People-Centred Health Care

A POLICY FRAMEWORK

World Health Organization
Western Pacific Region

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People-Centred Health Care: A policy framework

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Foreword

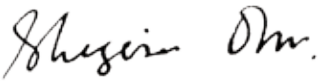
Health improvements over the last century have been impressive, but health systems have reached a crucial turning point. Despite increasing health expenditures and unprecedented advances in modern medicine over the last century, people today are not necessarily healthier in mind and body. Neither are they more content with the health care they receive. Access, patient safety and quality and responsiveness of care are important and pressing global issues.

As health is influenced by a complex interplay of physical, social, economic, cultural and environmental factors, it must be seen in a broader context, with all stakeholders involved. We need to re-establish the core value of health care, which is health and well-being of all people as the central goal. This entails a more holistic and people-centred approach to health care, and a balanced consideration of the rights and needs as well as the responsibilities and capacities of all health constituents and stakeholders. Health systems, therefore, need to change.

This policy framework for people-centred health care has been prepared to help governments and other health partners in encouraging dialogue and initiating action. It was endorsed by WHO Member States during the fifty-eighth session of the Regional Committee for the Western Pacific held in the Republic of Korea in September 2007. The framework provides general principles and guidance for countries and areas in identifying and adapting policy reforms and interventions to their unique settings at national and local levels. It is important to realize that a carefully considered combination of measures which are mutually reinforcing will go a long way in bringing us closer to the desired goal and vision.

WHO is committed to working closely with its partners to promote people-centred health care and providing practical guidance to Member States to ensure that health policies and interventions lead to more people-centred health care, better health outcomes, and improved health and well-being.

It is our challenge and responsibility to move together in promoting this vision and to translate it into reality through our individual and collective action.



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1 Introduction

In recent years, there has been increasing interest in the patient's perspective of health care and how health systems can better respond to the needs of all health care stakeholders and constituencies in a holistic manner.

Previous recommendations of Member States through the WHO Regional Committees for the Western Pacific and South-East Asia reflect the need to pursue work in the following: equity and fairness into policies; the development of programmes firmly grounded in ethical principles; the quality of health care and patient safety; human dignity, patients' rights and needs, and the role of families, culture and society; the broader psychosocial and cultural determinants of health; and ethics related to medical practice, research and education.

These issues have widespread relevance and significance. Improving health care quality and safety and enhancing the people's experience of care require attention not only to health system design but also to the focus and process of patient care. How to best use information about the needs and expectations of patients and other health stakeholders as a set of organizing principles for the design of health care systems is a shared challenge across countries in the Asia Pacific Region.

2 Rationale for people-centred health care and health systems

The achievements of modern medicine over the last century are impressive. Advances in diagnostic procedures, non-invasive interventions, pharmaceuticals, and effective health promotion and disease prevention strategies have greatly improved the ability of health practitioners to diagnose, manage and treat numerous health conditions. However, health systems have reached an important turning point.

Globally, population health patterns and outcomes are changing as the burden of disease shifts from infectious diseases to chronic diseases. Diabetes, depression, cardiovascular disease and disabilities now account for over half the burden of disease globally and in the Western Pacific and South-East Asia Regions. This trend is expected to continue, representing a major challenge to today's health systems, particularly as the shift in the burden of disease increases the need for people to have continuing contact with multiple practitioners in the health system.

At the same time, higher levels of education, increased availability of information, rising consumerism and greater access to goods and services are altering community expectations of health care delivery. With basic health infrastructure and essential health services in place, people now expect health systems, health care organizations and health practitioners to move to a higher level of performance and adopt a more humanistic and holistic approach to health care, where the individual who needs care is viewed and respected as a whole person with multidimensional needs.

Patient satisfaction is an increasingly important consideration. According to the International Alliance of Patients' Organizations, a cross-country study of the perceptions of health care quality revealed that overall, about half of patients are dissatisfied with current health care and roughly the same proportion see no significant improvement over a five-year horizon *(A Survey of Patient Organizations' Concerns: Perceptions of Healthcare, 2006).*

Patient safety is a global issue. The World Alliance for Patient Safety reports that the risk of health care-associated infection in developing countries is 2 to 20 times higher than in developed countries. In some, the proportion of patients affected by a health care-acquired infection can exceed 25%. At any time, over 1.4 million people worldwide are suffering from infections acquired in hospitals, and up to 10% of patients admitted to modern hospitals in the developed world acquire one or more infections. The persistence of such high levels of unsafe care, which is largely avoidable, is alarming.

