



2014 PCPCC

Western Regional Conference

Towards Happiness: Patient Centering and Well-being

David Ehrenberger MD
10 June 2014



News Flash!

Patient Centered Medical Home works!

“Houston, we’ve got a problem...”

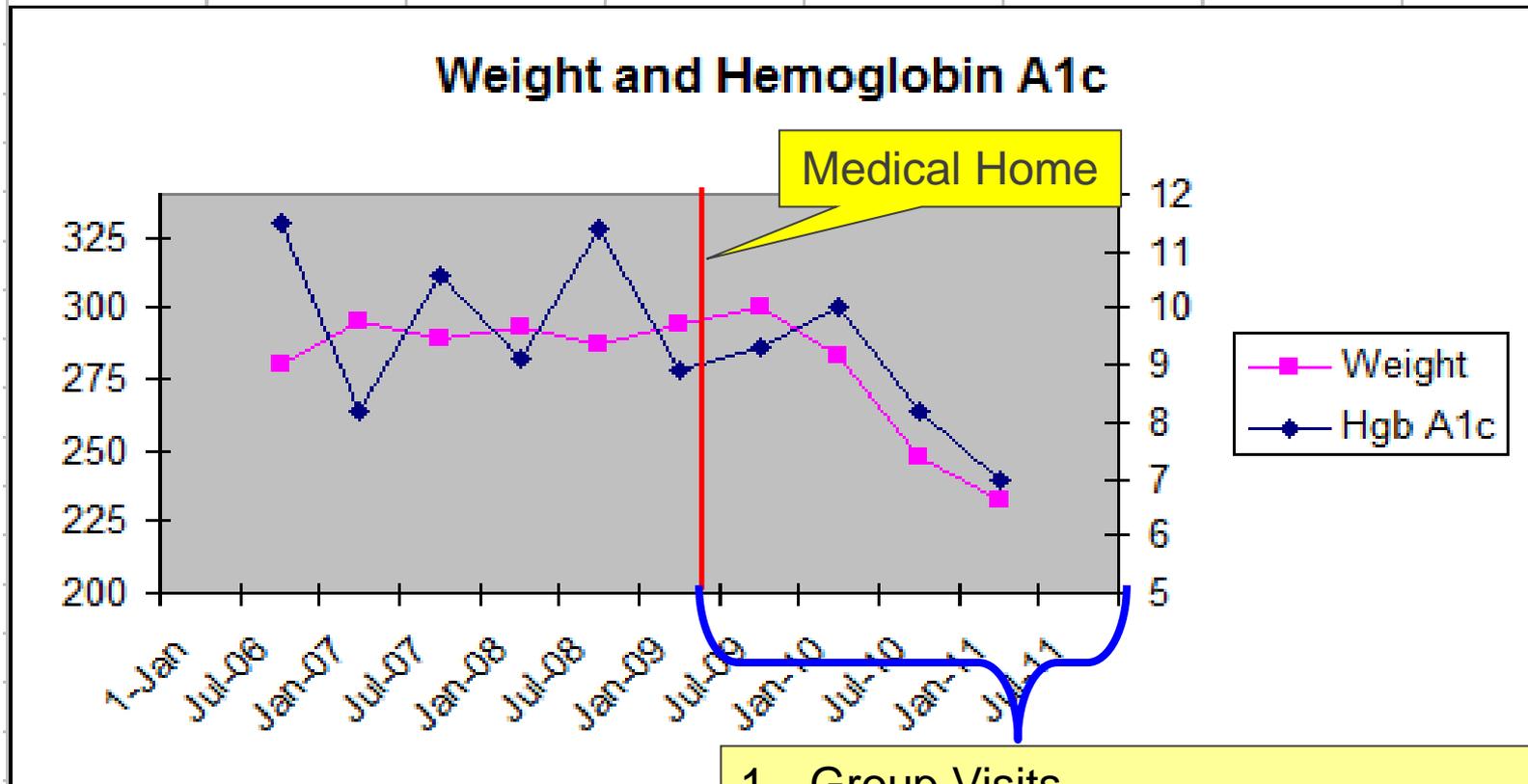
Patient centering...well-being...happiness...

Impact of PCMH 2011...



