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Patient-centered Care

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Patient-centered Care

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Patient-centered care focuses on the patient and the individual's particular health care needs. The goal of patient-centered health care is to empower patients to become active participants in their care. This requires that physicians, radiologic technologists and other health care providers develop good communication skills and address patient needs effectively.

For radiologic technologists, patient-centered care encompasses principles such as the as low as reasonably achievable (ALARA) concept and contrast media safety. Patient-centered care is associated with a higher rate of patient satisfaction, adherence to suggested lifestyle changes and prescribed treatment, better outcomes and more cost-effective care.

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After completing this article, readers should be able to:

- *Define patient-centered care.*
- *Explain the need for patient-centered care.*
- *List several patient-specific factors that can affect patient-centered care.*
- *Discuss the specifics and best practices of patient-centered radiology.*
- *Understand patient-centered safety principles in radiology.*

According to one theory, most patients judge the quality of their healthcare much like they rate an airplane flight. They assume that the airplane is technically viable and is being piloted by competent people. Criteria for judging a particular airline are personal and include aspects like comfort, friendly service and on-time schedules. Similarly, patients judge the standard of their healthcare on nontechnical aspects, such as a healthcare practitioner's communication and "soft skills." Most are unable to evaluate a practitioner's level of technical skill or training, so the qualities they can assess become of the utmost importance in satisfying patients and providing patient-centered care.[1]

Health care often centers around the needs of the physician, hospital or technology limitations.[2] In patient-centered care, the needs of the patient and patient satisfaction are the priority, not the treatment itself. Patient-centered care does not focus solely on the disease or condition, but rather, on the patient and the patient's psychological, spiritual and emotional needs. Patient-centered health care strives to empower patients and their families by providing them with information and education about the patient's health condition and encouraging them to be active participants in the decision-making process.

The medical literature has described patient-centered care as involving patients in care and individualizing care. Effective practices include cultivating good communication skills, providing the patient with clear and useful information and including the patient in the decision-making process as it concerns individual health needs.[3]

Patient-centered care also requires that the physician, radiologist assistant, radiologic technologist or other health care provider be an advocate for the patient and strive to provide care that is effective and safe. Regulations and guidelines provide the framework for ensuring patient safety in medicine. Specific guidelines support these principles for radiology practice. In radiology, factors that can adversely affect patient safety primarily include use of radiation and contrast media. It is the responsibility of the radiologic technologist to be mindful of patient safety at all times while keeping in mind other tenets of patient-centered care.[4]

The Changing Face of Health Care

According to Siegler, the history of the patient-physician relationship in particular

and the U.S. health care system can be divided into 3 eras: the age of paternalism, which was the age of the physician; the age of autonomy, which was the age of the patient; and the age of bureaucracy, which is the age of the payer.[5] In Siegler's theory, the age of paternalism lasted for more than 2100 years, from approximately 500 BCE to 1965. The era was characterized by the physician being in total control of a patient's care; the dependent patient placed all trust in the physician. The patient did not question the physician's level of skill, ethics or morals. During this era, medicine focused on providing patients with care for their symptoms instead of curing illnesses.

Siegler dubbed the 50 years from 1945 to the 1990s the age of autonomy (this period overlapped the age of paternalism by 20 years as the changes took hold). The age of autonomy was an era of vast advancement in health care. Great improvements were made in the understanding of disease and treatment; medicine focused on treating rather than preventing disease and on curing instead of caring for patients. Power shifted from the physician to the patient because of patient demand for freedom from the previous paternalistic system. The patient-physician relationship became centered on patients' rights and informed consent.

The present health care system is in what Siegler calls the age of bureaucracy. At its core, the current age is defined by the cost of care, which is quantifiable, instead of by the quality of care, which is much more abstract and difficult to measure. The level of care provided and services available are based on equations that focus on efficiency and cost containment. In this system, the good of society as a whole is preferred over individual patient needs. In an attempt to broaden health care access, treatment of the chronically ill, disabled and elderly — patient populations that tend to require more care and a higher share of health care dollars — is somewhat compromised. The patient-physician relationship is controlled externally by governing health care organizations, making the preferences of both patients and physicians secondary to the policies and procedures created by administrators and policymakers.

The dynamics of health care are shifting within the context of an evolving global society and the focus is changing to a more financially viable approach to health. Consequently, the elevated status of physicians within the health care system is in flux, as the physician becomes seen as a supplier of services and the patient is the consumer of those services. The adoption of initiatives focused on improving patient care and protecting patient rights also has influenced the status of physicians by placing greater importance on the patient. Other influencing factors include changes in the management of health care systems and easy access to and dissemination of medical information to the public through improved methods of communication such as television and the Internet.[6]

The Need for Patient-centered Care

Changing attitudes toward health care and the patient-physician relationship in recent years have created a need for more patient-centered care. According to an article on patient-physician relationships by Friedenberg, patient trust is built on the way a physician relates to patients and the level of comfort a patient achieves with a particular physician's care.[7] Not answering the patient's questions or rushing treatment diminishes trust. Good communication not only helps to minimize patient complaints, rework and potential litigation, but also is an important part of the healing process. For trust to continue and increase, care must be an interactive process between physician and patient.

The evolving health care atmosphere allows patients to have a more active role in their care, and never has so much information been available to the public. According to qualitative research, patients want medical care that:

- Explores the main reasons for the visit, patient concerns and need for information.
- Strives for an integrated understanding of the patient's world, ie, of the patient as a whole person with emotional needs and life issues.
- Aims at understanding what a patient's health issues are and a mutually acceptable plan for management/treatment.
- Enhances prevention and promotes health.
- Builds on the ongoing health care provider-patient relationship.[8]

Deficits in U.S. health care quality threaten public health and need to be addressed. For example, a survey by McGlynn et al focused on a lack of patient adherence to recommended health care processes, which is a basic component of quality health care.[9] A random sample of adults in 12 metropolitan areas in the United States were telephoned and asked about specific health care experiences. The researchers received written consent to obtain patients' medical records for the previous 2 years, and these records were used to evaluate 439 indicators of quality care for 30 acute and chronic conditions, as well as for preventive care. The investigators calculated aggregate scores and determined that participants