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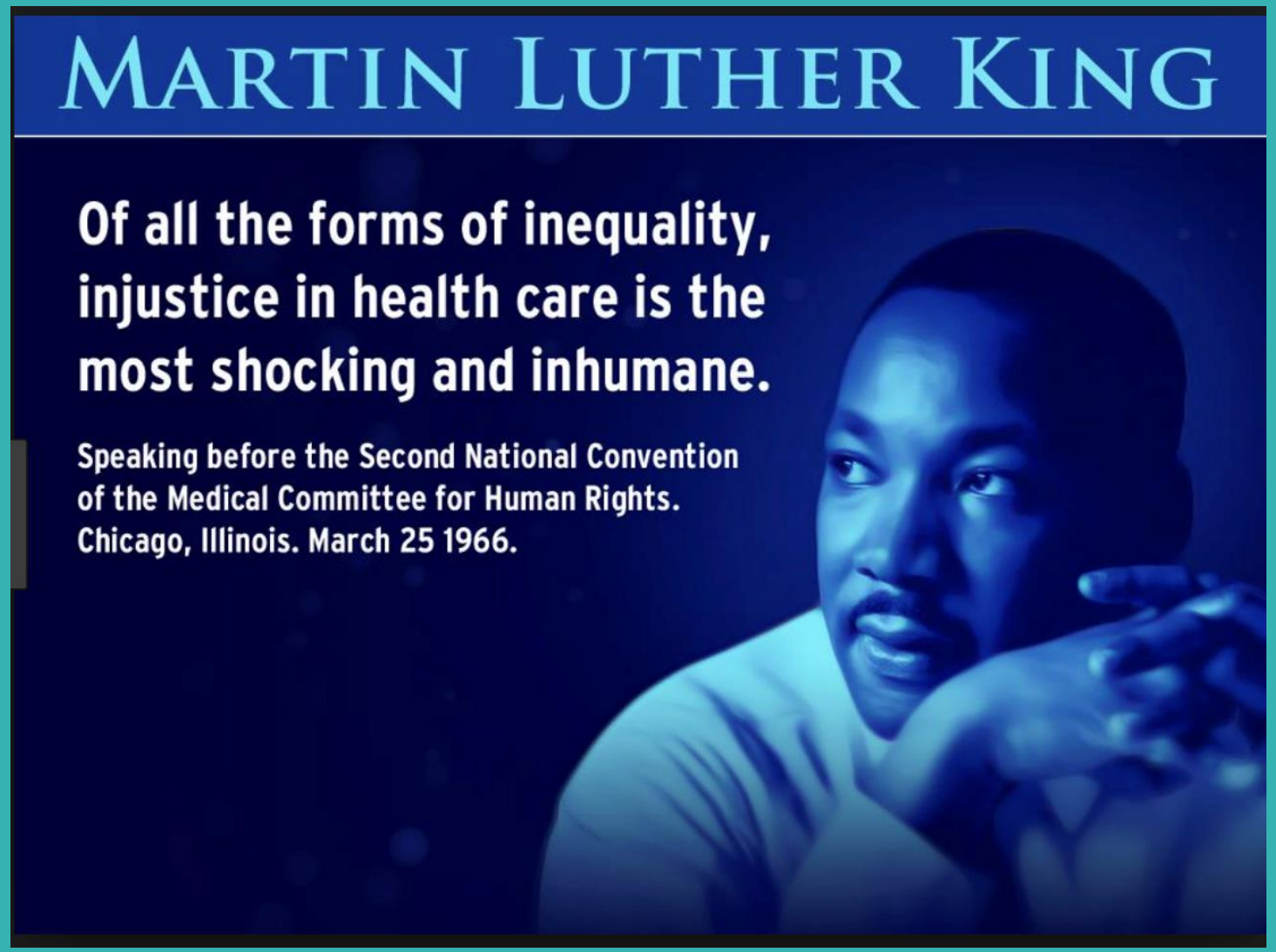
A Person-Centered Healthcare Encounter

Jim Kinsey,
VP Engagement Strategies

Why Are We Here



Implicit and Explicit Bias

Implicit

Subconscious feelings, emotions, prejudices that have developed from previous mental imprints. Hostility does not need to exist to have implicit bias.