Ruben

Ruben



1. Group Visits
2. Open Access Scheduling
3. Pre-Visit Planning
4. Order Tracking
5. Diabetes Registry
6. Patient Self Management

Patient Centering

Edna & Paul

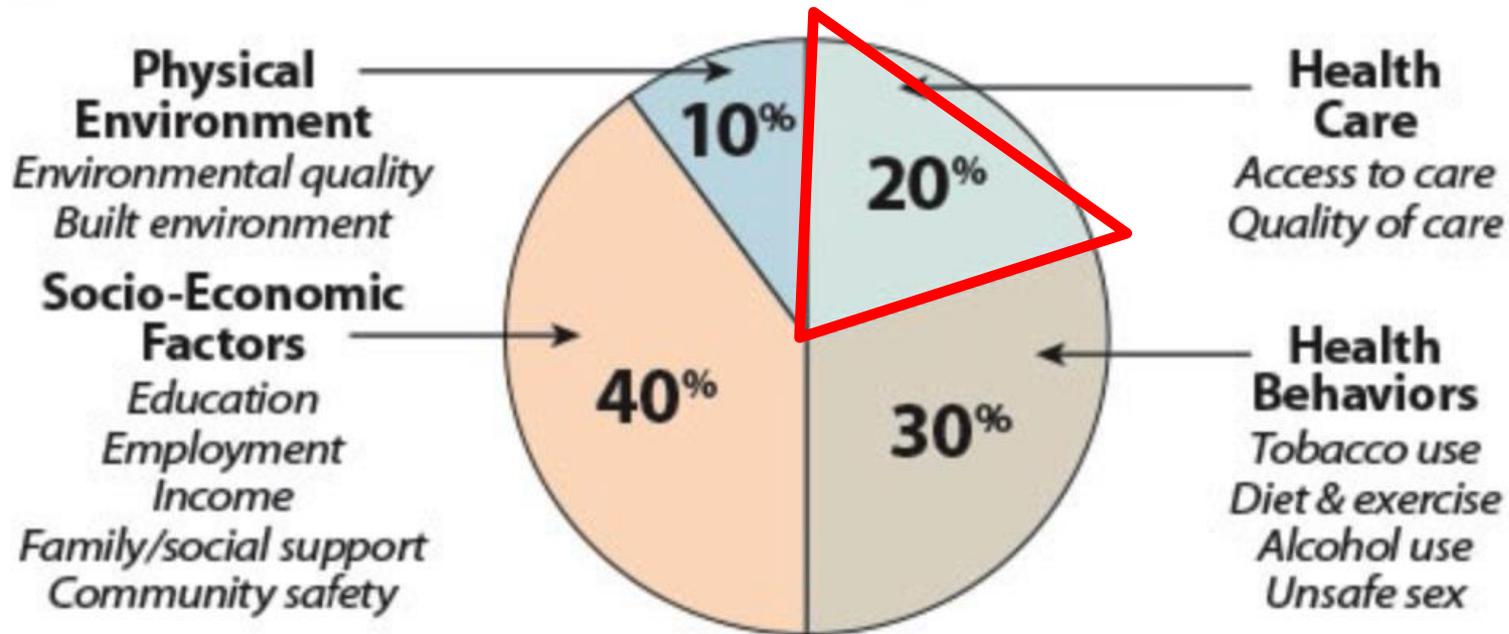


Not so much
...until home visit by Dr Chistie and Pat, her MA

The Bad News...

Social Determinants of Health

Population Health



Can we be truly Patient Centered without being good at these Social Determinants?

Standard 4A4: The practice has a process for identifying patients based on **social determinants of health**. Social determinants of health are conditions in the environment that affect a wide range of health, functioning and quality-of-life outcomes and risks. Examples:

- Availability of resources to meet daily needs;
- Access to education;
- Economic and job opportunities;
- Public safety, social support;
- Social norms and attitudes;
- Exposure to crime, violence and social disorder;
- Socioeconomic conditions;
- Residential segregation and others

(Healthy People 2020)



What's a medical home to do?



Ruben...



Edna & Paul

A Patient Centered Definition of Health:

Well-being

Feeling—physically, emotionally good, capable, energetic, effective, unimpaired, connected, purposeful, satisfaction, happiness...

It's a feeling, something felt, by a person, both physical and something ineffable, something essential.

Impacted by the medical definition of health/ill-health, but only at ~20-30%.

Well-being?

