

The future of person-centered care: creating innovations in delivery and patient care that matter to patients.



AMCP Foundation Research Symposium
"Trends in Health Care: Disruptors and Opportunities"
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Movement to Value in Healthcare: Key Drivers

	Past	Present	Future
<i>Key Decision Maker</i>	Physician	Payer	IDN/"Corporatized" System
<i>Access Needed</i>	Hospital/Office	Formulary	Clinical Pathways
<i>Key Data</i>	Features & Benefits	Value Proposition/ Contracting	Quality-based Outcomes
<i>Key Resource/ Capabilities</i>	Sales Rep	SMD/Sales Rep	Quality/HEC Outcomes Research
<i>Reimbursement Basis</i>	U.S. Package Insert (USPI) or FDA-approved Product Label	FDA Label & Payer Contract Terms	Label, Contract, & Quality Outcomes
<i>Key Business Drivers</i>	Reach & Frequency	Formulary Access	Inclusion in Care Pathway & Quality Measures
<i>Need to Shape</i>	Physician Behavior	Formulary Positioning	Quality Measurement & Care Pathways

Source: Ira Klein

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NPAF Mission Statement

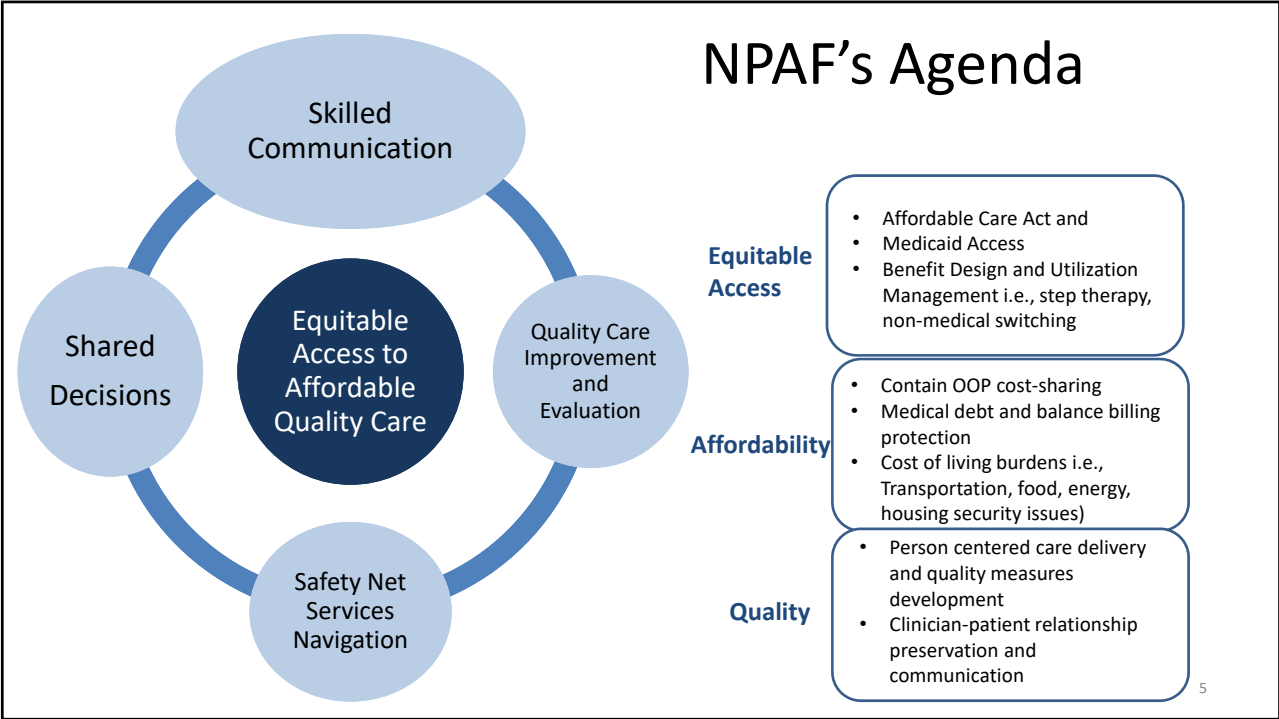
Mission

National Patient Advocate Foundation brings patient voices to health system delivery reform. We develop and drive advocacy initiatives promoting equitable access to affordable quality health care.

