

*The Case for Centers for
Planned Patienthood:
Is it time for a national policy?*

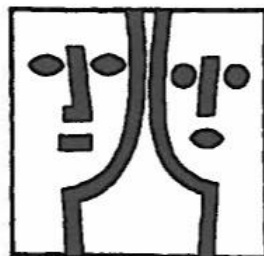
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*IOM Workshop: Partnering with Patients to Drive
Shared Decisions, Better Value and Care Improvement*

February 25, 2013

THE FUTURE OF THE PATIENT
*In Emerging Approaches
To Quality Assurance*



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PATIENTHOOD: What Patients are Asked to do NOW

- Choose/change health plans
- Choose/change a physician/provider
- Give “informed” consent
- Participate in some treatment decisions (rare)
- Follow-through on treatment plans
- Pay the bill (or at least some fraction)
- Interpret health information, performance data

What Systematic Help Are Patients Given?

Very little....

What Help Are Patients Given?

- Open enrollment information on health plan benefits, premiums
- Physician directories (age, gender, specialty)
- Appointment reminders
- Poorly written informed consent materials
- **Little help/training in making treatment decisions**
- Little formal help in follow through on treatment regimens
- No **systematic** help in interpreting quality information
- Increasing responsibility for the bills

Background

- There is currently no systematic training or preparation for being a patient in the US
- Average patient asks fewer than 4 questions in a 15 minute office visit

Background (cont'd)

- Most patients don't participate effectively in treatment decisions
- Traditional patient education improves knowledge but not other outcomes

Prevailing Myths...

- Patients are too poorly educated to participate in care
- Patients don't want to participate
- Patient participation will lengthen visits
- Encouraging patients to participate will make them 'difficult' patients
- Training patients to participate is too 'new'

***WHY TRAIN PATIENTS
TO PARTICIPATE
IN CARE?***

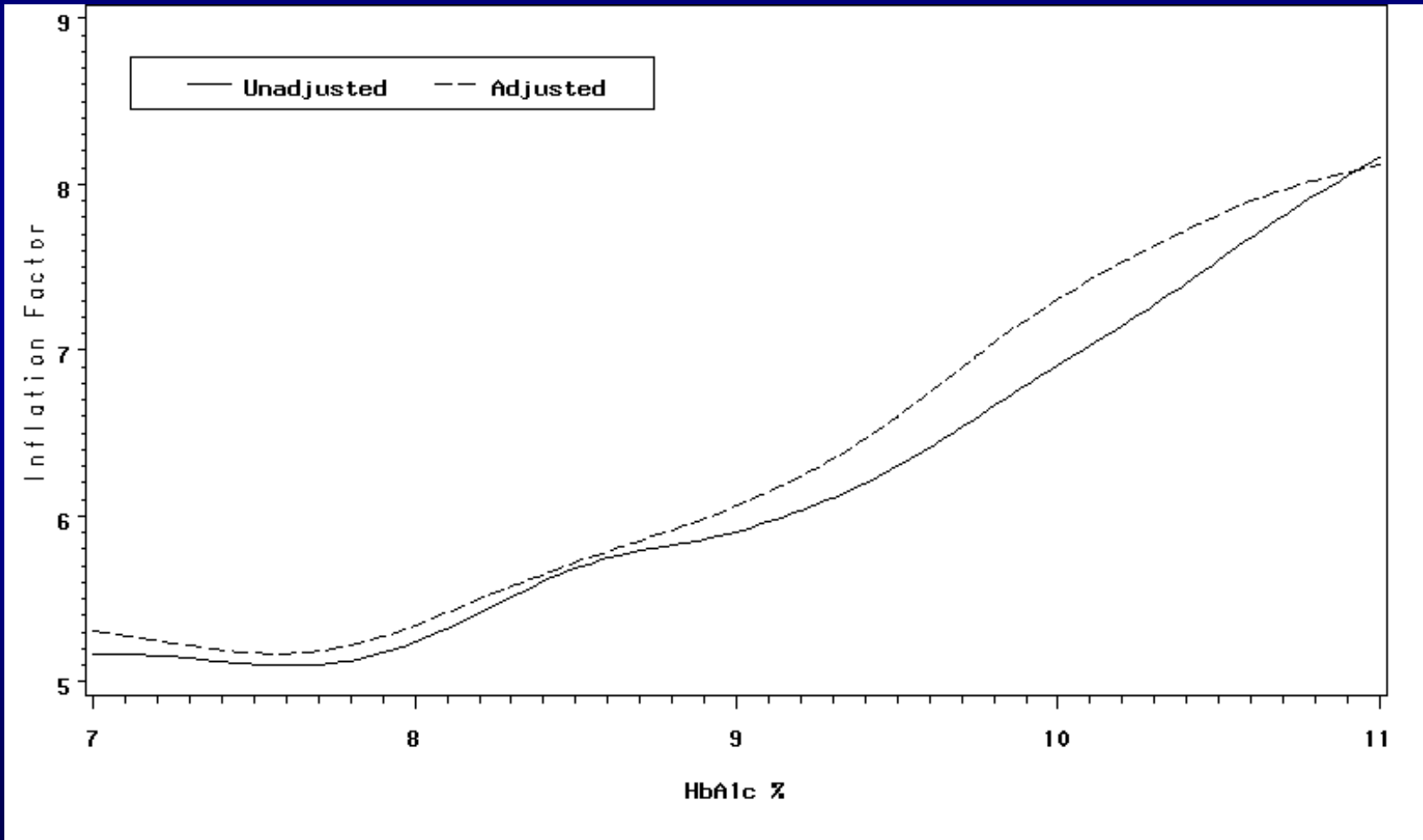
Improving the Reliability of Physician Performance Assessment