Explicit

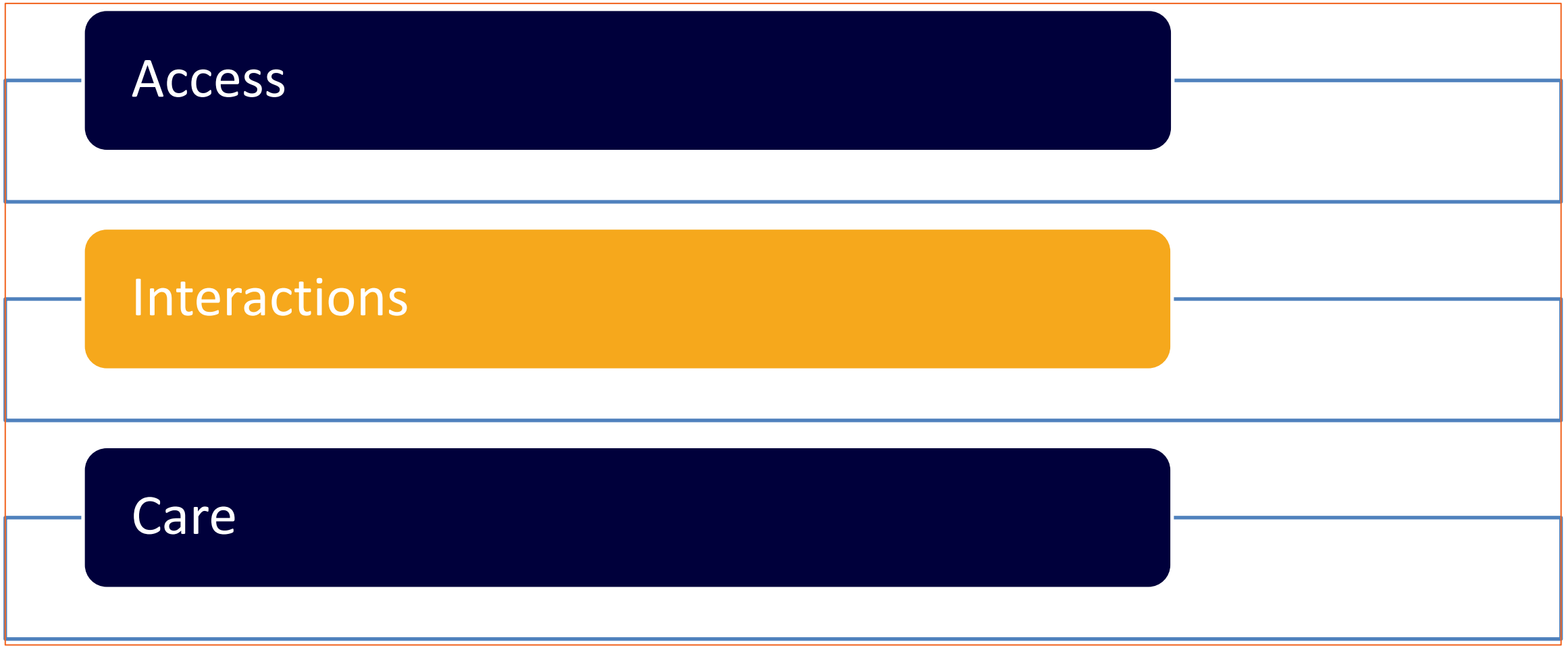
Aware of the prejudices, bias, and thoughts regarding an individual, a group of individuals, or situations based on our mental maps.

Objectives

Describe	Describe how to design and implement a person-centered care encounter.
Demonstrate	Demonstrate how to use person-centered communication techniques to reduce bias and judgement while increasing compassion and empathy.
Identify	Identify how a person-centered health care encounter can assist in addressing the social determinants of health.

