Improving Quality of Care: Emerging Core Principles

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Overview

- Why do we need new treatment principles for care?

- 5 Core Treatment Principles

- Outcomes of a study using core principles

- Integrating principles in the present system; Working to change the system
Why Do We Need New Treatment Principles?

- Chronic disease as the most critical health problem of the public
  - No magic bullet
  - Complex
  - On-going, requiring self-management, life style changes

- Changing age structure of the population
  - Increase in elderly population
  - Health care needs being driven by this population

- Increased diversity of US population, particularly among elderly:
  - Health disparities persistent
  - Higher prevalence of chronic illness and comorbidities
Shift in Needs of Health of the Public

- Application of acute care model to chronic illness contributes to:
  - Inferior treatment
  - Health disparities
  - Higher health care utilization and health care costs

- New models of care and treatment approaches have become a national priority:
  - IOM reports call for fundamental changes in care provision
  - JAMA, NEMJ editorials on emerging visions of care
  - New effective models for integrating non-pharmacological approaches into primary care for dementia, depression
Emerging Core Clinical Treatment Principles

1. Client-centered
2. Active involvement of patient/client/consumer
3. Culturally relevant/specific/sensitive
4. Tailored/customized
5. Problem-solving oriented
1. Client-Centered Care

- Change in relationship between provider-patient/client
- Individual as EQUAL to provider who has distinct knowledge about him/herself
  - Concept of a partnership with each member having equal responsibility
  - Share decision-making/collaboration
- Involve patient/client/consumer in all aspects of care:
  - Identifying individual perspective and perceived needs
  - Identifying client preferences
  - Account for varied patient strengths, skills and capacity to facilitate patient decision-making and self-care management
- Not every treatment will be accepted/perceived as useful:
  - Patient’s efforts largely determine success of chronic care processes and outcomes.
Emerging Terminology

- **Patient-centered care** - emphasizes central role of patients in health care processes

- **Relationship-centered care** - broader paradigm:
  - Importance of patients’ needs and preferences
  - Patients embedded within a web of interpersonal relationships that are not only influential, but central in health care decision-making, management, recovery, and outcomes across time and settings of care
  - Patient within context of their social and helping relationships
Voices of Older African Americans

“One thing that bothers me is how little physicians know. They don’t even ask. There’s more to a person than meets the eye. They should think of the person as a whole, as part of something; .....if you treat me as a patient, I’m a product of a whole family.... maybe we’ll get back to a time where we really find out about folk.”

Black, Gitlin, Burke (under review) A Delicate Balance: What Elderly African Americans Want from their Health Care Providers
“I had a hard time swallowing. I knew something was wrong physically. I was very verbal and they wouldn’t listen. I went to another doctor and another. I was frustrated because I express myself well and no one listened. I resorted to acting stupid. When I met the surgeon, I acted depressed. If you’re verbal and communicate, they don’t listen. When I went in acting like an old lady, acting like I didn’t know anything, acting humble, they listened to me.”
Consequences of the Top-Down Approach

“I had a male doctor and I didn’t particularly like him. Nothing against him, but I didn’t feel he understood. When I first found out about my diabetes, right away he told me what I should and shouldn’t do, and I listened but deep down under, I thought, I can’t do that, and I’m not gonna do that, and that’s not for me.”
2. **Active Engagement**

- Education/didactic approach has limited value in treating chronic disease

- Research shows that showing and directly involving consumer (versus telling) results in greater treatment compliance and better outcomes

- Patient activation efforts are most effective when they incorporate and capitalize on presence of family members involved in patient care (upon consent of consent patients themselves).

- Challenge is how best to effectively and efficiently involve individuals and families and activate them to enhance self-management
  - Demonstration, practicing, tell-back
  - Obtaining agreement as to treatment plan
  - Working together to determine ways to effect lifestyle changes
  - Activation plans – breaking down personal goals into manageable steps
“...the OT needs to have effective communication skills, respecting a family’s values and understanding where they’re coming from. ...that’s critical, even more than knowing [a particular treatment] ....”

(Family caregiver)
3. Cultural Relevance

- **Culture complex concept:**
  - "Culture emergent" - views culture as a dynamic process grounded in the everyday interactions of individuals and as such enacted and *changed* by individual interpretations and actions.
  - Emphasizes both group patterns (values, beliefs, customs) that are transmitted through generations within a particular race/ethnic cultural group, and within group variations including an *individual's* interpretative and adaptive responses to new experiences, roles and information throughout the life span resulting in unique patterns of behavior.

- **Culture influences/shapes individual response to illness experience and stance toward treatment**
Challenges

- Identifying one's own cultural lens
- Identifying the cultural values/beliefs of patient/family quickly/efficiently
- Developing communication and treatment strategies that are culturally appropriate, relevant and sensitive
“They have to know your culture, eating habits, heredity. They need to recognize that age doesn’t mean you’re not thinking clearly or you’re unaware of the importance of your health.”