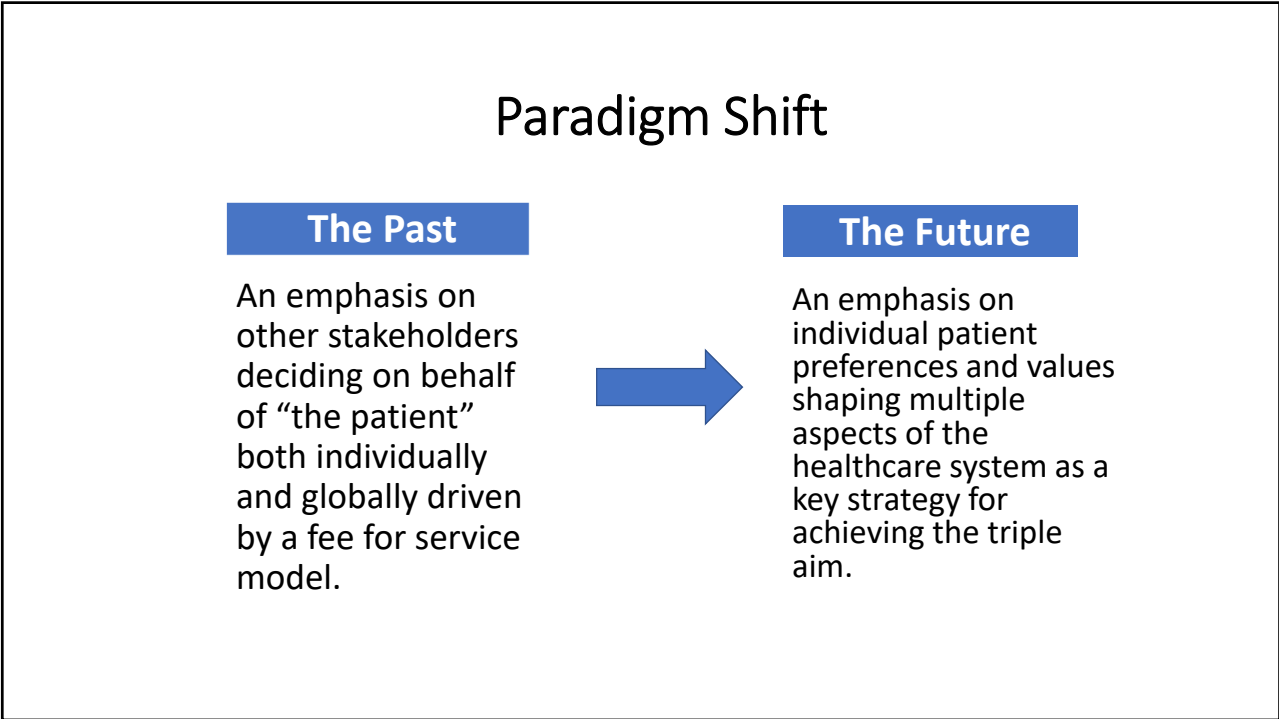
Primary Objective

Prioritize the patient voice in health system delivery reform to achieve person-centered care.

