

## **EDITORIAL INTRODUCTION**

### **TOWARD MAKING PERSON CENTEREDNESS MORE PERSON-CENTERED**

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One of the aims of the International College of Person Centered Medicine has been the development of an operationalized measure that allows for assessment of the degree of person centeredness of health care services. With funding in part from the World Health Organization, the Person-centered Care Index (PCI) was developed and validated across three countries [1]. Representatives of patients and family organizations contributed to the development of this 33-item instrument to rate the person centeredness of a health care system, but the PCI is completed by physicians working in that system. If we seek to be truly person centered, shouldn't we be asking the people using a health care system how they rate it, or at least how they rate the professionals they encounter within that system? This issue of the *Journal* presents two such studies, one from a primary care system in Brazil, the other from a specialty care setting in Canada.

In the primary care study, de Castro and Knauth report the results of a survey of over 400 patients attending hypertension and diabetes monitoring clinics across 12 health centers belonging to a PHC network clinic in Porto Alegre, a city of 1.5 M population on the far south coast of Brazil [2]. Patients completed an established measure, the Patients' Perspectives of Patient Centeredness questionnaire, which focuses on patients' ratings of three attributes of the provider: explores meaning of disease and illness; understands the whole person; and finds common ground [3]. In particular, de Castro and Knauth were interested in which patient characteristics predict for the perception of patient centeredness. They found that higher education level and longer duration of the physician–patient relationship were significantly associated with higher ratings for patient centeredness. On the other hand, those living alone and who had low self-rated health gave significantly lower ratings for patient centeredness.

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In the specialty study, Moody and colleagues describe the development and validation of a novel tool for patients undergoing cancer treatment to self-report the person centeredness of the care provided to them at five regional cancer centers in Ontario, Canada [4]. *Your Voice Matters* (YVM) is a real-time electronic patient-reported experience measures tool the authors developed to allow them to capture patients' view about their current experiences while receiving care. Using the data from 557 patients, the resulting 27-item YVM tool has a five-factor structure reflecting the dimensions of the patient experience during a cancer treatment visit. These were: patient needs, patient care, patient interactions, comfort and confidence, and overall experience.

These two studies show the importance of adding patient self-reports of the person centeredness of their own care to physician rankings of care as a whole within a health care system. de Castro and Knauth showed that care that is considered person centered by some will not be sufficient for others and special efforts need to be made for underserved populations such as those who are socially disadvantaged. The study by Moody and colleagues shows the benefits of using electronic data capture of patient experiences in real time when compared with traditional retrospective patient satisfaction surveys such as Press-Ganey. Widespread implementation of a validated real-time patient experience surveys allows such things as current gaps in care delivery on an ongoing basis, at both the level of the individual clinician, the clinic and the system.

Finally, as a pain medicine physician, I was surprised that “discusses your physical symptoms” was one five items that did not “make the cut” from the original list of 32 YVM items. It was eliminated due to a lack of statistical contribution [4]. One can only speculate the reason. We don't know the extent of the patients' disease – perhaps many were receiving adjuvant treatment for controlled early-stage disease and carried a low symptom burden. Alternatively, it may reflect a long-standing concern in cancer care, that patients want to be seen to be “good” and non-complaining, and reluctant to distract the oncologist from the real job at hand, that is treating the cancer [5]. Further research is needed to determine if and why symptom management is not considered important by some cancer patients.

## REFERENCES

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