
CONFERENCE ABSTRACT

The benefits of person centered care for professionals, patients and informal caregivers

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Jane Murray Cramm¹.

1: Erasmus University Rotterdam Erasmus School Of Health Policy And Management, Rotterdam, Netherlands

Introduction

There is a significant challenge facing our healthcare systems and a shift in focus is required from 'clinical' health related outcomes only to overall wellbeing. This calls for patient centered care (PCC) and co-creation of care. PCC is a core component of integrated care. Although we agree this shift is needed we are still unclear what effective PCC looks like in practice and how to measure it.

After this session, participants will be able to:

- Have a better understand of the various aspects of PCC in all its complexity
- Learn about validated instruments to assess PCC in its fullness among patients, informal caregivers and healthcare professionals
- Learn that improvement in PCC not only improves well-being and satisfaction of care of patients, but also their informal caregivers and is also associated with higher satisfaction with work and improvements in the well-being of healthcare professionals.

Theory/Methods

In other research project within hospitals in the Netherlands and New York, long-term care and the primary care setting we investigated what effective patient centered care should look like and how to measure it. The eight dimensions of PCC as identified by the Picker institute were adjusted for specific settings (long-term care for people with intellectual disabilities and in the primary care setting for patients with (multiple) chronic diseases). Co-creation of care is measured by assessing patients' experiences about the quality of their relationship and communication with professionals involved in their care.

Results

After developing and validating measures to assess the eight dimensions of PCC among patients, informal caregivers and healthcare professionals our research showed that (improvements in) PCC and co-creation of care do lead to better physical well-being as well as social well-being among patients. Furthermore, our research shows that delivering PCC is also beneficial to satisfaction with work and well-being among health care professionals and satisfaction with care and well-being among informal caregivers.

Discussions

This study provided evidence of the importance of PCC for patients, professionals and informal caregivers in various settings in the Netherlands. We, however, are still unclear about the interventions needed to improve the eight dimensions of PCC. Tools could be developed based on these dimensions for further improvement.

Conclusions (comprising key findings)

Our research clearly shows that (improvements in) PCC and co-creation of care lead to better patient outcomes as well as the outcomes of informal caregivers and healthcare professionals in various settings.

Lessons learned

Improvement in the eight dimensions of PCC is crucial to effectively deal with the challenges ahead and support patients, professionals and informal caregivers to achieve well-being and their satisfaction with care and work.

Limitations

These studies were held in the Netherlands only.

Suggestions for future research

Repeat similar studies in other countries.