-centredness

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- 1) Relationships: individuals exist in relationships with other persons
- 2) Life history of the person; knowing who they are, where they came from, what is meaningful to them
- 3) Context in which care is provided: interaction of the health professional and the context, being present with the person; system factors such as decision-making ability
- 4) Sense of security and belonging

(McCormack, 2004)

# Defining Person-Centered Care

Fosters optimal aging for that individual

Rooted in the work of Tom Kitwood, a British gerontologist, on personhood.

Empowering



Care centered and driven by person receiving care, rather than individual or organization providing care

Core values are:

- Choice
- Dignity,
- Respect,
- Self-determination, and
- Purposeful living

# Client-Centred Practice (CCP)

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“An approach which embraces respect for and partnership with people receiving services. It recognizes individual autonomy and the need for client choice in making decisions. It also recognizes the strengths that clients bring to occupational therapy, the benefits of client-therapist partnership and the importance of the context and accessibility of services” (Sumsion & Smyth, 2000, p. 17).

# Client-Centred Care

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“An approach in which clients are viewed as whole; it is not merely about delivering services where the client is located. Client centred care involves advocacy, empowerment, and respecting the client’s autonomy, voice, self-determination, and participation in decision-making” (Registered Nurses’ Association of Ontario, 2006)

# How does language influence practice?

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## BIOPSYCHOSOCIAL MODEL



- Patient
- Person
- Client
- Family-centred
- Relationship-centred

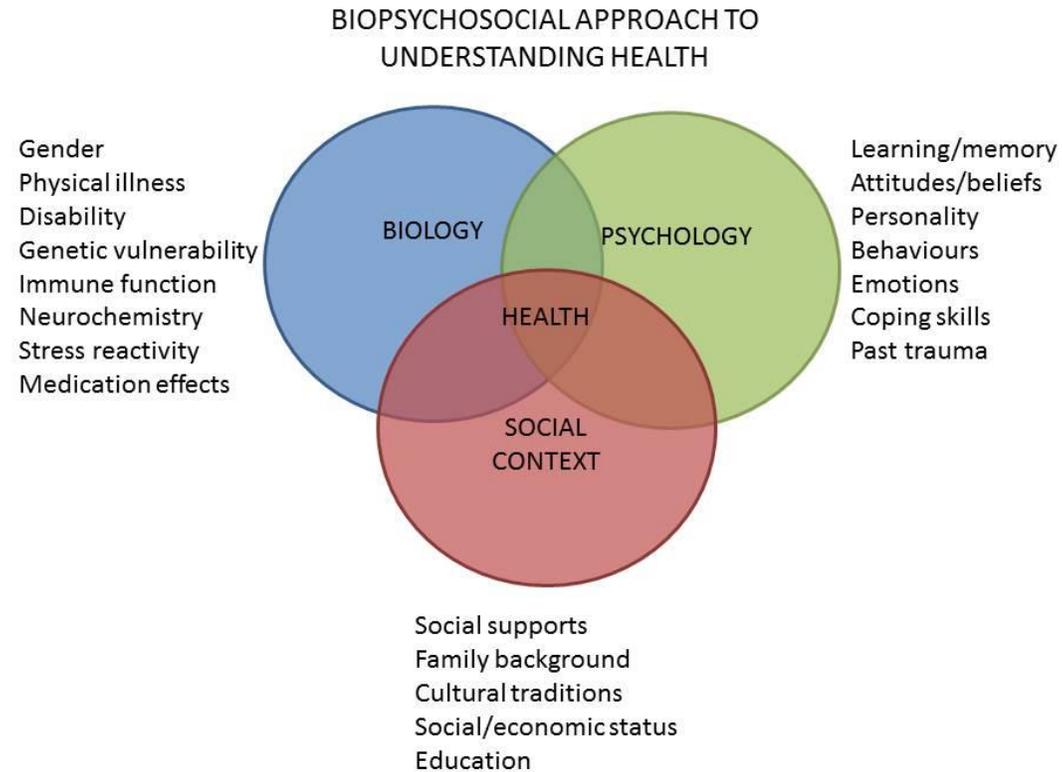
# Evolution of Patient-centred Care

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- Term attributed to E. Balint (1969) to describe a form of psychotherapy that general practitioners could provide for persons who had illnesses that were psychosomatic
- Her concept contrasted with “illness-oriented” care
- A critique of medicine’s focus on pathophysiology and exclusion of other means of knowing the patient
- Patient-centred care rests on a biopsychosocial model of health-shift from a medical model