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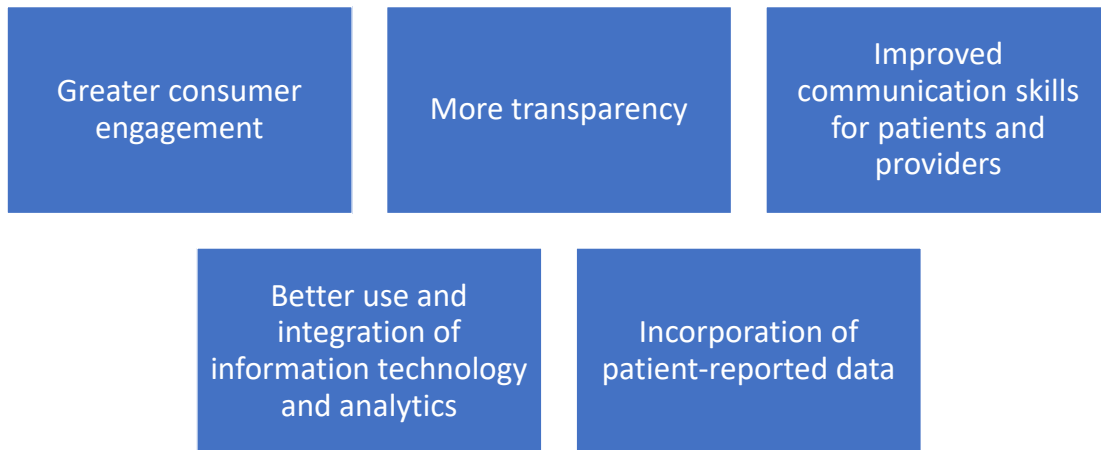


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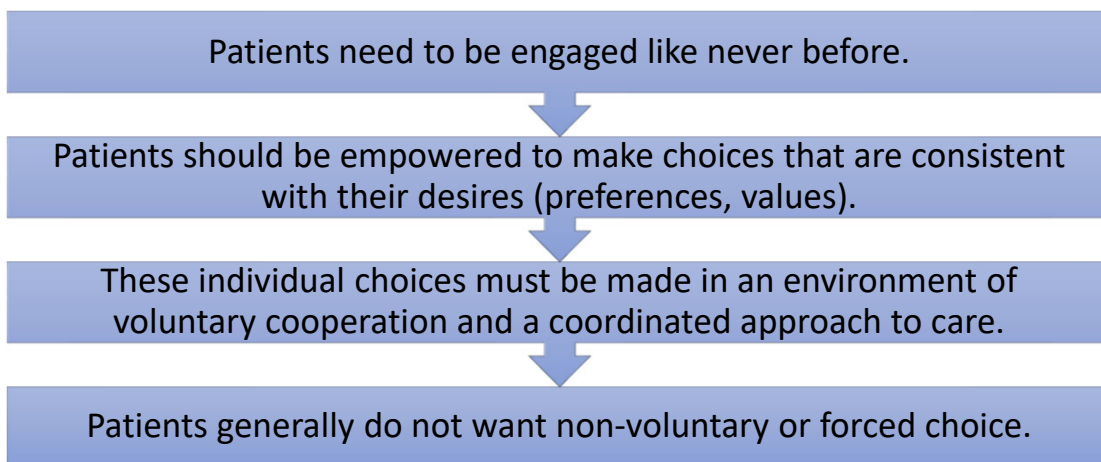
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Interrelated Changes



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Patient Engagement



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Bridge the Gap: Achieve Person-Centered Care

WHAT MATTERS TO THE PATIENT

- Change in functional status or activity level
- Role change
- Symptoms, especially pain
- Stress of illness on family
- Loss of control
- Financial burden
- Concerns about stigma of illness
- Conflict between wanting to know what is going on and fearing bad news

WHAT'S THE MATTER WITH THE PATIENT

Diagnosis and disease-directed treatment PLUS:

- Symptom management and services supporting well-being, functioning, and overall QOL
- Care planning and coordination across multiple specialists, subspecialists and settings
- Evaluation of key clinical outcomes



Skilled communication and coordinated team-based services

Value-based quality care

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What have we learned about the patient experience?

Three things that come up in every interview

- **Respect**—seeing and treating each person as an individual, not making assumptions or judgments
- **Listening**—having a genuine two-way discussion, not just dictating treatment or “hearing without actually listening.”
- **The Personal Connection**—wanting a relationship, or at least to be acknowledged on a personal level by the doctor or provider

Shared Decision Making is the perfect process by which to co-create and deliver these three key elements

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Personalization

- Disease and illness are very personal and vulnerable experiences.
- Personalization identifies appropriate variation in care based on the unique characteristics of the individual.
- This approach should generally provide better outcomes at lower cost by getting the right services to the right the patient as soon as possible.