Responsiveness of care is another important issue. It is one of three key measures of health systems performance identified in *The World Health Report 2000, Health Systems: Improving Performance*. It addresses people's non-medical expectations and comprises: respect for people, which covers respect for dignity, confidentiality and autonomy; and client orientation, which covers prompt attention, quality of amenities, access to social support networks and choice of provider.

The World Health Report 2000 noted that poor populations receive the worst levels of responsiveness and emphasized that "recognizing responsiveness as an intrinsic goal of health systems establishes that these systems are there to serve people, and involves more than an assessment of people's satisfaction with the purely medical care they receive." These are important aspects that are clearly beyond the realm of biomedicine and specialized models of care, where other factors such as psychosocial, cultural and broader environmental determinants of health are unduly neglected.

The need for patient-centredness has become an important global issue, having been identified by the Institute of Medicine of the United States National Academies of Science as one of six attributes of health care quality, the others being safety, timeliness, effectiveness, efficiency and equity. But while the patient-centred approach addresses issues of quality and holistic health care, it does not meet some of the broader health challenges. The people-centred approach meets these broader challenges by recognizing that before people become patients, they need to be informed and empowered in promoting and protecting their own health. There is a need to reach out to all people, to families and communities beyond the clinical setting. In addition, health practitioners are people, and health care organizations and systems are made up of people. Their needs should also be considered, and they must be empowered to change the system for the better. That is, a people-centred approach involves a balanced consideration of the rights and needs as well as the responsibilities and capacities of all the constituents and stakeholders of the health care system.

WHO has published relevant studies and reports addressing the issues and challenges faced by today's beleaguered health care systems, particularly in relation to putting people at the centre of health care. Key considerations include the importance of mental health issues *(The World Health Report 2001),* patient-centredness as a core competency of health workers *(The Challenge of Chronic Conditions: Preparing a Health Care Workforce for the 21st Century, 2005)*, and being patient-centred as a key dimension of health care quality *(Quality of Care: A Process for Making Strategic Choices in Health Systems, 2006)*.

If health systems are to move beyond the traditional models of providing health care and of measuring health system performance, greater attention to health system design, financing mechanisms, and the focus and process of care is required. A literature review and a series of stakeholder consultations in selected countries identified a number of gaps and weaknesses in current health systems that need attention:

- Health systems and services have become overly biomedical oriented, disease focused, technology driven and doctor dominated. There is a need to restore balance in health care including the health system itself.
- Health care financing mechanisms have not been optimal, pushing provider behaviour towards inadequate care – short consultations, lack of referrals, under- or over-servicing in relation to financial incentives, inadequate case management, and discontinuity of care.
- Medical education has increasingly concentrated on body systems and disease conditions. The broader and important aspects of cultural context, psychosocial factors, medical ethics, and communication and relational skills, among others, have been neglected. There is a need to put emphasis not only on technical quality but also on the experiential elements of care. Workforce development and policies should be reviewed accordingly.
- There is little patient and family participation in health care. This is abetted by factors such as low levels of education and health literacy, limited availability and sharing of understandable and culturally appropriate information and education materials, short and hurried consultations, and lack of population health and public health focus of the health system.
- Specialization and weak referral systems have led to fragmentation and discontinuity of care, both within and between health care institutions, and between the formal health care system and other sources of care, such as support groups and the community.
- Traditionally, the focus has been the supply side of the health equation—the biomedical, technological, provider and delivery system side of health care. It is time to pay more attention to the demand side—patients, families, communities and society at large.

Across the Region, basic health infrastructure and essential health services are in place and socioeconomic conditions are improving. Strengthening and reorienting health systems to provide people-centred health care should now be on the health agenda.