# Engel (1980): Biopsychosocial Model of Health

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# 'Being' Person-centred

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Stewart et al. (1995) assert that the patient-centred method requires a “willingness to become involved in the full range of difficulties patients bring to their doctors, and not just their biomedical problems.”

❖ *Biopsychosocial Model*

# World Health Organization (WHO), definition of health (1946):

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Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

# In contrast.....Biomedical model

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- Focus on diagnosis, treatment of disease, illness and injury
- Patient's illness -signs and symptoms are investigated and treated
- Accurate diagnosis →appropriate therapy→ restoration of diseased processes to (or near to) `normal' → cure of illness or improvement (Neighbour, 1987)
- This paradigm does not consider the influence of contextual factors on individual functioning (Pledger, 2003).

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**Table 1 Characteristics of the traditional medical model and patient-centered medicine**

<b>Traditional medical model</b>	<b>Patient-centered medicine</b>
Provider-centered model	Patient-centered model
Founded on the principles of beneficence and authoritarianism	Founded on the principle of autonomy
Disease-oriented care	Patient-oriented care
Focuses on outcomes of importance for physicians and regulators	Focuses on outcomes of importance for patients
The patient's perspective is usually ignored	The patient's preferences, objectives and values are taken into account during decision making and delivery of healthcare
Compliance with the physician's decisions	The patient and physician share decision making
Improve outcomes for the average patient	Improve outcomes for the individual patient
Population-oriented research	Patient-oriented research

Sacristan, 2013, p.2.

