CE 1.5 ANCC Contact Hours

Professional Case Management
Vol. 24, No. 1, 17-25

Incorporating Patient-Centeredness Into Case Management Practice

Concepts, Interventions, and Measurement

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ABSTRACT

Purpose of Manuscript: Patient-centeredness is a cornerstone of case management practice. Professional case managers must conduct a clinical assessment to develop a care plan that addresses the clinical issues as well as the patient's needs, preferences, values, and choices. To achieve patient-centeredness, the case manager must engage with the patient in order to build a relationship that supports the patient-identified goals and addresses gaps in care. This article provides information on key terms in patient-centeredness, such as patient satisfaction, patient experience, and patient empowerment. The article ends with two case examples to show how the interventions outlined can be applied in specific situations.

Primary Practice Setting: Patient-centeredness applies to all settings and levels of care.

Implications for Case Management: The case manager will learn about successful organizational strategies that can be deployed to support patient-centeredness. The article also identifies several key case-specific strategies that can be deployed when case managers work with patients. The metrics used in evaluating and improving patient-centeredness are also described.

Key words: *patient-centeredness, patient empowerment, patient experience, patient satisfaction*

The Institute of Medicine (IOM) identified six aims for improvement (IOM, 2001), including health care delivery that incorporates the following:

1. *Safe*: Avoiding harm to patients from the care that is intended to help them.
2. *Effective*: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
3. *Patient-centered:* Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
4. *Timely*: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
5. *Efficient*: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
6. *Equitable*: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

The IOM endorsed six patient-centeredness dimensions that stipulated that care must be respectful to patients' values, preferences, and expressed needs; coordinated and integrated; provide information, communication, and education; ensure physical comfort; provide emotional support; and involve family and friends.

The Case Management Society of America (CMSA) in its Standards of Practice for Case Management incorporates all of these aims. In particular, the concept of patient-centeredness incorporated through the following guiding principles (CMSA, 2016):

- "Use a client-centric, collaborative partnership approach that is responsive to the individual client's culture, preferences, needs, and values.
- Facilitate client's self-determination and self-management through the tenets of advocacy, shared and informed decision-making, counseling, and health education, whenever possible."

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The author reports no conflicts of interest.

DOI: 10.1097/NCM.0000000000000323

Case managers are expected to embrace patient-centeredness into practice regardless of the practice setting, benefit system, health conditions, or any other patient characteristic. This is to be achieved through a variety of methods such as advocacy, communication methods, understanding patient preferences and values, and education (Tahan, 2016a). The ultimate goal in case management practice is facilitating the patient from a state of detachment to one of full engagement in managing health (Tahan, 2016b).

Patient-centeredness not only is important to case managers and other clinicians but has also become important to health care systems. As health care organizations implement new care and financial models, such as accountable care organizations (ACOs), the reimbursement model can partially be dependent upon patient experience and engagement, as well as other quality metrics (Peiris et al., 2016). Case managers working within health care systems can support the organizational goals by supporting improved patient engagement. In the study of an ACO that focused on behavior change in patients, they found that clinicians who had patients with higher activation levels spent more time with patients on counseling and education than those clinicians who had patients with less improvement in activation (Greene, Hibbard, Alvarez, & Overton, 2016). This study also found the following five key strategies used by clinicians with high patient activation, including:

1. Emphasizing patient ownership
2. Partnering with patients
3. Identifying small steps
4. Scheduling frequent follow-up
5. Showing care

These strategies demonstrate that the clinician sees the patient as the person at the center of the health care experience who needs education, support, and partnership. This coaching approach defines the relationship as a teamwork framework, where the clinician provides the guidance and the patient "runs the plays." The case manager can also partner with patients in this manner in achieving optimal health outcomes through timely and effective information sharing and care coordination.

This article describes some key concepts in patient-centeredness as well as organizational strategies and case-specific strategies case managers can use in fulfilling the professional responsibility of being patient-centered but supporting the organizational goals as well. There is also discussion regarding different metrics that can be used in gauging how well the case management and the care team are doing in achieving patient-centeredness.

