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

Weight and Hemoglobin A1c

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 Christie and Pat, her MA
The Bad News…

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.
HEALTHY, not well
Not healthy, Not well
WELL, not healthy
HEALTHY & WELL

Health vs. Well-being

Health (medical model, objective)
Well-being (person centered, subjective)

Edna & Paul
Ruben
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:

- 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
THE HAPPINESS FACTOR:
Improving “Well-being” for Providers, Staff, Patients & Families

Dave Ehrenberger, M.D.
CMO, Centura Integrated Physician Network

Marjie Harbrecht, M.D.
CEO, HealthTeamWorks
"Happiness is good health and a bad memory."

-- Ingrid Bergman
## Bhutan’s Gross National Happiness

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<tr>
<th>Domain</th>
<th>Indicators</th>
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<td>Life satisfaction</td>
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<td>Fundamental rights</td>
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<td>Donation (time &amp; money)</td>
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<td>Safety</td>
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<td>Living standard</td>
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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