

Creating person-centred health care value together

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Globally, we need health systems and models of care that are more responsive to individual needs, focused on population health, and well integrated across all levels of the health care landscape — all with the vision of achieving the Quadruple Aim.¹ The Quadruple Aim strives to achieve improvements in clinical outcomes and the experiences of consumers and those working in the health system, and to create efficiencies, all in tandem.

Person-centred care has been an aspirational goal for health systems, advocated on political, ethical and instrumental grounds, with the World Health Organization describing it as an innovative approach for better health outcomes.² There are many definitions of the dimensions of person-centred care and debates about its nature and the extent to which it is truly embedded in our system. Achieving it at scale and population level has been challenging amid this diversity of definitions, its multidimensional nature and the complexity of its implementation.³ It remains a common aspiration in major Australian policies and intergovernmental agreements, a practice enshrined in professional and service standards, and a fundamental right for consumers. Fundamentally, person-centred care comprises four components: individualised, coordinated, enabling, and delivered in a way that is respectful and compassionate with dignity.⁴ The key questions are: to what extent is person-centred care truly embedded in our system, and are we making the most of the policy levers that could help?

Consumers generally view Australia's health system positively, although we continue to see vast inequities across the community.⁵ Our system delivers good clinical outcomes on the whole,⁶ and consumers value a longstanding relationship with a general practitioner.⁵ However, two significant areas for improvement are consistently identified: uncertainty and cost.⁵ Uncertainty relates to knowing what health care is available and how to access it. It reflects a gap in both coordination and enablement. The lack of affordability for health care is leading Australians to avoid spending on health care when they have other priorities. Health care is becoming a discretionary expenditure for some, which means people are failing to access care services such as prescriptions.⁵

Australians have cited challenges in accessing after-hours care.⁵ Care in rural and remote areas continues to be a challenge. Person-centred care for older Australians and those in the aged care system was the subject of the Royal Commission into Aged Care Quality and Safety. The Royal Commission made 143 recommendations in its final report focusing on person-centred care.⁷ The report identified key gaps in care which were even more evident for Aboriginal and Torres Strait Islander peoples and those from culturally and linguistically diverse communities.

Person-centred care has the potential to be the bridge that can traverse the gaps in our health care system. The Australian Commission on Quality and Safety in Health Care has reviewed the evidence and surmised that it is "clear that patient-centred

Summary

- In this article we ask: to what extent is person-centred care truly embedded in our system, and are we making the most of the policy levers that could help?
- We describe person-centred care, shine a light on deficits in the health system, and point to some policy enablers to support person-centred care.
- Cultural change and a commitment to value-based health care are required. We highlight the merit in adopting and acting on patient-reported measures as an indicator of what matters to the patient, the need for integrated data systems, and the role of a co-creation approach. Most importantly, we underscore the importance of funding reform and consumer leadership.

care has significant benefits associated with clinical quality and outcomes, the experience of care, the business and operations of delivering health services and the work environment", namely the Quadruple Aim.⁸ Internationally, health care systems have focused on strengthening primary care, particularly general practice, to build person-centred integrated health care systems.⁹ The federal government has published a primary health care 10-year plan¹⁰ to set a vision and path to guide future primary health care reform, as part of its Long Term National Health Plan.¹¹

Achieving person-centred care is an endeavour that requires transformational and cultural change supported by fit-for-purpose systems, structures and processes. A system level commitment to a value-based health care approach would seek to ensure that outcomes that matter to patients are monitored as a key driver for improvement. Well connected digital infrastructure and data-driven improvements are key enablers of truly person-centred initiatives¹² and may also support capturing patient-reported measures (eg, the Patient Activation Measure),¹³ thereby facilitating consumer enablement. Too often when it comes to quality and patient safety there is a lack of connected datasets to inform and guide understanding and learning.¹⁴ Early insights from initiatives linking datasets between primary and tertiary care demonstrate promising potential, including the positive effects of primary care in reducing readmissions and improving outcomes for people with undiagnosed chronic conditions such as chronic kidney disease and diabetes.¹⁵ Appropriate innovative funding models are necessary to enable person-centred outcomes. These models also need to consider resource allocation and local approaches to deliver coordinated care that is as close as possible to where people live and focuses on prevention and improvement rather than a one-size-fits-all approach. There are promising programs underway or completed that offer positive lessons, experience and cost savings. For example, the Australian Commission on Quality and Safety in Health Care has provided Australian case studies to guide the journey of person-centred care and has identified the attributes of high performing person-centred health care organisations.¹⁶ A focus on value co-creation where individuals, families and communities are empowered to partner in their health, health care and better self-care is

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fundamental to achieving person-centred care.¹⁷ Achieving person-centred care also demands deeper involvement of consumer preferences, insights and experience in future system and service design. This comes with an obligation to invest in both clinical and consumer leadership. Some forays have been made in this arena with the adaptation of the Kings' Fund Collaborative Pairs program to the Australian context under the stewardship of the Consumers Health Forum of Australia.¹⁸

The challenge is moving beyond a series of time-limited programs, pilots and trials to create an authorising environment that facilitates primary care to push the boundaries of person-centred care at scale and across the country, so all Australians can receive individualised, coordinated, enabling care delivered with dignity, compassion and respect. It is time to shift gears.

Open access: Open access publishing facilitated by University of New South Wales, as part of the Wiley - University of New South Wales agreement via the Council of Australian University Librarians.

Provenance: Commissioned; externally peer reviewed. ■

Competing interests: No relevant disclosures.

Provenance: Commissioned; externally peer reviewed. ■

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