Defining Patient-Centered Care

One evident finding when searching for a definition of patient-centered care is the lack of a standard definition that is agreed on. Indeed, the term itself is not uniformly adopted. Other terms such as person-centered care and people-centered care are also used. Although these terms are sometimes used interchangeably with patient-centered care, discussions suggest that the terms are not equivalent and that the term person-centered care should be adopted to refer to the care of the whole individual.

The table provided lists definitions published by the National Academy of Medicine (formerly known as the Institute of Medicine), International Alliance of Patients’ Organizations, International College of Person-Centered Medicine, and World Health Organization.1-4 Most recently, the American Geriatrics Society Expert Panel on Person-Centered Care published its definition of person-centered care. According to the expert panel:

- Person-centered care means that individuals’ values and preferences are elicited and, once expressed, guide all aspects of their health care, supporting their realistic health and life goals. Person-centered care is achieved through a dynamic relationship among individuals, others who are important to them, and all relevant providers. This collaboration informs decision-making to the extent that the individual desires.5

In addition to providing a definition of person-centered care, the expert panel discusses eight elements deemed essential to realizing person-centered care:

1. An individualized, goal-oriented care plan based on the person’s preferences
2. An ongoing review of the person’s goals and care plan
3. Care supported by an interprofessional team in which the person is an integral team member
4. One primary or lead point of contact on the health care team
5. Active coordination among all health care and supportive service providers
6. Continual information sharing and integrated communication
7. Education and training for providers and, when appropriate, the person and those important to the person
8. Performance measurement and quality improvement using feedback from the person and caregivers

Table of Contents

Defining Patient-Centered Care ..................................... 1,2
Pharmacotherapy and Clinical Practice Series to Be Offered in Shenzhen ........................................ 3
New Abstract Category Expands Scholarly Opportunities .................. 3
Book Highlights ............................................................................. 4
Mark Your Calendar ........................................................................ 4
A Message from the Editor ............................................................... 5
Defining Patient-Centered Care (continued from page 1)

Barriers to implementing person-centered care practices are cited by the expert panel to include:

1. Inconsistent terminology
2. Traditional approaches to clinical practice
3. Physician workload
4. Misaligned incentives
5. Identifying appropriate indicators
6. Provider concerns for risk and safety
7. Lack of advance care planning
8. Lack of payment structures that span health care and community-based organizations
9. Lack of continuity in health records

The expert panel also discusses communication, team-based care, coordination, and environment as characteristics of patient-centered care that support its effective implementation.

As pharmacists increasingly expand their scope of practice to include patient- or person-centered care, it is important to be cognizant of the key elements of and barriers to successfully implementing such practices. Although the statement published by the expert panel of the American Geriatrics Society focuses on older adults, it also provides a concise, yet comprehensive summation of key elements of, barriers to, and other considerations that support the implementation of patient- or person-centered care.

Table. Definitions of Patient-, Person-, and People-Centered Care by Select Organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Academy of Medicine (NAM)</td>
<td>Patient-centered care is “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”¹</td>
</tr>
<tr>
<td>International Alliance of Patients’ Organizations (IAPO)</td>
<td>“The essence of” patient-centered healthcare is “that the healthcare system is designed and delivered to address the healthcare needs and preferences of patients so that healthcare is appropriate and cost-effective. By promoting greater patient responsibility and optimal usage, patient centered healthcare leads to improved health outcomes, quality of life and optimal value for healthcare investment.”²</td>
</tr>
<tr>
<td>International College of Person-Centered Medicine (ICPCM)</td>
<td>Person-centered medicine (PCM) is “a holistic, multidisciplinary and relational perspective aimed at promoting the highest attainable level of health both for individuals and people collectively. PCM encompasses a wide range of concepts, tasks, technologies and practices which aim to place the whole person in context at the center and as the goal of clinical practice and public health. To this effect, PCM articulates science and humanism for a bio-psycho-socio-cultural understanding of health and for the undertaking of health care actions from individual interventions to general health policy.”³</td>
</tr>
<tr>
<td>World Health Organization (WHO)</td>
<td>People-centered health services are “an approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways.” People-centered care “requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases.”⁴ Person-centered care is “care approaches and practices that see the person as a whole with many levels of needs and goals, with these needs coming from their own personal social determinants of health.”⁴</td>
</tr>
</tbody>
</table>

Pharmacotherapy and Clinical Practice Series to Be Offered in Shenzhen

In collaboration with the University of Hong Kong – Shenzhen Hospital, ACCP will hold the first of a three-part series on pharmacotherapy and clinical practice this month in Shenzhen, China.

