Assessing Patient Centeredness

theoretical & practical challenges in health system performance measurement

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Webinar Series on Health Systems Assessment

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Objectives of this session

- **Definition**
  - Define patient-centeredness
  - Place patient-centeredness in the Control Knob Framework, other quality frameworks & understand why it is important for health system assessment
  - Identify similarities and differences in how this domain of quality is defined
- **Assessment**
  - Hypothesize how these definitions relate to different approaches to measuring patient-centeredness
  - Understand key tools for assessing patient centeredness, their strengths and weaknesses
  - Engage in critical discussion with peers on the implications of how to assess patient-centeredness

IMPORTANCE & DEFINITIONS

Importance

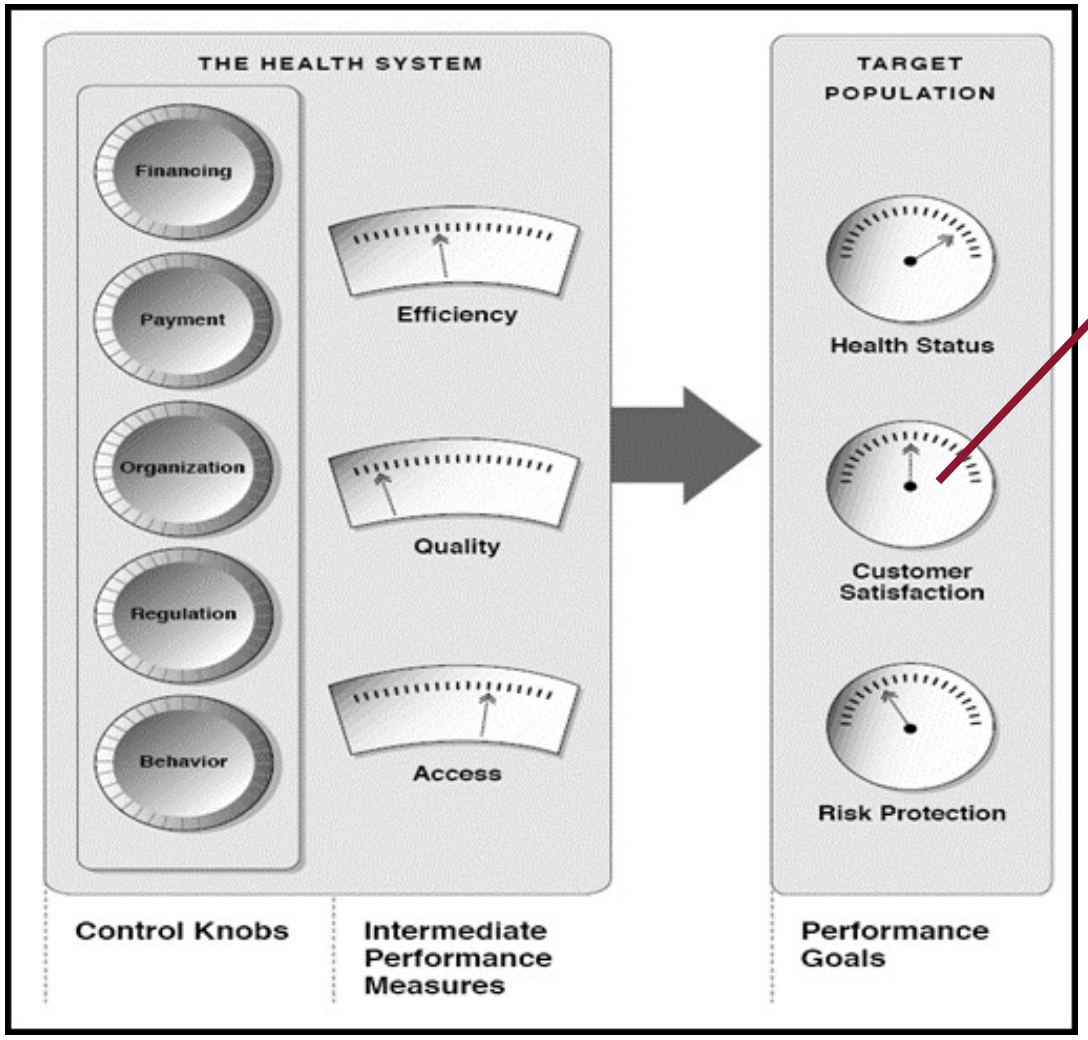
Person-centeredness is an essential aspect of care quality, and in turn health system performance measurement, for two reasons:

1. First, it is intrinsically important because individuals have the right to be treated with dignity and respect when they are using health-care services.
2. Second, it is instrumentally important as person-centered care is associated with improved health-care utilization and health outcomes.