Definitions and Framework

There are a number of terms and concepts that impact patient-centeredness that can be understood to be related but distinct. It is important to understand these terms and concepts, since they impact the focus of case management practice and the measure of processes and outcomes.

Patient Experience

A groundbreaking study analyzed available literature on the subject of patient experience, and determined that patient experience is the sum of all interactions, shaped by an organization's culture that influences patient perceptions, across the continuum of care (Wolf, Niederhauser, Marshburn, & LaVela, 2014). A federal agency has a similar definition, as it defines patient experience as encompassing the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities (Agency for Healthcare Research and Quality, 2017).

Patient experience should measure the response from the patient while interacting with care teams across the continuum of care as well as with their health plans. As a result, patient experience becomes important for all of the care team members, including physicians, nurses, social workers, medical assistants, pharmacists, nonclinical team members, and others.

Patient Satisfaction

In contrast, patient satisfaction measures the extent to which a patient is content with the health care services received from health care providers based on the patient's expectations from the health care system (Agency for Healthcare Research and Quality, 2017). To improve patient satisfaction, a case manager or health care provider needs to fulfill the patient's expectations, which could be in conflict with the appropriate clinical intervention or treatment.

In a study conducted, which analyzed the correlation of patient satisfaction, health care utilization, expenditures, and mortality (Feton, Jerant, Bertakis, & Franks, 2012), researchers found that higher patient satisfaction was associated with less emergency department use but with greater inpatient use, higher overall health care and prescription drug expenditures, and increased mortality. Clearly, clinicians must incorporate the voice of the patient in the care delivery process, but this cannot be done with the consequences of increased costs for potentially unnecessary health care services, poor outcomes, or increased mortality and morbidity rates.

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Patient Engagement

Case managers clearly strive to get patients engaged in their own health care and health status. One organization (Center for Advancing Health, 2010) has defined patient engagement as, "actions individuals must take to obtain the greatest benefit from the health care services available to them." This definition focuses on behaviors of individuals relative to their health care that are critical and proximal to health outcomes, rather than the actions of professionals or policies of institutions. This study further describes its engagement behavior framework that includes the following:

- Find safe, decent care
- Communicate with health care professionals
- Organize health care
- Pay for health care
- Make good treatment decisions
- Participate in treatment
- Promote health
- Get preventive health care
- Plan for the end of life
- Seek health knowledge

Case managers may bear these concepts in mind, as they work with patients to support them in becoming more engaged.

Patient engagement is the way in which a patient communicates and interacts with the care team, whereas patient experience may be passive in nature with the patient not truly engaging in the managing health or health status. Patient engagement is what the patient does while communicating and working with health care providers and systems, whereas the patient experience is based on the patient's perception of the health care providers.

Patient Activation

Patient activation can be defined as having the knowledge, confidence, and skills to care of one's health and health care (Greene et al., 2016). Patient activation refers to persons' ability and willingness to take on the role of managing their health and health care. The concept of activation focuses on skills and knowledge required for day-to-day management of one's own health. Positive changes in patient activation can lead to positive self-management behavior changes in patients with chronic conditions. By focusing on patient activation, the case manager can work to support increased patient involvement in personal health care through education and skill-building, often targeted toward patients initiating specific conversations with their clinicians, thereby promoting a bidirectional interaction between clinicians and patients.

Patient Empowerment

This term has been defined (Anderson and Funnell, 2010) as a process through which people gain greater control over decisions and actions affecting their health and should be seen as both an individual and a community process. It is a process in which patients understand their role and are given the knowledge and skills by their health care providers and case manager to perform a task in an environment that recognizes community and cultural differences and encourages patient participation.