3 Vision for people-centred health care

The overall vision for people-centred health care is one in which individuals, families and communities are served by and are able to participate in trusted health systems that respond to their needs in humane and holistic ways. The health system is designed around stakeholder needs and enables individuals, families and communities to collaborate with health practitioners and health care organizations in the public, private and not-for-profit health and related sectors in driving improvements in the quality and responsiveness of health care.

People-centred health care is rooted in universally held values and principles which are enshrined in international law, such as human rights and dignity, non-discrimination, participation and empowerment, access and equity, and a partnership of equals. It aims to achieve better outcomes for individuals, families, communities, health practitioners, health care organizations and health systems by promoting the following:

1. Culture of care and communication. Health care users being informed and involved in decision-making and having choices; providers showing respect for their privacy and dignity and responding to their needs in a holistic manner.
2. Responsible, responsive and accountable services and institutions. Providing affordable, accessible, safe, ethical, effective, evidence-based and holistic health care.
3. Supportive health care environments. Putting in place appropriate policies and interventions, positive care and work environments, strong primary care workforce, and mechanisms for stakeholders' involvement in health services planning, policy development and feedback for quality improvement.

4 Domains and areas of reform for promoting people-centred health care

The major challenge confronting health systems is the need to tip the balance away from health services that are overly biomedical oriented, disease focused, technology driven and doctor dominated. There is a clear call to restore balance in health care and the health system itself. There is demand for more to be done and there is an evidence base to justify a framework for strategic action.

The Policy Framework charts pathways for balancing health systems in the Asia Pacific Region and achieving the desired reorientation to optimal, holistic and people-centred health care in the 21st century. This involves comprehensive and positive changes spanning four key policy and action domains, corresponding to key health care constituencies that will continue to drive and sustain the paradigm shift: (1) individuals, families and communities; (2) health practitioners; (3) health care organizations; and (4) health systems.

The interrelatedness of these four domains necessitates mutually reinforcing changes in all parts of the health system if real transformation is to occur. Leadership within and across all domains will be the ultimate enabler of change.

In recognition of the different levels of health systems development in the Region, the Policy Framework is non-prescriptive and is intended as a guide only. It is comprehensive but not exhaustive, providing Member States with an indicative list of evidence-based policy measures that can be utilized in placing people at the centre of health care and health systems. Member States can adopt an appropriate mix of reforms and interventions based on their own unique needs and circumstances.

4.1 Individuals, families and communities

Holistic and compassionate health care requires an effective partnership between people who need care and people who provide care. To achieve this, action is required to support capacity-building for better informed and more empowered individuals, families and communities who are able to actively participate in health care and in health systems development. Strategic responses could include:

(a) Increasing health literacy

- community and mass media education campaigns;
- skills-oriented health education programmes in schools;
- written information in conjunction with verbal information in clinical consultations; and
- evidence-based health education through the web.

(b) Providing communication and negotiation skills that lead to meaningful participation in decision-making

- personalized and comprehensive decision-making aids, including computer-based and web-based health education packages; and
- access to health records, including audio recordings and written summaries of clinical consultations, as appropriate.

(c) Improving capacity for self-management and self-care

- chronic disease management training programmes;
- computer or web-based targeted health education programmes;
- referral to appropriate patient or peer support groups; and
- interventions that promote patient adherence to medication regimes, e.g. providing explicit written instructions about taking prescribed medicines.

(d) Increasing capacity of the voluntary sector, community-based organizations and professional organizations to extend mutual assistance

- volunteer training and support programmes;
- funding for self-help programmes; and
- funding mechanisms for nongovernmental organizations.

(e) Promoting social infrastructure that supports community participation in health services planning and facilitates greater collaboration between local governments and communities

- participation and collaboration mechanisms for local governments, communities, health-oriented groups and consumer organizations; and
- funding and training for consumer organizations and their representatives.

(f) Developing community leaders who advocate and support community involvement in health service delivery

- identification of suitable leaders in local communities;
- leadership development programmes; and
- mechanisms for participation in hospital boards, health care advisory panels and community health programmes.

