

What is in the name? Understanding terminologies of patient-centered, person-centered, and patient-directed care!

ABSTRACT

The traditional “medical model” of health care has a paternalistic approach where patients are reassured and not decision makers, but some individuals and families prefer it. But there are some other confusing terminologies in health-care delivery and quality improvement namely patient-centered, person-centered, and patient-directed care. By changing the language, it is emphasizing that people are more than diseases and their socioeconomic determinants can affect their disease trajectories and care choices. Patient-centered denotes more holism and empowerment as it promotes and increases the access to personal health information through various modes using updated technology such as computers or mobile phones and keeping them informed through their active participation. Whereas person-centered care would focus on the whole person not just the medical conditions. In patient-directed care model, again the approach puts individuals in control of decisions about their care. One of the reasons why family medicine fraternity sprang up was to provide an antidote for high-tech specialty care that did not respect patients’ values and concerns which is seen by their emphasis on the patient as a whole.

Keywords: Family Medicine, Healthcare delivery, patient-centered, patient-directed care, person-centered, Quality improvement

As per the traditional “medical model” of health care, the professionals like doctors or other highly trained professionals deliver health care by making the decisions based on the evaluation of signs and symptoms, prescribing treatments, and assessing the outcomes, whereas the role of patient is to comply with the advice given by the professional. This model has a paternalistic approach where patients are reassured and not decision makers, but some individuals and families prefer it. The other confusing terminology in health-care delivery and quality improvement are patient-centered, person-centered, and patient-directed care. By changing the language, it is emphasizing that people are more than diseases and their socioeconomic determinants can affect their disease trajectories and care choices. It is also important to distinguish them because the anticipated outcomes and measuring their outcomes will also differ.

Both patient-centered and person-centered care are distinct processes with a few commonalities though these terms are used interchangeably with the integrated care demonstration. According to the Institute of Medicine, the patient-centered care means “care that is respectful of and responsive to the preferences, needs, and values” of the individual and “ensuring that the care recipient’s values guide all clinical decisions” is a hallmark of high-quality care.^[1] This definition denotes more holism and empowerment as it promotes and increases the access to personal health information through various modes using updated technology such as computers or mobile phones and keeping them informed through their active participation. It aims to give priority to outcomes such as improving the quality of life of a patient over the technical and process measures.^[2]

Patient-centered means treating patients as partners, involving them in planning their health care and encouraging them to take responsibility for their own health. One of the reasons why family medicine fraternity sprang up was to provide an antidote for high-tech specialty care that did not respect patients’ values and concerns which is seen by their emphasis on the patient as a whole.

Whereas person-centered care would focus on the whole person (not just the medical conditions).^[3,4] This approach is particularly important for people suffering from chronic diseases (diabetes mellitus, cancers, etc.) and disability. Each individual is recognized as a unique person with distinct goals, needs, and preferences which is very important in providing the long-term services and supporting the medical care system. It also highlights the importance and impact of social, mental, emotional, and spiritual needs apart from diagnosis, physical, and medical needs.

In patient-directed care model, again the approach puts individuals in control of decisions about their care. The components of both patient-centered and patient-directed care include respecting personhood, seeing the world from the perspective of the person with the condition being treated; recognizing people’s needs in terms of opportunities for activities and social interactions that can give room to grow; involving family members in care and offering shared decision-making; applying detailed knowledge of the individual (behavioral, biological, social aspects, etc.) to tailor care; maximizing choice and autonomy; and prioritizing relationships as much as care tasks.^[5-8]

Table 1: Similarities and differences between patient-centered, person-centered, and person-directed care

Characteristics	Patient-centered	Person-centered	Person-directed
1. Critical role of physician	Moderate	Moderate	Moderate
2. Role of individual in decision-making in receiving care services	Moderate	Moderate	High
3. Importance of nonmedical issues in decision-making	Moderate	High	Very high
4. Empowerment and education of care recipient and family	Moderate	Moderate	Very high
5. Coordination between acute, postacute, and long-term care	Low	Moderate	Very high

Patient-centered care emerged as a full-fledged medical model in the 1970s because of the commitment and contribution of family physicians led by Dr. Ian R. McWhinney at the University of Western Ontario in Canada.^[9] Family physicians deserve much of the credit for putting the patient on center stage.

The similarities and differences are summarized in Table 1, and by differentiating these approaches, we help people identify which type of care they prefer, thereby improving the quality and health care for all.

Raman Kumar¹, Vijay Kumar Chattu²

¹President, Academy of Family Physicians of India, New Delhi, India, ²Unit of Public Health and Primary Care, Faculty of Medical Sciences, The University of the West Indies, St. Augustine, Trinidad and Tobago

Address for correspondence: Dr. Vijay Kumar Chattu, Faculty of Medical Sciences, The University of the West Indies, St. Augustine, Trinidad and Tobago.
E-mail: vijay.chattu@sta.uwi.edu

References

1. IOM Committee on Quality of Health Care in America. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: IOM Committee on Quality of Health Care in America; 2001.
2. Rickert J. Patient-Centered Care: What it Means and How to get There; 2012. Available from: <http://www.healthaffairs.org/blog/2012/01/24/patient-centered-care-what-it-means-and-how-to-get-there/>. [Last accessed on 2017 Sep 09].
3. Maslow K. Person-Centered Care for People with Dementia: Opportunities and Challenges; 2013. Available

from: <http://www.asaging.org/blog/personcentered-care-people-dementia-opportunities-and-challenges>. [Last accessed on 2017 Jul 30].

4. Starfield B. Is patient-centered care the same as person-focused care? *Perm J* 2011;15:63-9.
5. Brooker D. Person-Centered Dementia Care: Making Services Better. Philadelphia, PA: Jessica Kingsley Publishers; 2007.
6. Crandall LG, White DL, Schuldheis S, Talerico KA. Initiating person-centered care practices in long-term care facilities. *J Gerontol Nurs* 2007;33:47-56.
7. Kitwood T, Bredin K. Towards a theory of dementia care: Personhood and well-being. *Ageing Soc* 1992;12:269-87.
8. Talerico KA, O'Brien JA, Swafford KL. Person-centered care. An important approach for 21st century health care. *J Psychosoc Nurs Ment Health Serv* 2003;41:12-6.
9. Lowes R. Patient-centered care for better patient adherence. *Family Practice Management*. 1998;5:46.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online

Quick Response Code:



Website:
www.jfmpc.com

DOI:
10.4103/jfmpc.jfmpc_61_18

How to cite this article: Kumar R, Chattu VK. What is in the name? Understanding terminologies of patient-centered, person-centered, and patient-directed care!. *J Family Med Prim Care* 2018;7:487-8.