# Patient Centered Care: Is it really a Cultural Transformation?

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## Today's Session

- Vision for the Future of Healthcare
- Key Attributes of a Transformed System
- Data to support this approach
- Strategies to translate into practice

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#### The VHA Mission

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

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#### The VHA Vision

WHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.

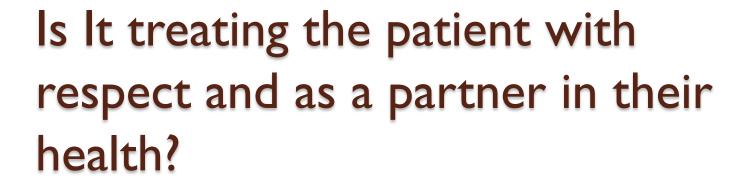
It will emphasize prevention and population health and contribute to the Nation's wellbeing through education, research and service in national emergencies.

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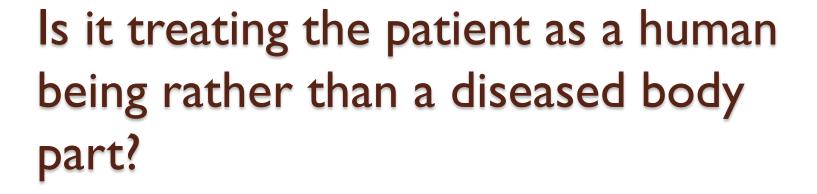
What is Patient Centered Care?

### Is it Better Customer Service?





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Is it offering the full range of therapies and approaches that can be of benefit? Is it taking into consideration the patient's preferences in decision making?

# Is it having the Veteran TRULY at the center of their healthcare?

## What does this actually mean?

## It is not making a better box

"If I had asked the customer what they wanted, they would have said a faster horse."

Henry Ford

# What do our Veteran's really REALLY want?

"To care for him who shall have borne the battle, and for his widow, and his orphan"

-Abraham Lincoln

### A Transformative Model

#### Contemporary

- Focused on disease
- Disease management
- Reactive
- Find it, fix it
- Sporadic
- Physician-directed
- Biomedical interventions
- Individual left to enact

#### **Patient-Centered**

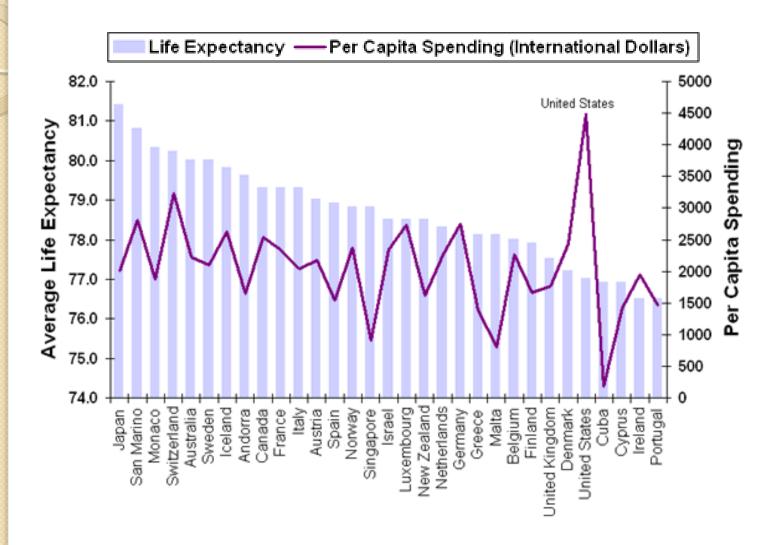
- Focused on the person
- Health optimization
- Proactive
- Identify risk, minimize it
- Lifelong planning
- Partnership-based
- Whole person approaches
- Resources & tools for implementation

Adapted from Ralph Snyderman, MD

# From Problem Based Disease Care to Patient Centered Health Care

WHY?