Identifying the “Physician Effect” on Quality and Creating Composite Measures

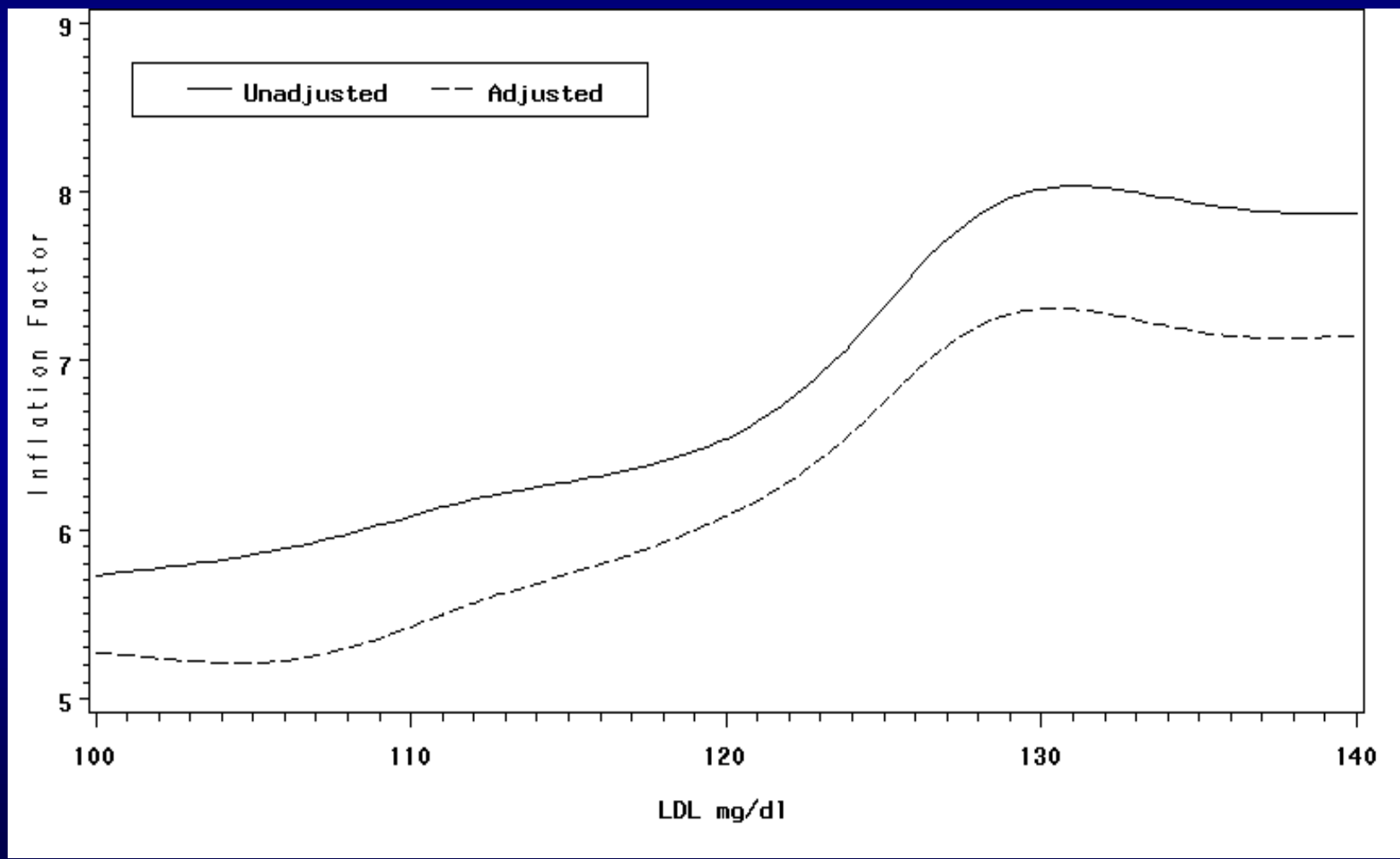
Sherrie H. Kaplan, PhD, MPH, John L. Griffith, PhD,† Lori L. Price, MS,†
L. Gregory Pawlson, MD, MPH,‡ and Sheldon Greenfield, MD**

