How Do We Achieve Value-Based, Patient-Centered Care?

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I recently saw a new consult for a suspected blood cancer. The patient was accompanied by his wife. Like many of my visits, we reviewed his symptoms, current medications, results of his recent laboratory and imaging studies, and recommended treatment options for his condition. We also discussed social and financial issues he and his wife were worried about.

At the end of the 60-minute visit, he and his wife thanked me for the information. As they were walking out the door, his wife turned to me and asked, "How are you able to spend so much time with us today?" I replied that my organization follows the value-based care model, which is the idea of improving patient quality and outcomes. I told them that I have a little more time to spend with new patients, so I can learn about them and assess their needs.

There is a quote attributed to Sir William Osler, considered to be the father of modern medicine: "It is much more important to know what sort of patient has a disease than what sort of disease a patient has" (John, 2013). In taking time to learn about patients and their care partners, you can build a trusting relationship that better meets patient needs. Relationships are a vital component to delivering value-based care, which is the bridge leading to patient-centered care.

Now, I am fortunate to have resources within my department that allow me to do my job to the best of my ability. I fully recognize that only some providers have such resources. I, too, have days when I need to catch up in clinic and wish I had more time for those who need it. Nevertheless, I am generally given an appropriate amount of time to see patients (30 minutes for follow-up visits and 60 minutes for new consultations), and view any time to complete essential tasks as precious. As advanced practitioners (APs), we are all here to improve the lives and care of patients.

PATIENT-CENTERED CARE DELIVERY

Barriers to patient-centered care exist. One cross-sectional survey study of 1,571 practices across four states found that a lack of organizational support in clinical settings may prevent nurse practitioners (NPs) from providing patient-centered care. In the study, three quarters of NPs who responded reported frequent integration of patient preferences into clinical care. A total of 371 practices (23.6%) were classified

by respondents as "good" practice environments, with the remaining 76.3% mixed or poor. Nurse practitioners in good practice environments were significantly more likely to integrate patient preferences (Carthon et al., 2020).

The Hematology/Oncology Pharmacy Association (HOPA) recognizes barriers to patient-centered care, but also the pharmacist's unique role in the care team. Pharmacists represents a broad range of expertise and levels of practice, skills, and responsibilities from community to academic centers. In 2019, HOPA and the Academy of Managed Care Pharmacy (AMCP) convened a forum to discuss the use of value-based care models in oncology and emphasize the importance of pharmacist involvement in implementing value-based care at their institutions (Fares, 2020).

Patient-centered care delivery is a quality measure, and insurance payments are increasingly linked to it. Care coordination and collaboration have been cited as essential factors in clinical outcomes, so much so that the Centers for Medicare & Medicaid Services (CMS) has issued several value-based programs that aim to improve cancer care through better quality, coordination, and affordability (CMS, 2024). Value-based programs reward health-care providers with incentive payments for the quality of care they give to Medicare recipients. These programs are part of our larger quality strategy to reform how health care is delivered and paid for. Value-based programs also support CMS' three-part aim for better care for individuals, better health for populations, and lower cost. For example, reimbursement is provided through alternative payment models and merit-based incentive payment systems.

STRATEGIES FOR APs

How do APs achieve value-based, patient-centered care? I have a few strategies to share. First, meet the patient and caregiver where they are. Even if you have limited time in the patient encounter, try to build trust by spending time with them and listening with empathy. Next, consider socioeconomic factors (medical and non-medical) that can impact patient health and pull in social work or other resources you can access to intervene. Also, if your hospital or workplace limits the time you can spend with each patient, lean on your multidisciplinary team of nurses, assistants, social workers, physicians, and pharmacists so you can work at the top of your scope of practice. Identify administrative tasks that others may be able to assist you with. Finally, engage in regular dialogue with leadership, including hospital administrators and members of the C-suite, so they may understand the importance of spending time with the patient, which leads to value-based care and improved outcomes.

IN THIS ISSUE

Several articles in this issue underscore the importance of patient-centered care. A quality improvement project examines the impact of a multi-symptom assessment tool on emergency room visits. Read about a lecture series for APs focused on reinforcing early palliative care for oncology patients. A state-of-the-art review explores cancer patients' expectations, attitudes, knowledge, satisfaction, and concerns as they undergo molecular profiling. Read recommendations from a panel of academic and community practice pharmacists on best practices in care coordination for patients receiving bispecific antibody therapies. Get an overview of encorafenib plus binimetinib and the role of APs in providing individualized patient care. Another article investigates gastrostomy complications in pediatric patients with solid tumors. Learn about a collaborative approach to carcinoid heart disease, a complication that occurs most commonly in patients with advanced neuroendocrine tumors. Finally, read about cold agglutinin disease, a rare type of autoimmune hemolytic anemia.

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