The Intersection of Bias

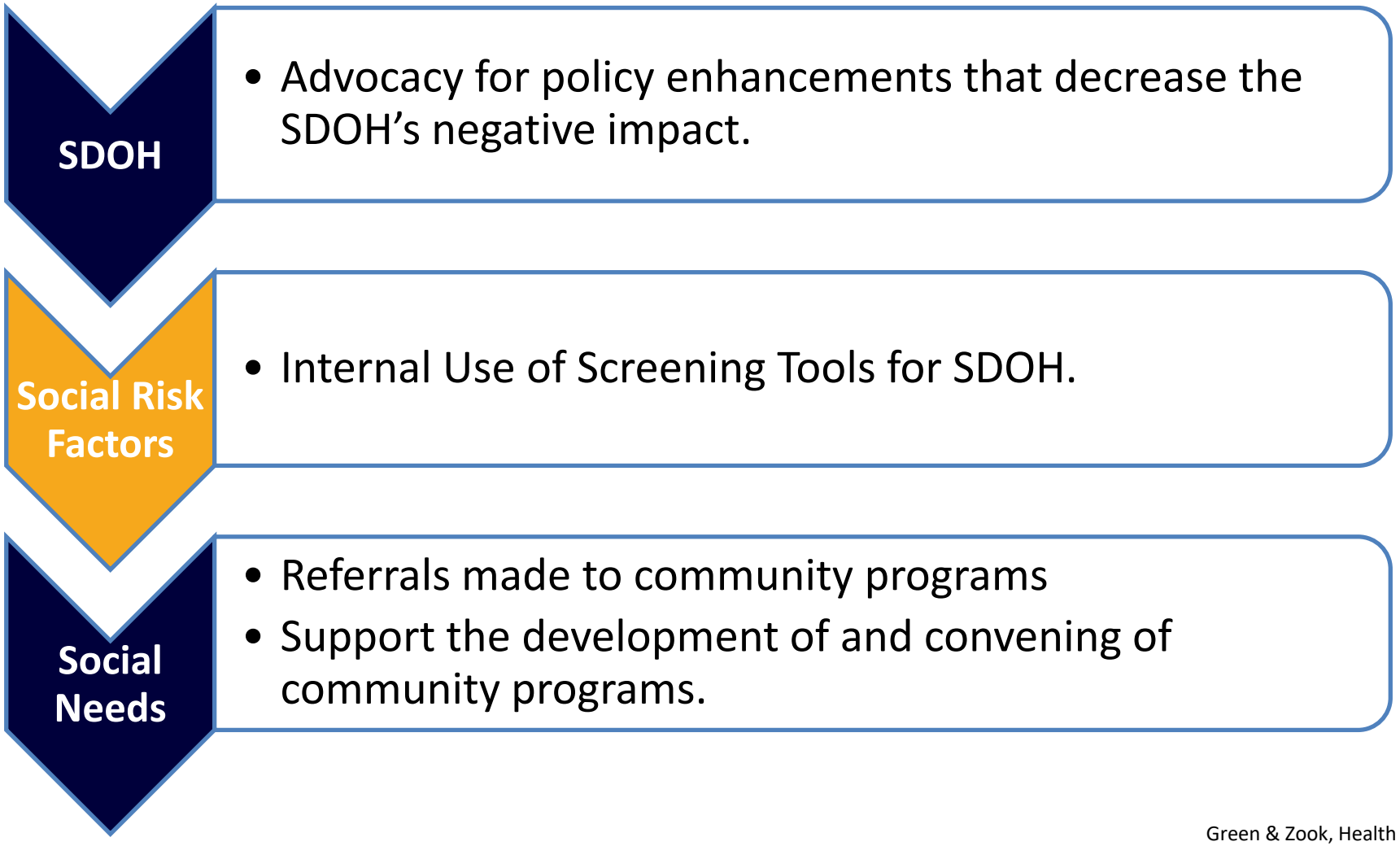
Three Aspects of a Healthcare Encounter



Mental Health and Social Determinants

World Health Organization 2021

A Few Thoughts Regarding Social Determinants



Green & Zook, Health Affairs Blog, 2019 Precision Matters

Aspect of Care: ACCESS

The opportunity to have healthcare needs fulfilled.

Access & Equity Through Person-Centered Care

Equality in Person-Centered Care

Every patient, every time – in the same way.

