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Patient Transformers

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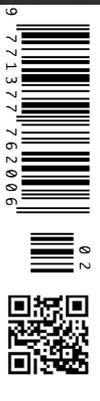
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The Business Case for Person-Centred Care

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While some choices in healthcare may be limited due to circumstantial urgency, more often than not, patients and family members hold a significant position to influence the trajectory of their care. Especially in recent years, with the advent of new technologies and sharing platforms, patients are now better equipped to explore options, fact check, review performance and optimise their choice in care. Healthcare consumerism implies that people are leveraging tools to make informed choices about the goods and services they purchase. Healthcare organisations, in turn, must meet this new demand by adopting a person-centred approach to set themselves apart as capable of being an equal partner with patients and family members throughout their emotionally and physically turbulent journeys.



Key Points

- Patients and family members are increasingly equipped with tools to facilitate involvement in their care.
- Organisations that seek to set themselves apart must develop strategies to meet these new demands.
- A person-centred culture within healthcare organisations would facilitate healthcare delivery that is aligned with patient demands.

The healthcare industry is unlike any other. Politics and economics are heavily involved, health decisions impact every aspect of life, every individual has some interaction with the healthcare system at some point in their life, and the choices we make throughout our lives influence the extent to which we interact with the healthcare system. However, one reason in particular lends to the unique position of the healthcare system: limited choice due to urgent circumstances. No other industry limits choices due to immediate need to the extent of the healthcare system. Consider the emergency patient who must have surgery by the on-call surgeon, or the pregnant woman who goes into labour and the OB of her choice is not on call. While the emergency circumstance is unavoidable, the peri-circumstantial choices made by the patient and the general public can have significant influence on the healthcare system.

Where they do have 'choice' is in compliance with care plans. Patients can choose whether they will fill prescriptions, take medication as directed, quit smoking, and keep their follow-up appointment. They can also choose to seek out information online, which may or may not be accurate. These 'choices' have an impact on healthcare in a way that no other industry experiences. As healthcare organisations become increasingly responsible for improved outcomes, these 'choices' can negatively impact reimbursement and the financial health of the organisation.

Consumerism in healthcare implies that people are making informed choices about the goods and services they purchase. The role of healthcare organisations is to help patients make informed choices and to choose to adopt their plan of care. This means creating person-centred care models that involve the patient and family



as equal members of the care team and working towards systems of high reliability to ensure continuity of messages delivered to the patient.

The accessibility of information to patients and the general public is one of the primary motivators for hospitals to act in accordance with how they desire their representation. With the increasing mobile accessibility of information in nearly every discipline, from bank information to wedding planning, there is an increasing expectation of accessibility of health information including but not limited to files and patient data. The information that historically remained covert is now more readily accessible and, as such, consumers are better able to detect the subtleties in hospital offerings and shortcomings when comparing facility to facility.

In addition, healthcare providers should expect now, more than ever, that they will be ‘fact-checked’. This anticipation should prompt the development of systems to ensure reliability and integrity of information between providers, and providers and patients. The near-immediate speed at which information is shared and disseminated allows little room for mitigation of the mistake after it has occurred. Instead, hospitals and healthcare systems need these processes in place to avoid the mistakes, and immediate publicity of the mistakes, in the first place.

Furthermore, individuals’ interactions with the healthcare system are often immensely emotional and physically and mentally rigorous. People choose experiences that are pleasurable, seamless and genuine, especially when it comes to their healthcare. Patients will choose visits with providers with whom they feel connected, those with whom they can have a conversation, those who include them and their family members as key partners in care, and those with whom the integration into all clinical conversations is genuine and encouraged. Therefore, those organisations

that embody a culture of safety before the patient even arrives, through, for example, community engagement events or an organised network of outpatient providers, will elevate the standard of care and set themselves apart. Once the patient selects that hospital for care, and the culture of safety and person-centredness is reinforced throughout the continuum of care, the patient will share their positive experience post-discharge.

Similar to the accessibility of objective hospital information, patients are able to access subjective feedback about the hospital at their fingertips. Much like the Amazon model, hospitals and healthcare organisations are informally ‘ranked’ by their patient population online or via social media, thereby influencing future patients’ decisions for care and treatment. It is more likely that people will share an experience of dissatisfaction than a positive experience. In fact, it has been shown that 45% will share a negative experience on social media while only 30% share the good (Dimensional Research 2013).

In recent years, and especially with the advent of COVID-19, patients are more primed than ever before to be sceptical of their care due to the accessibility of the internet (and the accessibility of potentially false or dissonant information). Therefore, hospitals must ‘prove themselves’ right out of the gate. This proof cannot be accomplished with a facade that behaves as a switch when someone is ‘watching’. Instead, this proof must be generated through systems of high reliability that took years to establish within the organisation.

Future considerations to improve patient experience should include:

- Emphasis on person-centred care
- Incorporation of the patient and family members as active parts of the care team
- Increased accessibility of patient data and expansion of patient portals
- Improved care coordination to ensure effective communication across the continuum.

There are several quality and safety organisations that advocate for patients to become their own care coordinators. Healthcare leaders need to anticipate this patient-driven demand for inclusion in their care and care decisions. The Patient Safety Movement Foundation offers free resources to guide clinicians and administrators in setting themselves apart in the healthcare space and to empower patients and the general public to take ownership over their health and care decisions.

Conflict of Interest

The authors declare that there is no conflict of interest. ■

REFERENCES

Dimensional Research [2013] Customer Service and Business Results: A Survey of Customer Service from Mid-Size Companies. Available from iii.hm/15km