The initial Pharmacotherapy and Clinical Practice Series program will be offered over 2 days, May 14–15, 2016. The overall goal is to develop pharmacists’ competencies in pharmacotherapy and comprehensive medication management. The first offering will cover presentations and case applications on several cardiology, renal, and endocrine topics as well as practice development (Table).

More information on this particular program, including program objectives, registration information, faculty, and agenda, is available at www.accp.com/docs/international/Shenzhen%20Program%20Announcement_final.pdf.

The second and third parts of the Pharmacotherapy and Clinical Practice Series are tentatively scheduled for October 15–16, 2016, and January 7–8, 2017, respectively. More information on these programs, once finalized, and other ACCP international offerings will be available at www.accp.com/international/calendar.aspx.

Table. Program Sessions by Day

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Saturday, May 14, 2016</strong></td>
<td><strong>Sunday, May 15, 2016</strong></td>
</tr>
<tr>
<td>Hypertension and Hypertensive Urgency</td>
<td>Diabetes Mellitus I</td>
</tr>
<tr>
<td>Hypertension Case Applications</td>
<td>Diabetes Mellitus II</td>
</tr>
<tr>
<td>Acute Coronary Syndrome and Coronary Artery Disease</td>
<td>Diabetes Mellitus Case Applications</td>
</tr>
<tr>
<td>Acute Coronary Syndrome and Coronary Artery Disease Case Applications</td>
<td>Thyroid Disease</td>
</tr>
<tr>
<td>Acute Renal Failure</td>
<td>Thyroid Case Applications</td>
</tr>
<tr>
<td>Drugs in Dialysis</td>
<td>Chronic Kidney Disease</td>
</tr>
<tr>
<td>Drug-Induced Kidney Disease</td>
<td>Complications of Chronic Kidney Disease</td>
</tr>
<tr>
<td>Developing and Advancing Your Practice I</td>
<td>Chronic Kidney Disease Case Applications</td>
</tr>
<tr>
<td>Diabetes Mellitus Case Applications</td>
<td>Developing and Advancing Your Practice II</td>
</tr>
</tbody>
</table>

New Abstract Category Expands Scholarly Opportunities

International pharmacists and educators in search of a high-quality venue to share innovative and unique experiences in advancing clinical pharmacy practice and education can now do so at ACCP annual meetings in a new abstract category titled “Advances in International Clinical Pharmacy Practice, Education, or Training.”

Abstracts submitted in this category must describe the development, delivery, justification, or documentation of clinical pharmacy practice, education, or training outside the United States. Abstracts may be descriptive and need not contain an evaluative component. They will be evaluated according to the originality of the service or program to the specific setting, adequacy of justification/documentation, adaptability to other settings, and significance to international clinical pharmacy advancement.

Pharmacists interested in presenting their work at the 2016 ACCP Annual Meeting in Hollywood, Florida, October 23–26, 2016, may now submit their abstracts. More information on the Advances in International Clinical Pharmacy Practice, Education, or Training category or other categories and instructions for submission are available at www.accp.com/2016abstracts. Abstract submission deadline is June 15, 2016.
Book Highlights

Immunology

ACCP is pleased to release a new educational series for the continuous professional development of the pediatric clinical practitioner. The Pediatric Self-Assessment Program (PedSAP) is designed to meet the professional needs of the board certified pediatric pharmacy specialist (BCPPS) and to provide the most up-to-date evidence that is of relevance to everyday practice.