Equity in Person-Centered Care

Every patient, every time – in a manner designed to meet their individual needs and in consideration of their experiences.

Seeing Myself in Your Processes

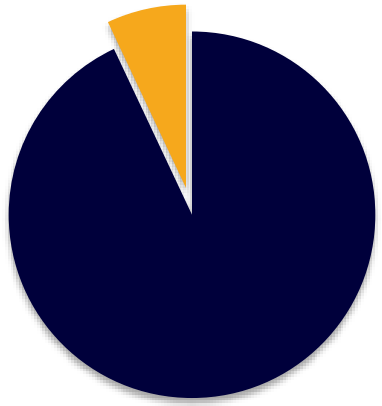
- Welcoming and Acknowledging
- Forms
- Communication Systems
- Support Needs Identification
- Discharge Instructions
- Identifying Preferences

How do you currently identify patient preferences?

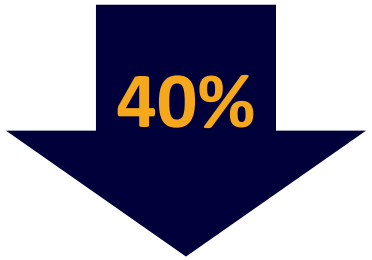
Experience with Preferences

Intention

Outcome



Doctors believe 71% of patients with breast cancer rate keeping their breast as top priority. **The figure reported by patients is just 7%.**



