

Summary Report of the Eighth Geneva Conference on Person Centered Medicine
Person-Centered Primary Health Care
April 26-29, 2015

Report prepared by Sandra Van Dulmen and Juan E. Mezzich

For the 8th time, the International College for Person-Centered Medicine (ICPCM) held their annual conference on Person-Centered Medicine in Geneva, Switzerland. Like previous years, the conference was hosted by the Geneva University Hospital (HUG) (days one and two of the core conference) and the World Health Organization (WHO) (day three). The Geneva University Hospital offers a beautiful auditorium for keynote lectures and several breakout rooms for parallel sessions. The program director of this year's conference was Ted Epperly, Professor of Family and Community Medicine at the University of Washington School of Medicine in Seattle, WA, USA. Together with the board directors of the ICPCM and Nuria Toro Polanco from WHO, and in collaboration with many professional and patient organizations from all over the world, Professor Epperly succeeded in creating a very interesting and varied three-day conference program. The program included presentations covering a large number of topics and issues within the broad field of today's person-centered primary health care, such as the person-centered medical home neighborhood, person-centered care at the end of life, a team approach in person-centered primary health care, person-centered diagnosis and person-centered prevention. The timely nature of the topic of person-centered primary health care and its relevance for high quality healthcare has recently been underlined by the findings of a study by Schäfer et al recently published in the Bulletin of the WHO [1]. They investigated patients' perceptions of improvement in primary care in 34 countries and elucidated cogent reasons to invest in strong primary health care.



LtoR: J Mezzich, M Botbol, T Ghebrehiwet, I Salloum, J Groves, S Van Dulmen, N Toropolanco (WHO), T Epperly, JM Aubry (Geneva U), O Kloiber (WMA), and J Appleyard at the Opening of the 8th Geneva Conference on Person Centered Medicine, April 27, 2015

Core Conference First Day

In his opening speech on the first day of the conference, Ted Epperly mentioned that primary care should be encouraged worldwide as it provides first contact care that is comprehensive, continuous, accessible, compassionate, caring, team-based and above all person-centered. If we want to serve the people and at the same time offer better health at lower costs, person-centered care is the way to go. After Epperly's presentation, Nuria Toro Polanco presented the WHO perspective on primary care. She too argued that strengthening primary care is of utmost importance and gave several examples of countries that were successful in their efforts. The next presentations by David Jousset (France) and Chris van Weel (the Netherlands) focused on the conditions needed to achieve these

goals, i.e. interpersonal trust and dignity instead of rationalization and cost-effectiveness and encouraging the expression of the patient's agenda and shared decision-making, respectively. After the morning break, the plenary lectures explored specific aspects of person-centered primary health care, i.e. care for ageing populations (Islene Araujo de Carvalho), end of life care (Molly Mettler), maternity care (Kim Stutzman), pediatrics and care planning for long-term conditions (Angela Coulter). Coulter's presentation for instance made clear that care planning works best when it is comprehensive, intensive, integrated with usual care and well-supported. In her presentation, Mettler advised health professionals to ask patients at the end of life the following fundamental person-centered questions: "What is a good life?" and "What is a good day?". According to Mettler, when one aims for person-centered care, one should change the clinical paradigm from "What's the matter" to "What matters to you".

The parallel sessions in the afternoon of the first day of the core conference covered issues varying from health care integration to clinical communication and the possibilities to link medical specialists to person-centered primary health care. In several of the clinical communication presentations, the importance of promoting shared decision-making and of putting the patient in the driving seat was underlined. Examples of the developments in person-centered primary health care in specific countries (e.g. Latvia and Austria) were highlighted in the presentations during the other afternoon sessions. In addition, the strength of the medical interview and that of the medical dialogue in general was discussed and examples were given of instruments to teach and assess person-centeredness in a conversation (e.g. Robert Smith's 5 step-patient-centered interviewing method). In the third parallel session, participants gathered to refine the 2015 Geneva Declaration.



Partial view of collaborating organizations' leaders, speakers and participants at the Eighth Geneva Conference, Geneva University Hospital, April 27, 2015.

ICPCM General Assembly

After the closure of the afternoon academic sessions, the General Assembly of the ICPCM took place. One of the points on the agenda was the election of the new board of the ICPCM. As all board directors had agreed to stand for elections for their second term and no alternative nominations had been filed, the present ICPCM board was reelected by acclamation for another two years. During the assembly, Juan Mezzich, the editor of the ICPCM's International Journal of Person-Centered Medicine - also reported that the journal was back on track and now offers possibilities to publish special issues for which several guest editors have been invited and agreed to work on.

In the evening of the first day of the core conference, the participants were invited to join a lovely conference dinner with music and dance in restaurant des Vieux-Grenadiers which was, like previous years, organized by the Paul Tournier Association.

Core Conference Second Day

The second day of the conference started with a series of plenary presentations on the topic “Health services organization to achieve person- and people-centered primary health care” given by Hernan Montenegro and Marie-Charlotte Bouesseau from the WHO, ICPCM’s board director Jo Groves, Yukiko Kusano from the International Council of Nurses and Salman Rawaf from the Imperial College, London (and the program director of the third International Congress of Person-centered Medicine, October 29-31, 2015, London). The second series of plenary sessions that morning focused on “Collaborative interdisciplinary professional training for person-centered primary health care”. In this session, there were presentations about the importance of inter-professional training in person-centered primary health care (Tesfa Ghebrehiwet), about the integration of primary care and public health (Ted Epperly), about the collaborative interdisciplinary training model in family medicine (Ruth Wilson), about the integration of behavioral health/psychiatry and primary care (Ihsan Salloum) and about new models of collaborative training for resource challenged areas (Dave Schmitz), all of them being strongly in favor of interdisciplinary training; TEAM (Together Everyone Achieves More)-work will lead to “better care, best quality and better use of resources”.

