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Measuring Person-centeredness in Health Care: The Person-Centered Care Index

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Person-Centered Medicine (PCM) places the person in context at the center of health and as the goal of medicine and health care. It seeks to articulate science and humanism in medicine and health care and to refocus these on the whole person.

PCM traces its roots to ancient systems of medicines emphasizing a holistic vision of health as well as to modern contributions including the WHO constitution's definition of health as "*a state of complete physical, emotional, and social well being and not merely the absence of disease* "

PCM purposes have been summarized as promoting a medicine *of the person* (of the totality of the person's health, including illness and wellbeing), *for the person* (promoting the fulfillment of the person's life project), *by the person* (with clinicians extending themselves as full human beings with high ethical aspirations) and *with the person* (working respectfully, in collaboration and in an empowering manner) [1].

A key challenge in the application of PCM to the practice of medicine has been the elucidation of its key principles and the development of operationalized measurement that allows for assessment of the degree of person-centeredness of health care services.

The Person-centered Care Index (PCI) was developed through a project that was funded in part by the World Health Organization. The objectives of the project were to elucidate the core principles of what is currently understood as person-centered medicine and to design and validate a prototype-measuring instrument to assess the degree of person-centeredness of health care services.

The following key principles of PCM were identified through a comprehensive literature review and consultation exercises of an international panel with broad based representation of stakeholders including health professionals and representative of patients and family organizations: 1) Ethical Commitment. 2) Cultural Sensitivity. 3) Holistic Approach. 4) Relational Focus. 5) Individualization of Care. 6) Shared Diagnostic Understanding and Shared Decision-making. 7) People-centered Organization of Services. And 8) Person-centered Education, Training and Research.

The Person-centered Care Index (PCI) was developed and included the 8 core principles identified above with each core evaluated through several sub-items, for a total of 33 sub-items.

Each of these items is assessed on a four-point scale. The PCI metric structure showed high internal consistency and uni-dimensionality through factor analysis. The acceptability, reliability and validity of the PCI was assessed in three international sites: California, USA; London, England, and Lucknow, India. The PCI showed high interrater reliability and substantial acceptability and content validity [2].

The PCI represents an important development in the application of Person-centred Medicine to health care as it provides a solid and comprehensive measure of person-centeredness. The application of the PCI in regular clinical care will provide a benchmark guiding programs to optimize care and is likely to result in improving the delivery of health care as well as enhancing patient's satisfaction.

References

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2. Mezzich JE, Kirisci L, Salloum IM, Trivedi JK, Kar SK, Adams N, and Wallcraft J (2016). Systematic Conceptualization of Person Centered Medicine and Development and Validation of a Measurement Index. *International Journal of Person Centered Medicine*. 6(4) 219-247.