#### The Economics and the Outcomes



Cardiovascular diseases
kill more people worldwide
each year than all other
illnesses combined, and is the
number one killer of Americans

#### The Outcomes: Heart Disease in the US

- I.3 m angioplasties, \$48k each, \$60B in 2006
- 448,000 bypass, \$100k each, \$44B in 2006
- Angioplasties and stents do not prolong life or prevent heart attacks in stable patients (95% of those who receive them) N Engl J Med 2007
- Bypass surgery prolongs life in less than 3% AND
- Changing lifestyle could prevent at least 90% of all heart disease Lancet. 2004 Sep

95 cents of every dollar was spent to treat disease after it had already occurred

### The Real Healthcare Recovery Plan

- Chronic conditions consume more than 75% of healthcare costs, and are largely effected by health behaviors
- The current healthcare model doesn't work because we do not have a core competency in optimizing health
- We have a professional and now an economic imperative to change

## A Radical Departure

- Our current model is not designed to optimize health and healing
- Individuals do not change their health behaviors and lifestyle choices until we know what matters to them
- The Transformation: from a Problem Based Disease Care System to a Patient Centered Health Care System

# IOM Rules for the 21st Century Health Care System

Crossing the Quality Chasm, Institute of Medicine, 2001

#### Current Approach

- Care based on visits
- Professional autonomy drives variability
- Professionals control care

#### New Approach

- Care based on continuous healing relationships
- Care is customized according to patient needs and values
- Patient is source of control

# From Problem Based Disease Care to Patient Centered Health Care

- This Healthcare System BEGINS with the patient
- Exploring with them, who are they, what gives them a sense of meaning and purpose, what matters to them, why do they want to live and have their health?
   WHY?
- A few illustrations

# From Problem Based Disease Care to Patient Centered Health Care

 This Healthcare System doesn't wait for the cancer diagnosis or the heart attack, it doesn't wait for the death bed

# The Steps in this Approach to Healthcare

- Vision of Life and Health
- Exploring Values and Goals
- Clinician visit
- Creating a Personalized Health Plan
- Teaching skills to achieve it
  - Mindfulness, nutrition, stress reduction, movement and exercise
- Support and behavior change that works
  - Integrative Health Coaching, Buddies, Groups
- Team/Clinician follow-up

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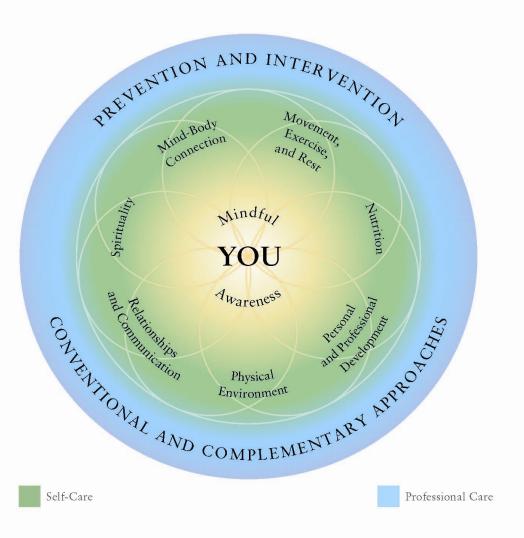
## Intervention in Patients at Risk for Heart Attack or Stroke

- Test of this concept and process
- Initial visit with integrative physician
- Ten months with in-person Health Coaching Group and individual telephonic health coaching
- Experiential education in domains of the health wheel

### Domains of the Health Plan

- Self Care
  - Nutrition
  - Movement, exercise and rest
  - Mind-Body connection
  - Spirituality
  - Relationships and communication
  - Physical environment
  - Personal and professional development
- Professional Care
  - Spanning prevention to intervention, using conventional and complementary approaches

#### WHEEL OF HEALTH





## Key Findings

- Significantly reduced the risk of heart attack or stroke in the next ten years
- People's lives changed dramatically, health changes were a "by-product"