The program in the afternoon again contained several parallel sessions, about a range of topics, such as person-centered mental health contributions to primary care (through Jitendra Trivedi and Antoine Besse’s memorial symposia), shared decision-making, well-being promotion, advocacy and leadership policy in primary care.

Core Conference Third Day

This Conference day took place fully at the WHO Headquarters where Xavier Deau, the WMA President, presented a Key Note Lecture on *Person-centered Medicine: Professional Requirement and Ethical Commitment*. He recommended *taking* concrete steps, such as reconsidering the principles and procedures of admission to medical school, core training in the humanities, practicing person-centered general medicine, and the dynamics of person-centered care in continuing professional education.



Seated LtoR: NN, T Epperly, JE Mezzich, J Appleyard, X Deau (WMA President), N Toro Polanco (WHO), A Coulter, J Groves, and R Wilson. Standing LtoR: R Phillips, O Bugnon, O Bahrs, I Salloum, J Cox, K Stutzman, Y Pongsupap, C van Weel, R Smith, NN, NN, NN, AB Cinar, D Schmitz, C Greenidge, M Metler, D Kemper, A Weber, D Jousset, T Ghebrehiwet, and HR Pfeifer at WHO Headquarters, April 29, 2015.

Within the Plenary Symposium on Research Priorities for Person Centered Primary Health Care, the following presentations took place. *Research Priorities on the Conceptualization of Person Centered Medicine* (Juan Mezzich): a research project on systematic conceptualization and measurement of person- and people-centered care. It is based on critical literature reviews and broad international consultations. The key concepts emerging from this project as underlying person-centered medicine are ethical commitment, holistic scope, cultural sensitivity, relationship focus, individualized care, common ground for joint diagnostic understanding and shared clinical decision-making, people-centered systems of care, and person-centered education and research. From these concepts and their components a prototype Person Centered Care Index is being developed and validated. *Research Priorities for Social Determinants of Care* (Robert Phillips): It is estimated that 40 percent of deaths are caused by behavior patterns that could be modified by preventive interventions. Many of these behavioral patterns are related to social determinants of health, both personal and ecological. Several developed countries now use indices of social determinants to allocate more resources to specific neighborhoods. It would be helpful to test how such measures correlate with health outcomes, what the right blend of ecologic and individual elements may be to improve that correlation, how to use them clinically, and which call pointedly for community partnership. *Research Priorities for Person Centered Primary Care* (C. van Weel): Primary health care is directed at individuals, in their societal context. This is the conceptual basis of community-oriented primary health care, with person centeredness and people centeredness as core elements. Priorities for research include understanding the mechanisms through which continuity of care, the relation of trust, and other primary health care values exercise influence; improvement of the sensitivity of a 'community diagnosis' and risk stratification of individuals in that population for prevailing social determinants of health. *The Future of Shared Decision Making (SDM)* (Don Kemper): The advances in electronic medical records are making it easier both to send a decision aid to a patient and to get the patient's response and preferences back into the clinical record. Health economic changes shifting from pure fee-for-service towards pay-for-quality reimbursement are starting to remove the disincentives that previously penalized clinicians from encouraging the patient's voice in treatment decisions. And, new on-line and in-person skill building opportunities for clinicians are available to reassess beliefs about the importance of SDM within clinical practice.

Within the Plenary Closing Session, Ruth Wilson presented views on *The Winds of Change: The essential role of primary care and family medicine in meeting the changing healthcare needs of society*: Primary care and family medicine are the backbone of an effective health care system. Health care systems which have strong primary care, including the contributions of family medicine, appear to have better outcomes at less cost. They seem additionally able to mitigate the adverse effects of social inequity on health.



Adopted by the participants of the 8th Geneva Conference on Person Centered Medicine on April 29, 2015 and released by the ICPCM Board on June 8, 2015.

Also at this session, Ted Epperly presented for adoption the 2015 Geneva Declaration which states that a truly effective and efficient health care system must be built on the strong foundation of community-based, person-centered primary care. Highly functional systems of health care must have their multiple complex parts working in an integrated and coordinated fashion on behalf of the person. Primary care serves as the systems integrator.

A Special Session with leaders of the ICPCM Cooperating Organizations and WHO officers at the WHO Headquarters was a colophon of the 8th Geneva Conference. The ICPCM-WHO collaboration originally took off on the basis of the 2009 World Health Assembly resolutions promoting people-centered care. The discussions at this Special Session focused on cooperation for the development the WHO Global Strategy on People-Centered and Integrated Services. The ICPCM 2015 Geneva Declaration was commented on as a significant contribution to the development of the evolving WHO Global Strategy.

Reference

1.Schäfer WLA, Boerma WGW, Murante AM, Sixma HJM, Schellevis FG, Groenewegen PP. Assessing the potential for improvement of primary care in 34 countries: a cross-sectional survey. Bull World Health Organ 2015; 93: 161-168.