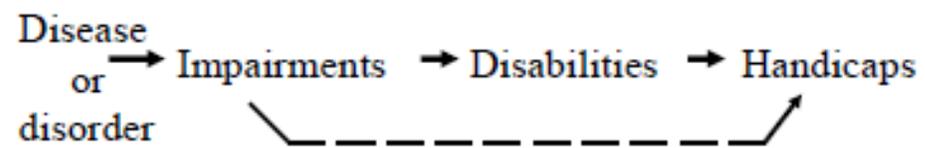
**Table 1-2**

**A Changing Health System Paradigm**

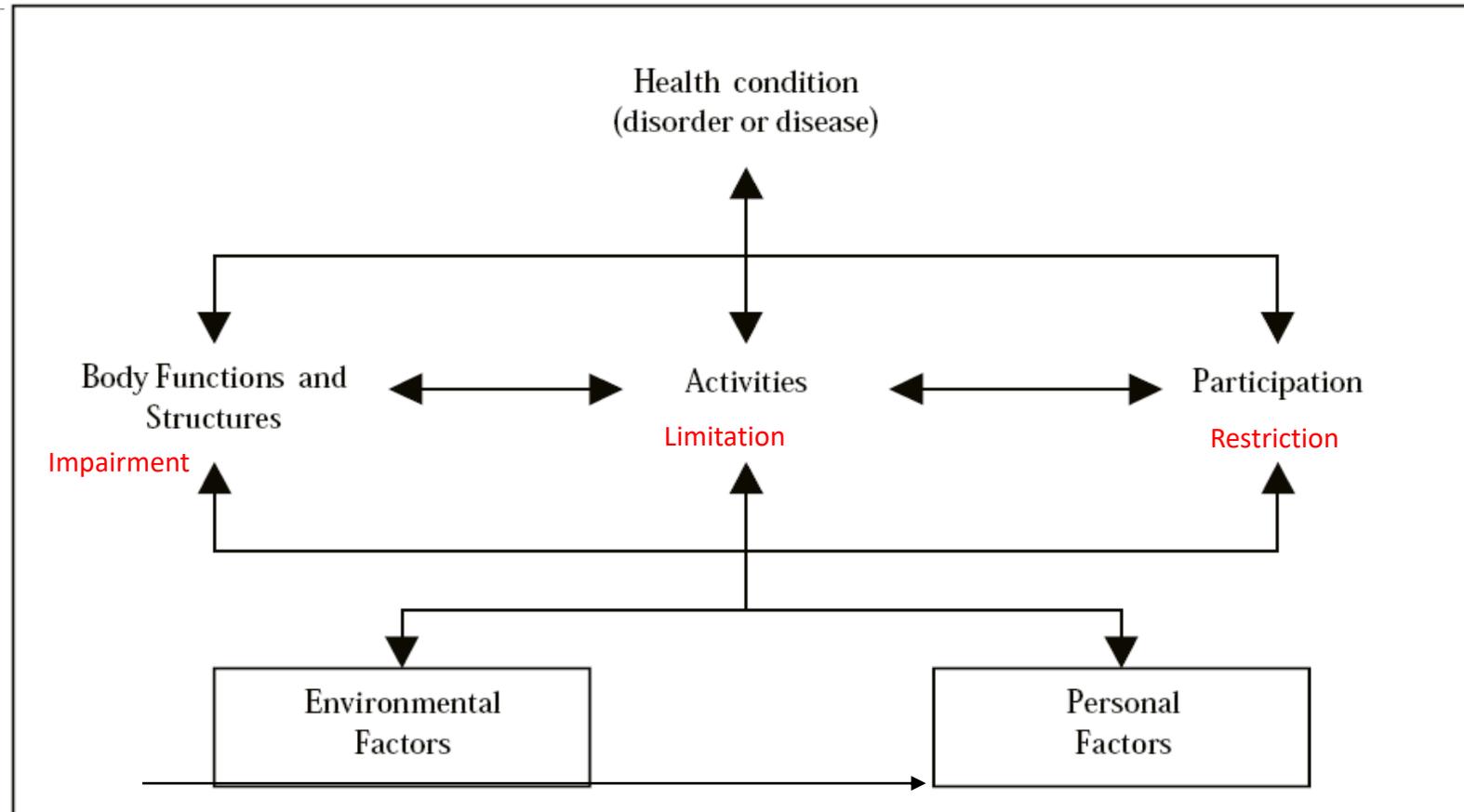
	<i>Old</i>	<i>New</i>
<i>The Model</i>	Medical model Episodic care	Sociopolitical (community model) Planned or managed health
<i>The Focus</i>	Focus on illness Acute care outcomes satisfaction Individual Deficiency Survival Professionally controlled Dependence Treatment	Focus on wellness Well-being, function, and life Individual within the environment Capability Functional ability/quality of life Personal responsibility flexible/choice Interdependence/participation Treatment/prevention
<i>The System</i>	Institution centered Single facility Competitive focus Fragmented service	Community centered Networked system Collaborative focus Coordinated service

## Unidirectional Flow of Concepts

ICIDH 1980



# Interactions between the components of ICF (WHO, 2001)



# Patient-centred (Person-centred) Approaches

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Aspects of humanistic caring practices:

1. Knowing the person or their biography (the person of the patient, and the person of the provider\*\*)
2. Considers context in which care is provided
3. Respect for the individual and what is important to them

McCormack (2004)

# ICF Components

## Body Functions & Structures



*Functions*

*Structures*

## Activities & Participation



*Capacity*

*Performance*

## Environmental Factors



*Barriers*

*Facilitators*

# ICF: A Shift from a Biomedical Model

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- ICF represented a shift from a medical point of view on organism, pathology and its implications to a point of view which, in order to define what the person **experiences** in his/her different dimensions ...and 'the **“lived experience”** of people in the **actual context** in which they live.

