

### **What Patients Want from Primary Care**

Our work with consumer organizations and our focus group and survey findings identify a number of key attributes that patients want in primary care, which are generally consistent with the body of research that has previously explored patient-centered care on an empirical basis.<sup>1,2,3,4,5,6,7</sup> These attributes are reflected to varying degrees in today’s health care system, but as a whole patients do not consistently experience them.<sup>8</sup> In our view, that is in large part because payment systems like fee-for-service do not reward the kind of services, structures or supports that are required in order to achieve them. It is also in part because clinicians don’t have the kinds of tools to comprehensively or systematically redesign their practice in ways that would be responsive to the attributes of care patients seek.

The attributes can be organized into four key areas –*whole person care, comprehensive communication and coordination, patient support and empowerment, and ready access.*

**Whole Person Care.** For the consumers we worked with, one of the most important attributes of patient-centered care is that clinicians take the time to really know the patient they are treating, which means understanding each patient as a whole person rather than a collection of body parts. This is not a trivial wish; other research indicates it has a significant impact on clinical outcomes.<sup>9,10</sup> Consumers we talked to described a “disease-centered” approach in which they believe the focus on treating one body part in isolation from others results in misdiagnoses and harmful drug interactions. They also said that when clinicians understand the full range of factors affecting a patient’s ability to get and stay well – including life situation, home environment, personal preferences, and caregiver status – they can make treatment recommendations that patients are more likely to follow because they align with their values and are realistic given their life circumstances.

**Comprehensive Coordination and Communication.** It was clear in our work that patients wanted their clinicians to take active responsibility for coordinating care across settings and services, in collaboration with the patient and family. Simply put, they wanted their doctors and other providers to talk to each other. This desire for comprehensive communication and coordination is consistent with research demonstrating the importance of these two factors in improving health outcomes and addressing costs, particularly for Medicare beneficiaries.<sup>11</sup>

A key ingredient to effective coordination is organizing providers into teams. Patients and caregivers are highly receptive to this concept, as both our research and other quantitative research has shown.<sup>12</sup> In our research there was great enthusiasm for a “point” or “go-to” person who can answer questions, help them navigate the system, and help them understand their condition and what they need to do. They also defined the care team in very broad terms to include not only their primary care clinicians, but also specialists and other clinical and non-clinical professionals in the community – such as pharmacists, physical therapists, dentists, transportation providers, support group leaders and others.

For patients and caregivers, meaningful coordination and communication would include:

- Help choosing specialists and getting appointments with them in a timely manner.
- Steps to ensure that other providers who care for the patient have her/his medical information ahead of time, so the patient does not have to repeat the information or the

visit, and so the provider has essential information about the “whole person” and can accommodate physical or cognitive limitations or limited English proficiency—all essential to effective treatment.

- Help understanding test results or treatment recommendations, and making sure patients receive appropriate and timely follow up care.
- Ensuring smooth transitions between settings, free from the errors caused when multiple clinicians do not communicate effectively. This includes giving patients and caregivers information so they know what to expect and how to care for themselves, as well as connecting them to community resources and other appropriate supports.

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1 Stewart M, Brown JB, Donner A, et al., op. cit

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3 Bultman DC, Svarstad BL. Effects of physician communication style on client medication beliefs and adherence with antidepressant treatment. *Patient Education and Counseling*. 2000; 40: 173-185.

4 Siminoff LA, Ravdin P, Colabianchi N, and Sturm CMS. Doctor-patient communication patterns in breast cancer adjuvant therapy discussions. *Health Expectations*. 2000; 3: 26-36.

5 Beck R, Daughtridge R, Sloane PD., op. cit.

6 DiMatteo M. The role of the physician in the emerging health care environment. *West J Med*. 1998; 168(5): 328-33.

7 Berry L, Seiders K, Wilder SS. Innovations in access to care: a patient-centered approach. *Annals of Internal Medicine*. 2003. 139(7): 568-574.

8 Schoen C, Osborn R, Huynh P, et al. Primary care and health system performance: adults' experiences in five countries. *Health Affairs*. 2004; W4: 487-503.

9 Beck R, Daughtridge R, Sloane PD, op. cit

10 DiMatteo M. , op. cit

11 Brown, R. Mathematica Policy Institute. *The Promise of Care Coordination: Models that Decrease Hospitalizations and Improve Outcomes for Medicare Beneficiaries with Chronic Illnesses*. A Report Commissioned by the National Coalition on Care Coordination. March 2009.

12 Kinnersley P, Anderson E, Parry, K, Clement J, Archard L, Turton P, et al. Randomised controlled trial of nurse practitioner versus general practitioner care for patients requesting “same day” consultations in primary care. *BMJ*. 2000; 320: 1043-1048 in Coulter A. What do patients and the public want from primary care? *BMJ*. 2005; 331: 1199-1201.