4.2 Health practitioners

Competent health practitioners are required to deliver health care that is responsive to the needs, preferences and expectations of people accessing health services. The most effective and appropriate intervention in this domain is appropriate education and training of health practitioners. Strategic responses could include:

(a) Increasing capacity for holistic and compassionate care

- identification of core competencies of people-centred health practitioners;
- promotion and integration of core competencies in all education and training programmes for health practitioners; and
- development of comprehensive, harmonized medical, nursing and allied health curriculum (including undergraduate, postgraduate and continuing professional development) and community-based training that:
  - are skills-oriented;
  - emphasize bio-psychosocial and spiritual factors;
  - include humanities-based subjects (such as medical ethics) in addition to the clinically oriented subjects;

- cover communication skills, building trust and developing tailor-made interventions;
- increase cultural competency;
- facilitate understanding of psychosocial dimensions of health and illness and of the role of traditional medicine in health care;
- promote evidence-based practice;
- feature a balance of family medicine and specialities;
- use role models to instil in students the values of people-centred health care;
- bring medical, nursing and allied health students together during clinical training in order to allow students to develop skills necessary for working in a multidisciplinary team;
- inculcate a culture of reflective practice;
- encourage life-long learning, personal growth and development;
- instil the importance of taking care of one's health and well-being;
- utilize a variety of teaching and learning strategies; and
- provide continuing professional development for health practitioners in a number of forms (i.e. Internet, professional associations and journals).

(b) Enhancing commitment to quality, safe and ethical services

- formation and reinforcement of people-centred values in the curriculum and in continuing education, professional codes of conduct, and workforce development and regulation policies; and

- recognition of and support for clinical educators and role models who espouse professionalism and humanism in health care and transfer values to trainees through active modes of instruction.

4.3 Health care organizations

The way health care delivery is organized and managed can provide incentives for the delivery of quality health care, as well as address the fragmentation of care resulting from numerous health providers offering services from different, limited specialty perspectives or programme areas.

At the institutional level, there is a need to adopt measures that respond to the needs of patients, health practitioners and other staff. Effective interventions at the organizational level specifically relate to physical environments; service coordination and continuity of care; multi-disciplinary collaboration and partnerships; patient education and counselling; models of care; incentives for safe, quality and ethical services; and leadership capacity. Strategic responses could include:

(a) Providing a conducive and comfortable environment for people receiving health care and for health practitioners

- health care environment designed for comfort, safety and functionality, providing access to social, emotional and spiritual support for patients and their families, as well as for staff of the facility;
- appropriate and flexible visiting policies;
- risk management policies (i.e. infection control guidelines) that protect the public, patients and staff; and
- use of waiting rooms and other public spaces within the premises of health care facilities and organizations for opportunistic health education.

(b) Ensuring effective and efficient coordination of care

- transparent, accessible and understandable service protocols that improve patient flow;
- appropriate scheduling of appointments;
- reminder notices for specific interventions;
- public announcements, loose or wall-mounted printed materials and signage to guide health service navigation;
- hand-held patient health records (electronic or hard copy); and
- protocols for discharge and referral.

(c) Establishing and strengthening multidisciplinary care teams

- detailed job descriptions for each health worker, incorporating duties and responsibilities as a team member;
- support for team development and effective teamwork (e.g. training on group dynamics, communication and negotiation skills and conflict resolution); and
- communication protocols across disciplines.

(d) Strengthening the integration of patient education, family involvement, self-management and counselling into health care

- concise, simple, harmonized and effective communication and counselling protocols for health practitioners; and
- educational guides and sessions on self-care and home care for patients and their families, with appropriate illustrations and demonstrations.

(e) Providing standards and incentives for safe, quality and ethical services

- staffing standards, including quantity and workforce mix, for different levels and types of health facilities;
- staff salary levels that provide financial security;
- performance-based incentive packages, including public acknowledgement of model staff;
- opportunities for continuing professional development and competency-based skills training; and
- targeted monitoring and evaluation of individual and team performance for continuous quality improvement.

(f) Introducing and strengthening models of care

- continuing development and sharing of new models of care across all service areas and settings (e.g. outreach clinics, nurse-practitioners, psychosocial interventions including group therapies, and shared careincluding community-based care).

(g) Enhancing leadership capacity of health services managers in championing people-centred health care

- capacity-building to enhance leadership, managerial and organizational development competencies;
- creation of inter-professional leadership teams; and
- leadership training programmes.

