

Routines for PCC

Patient narrative Partnership Documentation



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Person-centred care — Ready for prime time
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 Inge Lill Johansson ¹³, Karin Kallings ¹⁴, Eva Lilja ¹⁵, Jukka Oksa ¹⁶,
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Why personcentred care?



Ethical obligation
Law
Evidence

PCC in chronic heart failure



- length of stay >2.5 days
- improved or sustained ADL levels
- no diff. readmission
- no diff. HRQOL

PCC in acute coronary syndrome



What is person-centred care?



Personcentredness is an ethics

"aiming at a good life lived with and for others in just institutions"

Phonon, J. Journal of Medicine, 2002, 105

"Homo capax"
 Capable
 Vulnerable
 In relation

Power disadvantage

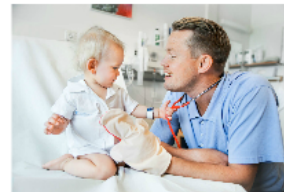
Existential
 Organisational
 Cognitive

Phonon, J. Journal of Medicine, 2002, 105

The challenge

- Aging populations
- High prevalence of chronic and long-term disease
- Rapid increase in health care costs
- Health inequities
- New expectations

Benefits of personcentred care



Ida Björkman
 RN, Postdoc,
 Gothenburg centre for Person-centred Care (GPCC)

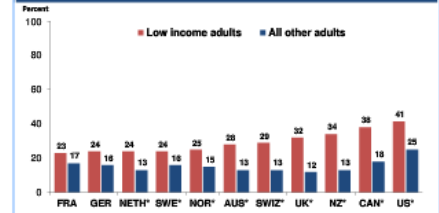
Snapshot of Population Health Challenges

Percent of adults reporting:	Multiple chronic conditions*	Experiencing emotional distress in past year they couldn't cope with alone	Unable to do daily activities or work full-time because of health
AUS	15	20	12
CAN	22	27	20
FRA	18	12	24
GER	17	7	15
NETH	14	19	19
NZ	16	21	15
NOR	16	20	23
SWE	18	24	22
SWZ	15	21	18
UK	14	17	15
US	26	26	21

* Chronic conditions asked about were: 1) joint pain or arthritis; 2) asthma or chronic lung disease; 3) diabetes; 4) heart disease; 5) hypertension



Adults with Multiple Chronic Conditions, By Income



Chronic conditions asked about were: 1) joint pain or arthritis; 2) asthma or chronic lung disease; 3) diabetes; 4) heart disease; 5) hypertension

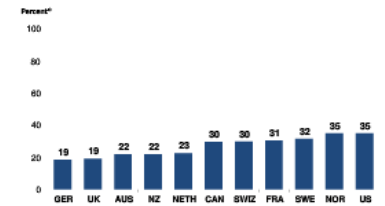
* Income differences are significant at p < .05

Note: "Low income" refers to the lowest income level (below the country median, sample size are small) defined in the National Health Survey

Source: 2010 Commonwealth Fund International Health Policy Survey



Experienced a Problem with Care Coordination



* The most frequent problem with care coordination was not getting needed or right care (not needed, needed but not needed) 1) not getting needed or right care (not needed, needed but not needed) 2) not getting needed or right care (not needed, needed but not needed) 3) not getting needed or right care (not needed, needed but not needed) 4) not getting needed or right care (not needed, needed but not needed) 5) not getting needed or right care (not needed, needed but not needed)

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Benefits of personcentred care



