Towards a coherent person-centred measurement system

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We tell our workforce to be more person centred
However:
We don’t tell them what it is we want them to do differently

I support patients to self manage all the time
I always share decisions with patients

Blakeman et al BJGP 2006. 85% of clinicians think they share decisions. 50% of patients agree

And:
We don’t routinely and reliably measure person-centred processes and outcomes
Because:
We tend to measure (and value) system-centric processes and outcomes.

We have a *perspective problem*
We need a coherent, *person-centred* measurement system, where we:

• **Define**
  – The *context* of our system (e.g., scheduled/unscheduled care; in-patient/out-patient; acute/long term condition)
  – The *purpose* of our system (the person-centred outcomes we are trying to achieve)

• **Define and measure** person-centred processes which deliver the outcomes under question

• **Clarify** the relationships between those processes and outcomes

• **Link** those processes and outcomes to other ‘downstream’ system metrics

Person-centredness: a means to an end and an end in itself

A safe and effective system

A person-centred system
Measuring what really matters

Dorothy

Dorothy is 79 and was recently widowed - she now lives alone and life is a struggle. Her knees are playing up - she is seeing a surgeon next month to discuss an operation. She is worried about that - her diabetes hasn't been good for a year or two and her doctor has recently told her that her smokers cough is more serious and is something called 'COPD'. All in all, she is feeling quite low; maybe she should talk to someone? Maybe she should even think about moving home - even the stairs are a struggle now.
**Context:** scheduled care planning encounters

Context Diagram:
- **Organisational and supporting processes**
- **Engaged, informed individuals and carers**
- **Person-centred coordinated care**
- **Health and care professionals committed to partnership working**
- **Commissioning**

**Dorothy centred care and support system purpose**

- **Passive recipient to active participant**
- **Increasing levels of knowledge, skills and confidence to manage own health and healthcare**
Dorothy centred care and support system **principles**.

**Transactional work**  
Could Dorothy park?

**Relational work**  
Was Dorothy supported to develop her own sense of resourcefulness?

The **principles** of person centred care and support

- Care is... personalised
- Care is... coordinated
- Care is... enabling
  
  Person is treated with... dignity, compassion, respect
Dorothy should be treated with respect, dignity, compassion, kindness and understanding.

Was Dorothy’s experience seamless? Does she have a care co-ordinator?

Does the system support Dorothy to recognise her own personal and social resources and draw on them/develop them?

What matters; what is important to Dorothy. Her goals, her preferences.

Developing our coherent measurement system

1. **Define** the context
2. **Clarify** the purpose
3. **Co-design** the system
4. **Specify** the person-centric logic model
5. **Populate** the model with indicators
6. **Run the system** and learn
System supports Dorothy to prepare for appointment

Dorothy discusses what is important to her and her goals

Dorothy told of the care or support options available

Dorothy chooses care, support or treatment that is right for her

Optimal outcome for Dorothy

A system logic model

System supports Dorothy to prepare for appointment

Dorothy meets empathetic and enabling professional

Dorothy is supported to tell her story and to set the agenda

The professional shares information—tailoring it to Dorothy’s current level of knowledge and health literacy

A system logic model
Patient activation as a primary mediator of downstream indicators.

- Clinical outcomes, including mental health
- Improved QOL, wellbeing
- Higher rate of retention at work
- More independent
- Lower utilisation of health and social care resource
- Feeling in control
- Lower utilisation of health and social care resource
- In control
- More independent
- Higher rate of retention at work
- Improved QOL, wellbeing
- Clinical outcomes, including mental health
- Activation

A flipped system - a flipped measurement system

Measure what really matters

In order to deliver treatment, care or support that informed patients want

Not treatment, care or support professionals think they should have