4.4 Health systems

Policies relating to the organization, delivery and financing of health care have not been optimal. It is imperative to involve stakeholders not only in the health sector, but also in other sectors whose work impacts health outcomes and health status. A supportive health system will ensure that interventions implemented at the organizational, health practitioner and health consumer levels are effective. Strategic responses could include:

(a) Developing and strengthening primary care and the primary care workforce

- human resource planning that places due emphasis on primary care and provides for balanced geographical distribution of primary care practitioners;
- participation of professional bodies in setting standards for education and practice and in raising the profile of family medicine;

- networking and referral systems between primary care and higher levels of care;
- selection criteria for education and training that explicitly consider the needs of disadvantaged and cultural communities;
- standards of practice for traditional medicine, where appropriate; and
- link with and access to accredited traditional medicine practitioners or facilities.

(b) Putting in place financial incentives that induce positive provider behaviour and improve access and financial risk protection for the whole population

- evidence-informed purchasing arrangements and payment systems that consider quality and responsiveness;
- performance evaluation systems and performance-based subsidies or grants (e.g. for improved service quality and more compassionate care); and
- social health insurance schemes.

(c) Building a stronger evidence base on ways to improve health care and the health system itself to achieve better health outcomes

- developing guidelines and service evaluation tools;
- undertaking research and development on innovative approaches and interventions that promote holistic and compassionate care, are culturally appropriate and address equity issues; and
- monitoring and evaluation of health care reforms and interventions to guide the continuing health systems development process.

(d) Ensuring rational technology use

- technology assessment criteria that balance economic and social costs with expected positive impact on health care and health outcomes; and
- participatory technology assessment processes.

(e) Strengthening the monitoring of professional standards

- mechanisms to ensure adherence to standards of health professional education and practice; and
- public accountability for maintenance of professional standards.

(f) Instituting public accountability measures for health services organization, delivery and financing

- public reporting of performance of relevant health agencies and health care organizations, including specific services or departments in health care facilities; and
- social and institutional preparation for public reporting of performance, including ensuring that the reporting leads to a culture of quality and system improvement and not destructive litigation and blame.

(g) Monitoring and addressing patient and community concerns about health care quality

- accessible and transparent system for the investigation of complaints;
- conciliation mechanisms for quicker resolution of disputes;
- independent party presence in dispute resolution;
- patient and public satisfaction surveys; and
- adverse events monitoring, including pharmaco-vigilance.

(h) Assisting people who have experienced adverse events in the health system

- access to medical records to support investigation;
- autonomous investigation of adverse events; and
- mechanisms of redress, including counseling and compensation, as appropriate.

(i) Ensuring protection of patient information

- legal protection of patient information;
- privacy policies in health care organizations; and
- training for health care organization staff responsible for, or with access to, sensitive health care-related information.

5 Conclusion

Health systems continue to struggle with issues of quality, safety and responsiveness to the needs, legitimate demands and reasonable expectations of the people whom health care systems were set up to serve. Economic, demographic and social forces have increasingly put pressure on health systems not only to provide universally accessible, effective and scientifically sound health care, but also to ensure that services are designed and delivered in ways that respect people's rights, needs and preferences for information, psychosocial support and participation in decision-making for their own health and health care. The need for innovative, balanced, and holistic approaches to health care has become a matter of urgency for health systems worldwide.

A supportive and humanitarian health system embraces and promotes a more positive approach to health care that gives due consideration to the multifaceted needs and responsibilities of all health constituencies and stakeholders. It is a system where efficient and benevolent health care organizations, competent and responsive health practitioners, and informed and empowered individuals, families and communities mutually benefit from and contribute to people-centred health care.

While health systems have diverse socioeconomic, cultural and political contexts, a people-centred approach to health care is relevant to and could be adopted by all forms of health systems at all stages of their development. Good practices have come from both resource-rich and resource-challenged health systems, showing that any health system can achieve positive changes and results with the judicious and appropriate use of current resources and capabilities.