(Med Care 2009;47: 378–387)

Patient vs. Physician 'Effects': HbA1c levels

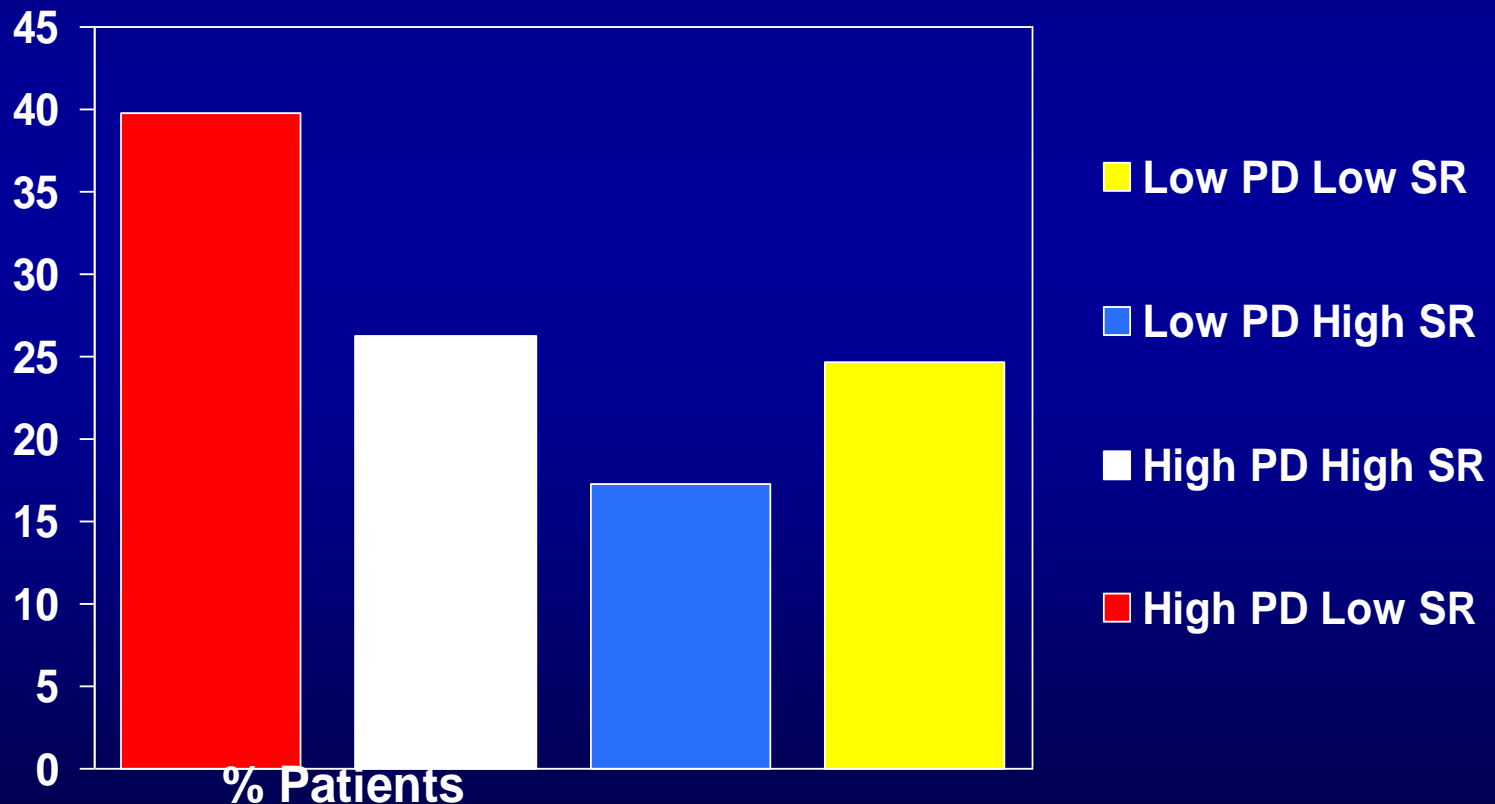