Once patients are informed about the risks of sexual dysfunction after surgery for benign prostate disease, **40% fewer prefer surgery.**

Only 41% of Medicare patients believe that their treatment reflected their preference for palliative care over more aggressive interventions.

Aspect of Care: INTERACTION

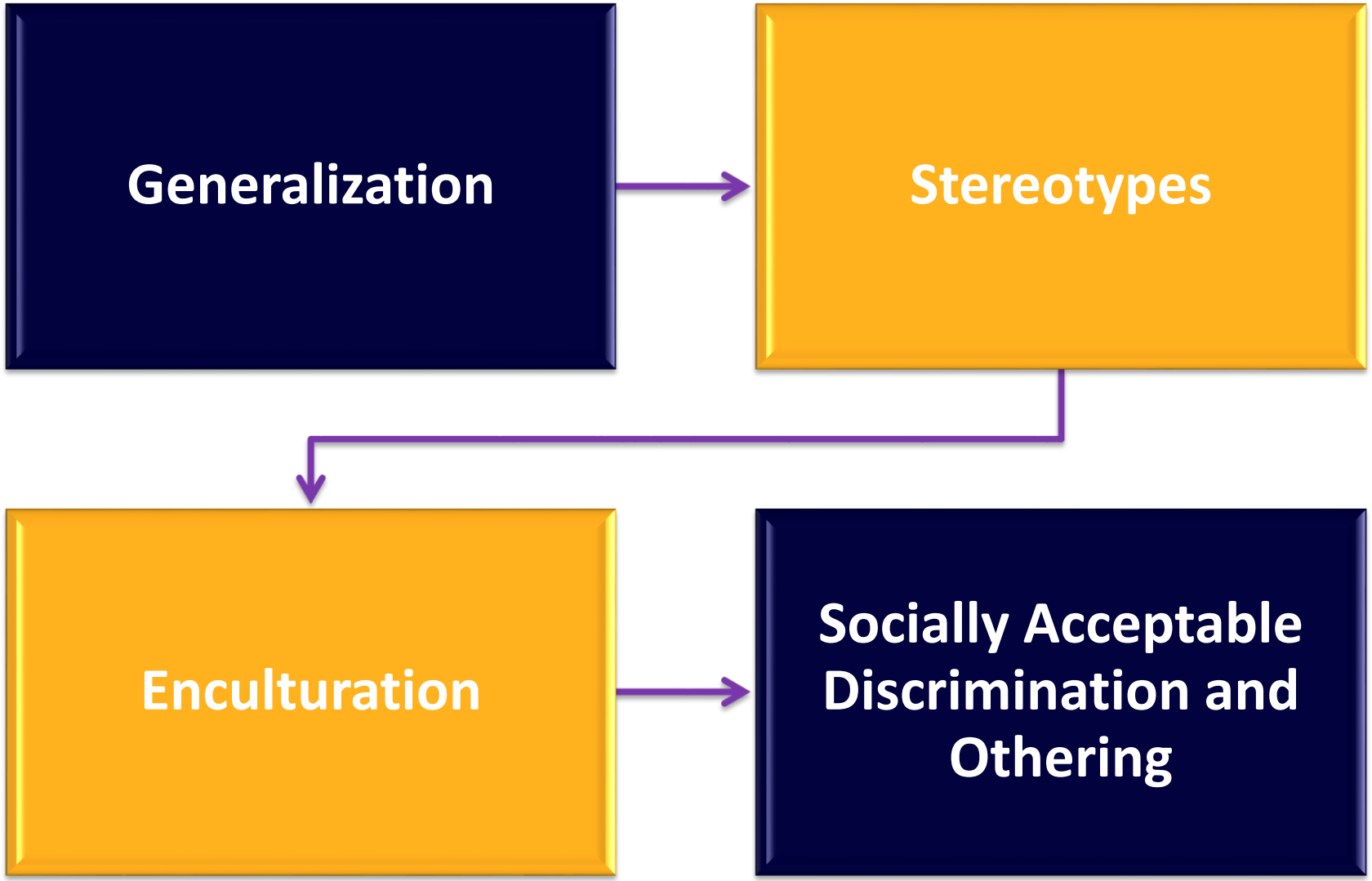
Patient-centered interactions ***encourage patients to expand their role in decision-making, health-related behavior change and self-management****. … Communication is in a language and at a level the patient can understand…*