A paradigm shift in health systems towards people-centred health care that restores harmony and balance to individuals, as well as harmony and connectedness between people and their environment, promises many potential gains. These include increased patient safety, improved adherence to care plans, improved treatment and health outcomes, increased patient satisfaction with care, and improved quality of life for patients and their families, the community and society at large. The benefits also spill over to the provider side in terms of provider satisfaction, patient trust and loyalty, good public reputation, and a cost-effective and sustainable health system resulting from appropriate health care use by empowered patients, families and communities.

The Policy Framework is designed as a menu of evidence-based interventions and best practices that promote people-centred health care and facilitate policy development and implementation at the country level. Countries and areas in the Western Pacific Region should take guidance from this Policy Framework according to their specific needs and situations.

The Policy Framework will pave the way for cooperation and concerted action among all stakeholders at regional, subregional, national and local levels. The WHO Regional Office for the Western Pacific will take a leadership role in the further development and implementation of the Policy Framework through advocacy, technical support and assistance to countries and areas, and establishment of appropriate coordination, monitoring and evaluation mechanisms to sustain reforms and make people-centred health care a reality for all people in the Western Pacific Region and beyond.

ANNEX : Regional Committee Resolution WPR/RC58.R4

People at the Centre of Care Initiative

The Regional Committee,

Recalling previous resolutions by the Regional Committee for the Western Pacific, particularly WPR/RC55.R1, WPR/RC54.R2 and WPR/RC53.R6, calling attention to the need to improve the quality of health care and to consider the broader psychosocial, cultural, ethical and social determinants of health, including the principles of biomedical ethics, fairness, equity and human rights;

Further recalling resolution WPR/RC55.R1, requesting the Regional Director to produce, in collaboration with Member States and the WHO Regional Office for South-East Asia, a draft policy framework reflecting the significance of psychosocial factors affecting health outcomes and to present it to the Regional Committee at the appropriate time;

Emphasizing the relevance of accelerating people-centred care to the strengthening of primary health care and health promotion;

Appreciating the significance of broader psychological, cultural and social determinants of health and their impact on health care outcomes and on overall health and well-being;

Realizing the need for health care approaches that harmonize mind and body, and people and their environment;

Noting that while health systems have diverse socioeconomic, cultural and political contexts, a people-centred, patient-empowering approach to health care is relevant to all forms of health systems at all stages of their development;

Mindful that effective and sustainable health care reform and reorientation towards people-centred health care require multisectoral participation and commitment by all;

Recognizing the importance of people-centred health care to the range of programmes: prevention, primary health care, health promotion and other individual-based approaches;

Acknowledging that people-centred health care is having some positive impact on patient safety, adherence to care plans, treatment and health outcomes, satisfaction with care, and quality of life, as well as provider satisfaction, patient trust and loyalty, good public reputation, and a cost-effective and sustainable health system resulting from appropriate health care use by empowered patients;

Emphasizing the need to consolidate, build on and scale up current efforts in taking the people-centred movement forward and achieving the desired changes to health systems;

Having considered the draft People-centred Health Care: A Policy Framework;[1]

1. ENDORSES the draft People-centred Health Care: A Policy Framework as a guide for Member States to develop and implement people-centred health care policies and interventions according to their national contexts;

2. URGES Member States:

(1) to consider initiating national, multisectoral action to review existing health policies and programmes in the light of the Policy Framework;

(2) to critically assess the policy options and interventions, and prioritize adoption and implementation according to their relevance and applicability to national and local situations;

(3) to cooperate with WHO in strengthening the evidence base and in pursuing advocacy and social mobilization activities to institutionalize the people-centred approach in health systems;

3. REQUESTS the Regional Director:

(1) to continue to work with the WHO Regional Office for South-East Asia and relevant experts in developing international standard guidelines and providing practical guidance to Member States in the reorientation of health systems towards people-centred health care;

1 Annex to document WPR/RC58/11.

(2) to undertake advocacy and social mobilization activities in consolidating and taking to scale current efforts and initiatives on people-centred health care;

(3) to support and work with Member States in developing action plans and implementation tools, including monitoring and evaluation mechanisms, to ensure that health policies and interventions lead to more people-centred health care, better health outcomes, and improved health and well-being;

(4) to report to the Regional Committee on the progress of the initiative at the appropriate time.

Eighth meeting, 14 September 2007
WPR/RC58/SR/8

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