

## AMN Healthcare

### Patient-centered Care Found to Decrease Utilization

*By Debra Wood, RN, contributor*

**July 1, 2011** - Adults receiving patient-centered primary care sought less care from specialists, received fewer imaging and diagnostic studies, and incurred fewer medical charges during a recent one-year study by researchers at the University of California Davis.



**Bruce Nash, M.D., MBA, indicates that patient-centered care considers the patient’s psychosocial needs and family situation, which helps get to the root cause of the patient’s complaints and therefore resolution.**

Lead author Klea D. Bertakis, M.D., MPH, said she was surprised with the highly significant association between patient-centered care and less utilization. The professor and chair of the department of Family and Community Medicine, founding director of the Center for Healthcare Policy and Research, and chair of the University of California Davis Health System Practice Management Board in Sacramento, added that the trusting relationship that develops between the patient and physician may be responsible for the cost savings.

Physicians may feel more comfortable sending a patient home with antibiotics rather than admit to the hospital if he or she feels confident the patient will take the medications as ordered, she suggested.

“And on the patient side, we feel the patient has a greater trust in the physician,” Bertakis added. “There may be less inclination to demand or ask for referrals.”

The study found total annual charges for patients who had less patient-centered care had median total charges of \$1,435, compared with \$948 for those patients whose healthcare was characterized as more patient centered. Much of the difference came from fewer specialty visits and laboratory and diagnostic tests, and less frequent hospitalizations.

Bruce Nash, M.D., MBA, chief medical officer at CDPHP, a health benefits provider organization which currently encompasses nearly 53,000 members and 110 network physicians in the Albany, N.Y., region, has overseen the CDPHP Patient-Centered Medical Home initiative since 2008. He said that he expects patient-centeredness contributes to less utilization, at least in part, because it speaks to understanding family dynamics and psychosocial issues that may be underlying physical complaints.

“When the physician is taking a patient-centered approach by engaging with the patient, listening to their concerns, validating their emotions and spending time, patients will have their needs met and symptoms relieved more, so they don’t have the need for continuing diagnostics or treatment,” said Nash, calling it fundamentally good medicine.

Nash offered an example: rather than simply ordering an MRI for shoulder pain, a primary care physician would take a history, perhaps recognize the pain is exacerbated by stress, prescribe an anti-inflammatory medication and bring the patient back to assess progress.

“If you get to the root cause of the underlying issues, you may spend less healthcare resources,” Nash said.



**Billie G. Blair, Ph.D., said that physicians need to relax and get to know the patient, fully understand the presenting complaint, explain the options and elicit the patient’s support in order to make treatment a success.**

Billie G. Blair, Ph.D., president and CEO of Change Strategists, international management consultants based in Temecula, Calif., added that patient-centered care means having the patient directly involved in the determination and follow through for the course of treatment. That requires the physician take the time to fully understand the presenting complaint, clearly explain the options and elicit the patient’s support for the treatment plan.

“Better understanding of both illness and patient, plus better discussion between patient and physician, equates to far better outcomes of treatment,” Blair said.

Patient-centered care has existed for decades and is used in the United States and around the world, Bertakis said. The Institute of Medicine’s 2001 report, *Crossing the Quality Chasm: A*

*New Health System for the 21st Century*, considered it one of six key components to achieving quality healthcare. However, there is no clear definition.

“We all sort of know what it is and what it isn’t, but the difficult part comes from trying to quantify it reliably,” Bertakis said. “It’s kind of like Mom and apple pie. We know it’s good. It’s intuitive that putting the patient first is a good idea, but how can we define what that means and teach it to our medical trainees and point out positive patient outcomes.”

Jason Hwang, M.D., co-founder and executive director, Health Care of Innosight Institute, a not-for-profit think tank based in Mountain View, Calif., added that some health professionals think of patient-centered care as individualizing care through personalized medicine, which is not the case.

“Genetic tests and molecular biology are important to categorize patients, but behavioral and lifestyle choices must also be taken into consideration,” Hwang said.

Bertakis and colleagues modified the Davis Observation Code, used previously to detect physician practice style differences, to pick out patient-centered practice styles during primary care visits and related them to healthcare charges. Participants were randomly assigned to receive care at a university medical center’s family practice or general medicine clinic, and 509 people took part in the study.

Nash cautioned that views of patient centeredness are broader than practice style and include easier and prompt access to care.

**Blair** agreed, adding that how patients are greeted, scheduled, the quality of the meeting and follow-up contribute to patient centeredness.

Many physicians, including Nash and Hwang, think patient-centered visits require more time.

“These visits will take longer because communication is emphasized, and patients need to be provided with all the information needed to make informed decisions,” Hwang said. “However, in the long run, money is saved because you avoid repeat visits, unhappy patients and lawsuits.”

**Blair**, while agreeing that the visits may take a little longer, said that once physicians become accustomed to working with patients in a patient-centered environment, technical support mechanisms may assist in the process.

Nash said other clinicians could conduct part of the visit. CDPHP has moved away from fee-for-service reimbursement to a global payment, paying more for sicker patients, allowing the physician to address those patients’ greater needs.

“As a payor, I’d rather pay the doctor for longer visits, because I believe if the doctor spends more time with them, total healthcare costs will be less,” Nash said.

Bertakis, however, found patient-centered visits took no longer than other visits.

“I think we will see more of this [patient-centered care],” Bertakis said. “We need to come together to define it and figure out ways of teaching it so the next generation of physicians and this generation can learn it and practice it and reap the benefits.”