Patient vs. Physician 'Effect': LDL levels



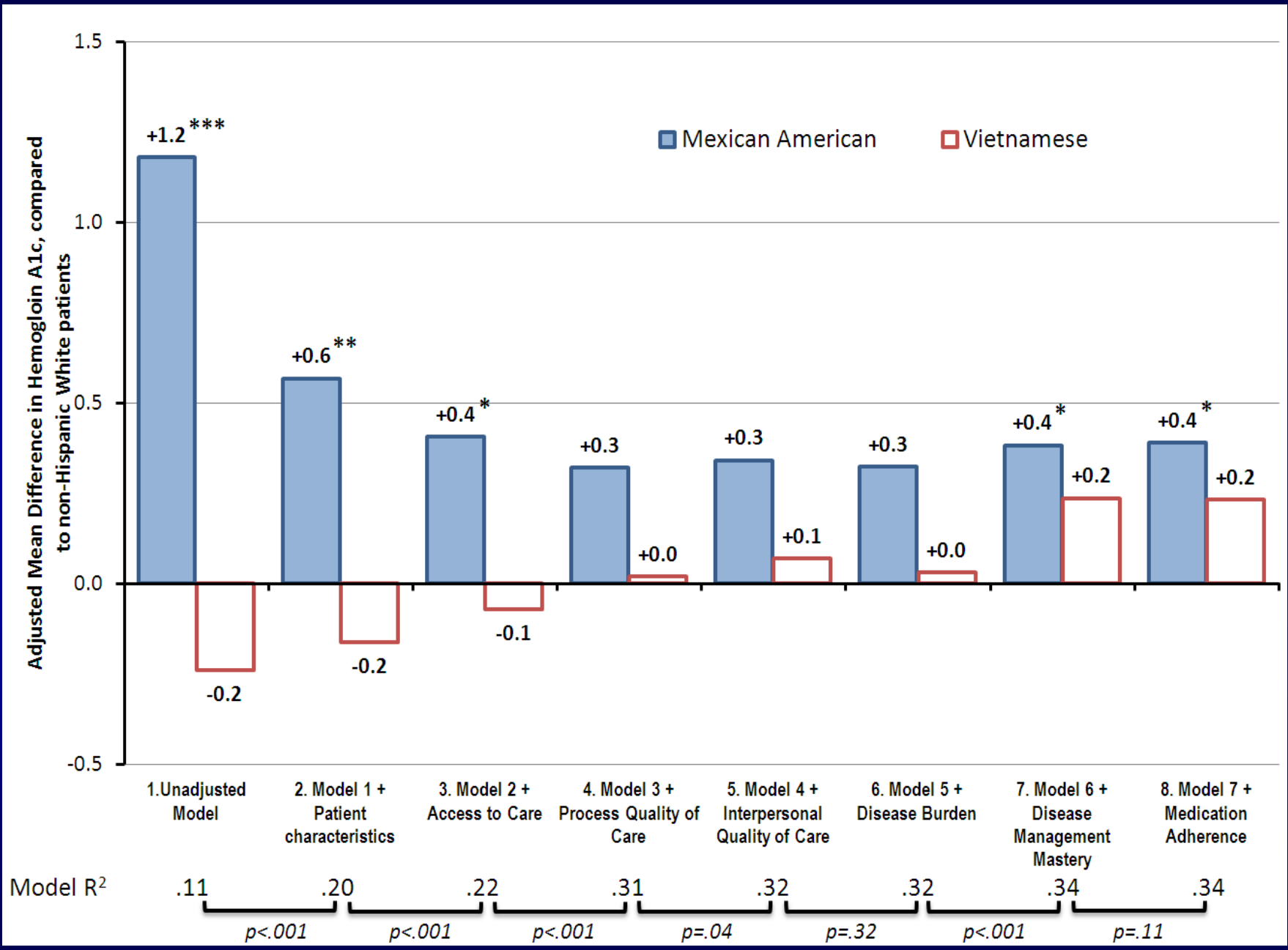
***SHOULD PATIENTS
BE PASSIVE?
Empirical Results***

