Should Care Be Patient-Centered or Guideline Oriented?

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Patient Cases

- Mrs. B – 94 yrs old; painful, swollen, red right calf. No other symptoms.
- Mrs. S – 72 yr old, atrial fibrillation, hypertension, high cholesterol. Diltiazem & dabigatran; thiazide & lisinopril; simvastatin & coleselvelam. Complains of muscle aches requiring regular acetaminophen. Has stopped exercising and is gaining weight.
Your Recommendations?
Guidelines

- DVT - Treat patients with warfarin and unfractionated heparin (UFH) or low-molecular-weight heparin (LMWH) for at least 5 days and discontinue heparin when the INR has stabilized between 2 and 3. 

- Lipids - Screen all men older than 35 and all women older than 45 for lipid disorders.

- Statins reduce overall mortality in primary and secondary prevention of CAD.
Why Guidelines?

- Variation in practice
- Failure to integrate new knowledge
- Move from “expert opinion” to evidence
- Accountability
- Standardization
Standardizing Care

- Clinical Practice Guidelines (CPG)
- Care Pathways
- Glidepaths (GeriMed)
- Disease Management programs
- Quality standards (ACOVE)
- Incentives
  - Productivity
  - Quality – Pay For Performance (P4P)
Heart Failure Guidelines

177 related guidelines found on NGC

- 21 recommendations regarding assessment
  - One referred to ADL
- 22 recommendations regarding risk reduction
- 17 recommendations regarding treatment
  - One referred to exercise training

ACC/AHA Guideline on Heart Failure, 2001
AMDA HF Guidelines

- Decide whether to work up
- Decide whether to control risk factors
- Incorporate patient’s or surrogate’s wishes
- Evaluate effect of co-morbid conditions
- Management of end-of-life care
Diabetes Guidelines

- Specific recommendations on carbohydrate, fat, and protein intake (28)
- Specific recommendations on Tx of HTN, lipids, glycemic levels, and renal problems (13)
- Two recommendations on older adults
- One recommendation of exercise

ADA, 2001, republished 2003, Diabetes
AGS Diabetes Guidelines

- Individualized care planning
- Attention to geriatric syndromes
  - Falls, depression, cognition, incontinence
- Managing co-morbid conditions
- Pain
- Balancing patient values
- Life expectancy

AGS Guidelines for Improving Care in Older Persons, JAGS 2003;51:S265
Multiple Conditions & CPG

- Hypothetical patient - COPD, diabetes, osteoporosis, hypertension, osteoarthritis
- Majority failed to address comorbid conditions, EOL care, QOL, patient preferences, short and long term goals
- 13 meds in 21 doses per day, PCP + 6 specialists, frequent ADE, medication cost $411 per month

Boyd CM, J Amer Geriatr Soc 2003;
CPG Problems

- Conceptual: problem of focus
  - Disease - not the patient-centered
  - Disease - not function-oriented
  - Specialty - not primary care
  - Patient valued outcomes?

- Input:
  - Advocacy oriented
  - Funding?

Fear: Not focused on real patients
CPG Problems

- Ethical issues
  - commercial conflicts of interest
  - short-term vs long-term goals
  - “halo effect” - become a surrogate marker of quality
  - potential to promote skimming

Risk: Further erosion of trust of the profession
Attitudes Affect Treatment Decisions

- Physician is in control
- Physician knows best
- Physician is ultimate decision-maker
- Physician is gatekeeper of shared information
- Evidence-based medicine is priority
What is “Patient-Centered?”

- IOM - care that is respectful of and responsive to individual patient preferences, needs, and values
- AHRQ - Patients become active participants in their own care and receive services designed to focus on their individual needs and preferences, in addition to advice and counsel from health professionals.
Alternative Approach to Decision-Making

- Collaborative
  - Partnership with patients
  - Joint decision-making

- Evocative
  - Activates their own motivation
  - We don’t “motivate” patients

- Honors autonomy
  - People resist when they are told what to do
  - Some detachment required

Motivational Interviewing in Health Care, Miller, 2009
Core Communication Skills

These are observable behaviors! – They are objective!
Components of Communication

[Bar chart showing the components of communication for Directing, Guiding, and Following. The chart indicates the percentage of Listening, Asking, and Informing.]
Communication Skills

- Offer a “menu of options”
- Ask permission
  - Simple question
    - “Would you like to know some things that you could do?”
  - First choice
    - “Which of these options would you like to talk about first?”
  - Prefacing
    - “This may or may not worry you, but…”
Potential Examples

- Informed consent for all interventions
- Patients participate in the design of health care processes
- Medical records belong to the patient
  - And we have to get permission to view them
- Shared-decision making technologies used
- All patients trained in self-management skills
Informed Consent

- Our recommendation
  - Risks & benefits
- Alternatives to the recommendation
  - Risks and benefits of those
- What’s likely to happen if nothing is done
  - Risks and benefits
Evidence Based Medicine

Circles are varying in size and dynamic
Shared Decision Technologies

- Breast cancer treatment – Dartmouth
- Osteoporosis treatment – Providence Health System, Portland
- Patient decision aids – Institute for Healthcare Improvement
- Ottowa Personal Decision Guide
- Bubble choice grids
Agenda “Bubble Sheet”
CHF F/U Visit

Diet
Exercise
Medications
Alcohol
Smoking
??
??
??

Stress
Back to Mrs. B and Mrs. S
Extremist Approach

- Patients get exactly the help they want and need when they want and need it (Berwick)
- Instead of hosting patients in our system, we are guests in their system
- Every medical decision is based upon the principle of informed consent
- No one knows best, for we all know differently.
Changing Health Care

- Measure patient-centeredness as a quality outcome
  - "Is there anything at all that could have been done better today?"
- Vest control in the patient’s hands
- Be transparent about science, costs, processes, and errors
  - Apologize
- "Customized standardization"
- Train providers in emotional intelligence
References

- Berwick DM. What patient centered should mean. *Health Affairs* 2009;28:555-565
- Barry MJ, Patient participation in treatment decisions for BPH. *Medical Care* 1995, 8:771-782
- O’Connor AM. Patient decision aids. [www.ihi.org](http://www.ihi.org) 2009