The relationship between the case manager and the patient is much more than mere "customer service" (Torpie, 2014). As a clinician, the case manager forms a therapeutic relationship with the patient using clinical, interpersonal, and communication skills to assess the needs the patient and then to coordinate the timely and appropriate delivery of health and human services. Although case managers typically follow guidelines and protocols, the interactions between the case manager and the patient cannot be precisely scripted, as it would be in a customer service interaction.

Framework for Comparing Patient-Centered Terms

Table 1 profiles patient-centered terms by comparing and contracting their definitions, implications, and common measures.

Although it may appear that these terms are interchangeable, they are actually quite different viewpoints into the patient perspective of the health care system.

TABLE 1
Patient-Centered Terms

	Patient Satisfaction	Patient Experience	Patient Engagement
Definition	The extent to which a patient is content with the health care services received from health care providers based on the patient's expectations from the health care system	The sum of all interactions, shaped by an organization's culture, that influence patient perceptions, across the continuum of care	The patient's knowledge, skills, ability, and willingness to manage his/her own care resulting in increased positive patient behavior
Implications	Giving the patient what is requested and not necessarily the right thing	Having positive interactions by the entire care team	Providing the education and support for patient self-management
Common measures	Net Promoter Score	Consumer Assessment of Healthcare Provider and Systems; CG-CAHPS®	Patient Activation Measure; Patient Health Engagement Scale

Note. CG-CAHPS® = Clinician and Group Consumer Assessment of Healthcare Providers and Systems®.

Organizational Interventions Supporting Patient Centeredness

Health care organizations have realized that patient engagement is critical for their success, especially with the increasing focus of patient experience measures in value-based contracts. As a result, health care organizations are taking various initiatives to transform the care delivery process in order to achieve improved patient engagement. One study (Volpp & Mohta, 2017) found that, although several strategies were being deployed, health care organizations care teams were expected to be the primary source of engaging the patient. They found the following as the key strategies for patient engagement:

- *Care teams*. These are care teams, usually including a nurse case manager, who are devoted to addressing the needs of complex patients.
- *Patient representatives*. This includes such things as patient advocacy councils who provide the "voice of the patient" to administration and clinicians.
- *Technology tools*. This may include a variety of technologies such as web portals, e-mails, mobile apps, wearable devices, and others. The challenge with some technologies is the low uptake and even lower engagement rate with technologies (Dumitrascu et al., 2018).
- *Social networks*. This includes methods for patients to connect on a peer-to-peer basis, because patients spend most of their time outside the clinic and may find support by spending time with other patients.

Another study (Hawkins et al., 2014) found that individuals who felt they were not getting sufficient support from their medical providers or those needing a sounding board were more likely to engage with an external care coordination program. The implication here is that if the physician and the care team are not providing case management, the patient will turn to external organizations to assist in the health care journey.

Health care organizations implementing ACO arrangements are focused on implementing strategies to improve patient activation and engagement. One study (Shortell et al., 2015) of an emerging ACO identified a number of important practices associated with greater patient activation and engagement, including high-level leadership commitment, goal-setting supported by adequate resources, extensive provider training and use of interdisciplinary care teams, and frequent monitoring and reporting on progress.

Organizational support for case management and care coordination demonstrates the health care organization's commitment to patient-centeredness. Once the infrastructure is in place, there is still work that needs to be done to make these resources support the goal of improving patient-centered care. For example, care teams need to determine the methods for communicating and information sharing to provide improved coordination in achieving integrated care that results in a better patient experience and engagement.

Case-Specific Interventions Supporting Patient Centeredness

Motivational Interviewing

This is a patient-centered counseling style for eliciting behavior change by helping patients to explore and resolve ambivalence (Miller & Rollnick, 2002). The goal is to enhance the patient's internal self-motivation to change. Motivational interviewing (MI) focuses on increasing the patient's "change talk" while diminishing patient resistance. The idea of MI is that the extent to which the patients verbally defend the status quo (i.e., resistance to change), the more the patient will resist changing behavior. However, MI is founded on the concept that the extent and strength with which patients talk about change will move them closer to making change. MI allows for a professional style of communicating with a

patient that results in the patient talking about what the desired change is, why the change is desirable, and how to go about making the change. MI is done in a patient-centered, nonjudgmental manner. The case manager serves as a guide rather than a director in the process. Ultimately, the case manager allows the patient to ultimately argue for making the change by identifying what is important to the patient.