# Connecting Person-centred Care to Social Determinants of Health

Figure 1.1 A Model of the Determinants of Health

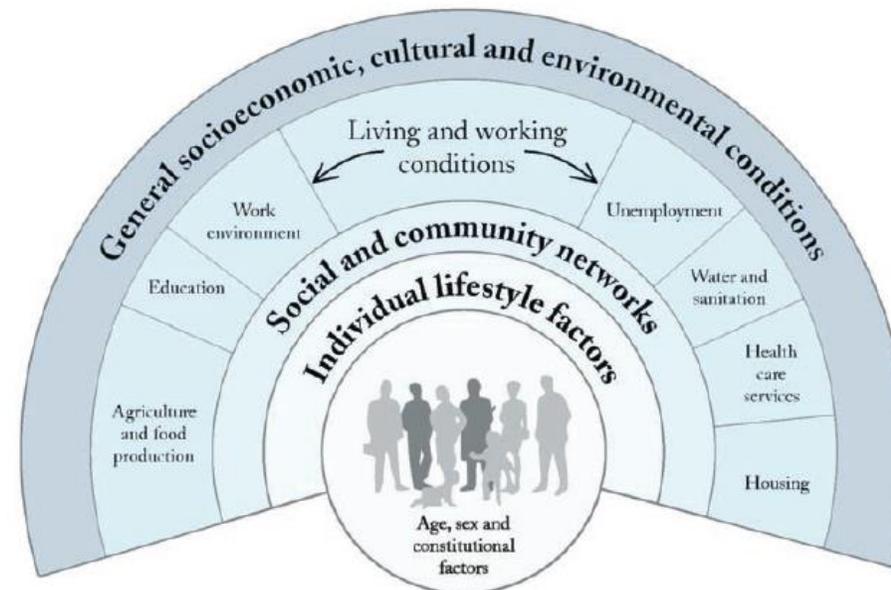


Figure shows one influential model of the determinants of health that illustrates how various health-influencing factors are embedded within broader aspects of society.

**Source:** Dahlgren, G. and Whitehead, M. (1991). Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for Futures Studies.

# Why is person-centred care a high priority?

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- Recognition of the social determinants in health and wellness
- Increased emphasis on self-management to control health care costs
- Valuing patient expertise: stories of illness and health –  
Motivational Interviewing

# Other Factors...

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- Patients are more empowered; consumers of health services, influence of technology
- Need for governments, healthcare and academic institutions to demonstrate social responsibility, community partnerships
- Legal and ethical requirements e.g. consent to treatment – have “increasingly incorporated the notions of **shared decision making** (between doctor and patient) and informed choice (by the patient)” (Towle et al, 2010, p. 68)

# Person-centred Care

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The concept of person-centred care conceives patients, families and communities as partners in health practices, rather than recipients of care.

This approach respects the individual behind the illness or disease, and acknowledges the strengths, capacities and life experience which they bring to the health interaction.

# Person-centred Care

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Individuals assume an active role in making decisions that affect them:

\*\*\*Principle: *“Nothing about me without me”*

*(Laine & Davidoff, 1996, p. 152)*

# Dimensions of Person-centred Care (Gerteis et al. 1993)

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1. Respect for patients
2. Coordination and integration of care
3. Information, communication and education
4. Physical comfort
5. Emotional comfort/alleviation of fear and anxiety
6. Involvement of family and friends
7. Transition and continuity



Institute of Medicine (2001): *Crossing the Quality Chasm: A New Health System for the 21st Century*

Responsibility of health systems to provide *PCC*

# Interactive Components of PCC

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1. Exploring the patient's illness experience
2. Understanding the whole patient
3. Doctor and patient finding common ground for managing the illness
4. Including health promotion and self care to the consultation
5. Paying attention to the quality of the doctor–patient relationship
6. Being realistic about what can be achieved

❖ *Primary care context, in Canada.*

*(Stewart et al., 1995)*

# Key Dimensions of Person-centred Care

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- 1) **Model:** Biological, psychological, social aspects of the person
- 2) **Patient as person:** understand the unique person, history, culture, meaning of health and illness, roles
- 3) **Shared power and responsibility:** between provider and patient. Shift from guidance-cooperation → mutual participation. Patient empowerment. Shift in language-consumer, client.
- 4) **Therapeutic alliance:** empathy, unconditional positive regard, common understanding of goals and treatments

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Being patient-centred means placing the person at the centre of the intervention, responding appropriately to their desire for information, and “attempting to understand the patient’s thoughts, feelings and expectations as well as his or her symptoms” (Sumsion, 2006, p. 5).