The series will include eight publications released in 2016–2018. Each PedSAP release will offer peer-reviewed chapters and activities that focus on the latest evidence in specific therapeutic areas. PedSAP chapters are fully referenced. Where appropriate, chapters will include features that directly relate information to clinical practice, full-color illustrations, audio and video files, and hyperlinks to assessment tools, patient resources, and the latest research and guidelines.

Immunology is the inaugural release in the PedSAP series. The book focuses on evidence-based practice considerations for managing important immunologic conditions.

The book features the following two modules.

- Module 1: Immunology. (This module contains traditional review-style chapters that examine the latest literature and guidelines.)
  - Routine Childhood Immunization Series
  - Vaccine Development and Future Targets
  - Passive Immunization
- Module 2: Clinical and Practice Updates. (This module uses unique interactive and varied learning formats.)
  - Interactive Case: Immunology in Solid Organ Transplantation
  - Translating Evidence into Practice: Human Papillomavirus Vaccination
  - Translating Evidence into Practice: Vancomycin-Associated Nephrotoxicity

Immunology will be released May 16, 2016. Pharmacists may use the publication to earn pediatric specialty recertification credit until September 15, 2016, or continuing pharmacy education credit until May 14, 2019. More information on Immunology is available at www.accp.com/bookstore/pedsap16b1.aspx.


Mark Your Calendar

- **Shenzhen Clinical Pharmacy Symposium**
  - May 14–15, 2016
  - Shenzhen, China

- **2016 ACCP Annual Meeting**
  - October 23–26, 2016
  - Hollywood, Florida

- **Antimicrobial Stewardship: Focus on Lower Respiratory Tract Infections and the Role of the Pharmacist**
  - October 17, 2016
  - Dubai, United Arab Emirates

- **ACCP Updates in Therapeutics® 2017**
  - February 17–19, 2017
  - Jacksonville, Florida
Dear Colleagues:

This issue of ACCP International Clinical Pharmacist addresses the topic of defining patient- and person-centered care and highlights opportunities available to the international clinical pharmacist to engage in professional development and scholarly endeavors of interest.

Although the term patient-centered care is often used, the full definition and elements required for implementing it are seldom well understood. In light of this, the article titled “Defining Patient-Centered Care” recounts the definitions of patient-, person-, and people-centered care published by recognized U.S. and international organizations and summarizes one organization’s statements on the elements of, barriers to, and additional characteristic that support effective implementation of person-centered care.

The title featured in the Book Highlights department of this issue, Immunology, marks the debut of a distinctive educational series, the Pediatric Self-Assessment Program (PedSAP). This series focuses on the professional development of pharmacists providing care to the pediatric patient and uses new delivery and interactive features to enhance the learning experience.

The article titled “New Abstract Category Expands Scholarly Opportunities” announces a new and much-needed opportunity for international pharmacists to share innovative practices with like-minded colleagues. This category will afford pharmacists and pharmacy educators an important platform to present their unique contributions to advancing the pharmacy profession in their own countries.

The article titled “Pharmacotherapy and Clinical Practice Series to Be Offered in Shenzhen” describes a unique offering to pharmacists in China who are seeking to develop the knowledge and skills necessary to deliver comprehensive medication management.

I hope you find the content of this issue of interest and relevance to your practice and career advancement.

Sincerely,

Wafa Y. Dahdal, Pharm.D., BCPS
PROGRAM GOAL

To develop pharmacists’ competencies in the areas of pharmacotherapy and comprehensive medication management.

OVERALL PROGRAM OBJECTIVE

At the end of this workshop session, participants will be able to cite and apply optimal approaches for effective clinical pharmacy practice.

FACULTY

Brian Hemstreet, Pharm.D., FCCP, BCPS
Associate Professor
Regis University
Denver, Colorado
USA

Alan Lau, Pharm.D., FCCP
Professor and Director
International Clinical Pharmacy Education
University of Illinois at Chicago
Chicago, Illinois
USA

Michael Maddux, Pharm.D., FCCP
Executive Director
American College of Clinical Pharmacy
Lenexa, Kansas
USA

Robert Parker, Pharm.D., FCCP
Professor
University of Tennessee College of Pharmacy
Memphis, Tennessee
USA

PROGRAM AGENDA

Saturday, May 14

9:00 a.m.  Welcome and Introduction
Alan Lau, Pharm.D., FCCP
Michael Maddux, Pharm.D., FCCP

TO REGISTER

Email: leungyk@hku-szh.org
Registration Fee: ¥5000 (Chinese Yuan Renminbi)
# Pharmacotherapy and Clinical Practice Series – Part 1

Shenzhen, China * May 14–15, 2016 * 9:00 a.m.–5:30 p.m.