Words Matter

"Words are things. You must be careful, careful about calling people out of their names, using racial pejoratives and sexual pejoratives and all that ignorance. Don't do that. Some day we'll be able to measure the power of words. I think they are things. They get on the walls. They get in your wallpaper. They get in your rugs, in your upholstery, and your clothes, and finally in to you."

~MAYA ANGELOU

Development of Acceptance of Pejorative Language



Interacting with Curiosity and Empathy

– Try This:

- "I see and hear that this (symptom, issue, concern) is upsetting you."
- "help me understand…"
- "I know it has taken a lot for you to feel confident with our care. I want to address your concerns with you so that you can feel better and experience less stress."

RECOGNIZE---COMMUNICATE---SUPPORT

Use Them to Change the Conversation

- More informed and respectful discourse
- Faster but deeper engagement
- Better quest for solutions and outcomes

Aspect of Care: CARE

*Inclusive of being cared **for**, included, protected (if desired and not paternalistic), assisted, and meaningful, relationships.*

Creating a Model of Inclusive Care

Facilitators to Improved Care

Coordination of Care

- Proactive plan for continuity of care.
- Assisting with wider needs.
- Taking an interest in whole person.
- Visible and Communicated compassion and empathy.

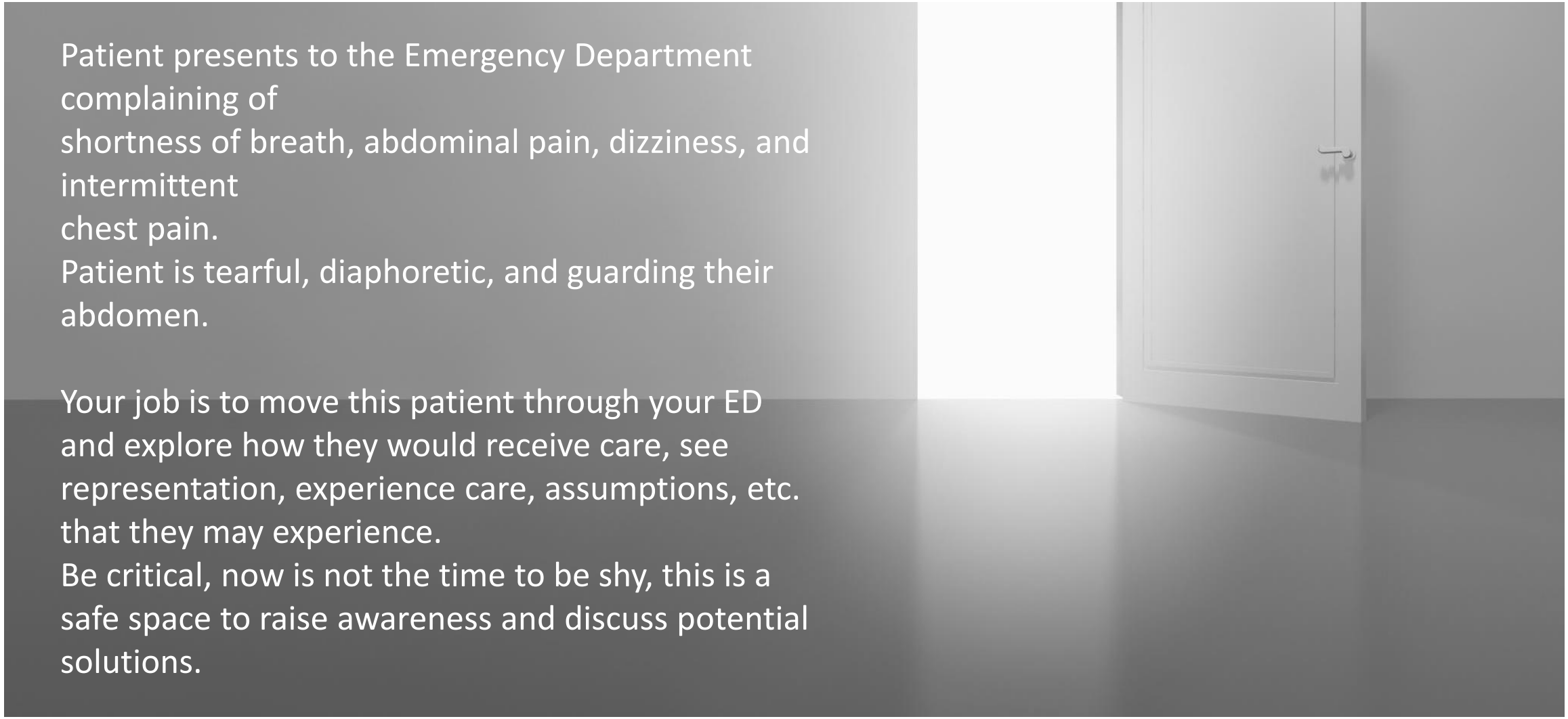
Understanding the Processes

- Explaining role
- Interpreters: professionally trained, continuity
- Telephone interpreters: increased availability
- Visual aides

Staff Education

- Knowledge of other cultures: values, health practices, body language, cultural immersion
- Personal qualities training : sensitivity, empathy, cultural humility