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Innovation driven by standardization

In some cases, a standardized approach to certain services may provide better outcomes at lower cost.

Clinically the focus is on eliminating inappropriate variability.

Appropriately applied, standardization can reduce unnecessary variability, errors, and expenses.

A standard for one subpopulation may not be an appropriate standard for another subpopulation (e.g., variation in colon cancer screening by race).

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What do patients want?

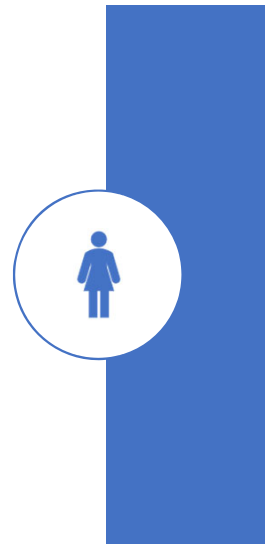
(n=1,349 low income cancer patients; 90% in treatment in last 12 months; unpublished PAF survey data)

How important is it to you that your treatment be highly personalized to the unique characteristics of your cancer?

➤83% said extremely important

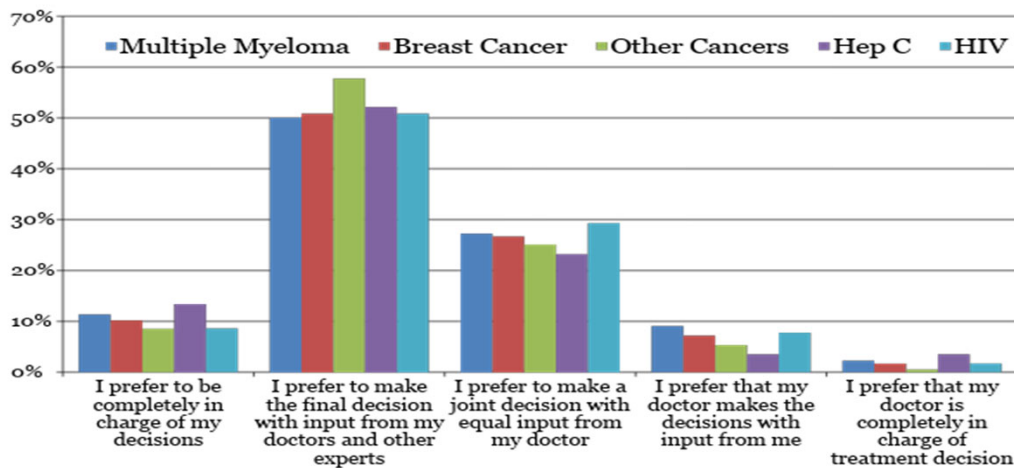
How important is it to you that you receive the standard of treatment for most patients diagnosed with the same or similar cancer as yours?

➤57% said extremely important



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Which of the following best describes your preferred approach for decisions related to medical care?



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The Variables that Matter to Patients

Clinical benefits

Side effects

Total cost of clinical care for the episode (tests, procedures, office visits, medication, etc)

Key costs related to the receipt of care not covered within insurance design (transportation, lost wages, childcare, lodging, food)

Transportation requirements/burden (not just cost)

Presenteeism (impact of treatment on job performance)

Absenteeism (time off work)

Genomic profile

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Patient Reported Outcomes

- Outcomes should include the health circumstances most relevant to patients.
- PROs need to be shared among clinicians, patients, and families; and should be used to inform shared decision making with patients.
- A process must be in place to validate the PRO data and “translate” it so it can be used in a meaningful and reliable way to create a rapid learning environment for both patients and providers.
- Giving individuals a clear goal and a means to evaluate their progress toward that goal greatly increased the likelihood that they would achieve it.