Strengths Model of Case Management

The purpose of the strengths model of case management (SMCM) is aimed at supporting patients to recover, reclaim, and transform their lives by identifying, securing, and sustaining a range of internal (e.g., aspirations and competencies) and external (e.g., social relations, opportunities, and services) resources (Rapp & Goscha, 2011). This particular model assists patients in achieving optimal outcomes by focusing on the strengths that they already possess and then harnessing those strengths to achieve individual growth, empowerment, and eventual recovery. The SMCM is both a philosophy of practice and a set of tools and methods designed to enhance recovery by taking a goal-oriented approach to service delivery. Problems, barriers, and challenges are not ignored in the SMCM; rather, they are addressed in the context of the goals the individual wants to achieve. Identified strengths are used to either overcome identified barriers or increase options for alternative routes to goal attainment.

Social Determinants of Health

In the course of working with patients, there are impacts on health from social need, such as transportation challenges, homelessness, or lack of access to fresh fruits and vegetables. The World Health Organization (2017) defines social determinants of health (SDH) as those conditions in which people are born, grow, live, work, and age.

There is growing evidence that indicates that addressing these and other needs can help reverse their damaging health effects, but screening for social needs is not yet standard clinical practice. Although there is not complete agreement on the SDH domains, the following can be understood as the core areas, including:

- Health care system
- Housing
- Neighborhood and community, such as access to transportation and healthy food
- Education
- Interpersonal safety

One of the areas that case managers are focused on is preventing readmissions. It has become clear that SDHs have a significant impact on hospital readmission rates (Reidhead & Kuhn, 2016). This includes all age groups, socioeconomic classes, health systems, conditions, etc. For example, a study showed that, in a pediatric population, the socioeconomic status and other SDHs had a significant impact on readmission rates in that population (Nakamura, et al., 2014).

It is critical for case managers to develop assessment tools, frameworks, and resources that address SDHs to assist in improving the practice (Sammick-Fink, 2018). By incorporating social determinants into practice, case managers can take a more holistic view of the patient in identifying and addressing all the needs of the patient. This will indeed result in improved patient experience and engagement while improving health outcomes.

Shared Decision-Making

Shared decision-making (SDM) has been defined as an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences (Elwyn et al., 2010). The National Quality Forum (NQF) defines SDM as a process of communication in which clinicians and patients work together to make optimal health care decisions that align with what matters most to patients (NQF, 2017). Through SDM, patients receive information, usually through patient decision aids, regarding the treatment options for their health condition. The NQF describes patient decision aids as tools designed to help people better participate in health care decision-making (NQF, 2017). These resources provide information on the risks and benefits of health care treatment options while helping patients clarify and communicate their personal values on different features of the options.

Shared decision-making requires a positive relationship in the clinical encounter, so that information is shared in an understandable fashion. This allows patients to consider the option as well as express their preferences and views during the decision-making process. To accomplish these tasks, one study proposed a three-step model (Elwyn, et al., 2012). This model is based on choice, option, and decision talk, including:

- Introducing choice
- Describing options, often by integrating the use of patient decision aids
- Helping patients explore preferences and make decisions

This model rests on supporting a process of dialogue between the clinician and the patient. It is also based on the premise that understanding decisions

should be influenced by exploring and respecting what is important to patients as individuals.

One study evaluated the use of patient decision aids for patients with hip and knee osteoarthritis on the rate of joint replacement surgery (Arterburn et al., 2012).

The study found significantly lower rates of procedures and therefore health care costs for those patients who used decision aids. The authors concluded that decision aids for some health conditions, for which treatment decisions are highly sensitive to both patients' and physicians' preferences, may reduce rates of elective surgery and lower costs.