Journal of General Internal Medicine 2006

## Duke Prospective Health for Employees

- 9 sessions of group coaching over 3 months
- Monthly education sessions
- Quarterly skill building
- Weekly e-health tips

## Duke Prospective Health for Employees

- The Five Stages of Change:
  - Pre-contemplation, contemplation, preparation, action, maintenance
- At the start, I6 of 55 were in action stage, and I in maintenance
- At the end, 53 of 55 were either in action or maintenance

### Duke Prospective Health for Employees

- Decreased in-patient admissions by 25.4% (n=141) in health coaching group vs 20% in the case management group
- Limited program group (2 coaching sessions and monthly education) had decreased admissions by 14.3% (n=162) (18% in case management)

## Small Family Owned Businesses

- Charter Partners
  - business membership organization
  - 6 month intervention
  - 2 day educational retreat followed by telephonic group coaching, weekly for 3 months, biweekly for 3 months

### Charter Partners Outcomes

n = 54, Self-reported outcomes

Reported Outcomes	<u>Percentage</u>
Eating Healthier	94%
Lost Weight	83%
Smoking Less	80%
Improved Relationships	80%
More Exercise	76%
More Energy and Felt Happier	73%

## This Approach in Patient for Type II Diabetes

- Estimated >50% of all patients don't take medications as prescribed, and > 90% don't adhere to all aspects of their treatment plans
- RCT on telephonic Personalized Health Planning and Integrative Health Coaching to manage medication and lifestyle change
- Initial session, 8 weekly calls, 4 biweekly calls, final
   call I month later = total of I4 sessions

### PHP and Health Coaching for Type II Diabetes

- Improved glucose control
- Increased frequency and duration of aerobic exercise and stretching
- Decreased obstacles to treatment adherence
- Increased patients' ability to expand personal support networks
- Increased patient accountability and confidence in managing their own health goals

Diabetes Educ. Volume 36, Number 4, 2010

### The Experience and Culture of Veterans

- Mission- commitment to goals and outcomes with great self discipline and self sacrifice
- The Plan- you wouldn't fight a war or go into battle without one
- Training- you wouldn't send your troops in without it
- Trust and Reliance on one another you live or die by your fellow soldiers, sailors, airmen and marines, and wouldn't go into Theatre alone.

Our Veterans were committed to Mission Readiness for the health and well-being of our country, and now it is time to give this back to them, for THEIR health and wellbeing.

#### Mission Readiness for our Veterans

- What is YOUR Mission?
- Plan
- Training
- Support

### The VHA Strategy: Our Challenge

 We need to define this new process and practice of healthcare, that begins and ends with the Veteran

It must be clear, specific, and defined

 We must provide the new training, tools, and systems to deliver it, demonstrate it, and study the outcomes

### The Good News: We Have...

- One Integrated System
- An organization filled with talented and committed people aligned with this vision
- Tremendous initiatives and work underway
- A population incredibly deserving with a culture and values that align

### The One Aim: The Veteran

- We need to put the patient at the center
  - their life and what matters to them and build our health care around them,

 Then we will achieve increased quality, decreased costs, improved experience of our patients and better outcomes

### Success: when the Veteran is at the CENTER of their Health care

 He/She envisions outcomes never even imagined (by patient or team)

### The First Revolution in Healthcare

Making medical education standardized and science-based

- The Flexner Report in 1910, together with a demonstration project
  - Johns Hopkins School of Medicine

# The Opportunity: The Second Revolution in Healthcare

### The Second Revolution in Healthcare

#### Theory

Flexner Report 1910

IOM Report 2010

#### **Practice**

 John Hopkins School of Medicine

VHA

### The Second Revolution in Healthcare

- 21<sup>st</sup> Century Medicine, grounded in science, and patient-centered
- We can transform healthcare into a system that not only delivers excellent medical care, but partners with patients to help them FULLY LIVE THEIR LIFE.

### Innovation Engine Model