A Walk Through Your Doors: An Activity to Explore

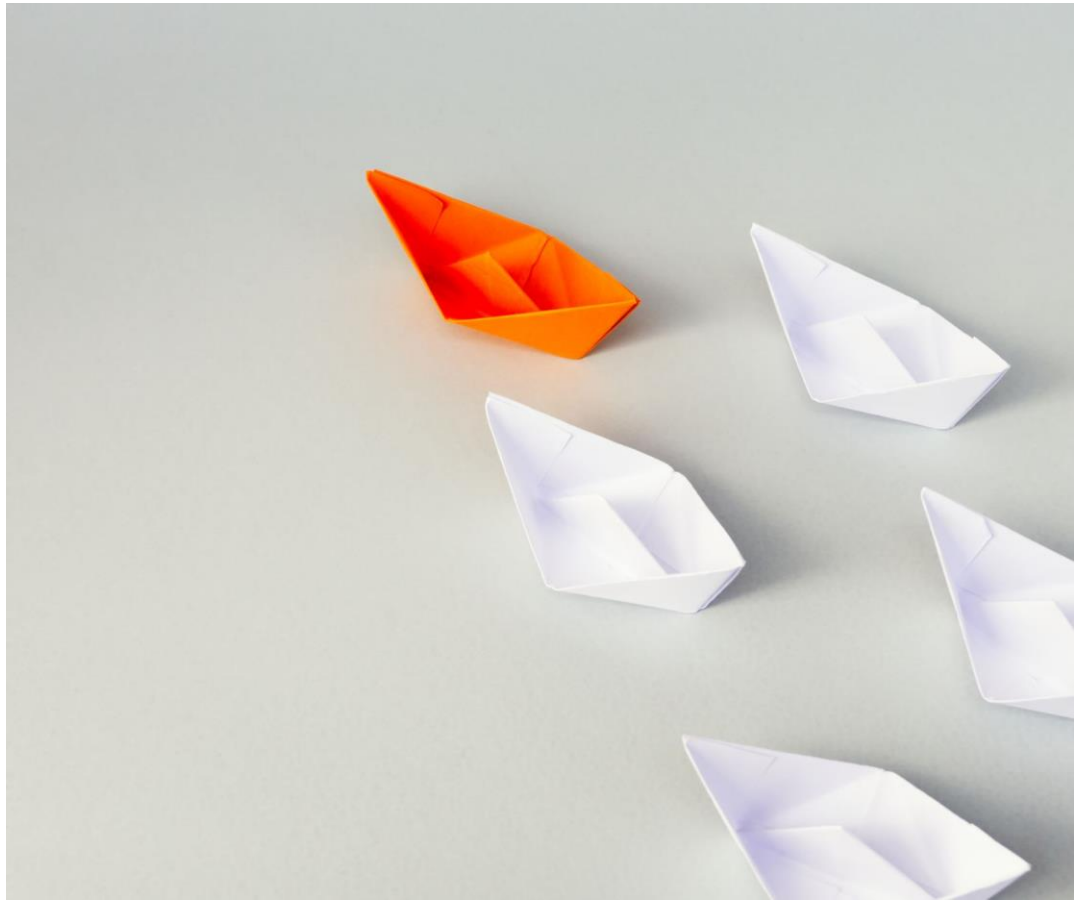


Patient presents to the Emergency Department complaining of
shortness of breath, abdominal pain, dizziness, and intermittent
chest pain.
Patient is tearful, diaphoretic, and guarding their abdomen.

Your job is to move this patient through your ED and explore how they would receive care, see representation, experience care, assumptions, etc. that they may experience.
Be critical, now is not the time to be shy, this is a safe space to raise awareness and discuss potential solutions.

Leaders Role in Bias Awareness

- Open the dialog.
- Create safe, intentional space for conversation.
- Recognize the various reactions staff may have.
  - Withdrawal, engaged, anger, frustration
- Model your expectations.
  - **Check your language**
  - Inspect what you expect
  - Be **clear of the expectations**-bias can be reduced not eliminated.
  - Challenge and **reframe existing policy, process, and programs** that support implicit bias.



Leadership Responsibilities

Conversations about unconscious bias are vital, but bear certain factors in mind:

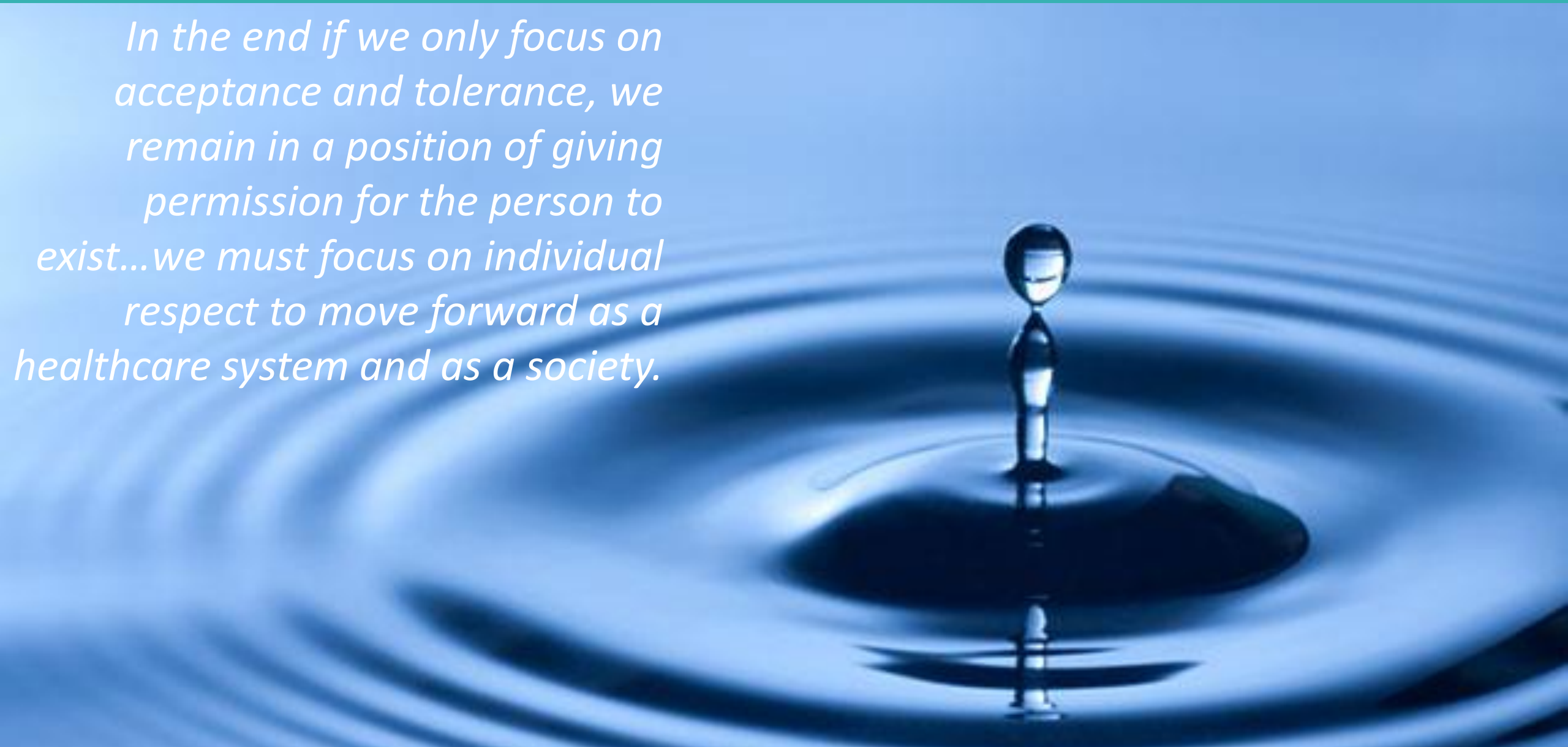
- Accept that ***we all have*** unconscious bias and try to stay open and curious about when and how it might be exerting influence.
- Pay ***attention to how we are feeling*** and how this might be getting in the way of how we want to behave – especially when we are under stress because our bias is often more extreme in these circumstances.
- ***Challenge performative gestures*** in the organization, communicate the damage these efforts can cause.
- Pay attention to ***patterns of behavior and challenge ourselves and others*** to what might appear to be coincidences as they happen - these may be due to unconscious bias.
- Ask how does this impact specific populations

Person-Centered Care…An Answer for Reducing Bias

*By focusing on the **individual**, goals, needs, and definition of success, we create the relationships that place the **person** in control with **empowerment, respect, and dignity!***

The Transformation is Ours to Make…

In the end if we only focus on acceptance and tolerance, we remain in a position of giving permission for the person to exist…we must focus on individual respect to move forward as a healthcare system and as a society.



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Actions to Take to Immediately Reduce Bias

- Having a basic understanding of the cultures from which your patients come from.
- Increase representation in education, practices, leadership, etc.
- Avoiding stereotyping your patients; individuate them.
- Understanding and respecting the magnitude of unconscious bias.
- Recognizing situations that magnify stereotyping and bias.
- Practicing “evidenced-based medicine.”
- Using techniques to de-bias patient care, which include training, intergroup contact, perspective-taking, emotional expression, and counter-stereotypical exemplars.

Resources: 1. Institute of Medicine, Committee on Quality of Health Care in America. Crossing the Quality