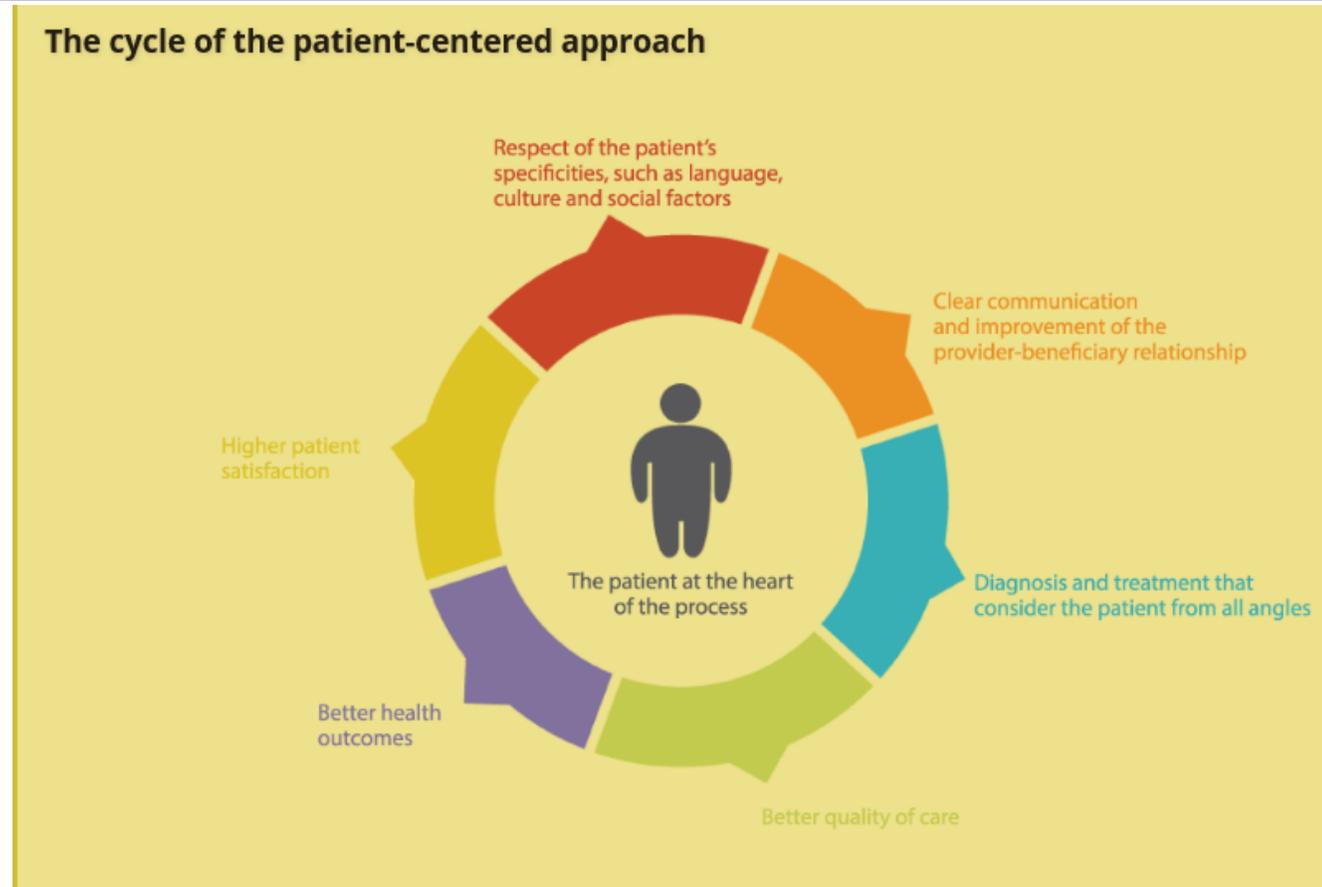


# Patient-centred (Person-centred) Approaches

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- Based in humanism and the helping relationship (Rogers, 1961)
- Holistic: focus on all aspects of the person; physical, psychological, social, cultural
- Person as active participant in their care
- “Respect the person ‘behind’ the impairment or the disease”  
(Leplege et al., 2007, p. 1558)