Proportion of Patients Whose Health Declined by >10 points by HCO Group: Diabetes-Related Dysfunction



Preliminary Results from the Coached Care for Diabetes Project

- Greater passivity and less management confidence association with poorer glycemic control independent of race/ethnicity



*'Shared' or Participatory
Decision-Making: The
evidence...*

Empirical Findings from National Studies using PDM Style

- PDM style positively associated with health outcomes, patient retention, patient experience ratings
- PDM style occurs less frequently without intervention

Some Patients Participate More in Treatment Decisions than Others...

- Older < younger
- Women > men
- More passivity < more active

GENDER AND PATIENTHOOD: Empirical Results

- Most common number of questions asked by men in 15-minute office visit = 0; mean asked by women = 6
- Men report themselves more passive
- Women respond more to participatory decision-making interventions

***TRAINING PATIENTS
TO PARTICIPATE
IN MEDICAL CARE***

An Early Algorithm...

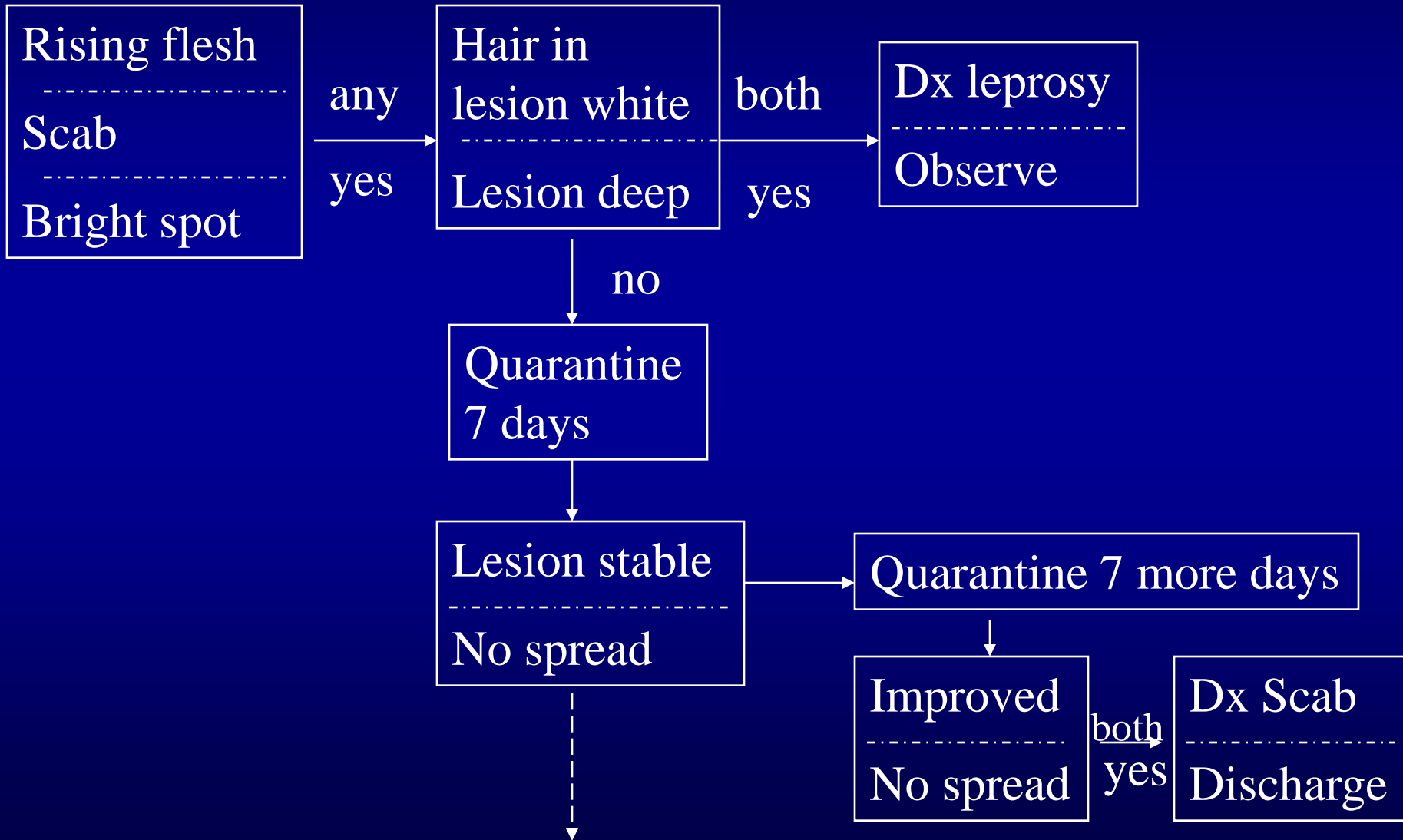
Leviticus Chapter 13:1-59

1 And the LORD spoke unto Moses and unto Aaron, saying:

2 When a man shall have in the skin of his flesh a rising, or a scab, or a bright spot, and it become in the skin of his flesh the plague of leprosy, then he shall be brought unto Aaron the priest, or unto one of his sons the priests.

3 And the priest shall look upon the plague in the skin of the flesh; and if the hair in the plague be turned white, and the appearance of the plague be deeper than the skin of his flesh, it is the plague of leprosy; and the priest shall look on him, and pronounce him unclean.

An Early Algorithm...



Features of Coached Care: How it's done...

- Personalized information using patient's medical record
- Algorithm maps decisions, treatment options; detailed explanations
- Reviewed immediately before office visit
- 'Coach' for more effective participation during visit; follow-up with phone calls

