

PATIENT CENTERED—
HOW DEFINITIONS CHANGE

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I am frequently asked,

- Why am I not giving my patients “patient centered” health care by practicing in my office the way that medicine has been practiced for many decades?

Times have changed

- Patients have more chronic disease requiring management.
- Patients have worsening diets and exercise patterns, and the foods that they eat are not as nutritious. We are encountering patients who do not get well on their own as readily as they have in the past.
- Poor access, dissatisfaction with medical care, dissatisfaction with patient ability to participate in care decisions, increasing communication difficulties, growing expense, and the expense of technology and procedures are just some of the factors that have resulted in discussion of restructuring care.

Restructuring care—common concerns

- Does that mean that I have to do what everyone else does?
- What if I do not agree with “best practices?”
- What if my patients won’t do their part?
- Why do I have to bear the expense of change?
- What are you going to do for me if I do the extra work?

Goals of the hour:

- Review a video that gives just one concept of patient centered care.
- Comment on how you, as a patient, would like your medical care to be different, even if it sounds ideal to you. Dream.
- Interact with a panel discussion on how medical care can become more patient centered.
- Ask questions, even if there are no answers to some of them as of yet.

Attachments

- Meant to give an idea of the type of tools developed by teams to assist in patient centered medical care