## Saturday, May 14

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:15 a.m.</td>
<td>Hypertension and Hypertensive Urgency</td>
<td>Robert Parker, Pharm.D., FCCP</td>
</tr>
<tr>
<td>10:30 a.m.</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:45 a.m.</td>
<td>Hypertension Case Applications</td>
<td>Robert Parker, Pharm.D., FCCP</td>
</tr>
<tr>
<td>11:15 a.m.</td>
<td>Acute Coronary Syndrome and Coronary Artery Disease</td>
<td>Robert Parker, Pharm.D., FCCP</td>
</tr>
<tr>
<td>12:30 p.m.</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>1:30 p.m.</td>
<td>Acute Coronary Syndrome and Coronary Artery Disease Case Applications</td>
<td>Robert Parker, Pharm.D., FCCP</td>
</tr>
<tr>
<td>2:15 p.m.</td>
<td>Acute Renal Failure</td>
<td>Alan Lau, Pharm.D., FCCP</td>
</tr>
<tr>
<td>3:30 p.m.</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>3:45 p.m.</td>
<td>Drugs in Dialysis</td>
<td>Alan Lau, Pharm.D., FCCP</td>
</tr>
<tr>
<td>4:15 p.m.</td>
<td>Drug-Induced Kidney Disease</td>
<td>Alan Lau, Pharm.D., FCCP</td>
</tr>
<tr>
<td>5:00 p.m.</td>
<td>Developing and Advancing Your Practice-Part 1</td>
<td>Alan Lau, Pharm.D., FCCP</td>
</tr>
<tr>
<td>5:30 p.m.</td>
<td>Adjourn</td>
<td></td>
</tr>
</tbody>
</table>

## Sunday, May 15

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 a.m.</td>
<td>Diabetes Mellitus</td>
<td>Brian Hemstreet, Pharm.D., FCCP, BCPS</td>
</tr>
<tr>
<td>10:15 a.m.</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:30 a.m.</td>
<td>Diabetes Mellitus</td>
<td>Brian Hemstreet, Pharm.D., FCCP, BCPS</td>
</tr>
<tr>
<td>11:00 a.m.</td>
<td>Diabetes Mellitus Case Applications</td>
<td>Brian Hemstreet, Pharm.D., FCCP, BCPS</td>
</tr>
<tr>
<td>11:45 a.m.</td>
<td>Thyroid Disease</td>
<td>Brian Hemstreet, Pharm.D., FCCP, BCPS</td>
</tr>
<tr>
<td>12:30 p.m.</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>1:30 p.m.</td>
<td>Thyroid Case Applications</td>
<td>Brian Hemstreet, Pharm.D., FCCP, BCPS</td>
</tr>
<tr>
<td>2:30 p.m.</td>
<td>Chronic Kidney Disease</td>
<td>Alan Lau, Pharm.D., FCCP</td>
</tr>
<tr>
<td>3:15 p.m.</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>3:30 p.m.</td>
<td>Complications of Chronic Kidney Disease</td>
<td>Alan Lau, Pharm.D., FCCP</td>
</tr>
<tr>
<td>4:15 p.m.</td>
<td>Chronic Kidney Disease Case Applications</td>
<td>Alan Lau, Pharm.D., FCCP</td>
</tr>
<tr>
<td>5:00 p.m.</td>
<td>Developing and Advancing Your Practice-Part 2</td>
<td>Michael Maddux, Pharm.D., FCCP</td>
</tr>
<tr>
<td>5:30 p.m.</td>
<td>Adjourn</td>
<td></td>
</tr>
</tbody>
</table>