It has been demonstrated that patient decision aids are necessary to get the necessary information to make choices about health care options and services. The authors in an article on this topic point out that although patient decision aids are necessary, they are not sufficient (Hargraves, LeBlanc, Shah, & Montori, 2016). The clinician and the patient need to engage in a conversation about the health care options, so that there is a joint course of action that is the best choice for the patient. The patient decision does not replace the need for the dialogue between the clinician and the patient in confirming the treatment option.

Inclusiveness

Case mangers deal with a broad range of patients, and it is incumbent upon the case manager to interact in an equitable manner with all patients regardless of the attributes of the patient. The Commission for Case Manager Certification (CCMC) identifies one of the areas of unprofessional behavior when a professional case manager engages in conduct involving discrimination against a patient because of race, ethnicity, religion, age, gender, sexual orientation, national origin, marital status, or disability/handicap (CCMC, 2015).

The federal government has published National Culturally and Linguistic Appropriate Service Standards that case managers should use to advance health equity, improve quality, and help eliminate health care disparities (U.S. Department of Health and Human Services, Office of Minority Health, 2012). These standards provide a blueprint for case managers, health systems, and other health care professionals to implement culturally and linguistically appropriate services.

One study (Berkowitz, Nimeka, Berry, & Yen, 2018) examined the impact of patient experience when the provider and the patient spoke different languages and were from different cultures. The study found themes such as patient distrusts of providers when the providers spoke a language different from the patient. Patients also reported a sense of powerlessness due to cultural differences.

The professional case manager needs to attend to all of these aspects of the patient that can impact the experience and engagement, such as beliefs, culture, language, and family. By doing a holistic assessment and care plan, the case manager can enhance the patient experience and engagement as well as the health outcome.

Measurement and Outcomes of Patient Centeredness

Through multidisciplinary stakeholders (including patients), one study identified (American Institutes for Research, 2017) five principles for patient-centered measurement:

1. *Patient-driven*. The patient's goals, preferences, and priorities drive what is measured and how performance is assessed.
2. *Holistic*. Measurement recognizes that patients are whole people and considers their circumstances, life and health histories, and experiences within and outside of the health care system.
3. *Transparent*. Patients have access to the same data as other stakeholders and understand how data are used to inform decision-making around care practices and policies.
4. *Comprehensive and timely*. Patients and other stakeholders get timely, easy-to-understand data to inform decision-making and quality improvement.
5. *Co-created*. Patients are equal partners in measure development and have decision-making authority about how data are collected, reported, and used.

With these principles in mind, it is critical to carefully select a metric of patient-centeredness that is meaningful and actionable. There was one study regarding the use of the Net Promoter Score (NPS) as a way to measure patient experience (Krol, de Boer, Delnoij, & Rademakers, 2014). This study showed that patient experiences from surveys showed weak associations with the NPS. The authors conclude it is unclear that the NPS adds anything to the patient experience surveys.

The Patient Activation Measure® (PAM®) is the metric most often used to quantify a patient's "engagement," activation, or self-management capabilities. Designed to assess a person's knowledge, skill, and confidence related to managing his or her health and health care, the measure is a 13-item scale that has proved to have strong psychometric properties. There have been many studies regarding this tool, but one study in particular demonstrated a correlation between the PAM® and health care costs as well as other health outcomes (Greene, Hibbard, Sacks, Overton, & Parrota, 2015). This study found that more activated patients were also significantly more likely than less activated patients to have obtained

cancer screening tests, and they were significantly more likely to not have a hospitalization or emergency department visit two years after the PAM® level was collected. Furthermore, patients at higher levels had projected costs that were significantly lower than those with lower levels of activation. The study also found that costs were significantly higher for those who dropped a level over 1 year and significantly lower for those who increased a level, compared with those who stayed at the same level.