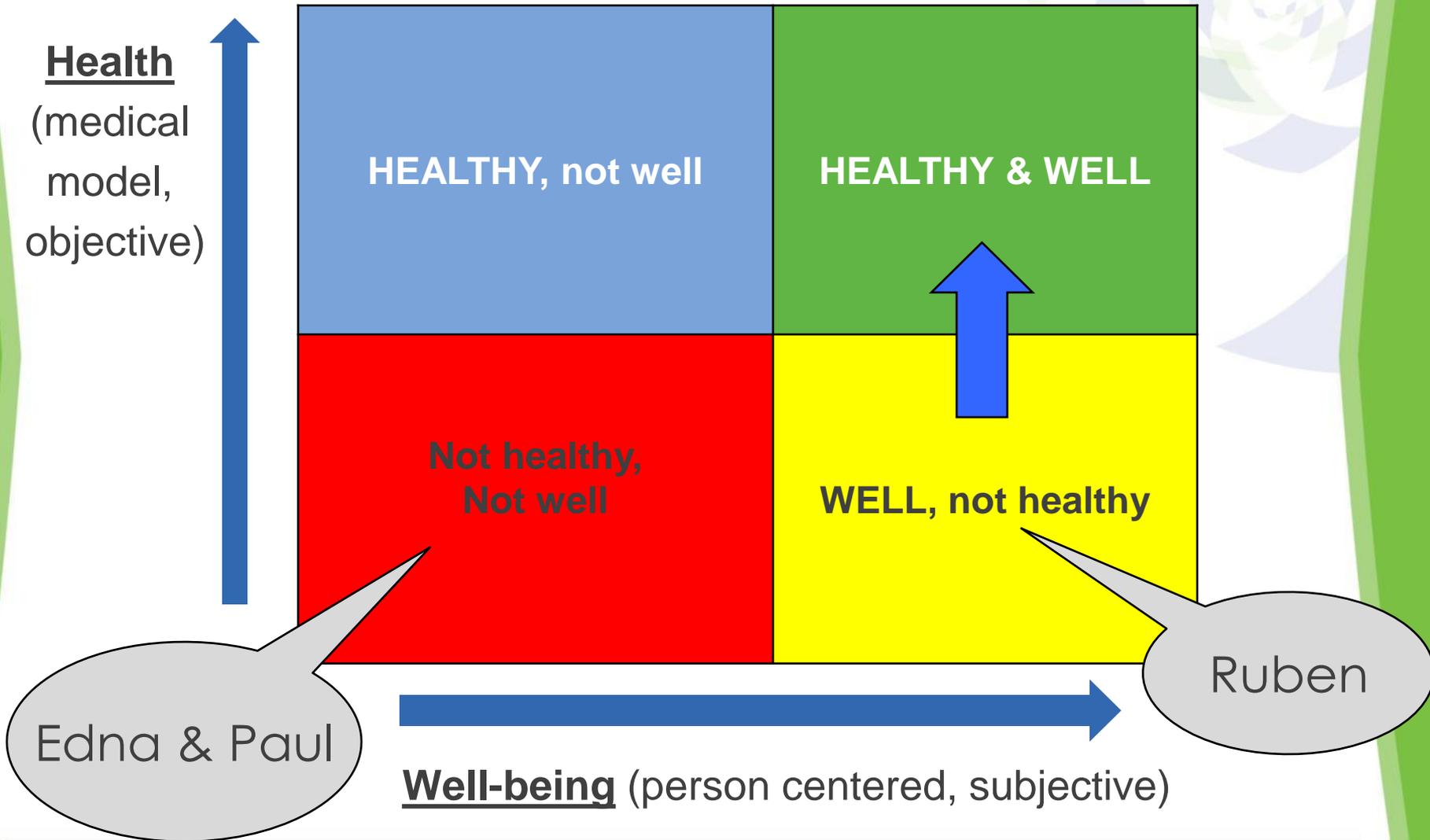
Well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning (physical health).

Well-being is dependent upon good health, positive social relationships, and availability and access to basic resources. The **negative affect component** of well-being is strongly associated with neuroticism and that **positive affect**

component has a similar association with extraversion.

Well-being is associated with numerous health-, job-, family-, and economically-related benefits--decreased risk of disease, illness, and injury; better immune functioning; speedier recovery; and increased longevity.

Health vs. Well-being



How does a “Patient Centered definition of health”—Well-being—impact PCMH?

- Rich insights into “where the patient is at”—social, family, economic, environmental context
- Drives collaboration: community resources, behavioral health, home/hospice/palliative care, education, local government.
- Greatly expands the toolkit of a PCMH to impact medical and behavioral outcomes.
- Engagement tools—SDM, PSM, activation—more patient centered!
- Empowers care-teams with insight that grows their effectiveness.
- Embeds the patient/family at the center of their care-team.
- Improves quality, patient experience and lowers cost...
- *Informs and directs the modeling of transformation efforts.*

Incorporating SDOH into your patient centered medical home model may mean:

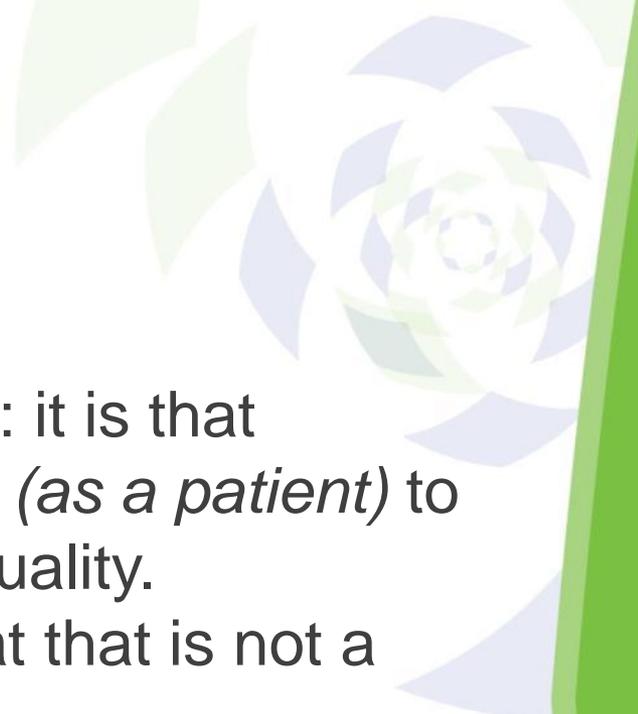
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- Community organizing—Built environment promoting access and healthy lifestyles (roads, bike-paths)
 - Advocacy—cultural integration, assimilation
 - Expert knowledge re Community resources (health and non-health)—e.g. transportation options, low cost exercise options, ESL services, housing assistance
 - Home visits by provider team
 - Simply having the care team understand the barriers (patient-centered, contextual) faced by patients--especially ‘hot spotters.’

Provider and Provider Team *Reality*

- Practice (and culture) transformation
- Payment methodology
- Advanced systems of teamwork
- Accountability and transparent value
- HIT, quality and efficiency: do or die

A BHAG to consider:

Provider and Provider Team
Vitality...happiness...through patient-centering



“Patient-centeredness...is the core: it is that property of care that welcomes me (*as a patient*) to assert my humanity and my individuality. If we be healers, then I suggest that that is not a route to the point; it is the point.”

Don Berwick MD, Health Affairs, Feb 2010



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THE HAPPINESS FACTOR:

**Improving “Well-being” for
Providers, Staff, Patients & Families**

Dave Ehrenberger, M.D.
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Physician Network

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CEO, HealthTeamWorks



**"Happiness is good
health and a bad
memory."**

-- Ingrid Bergman



Bhutan's Gross National Happiness

Domain	Indicators	Domain	Indicators
Psychological wellbeing	Life satisfaction	Time use	Work
	Positive emotions		Sleep
	Negative emotions	Good governance	Political participation
Spirituality	Services		
Health	Self reported health		Government performance
	Healthy days	Fundamental rights	
	Disability	Donation (time & money)	
	Mental health	Community vitality	Safety
Education	Literacy		Community relationship
	Schooling		Family
	Knowledge	Ecological diversity & resilience	Wildlife damage
	Value		Urban issues
Cultural diversity & resilience	Zorig chusum skills (Thirteen arts & crafts)		Responsibility towards environment
	Cultural participation	Ecological issues	
	Speak native language	Living standard	Per capita income
	Driglam Namzha (Etiquette)		Assets
	Housing		









GREEN

















EVERYTHING IN LIFE IS A BALANCE....

Quality Measures → *Patient Care*

Technology → *Touch*

Cost Controls → *Patient Choice*

Provider Needs → *Patient Needs*

Aphorisms From a Country Doc

1. Health is not a commodity.
2. Risk factors are not disease.
3. Aging is not an illness.
4. To fix a problem is easy, to sit with another suffering is hard.
5. Doing all we can is not the same as doing what we should.
6. Quality is more than metrics.
7. Patients cannot see outside their pain, we cannot see in, relationship is the only bridge between.
8. Time is precious; we spend it on what we value.
9. The most common condition we treat is unhappiness.
10. The greatest obstacle to treating a patient's unhappiness is our own.
11. Nothing is more patient-centered than the process of change.
12. Doctors expect too much from data and not enough from conversation.
13. Community is a locus of healing, not the hospital or the clinic.
14. The foundation of medicine is friendship, conversation and hope.

*Dr. David Loxtercamp - aired on NPR Sunday Morning, May 30, 2011
<http://www.npr.org/2011/05/29/136765593/a-follow-up-visit-with-a-country-doctor>)

TRIPLE AIM GOALS:
BETTER HEALTH, BETTER CARE, LOWER COSTS...
AND HAPPINESS FOR ALL