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Incorporating Cost of Care

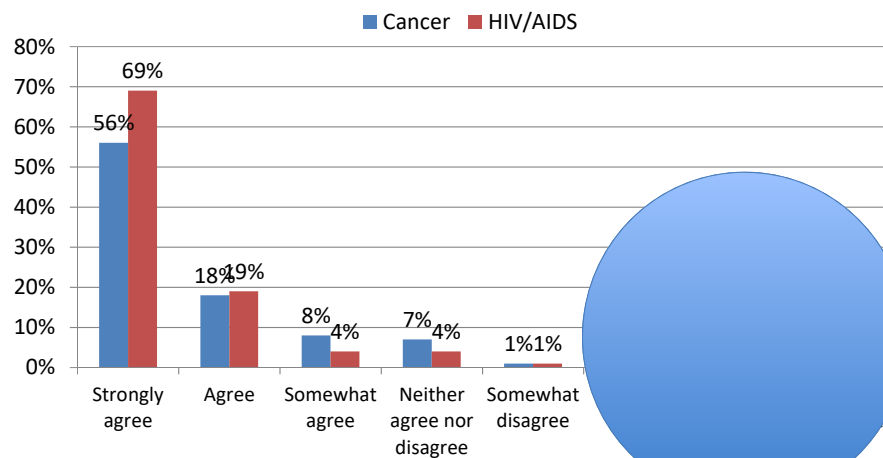
- Cost of care and financial toxicity concerns need to be incorporated into decision making and care planning protocols.
- Most patients want to consider cost as part of their decision making factors, but in the context of other factors and not in isolation.
- They want cost information to be personalized to their situation and their out of pocket costs.
- Financial risk tolerance seems to vary with age, stage/type of disease.
 - Some want to balances their medical needs and financial needs
 - Some want the least expensive option that is still medically appropriate
 - And others want the most beneficial treatment regardless of cost.



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Transparency & Cost

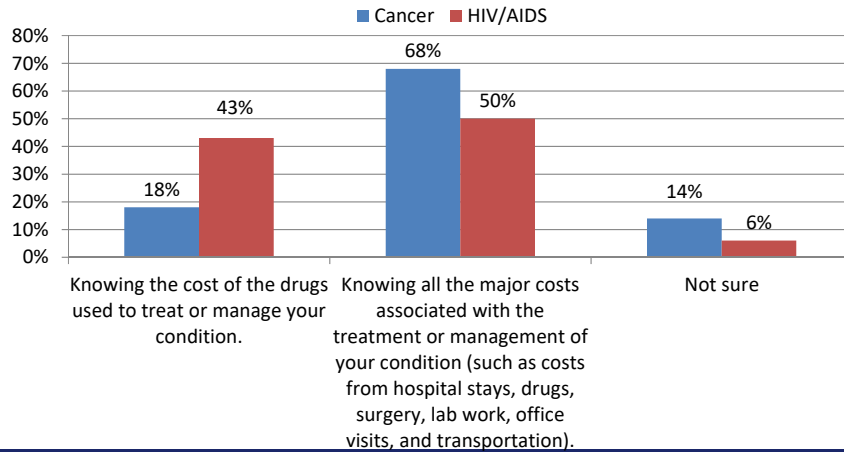
To what extent do you agree or disagree with the following statement:
“Knowing the cost I am going to pay out of pocket for my care is important when it comes to making decisions about what treatments I should use”.



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The What and the Who?

Of the two options below, which do you think is more important for your treatment decisions?



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Person-Centered Innovation

Treat the person beyond the disease throughout the care continuum by prioritizing:

Skilled Communication

- Invite patient and family expertise as essential aspect of treatment plan and care delivery
- Normalize conversations between patients, families, and care teams about personal priorities

Quality of Life and Supportive Services

- Incorporate needs assessment and documentation as part of disease-directed standard of care, clinical pathways, guidelines, and quality improvement or evaluation initiatives
- Timely provision of support and navigation

Equitable Access to Needed Treatment and Supportive Services

- Support best possible quality of life and person-centered outcomes, making the promise of personalized care available to all people

Actionable Data that is Meaningful to Patients

- Use for feedback, measurement, and payment
- Integrate real word data capture about patient outcomes and experiences into performance measurement, decision making and care planning

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