The 3-item Care Transitions Measure (CTM-3) is being used in hospital settings as a measure of the quality of the preparation for care transitions. The CTM-3 measures the extent to which patients are being prepared to participate in posthospital self-care activities. This tool was developed to assess the extent to which the care team in the hospital prepared the patient for discharge. The CTM-3 provides information about th e three major domains that patients have identified as critically important to their experience with coordination out of the hospital, including understanding one's self-care role in the posthospital setting, medication management, and having one's preferences incorporated into the care plan. There is also an association between CTM-3 scores and readmissions, so that this measure provides key information to several stakeholders regarding quality improvement outcomes (Goldstein, Hicks, Kolm, Weintraub, & Elliott, 2016).

Patients must be at the core of the any measurement strategy aimed at assessing patient centeredness. Because the care team will be focused on what is measured, the selected metrics need to reflect the desired outcome, such as patient engagement or activation. The measures of patient-centeredness should become a part of the overall quality management and improvement plan of the health care organization. In this way, there is a commitment to measuring, monitoring, and implementing improvements when the results are not optimal.

Sample Cases

Ambulatory Setting: Visually Impaired Patient

The nurse case manager (NCM) at the clinic noticed that they had a new visually impaired patient coming into the office next week for an initial visit with one of the primary care physicians. The NCM had not recalled having a visually impaired person at the clinic, so researched the types of things that would make the visit a positive experience, including the environment, staff awareness (including clinical and nonclinical), and patient education materials/resources. The NCM detected several situations where the hallway corridors were cluttered and could cause challenges to someone with a visual impairment trying to navigate. The NCM also educated the front desk team as well as the clinical team members regarding the new patient, so they could anticipate the potential of a support animal and a mobility cane. The NCM was also able to determine that the aftervisit summary and patient education materials could be made available auditorily or through Braille, depending on the preferences of the patient. When the patient arrived, she was greeted cordially and was escorted to the examination room. After the examination, she was told about her options for receiving information, and she chose the auditory option for her information and educational resources. The patient remarked that she had never had such a positive experience with a health care organization, and thanked everyone.

Acute Care Hospital Setting: Native American Patient

The social work case manager (SWCM) identified that a patient coming into the hospital for an elective cardiac procedure was an enrolled member of a Native American tribe. Although the patient was an anglophone, he preferred to speak in his own native language. The SWCM was able to secure translator services in the specific language, and notified the care team of this linguistic preference. The SWCM confirmed that the patient had received a patient decision aid regarding this procedure, and in conjunction with his physician decided to have the procedure after reviewing the treatment options. In addition, the SWCM discovered through interviewing with the patient and family that they wanted to bring in their spiritual healer for a healing ceremony before and after the surgical procedure. The SWCM was able to secure the approval of the director of case manager, and notified the hospital chaplain who offered to participate and support these ceremonies. The SWCM worked with the patient and the family for the healing ceremonies to take place in the patient's hospital room. The patient and the family thanked the SWCM at the time of discharge for honoring their language preferences and for the ability to conduct the spiritual healing ceremonies. The patient indicated that the healing process was helped by all of these efforts.

Summary

The case manager can incorporate patient-centered strategies to support an empowered and educated patient whose preferences and needs are met. By focusing on the right measurements, case managers can also evaluate the impact of these strategies, so that improvement opportunities can be addressed. This kind of approach to patient-centeredness will likely align with the health care organization's goals

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of improving patient experience and engagement, especially in light of the increased number of value-based care arrangements.

Safe is not enough. Fancy waiting rooms are not enough. Gourmet meals are not enough. Case managers need to work with the health care organization and care teams to support a positive therapeutic experience throughout the patient's interaction throughout the health care continuum. No one strategy or measurement tool will accomplish this. Through coordinating information, collaborating with the team, staying focused on the patient's needs and preferences, and communicating with the patient and the family, case managers can positively impact the patient experience, activation, and engagement.

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The authors and planners have disclosed that they have no financial relationship related to this article.

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DOI: 10.1097/NCM.0000000000000345