The goal of measuring patient-centeredness is to put these values into action and to allow healthcare systems to be held accountable to those whom they fundamentally aim to serve.

But the domain is also plagued by the belief that patient-centeredness is conceptually “soft” and, in turn, not quantifiable.

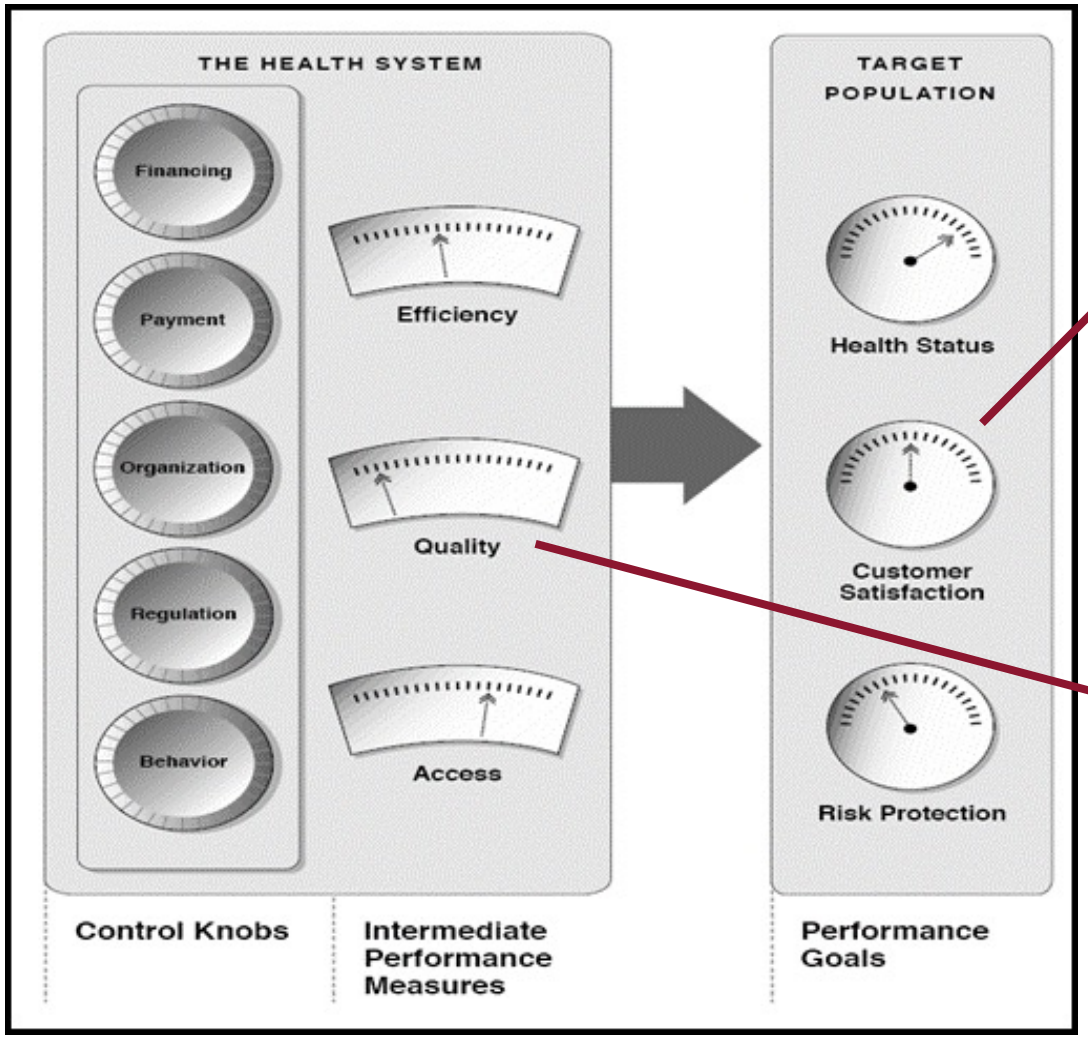
The Control Knob Framework



A health system is a means to an end.
Customer satisfaction is a goal (ends) of a health system. Two distinct, but related concepts:

- Citizen satisfaction (users & non-users)
- **Patient satisfaction** (users only)

The Control Knob Framework



A health system is a means to an end.
Customer satisfaction is a goal (ends) of a health system

- Citizen satisfaction (users & non-users)
- **<u>Patient</u> satisfaction** (users only)

Patient-centeredness focuses on more direct assessments of quality

These are intermediate performance measures

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Revisiting: Citizen Satisfaction v. Patient Satisfaction

CITIZEN SATISFACTION

- Measures include non-users as well as users of health care.
- Subject to influence outside the purview of the health system – ideological beliefs, political views, cultures, and media influences, etc.
- Is a final outcome / goal of health system performance.
- Generally measured at a population level

PATIENT SATISFACTION

- Measures users' experience with health service delivery
- Patient satisfaction is an aspect of patient-centeredness, one of the key domains of care quality
- Generally connected to a specific visit & measured at the level of a healthcare provider (e.g. health facility/hospital)
- CANNOT be used to assess service non-use

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Like clinical effectiveness, patient-centeredness is one domain of care quality

Quality Domains	
Clinical Effectiveness	Do patients receive appropriate/ evidence-based treatment when they seek care?
Patient Safety	Do patients receive care that is free from harm or excess?
Patient Centeredness	**Are patients treated with respect & involved in decisions regarding their care?**

Why patients specifically?

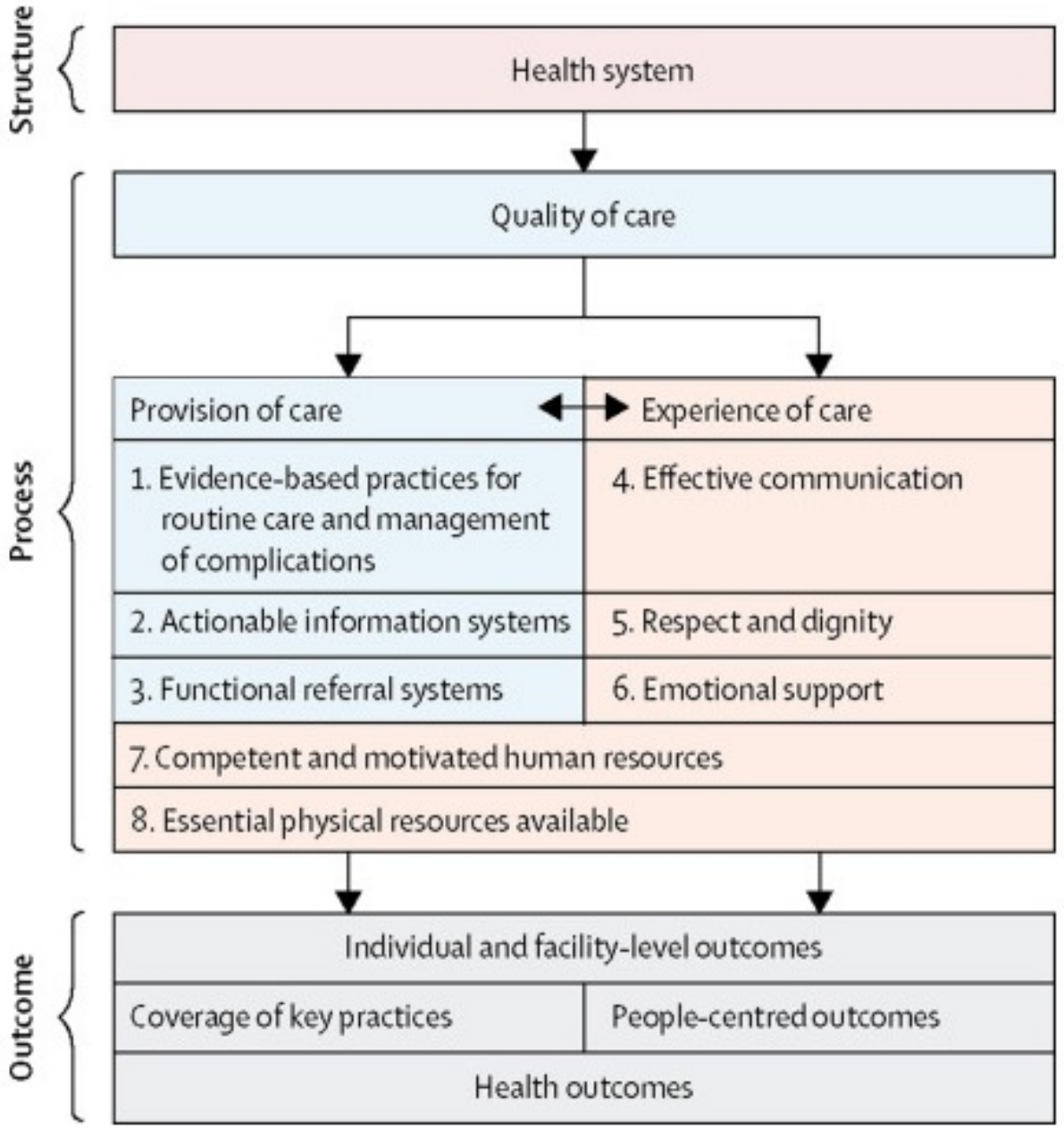
To assess performance within the care interaction & the extent to which care interactions are meeting the needs / expectations of patients