# Toolbox for the Active Offer



<http://www.offreactive.com/portfolio/patient-centered-approach-and-cultural-competence/>

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*Shared Principles: Navigation and Person-Centre  
Care?*

# What is the evidence?

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PCC can:

- Improve individuals' **experience** of care
- Encourage individuals to lead a more **healthy lifestyle** e.g exercise, healthy eating
- Encourage individuals to be more **involved in health care decisions** -services and support appropriate for their needs

(McMillan et al., 2013; Mead & Bower, 2002)

# What is the evidence?

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- Impact **health outcomes** e.g. **blood pressure**
- Improve how confident and satisfied **professionals** feel about the care provided
- Limited evidence: reduction in use of services and overall healthcare costs

(McMillan et al., 2013; Mead & Bower, 2002)

# In summary

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Person-centredness requires a different ‘practice-orientation’ one which empowers individuals and involves them in shared decision-making regarding their goals and treatment (Ekman et al., 2011; Law, Baptiste & Mills, 1995; Leplage et al., 2007).

# How can you apply these dimensions to Patient Navigation?

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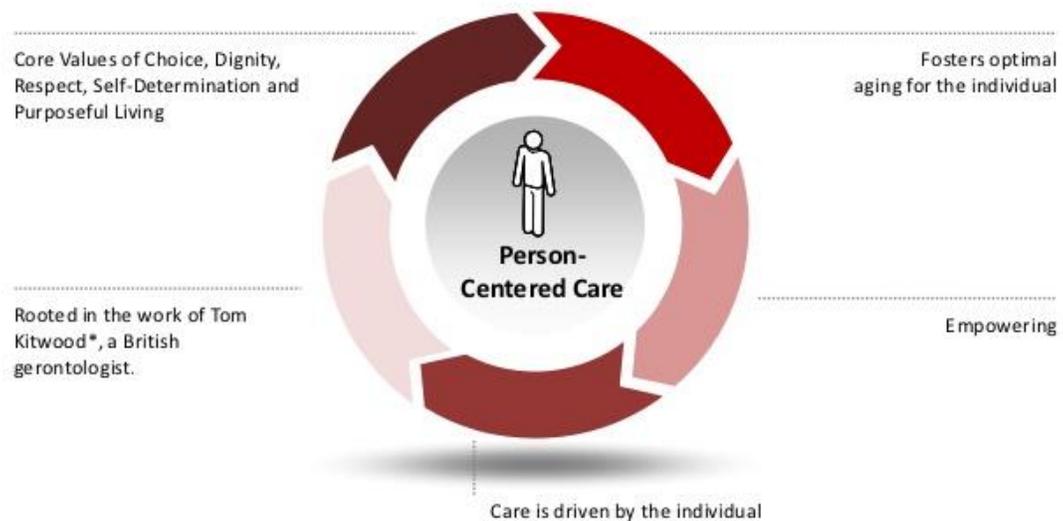
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## What is Person-Centered Care?



*Tom Kitwood (1937-1998) was a British social psychologist and psychogerontologist, author of the theory of person-centered care approach; together with Kathleen Bredin, he developed the method of Dementia Care Mapping.*

# Activities and Participation: Domains

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Domains		Qualifiers	
		Performance	Capacity
d1	Learning and applying knowledge		
d2	General tasks and demands		
d3	Communication		
d4	Mobility		
d5	Self-care		
d6	Domestic life		
d7	Interpersonal interactions and relationships		
d8	Major life areas		
d9	Community, social and civic life		

## Social Determinants of Health (SDoH)

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“A specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education or employment. Experiences of discrimination or historical trauma are also important social determinants of health for certain groups such as Indigenous Peoples” (Government of Canada, 2018).

# Social Determinants of Health (SDoH)

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“The circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies and politics”

(World Health Organization, 2008, p. 3).

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