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The challenge

Aging populations

High prevalence of chronic and long-term disease

Rapid increase in health care costs

Health inequities

New expectations

Snapshot of Population Health Challenges

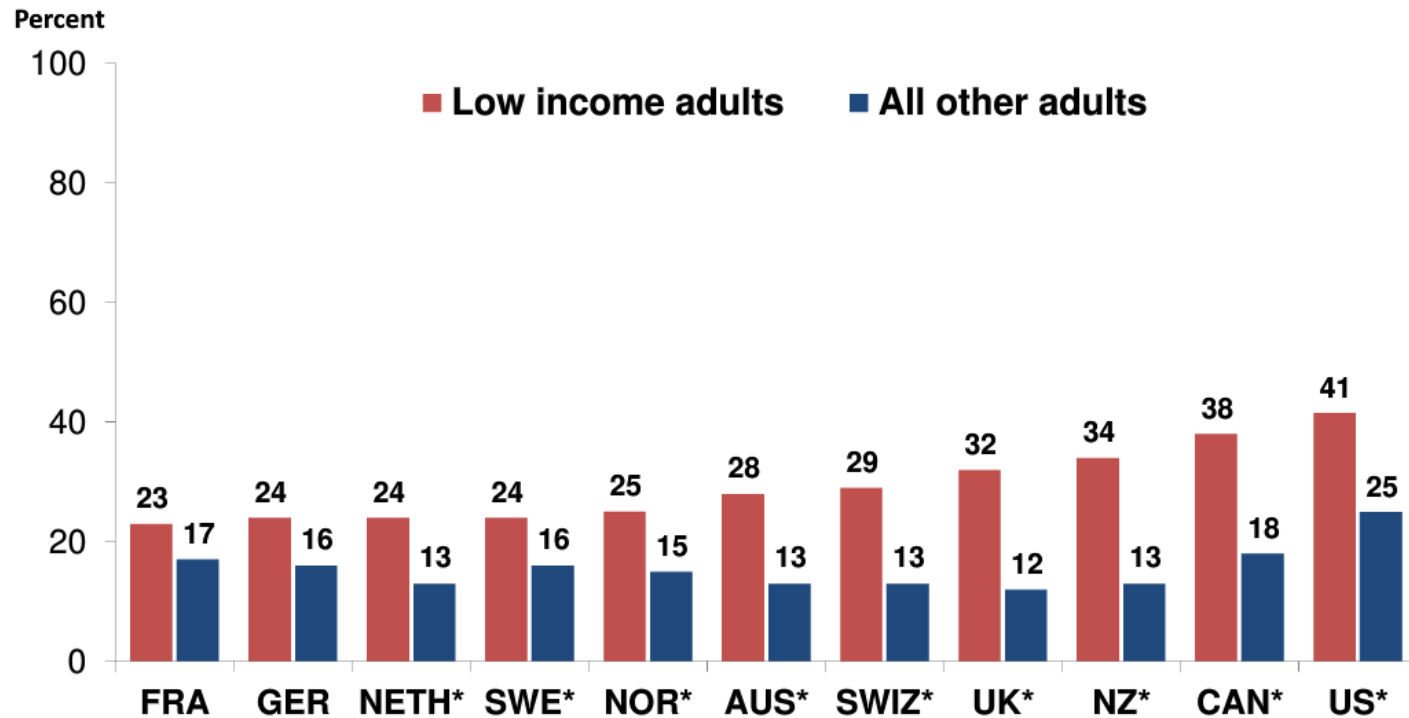
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* Chronic conditions asked about were: 1) joint pain or arthritis; 2) asthma or chronic lung disease; 3) diabetes; 4) heart disease; 5) hypertension.



The
COMMONWEALTH
FUND

Adults with Multiple Chronic Conditions, By Income



Chronic conditions asked about were: 1) joint pain or arthritis; 2) asthma or chronic lung disease; 3) diabetes; 4) heart disease; 5) hypertension.

*Indicates differences are significant at $p < 0.05$.

Note: "Low income" defined as household income less than 50% the country median. Sample sizes are small ($n < 100$) in the Netherlands and UK.