A more bounded measurement that is centered on people who have gotten care – less subject to broader issues of politics, trust in government, etc.

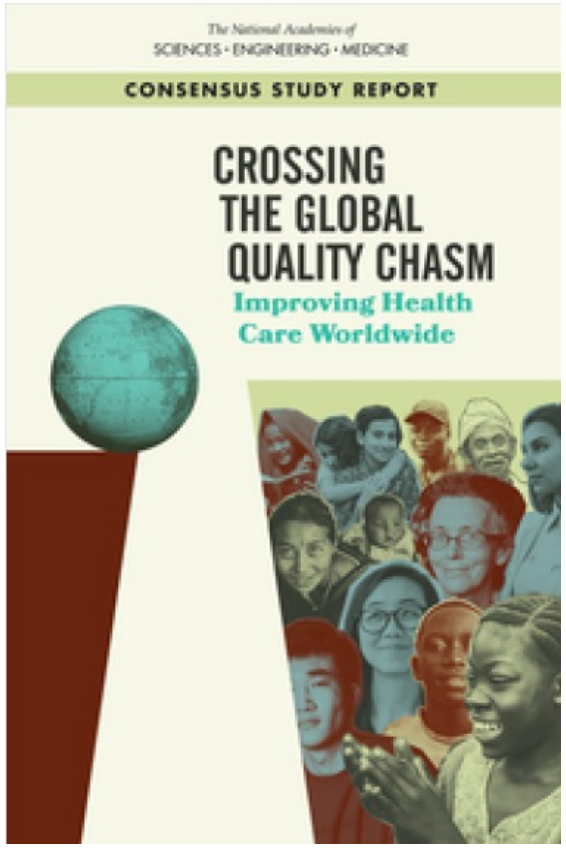
More subjective than effectiveness (correct diagnosis, treatment, etc.) which we will unpack