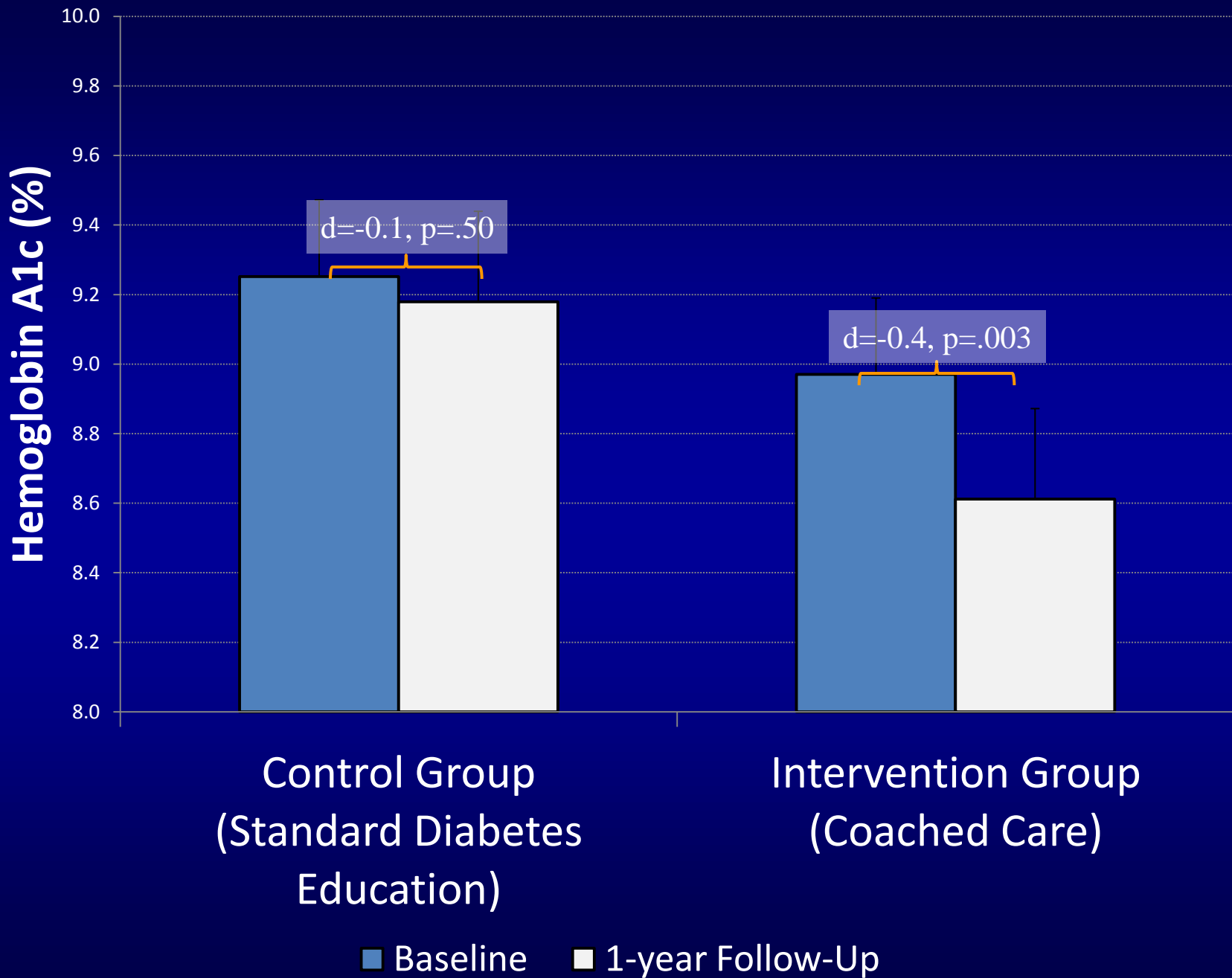
Features of Coached Care: How it's done

- Use patients or volunteers with diabetes from community-based clinics as coaches
- Match for race/ethnicity
- Train coaches to support patient participation during office visits

***RESULTS FROM THE
COACHED CARE
PROJECTS***

RESULTS FROM THE COACHED CARE PROGRAM: Health Outcomes

- Compared to controls, patients in experimental group had:
 - 1.5% reduction in HbA_{1c}
 - 10 mm Hg reduction in diastolic BP
 - 25% reduction in symptoms
 - 30% improvement in functional status



Summary

- With “coaching” patients can participate effectively in treatment decisions
- Coaching improves patient outcomes
- Coaching does **not** lengthen office visits

*Training Advanced
Patienthood...*

What Should Centers for Planned Patienthood Address?

- For details, see Slide 1....

What Should Centers for Planned Patienthood Address? (cont')

PLUS:

- How to *obtain, protect and use* personal health information
- How to understand and navigate the health care system effectively and *efficiently*
- How to protect personal safety in the hospital

Toward Advance Patienthood: Where Next?

- Training programs may need to begin in childhood?
- Use advanced technology (Internet, social media, etc.) to provide training?
- Specifically target subgroups in need of more help to participate effectively (e.g. males, elderly, PBS)?
- A degree in effective patienthood?