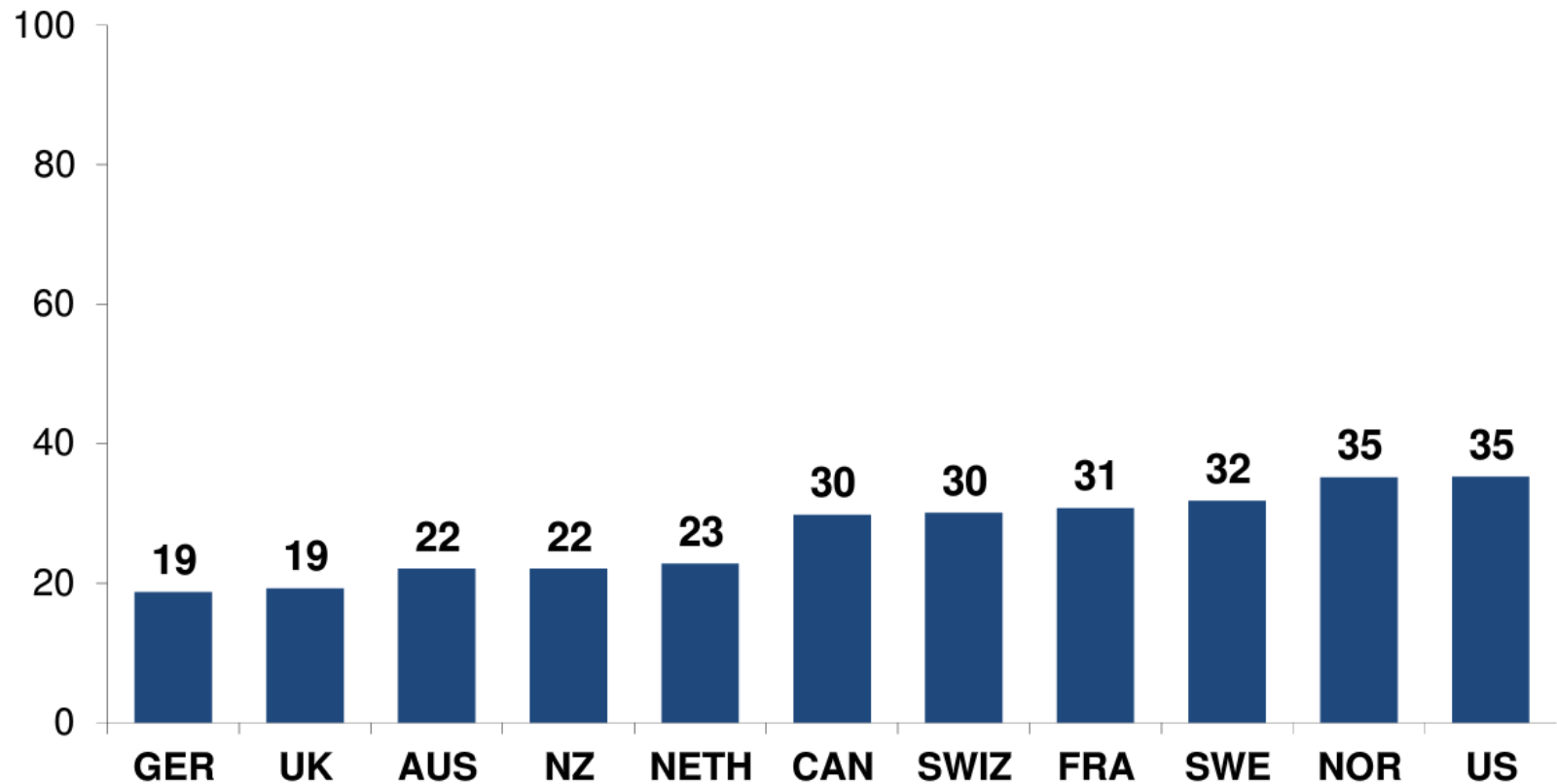
Source: 2016 Commonwealth Fund International Health Policy Survey



The COMMONWEALTH FUND

Experienced a Problem with Care Coordination

Percent*



* Test results/records not being available at appointment or duplicate tests ordered; specialist lacked medical history or regular doctor not informed about specialist care; and/or received conflicting information from different doctors or health care professionals in the past two years.

Source: 2016 Commonwealth Fund International Health Policy Survey



The
COMMONWEALTH
FUND

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Personcentredness is an ethics

“aiming at a good life lived with and for others in just institutions”

(Ricoeur, P. Oneself as Another, 1992: 172).

"Homo capax"
Capable
Vulnerable
In relation

Power disadvantage

Existential
Organisational
Cognitive

Kristensson Uggla, B. (2014). Personfilosofi-filosofiska utgångspunkter för personcentrerad inom hälso- och sjukvård. Personcentrerad inom hälso- och sjukvård : från filosofi till praktik. I. Ekman. Stockholm, Liber.

Routines for PCC

Patient narrative Partnership Documentation



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European Journal
of Cardiovascular
Nursing

www.elsevier.com/locate/ejcnurse

Person-centered care — Ready for prime time

Inger Ekman ^{a,*}, Karl Swedberg ^{b,1}, Charles Taft ^{a,1}, Anders Lindseth ^{c,d,1},
Astrid Norberg ^{a,e,1}, Eva Brink ^{a,1}, Jane Carlsson ^{f,1}, Synneve Dahlin-Ivanoff ^{f,1},
Inga-Lill Johansson ^{g,1}, Karin Kjellgren ^{a,h,1}, Eva Lidén ^{a,1}, Joakim Öhlén ^{a,1},
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Why personcentred care?