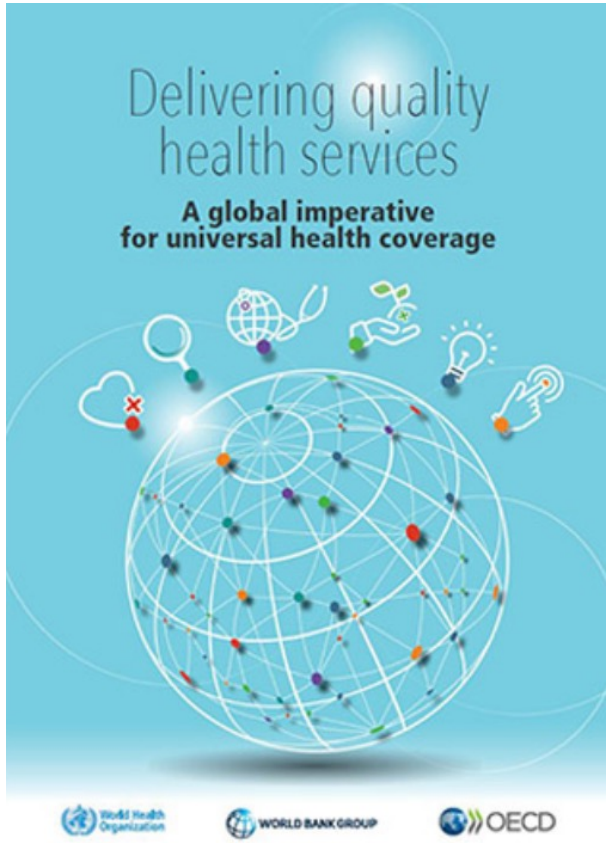
Sometimes, in health system performance measurement, patients are the only window we have into the patient-provider care interaction