“Many doctors have no knowledge of African Americans. They have their minds set that we don’t understand or don’t want to. You know, negative thoughts towards African Americans. I think many struggle, but deep down it’s there. The way they act when they approach you. Like one said, “Oh, you don’t have any marks, I know you’re not a drug user.” I said, ‘You got that right.”
Assuming a Cultural Stance – Just Ask

“They should get involved in the person’s lifestyle. Each group has types of food they eat. But then they could be Afro American raised by Caucasians. So they shouldn’t assume; they should inquire.”
“At one time, White doctors didn’t want to get too close. Some wouldn’t touch me. It makes you feel, someone that’s supposed to help you, they acting like this? We can see the difference; we’ve been to doctors who come in and get down with us, ask questions, what about this, that, and just take the time.”
“... there’s a difference in how you relate to Black doctors. Other doctors need to have some idea of the patient’s living situation. They have to know your age and something about your personality, your lifestyle. They have to see you as a person rather than a member of a racial group. If they have ideas Black people are not as healthy, or don’t exercise, or have menial jobs, all of that comes [out of the encounter].
4. Tailoring Interventions

- Individual variation to illness experiences and response to treatments:
  - Age, gender, health, social situation, cultural beliefs, motivational level

- Need to tailor/customize/personalize treatment approaches to meet each person’s goals, values and resources

- Tailoring can result in targeting those most in need, improving efficient allocation of resources, and enhancing treatment effectiveness
Example of Tailoring Strategies

- Risk identification from which to tailor type of treatment and dose/intensity
- Identify readiness to change and implement different approaches to treatment based on motivation level
- Vary naming/framing and approaches to treatment to different target audiences
  - E.g., Harvest Health = Chronic Disease Self-Management Program
  - Eg., Gender differences in approaches to caregiving
- Tailoring to literacy, cognitive and functional, health status
5. Problem-Solving

- Process of helping patient/consumer identify their personal needs, health care challenges and explore potential solutions.
- Serves as an approach to modeling a process that can be used for older adult to address environmental barriers to effective functioning.
- Encourages active participation in own health and helps patient acquire self-management skills

**Challenges:**
- Standard approaches to problem-solving but more research needed
- Involving overwhelmed individuals in the process
- Shifting balance from top down to partnership
Outcomes of a Study Using 5 Core Principles

- Project ABLE (Advancing Better Living for Elders) funded by NIA
- Randomized controlled trial with 319 elders with functional difficulties
- Intervention designed to reduce functional difficulties, enhance self-efficacy
For each participant-identified area of concern the OT:

- Observes performance
- Educates about physical and social environment
- Develop treatment goal with client
- Problem solve with client
- Introduce strategies
  - Home modifications
  - Assistive devices
  - Energy conservation
  - Problem solving
# Functional Difficulties

**Experimentals (N = 154) and Controls (N = 146)**

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<thead>
<tr>
<th>Functional Domain</th>
<th>Difference of Adjusted Means</th>
<th>95% CI</th>
<th>p value</th>
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<td>ADL</td>
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<td>-.24, -.01</td>
<td>.033</td>
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<td>-.14</td>
<td>-.28, -.00</td>
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<td>-.26, .04</td>
<td>.154</td>
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## Psychosocial Functioning
### Experimentals (N = 154) and Controls (N = 146)

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<th>Factors</th>
<th>Difference of Adjusted Means</th>
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<tr>
<td>Falls efficacy</td>
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<td>Control strategy use</td>
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<td>.05, .27</td>
<td>.004</td>
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<tr>
<td>Confidence ambulating</td>
<td>.16</td>
<td>.00, .32</td>
<td>.050</td>
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<tr>
<td>Overall confidence</td>
<td>.15</td>
<td>.02, .27</td>
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Survival Functions for Treatment Condition

14 mo. mortality = 1%

14 mo. mortality = 10%

$p = 0.003$
Survival Functions for Interaction (Group Assignment X Days in the Hospital)

- 14 mo. mortality = 0%
- 14 mo. mortality = 2%
- 14 mo. mortality = 7%
- 14 mo. mortality = 21%

- p = .000
Estimates of Survival by Treatment

At 2 years, 21 deaths in control and 9 deaths in treatment

p = .016 at 2 years
Moving Forward

- Research needed to identify best approaches for each principle (e.g., strategies for effectively engaging patient/client, tailoring strategies)

- Implementing a new paradigm of care for individuals with chronic illness:
  - Developing new competencies across all health and human service providers
  - Changing educational landscape:
    - JCIPE Mentorship program
    - Interprofessional training/knowledge of the team
Working within Current Care System

- Enhancing one’s own cultural awareness
- Valuing individual/family input
- Systematically involving the client perspective
- Learning about the specific roles/responsibilities/contributions of the health professional team (new competencies for health and human service professionals)
Changing the System of Care

- Embedding core principles in new models of care
  - Transitional care models
  - Collaborative/team care models are essential

- Care provided in accordance of best practices
  - Evidence-based or evidence-informed care
  - Guidelines need to recognize tailoring to patient needs

- Coordination across settings, specialists, health professionals
Selective References