Relationship-Centered Primary Care:

*From Peril to Prosperity*

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NO Conflicts of Interest

At the end of this activity, the learner will be able to:

• Explain meanings of patient-centered, evidence, integrated care, & primary care.

• Compare & contrast 4 different kinds of patient-centered medical homes.

• Outline at least 4 key principles for creating better integrated, evidence-informed, relationship-centered primary care.
Patient-Centered?
Who really makes the decisions?

![Graph showing the relationship between control and acuity, with two curves: one for "Customer-Owner/Family" and one for "The "System". The graph indicates that as acuity increases, control decreases for both.]
Evidence-Based?
Some simple rules for improvement

**Complexity of Illness Graph**

Experimenting
Get together and have dialogues
An allowing/positive environment
Complexity
Multidimensional improvements with target focus
Creativity

**Protocols & Standards**

Low Complexity - Variables High
Low Certainty of Agreement High
Integrated?

Patient’s Journey

Community

Mental

Physical

CAM
Primary Care?

1st Contact/Access

Personal

Comprehensive

Coordinated

Health
The Primary Care "SCOPE" Restored 2012
PCMH?
Add-On PCMH

Renovated PCMH

Hybrid PCMH

Transformed PCMH
Pay for Performance?

![Radar Chart with Performance Metrics]

- Practice Life
- Service Sat.
- Utilization
- Disease Q
- Health
- Cost
Power Laws of Health
Change & Transformation

Established Traditional Practice
Critical Mass of Patients, Clinical Processes, & Staff

Change
Practice Redesign
Change

Enhanced FFS P4P Payment
Space & Office Design
Access Design
Care Process Design
Technology Design
Visit Types
Financial Models

Identity Shift

Bundled Episode Payment
Web Portal Shared Record
Teams
Proactive, Planned Care

Paradigm Shift

Population-based Global Payments
Citizen of Medical Neighborhood
Patient-Centered Care
Accountable Population-Based Care
Whole Person Holistic & Comprehensive Care

Relationship-Centered Primary Care
Prosperous Principles

- Be developmental
- Engage patients, families & community
- Engage physicians
- Follow & change the money
- Focus on simple rules
- Prioritize with power laws
- Utilize everyone’s skills
- Optimize, not maximize
- Exemplify transparency
- Attend to local history
A Perilous Path

PAY for DISEASE CARE as Commodity Insurance

Patient Expectations

Specialist & Hospital Centered Purchasers

OUCH!

Disease Care Delivery Services

ACO

Limitless Economic Growth

Machine Model of Life

Independent Individuals

Humans Selfish, Competitive
A Prosperous Path

Complexity as Model of Life

Interdependent Agency

Safe & Fair
JOY!

Funding
Community
Imagination

Relationship
Centered

Payment
System
&
Employers

Health Care
Delivery
System

Patient
Expectations

Pay for HEALTH
CARE as Value

CCO

Humans Empathic, Cooperative
Relationship Based Model of Care
By: Margo A Karsten, PhD, MSN, RN

It is Patient Centered?
You decide!
Disclosure

I currently am the CEO of Creative Health Care Management
Learning Objectives:

Identify the essential components of Relationship Based Care
Describe behaviors that enhance the clinician and patient relationship
Design systems that promote patient and family integration into the care delivery model
I am convinced that the chaos we are experiencing in health care will settle down when we truly focus on the patient.

-- Marie Manthey
Essential Elements of Relationship Based Care
Caring and Healing Environment: Patients

- Staff translate caring into behaviors, for example:
  - A patient’s number one concern at admission drives their care
  - Having a seated conversation at eye level for 5 minutes
  - Asking key questions such as, “What can we do to help you feel well cared-for during this procedure?
  - What do we need to know about you and your family to give you the best care?
  - Interdisciplinary meetings with the physician, nurse and other disciplines in the patient’s room.
Leadership and Teamwork

Why are unit practice/department councils critical?
Practicing to your full scope?
Share an example of professional practice?
Care Delivery System

Episodic vs. Continuity?
Patient Centric vs. Employee Centric
Who is accountable for these?

- Resources
- Outcomes
The Heart of Relationship-Based Care:

Therapeutic Relationships with Patients and their Families
You see me …
You listen to me …
You give me your undivided attention …
Too often we underestimate the power of a touch, a smile, a kind word, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.

Leo Buscaglia
The therapeutic relationship is like no other; the clinician offers care, therapeutic touch, compassion, presence, and any other act or attitude that would foster healing, and expects nothing in return.

(Koloroutis & Trout, 2012)
Clinicians Facilitate 3 Key Patient Capabilities

1. Ability to cope
2. Ability to understand the meaning of the illness or injury
3. Desire to take ownership for his or her own healing
“Technical competence isn’t optional; neither is kindness or genuine caring.”

~ Marcus Engel
Presence through Attunement

• ‘Attunement’ suggests a level of connection (even if temporary) that leads the patient to resonate with the clinician and the clinician to resonate with the patient.

• For this to happen, the clinician must be emotionally available and authentically interested in the patient as a person.
Wondering
Following
Holding
Presence through Attunement
THERAPEUTIC PRACTICES

• WONDERING — genuine interest and curiosity: to look; to see; to inquire; to listen; to notice and suspend assumptions, judgments and labels

• FOLLOWING — palpation of everything around us: to be led and taught by the other; to listen; to pay attention, to adjust our care to align with what we have learned

• HOLDING — an act of devotion which creates a safe haven for the person to heal: to protect from harm; to accept and hold with respect and dignity; to be a steady and nonjudgmental presence
Therapeutic Behaviors that Enhance the Experience of Patient Care

- Respectful, unhurried communication (Presence through Attunement, holding)
- Sharing timely information about what is happening and what will happen (holding)
- Giving reassurance (holding)
- Remembering and acting on what the patient has said is important (wondering, following and holding)
- Non-judging acceptance of emotional responses (holding)
- Showing genuine interest (attuning, wondering)
- Establishing authentic human connection (Therapeutic Relationship)
The most basic and powerful way to connect to another person is to listen. Just listen. A loving silence often has far more power to heal and to connect than the most well-intentioned words. 

Rachel Naomi Remen
What does this look like in reality?

Best evolving model “Contented Dementia”
There is hope.....

• “Family develops the care and the team delivers the care”
References