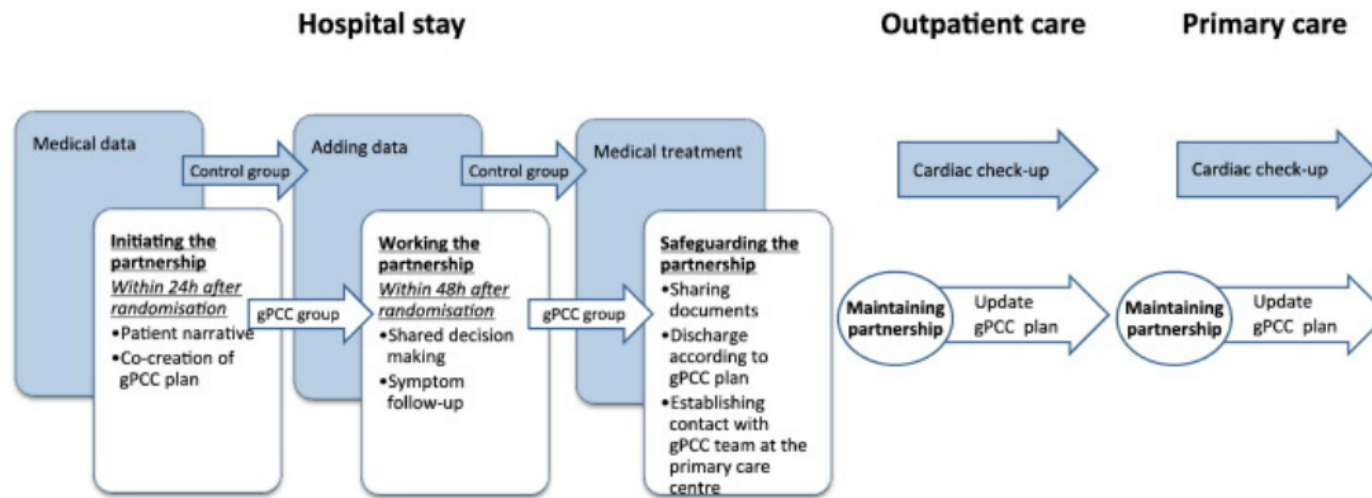


Ethical obligation

Law

Evidence

PCC in acute coronary syndrome



Control n = 105
6 months

Intervention n = 94
6 months

Improved n(%)	10(9.5)	21(22.3)
Unchanged n(%)	65(61.9)	47(50.0)
Deteriorated n(%)	30(28.6)	26(27.7)

Composite score dichotomised into improved versus deteriorated/unchanged. Composite score P-value 0.018

- Change driven by increased self-efficacy

PCC in chronic heart failure

- length of stay -2.5 days
- improved or sustained ADL levels
- no diff. readmission
- no diff. HRQOL



European Heart Journal Advance Access published September 15, 2011



European Heart Journal
doi:10.1093/eurheartj/ehr306

CLINICAL RESEARCH

Effects of person-centred care in patients with chronic heart failure: the PCC-HF study

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Received 28 February 2011; revised 14 July 2011; accepted 2 August 2011

Personcentred physical therapy

General fatigue improved more in the intervention group compared to the control group ($p=.042$)

Feldthusen, C., et al. (2016). Effects of Person-Centered Physical Therapy on Fatigue-Related Variables in Persons With Rheumatoid Arthritis: A Randomized Controlled Trial. Archives of Physical Medicine and Rehabilitation 97(1): 26-36.

***-symptoms of depression
+physical health***

Danielsson et al. 2014 Exercise or basic body awareness therapy as add-on treatment for major depression: A controlled study. J of Affective Disorders.

Lessons learned

Do we reach the most vulnerable groups?

Participatory research designs necessary

Change needs to take place at all levels (micro, meso, macro)

Complex interventions need to be evaluated as such (i.e. process evaluations, multi-methods)

Outcome, outcome, outcome!



Thank you

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