Situating quality of care



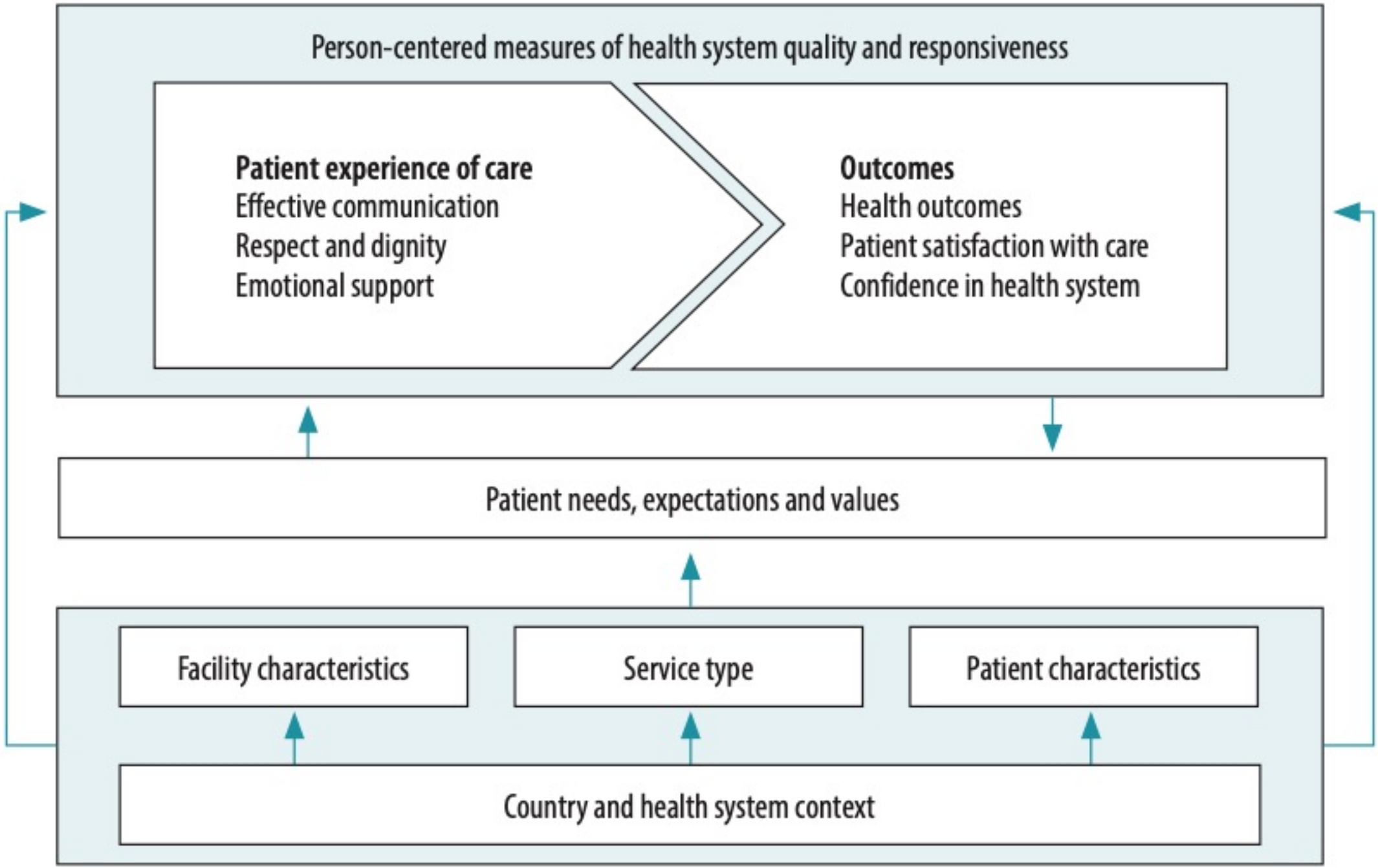
2018: three global commissions





However, diversity of definition:

IOM, 2001	Care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide clinical decisions.*
NASEM, 2018	Providing care that is respectful of and responsive to individual preferences, needs, and values and ensuring that people's values guide all clinical decisions. Care transitions and coordination should not be centered on health care providers, but on recipients.
Lancet GH, 2018	Care provided with dignity, privacy, non-discrimination, autonomy, confidentiality, and clear communication; patients have a choice of provider, short wait times, are able to exercise patient voice and values, affordability, and ease of use.
WB / WHO, 2018	Care respects and responds to preferences, needs and values. Multidisciplinary care teams listen to patient questions and concerns, answering patiently, and codeveloping the care management plan with active patient involvement.


Person-centered measures of health system quality and responsiveness
Patient experience of care
Effective communication
Respect and dignity
Emotional support
Outcomes
Health outcomes
Patient satisfaction with care
Confidence in health system
Patient needs, expectations and values
Facility characteristics
Service type
Patient characteristics
Country and health system context

Two related, but distinct, substantive categories in these definitions:

1. **Respectful:** Care that is provided with dignity, privacy, non-discrimination, autonomy, confidentiality, and clear communication.

2. **Responsive:** Care that is responsive to, individual patient preferences, needs and values; ensuring patients' values guide clinical decisions.

While we could assume that all patients value the things listed in the 1st category, the 2nd category leaves space for patient-driven values

Responsivity / Patient Control: Theoretically Contentious

- Healthcare has long been recognized in the economic literature as a '**credence good**' (Darby and Karni, 1973):
  - Credence goods are characterized by consumers' inability to identify the goods that best fit their needs (i.e. to self- diagnose) and to verify the quality of the goods they consume.
  - In this framework, consumers must therefore rely on experts – like trained physicians – to diagnose and treat their needs.

- Another framing is **asymmetry of information**:
  - Patients lack the requisite expertise to pass judgment on healthcare due to its technical complexity
  - Providers are technical experts & serve as an "agent" ; in theory representing the best interests of the uninformed patient
  - This imbalance is called "asymmetry of information" in the economic theory literature (example: car mechanic)

NEWS ANALYSIS

Is This a Hospital or a Hotel?

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By Elisabeth Rosenthal

- Many urban private hospitals in the US are following the hotel industry, building upscale lobbies.
- This appears to be an attempt to attract patients and obtain high satisfaction ratings.
- But critics say that money would be better spent on patient care.

Benjamin Russell Hospital for Children: Though many hospitals complain that they are losing money, there has been a boom in new hospital construction in the US, featuring high-concept designs and amenities. This hospital is located in Birmingham Alabama.

The James Royal Palm Hotel: A hotel in Miami Beach, designed by Lauren Rottet.

Challenging the Dominant Narrative

- However, Pauly (1978, 1988) and others have argued that some aspects of healthcare may be more characteristic of a 'search' or 'experience' good, rather than a pure credence good.
    - In these cases, through search or repeated provider interactions, patients may lower their informational disadvantage (Wolinsky, 1993)
- This is supported by more recent literature linking patient-reported measures with more objective assessments of care quality (like effectiveness)
    - Patient experience has a strong relationship to patients' **adherence** to medication and other care regimens (particularly for chronic conditions) (DiMatteo, 1994; Beach, 2006)
    - Patient satisfaction correlated positively with 13 / 14 AMI **performance metrics** and **risk-adjusted mortality** (Jha, 2006)
- But this does not appear to be universal – in line with Anuska Kalita's presentation:
    - Evidence from Kenya suggests
    - We find similar results in Odisha

This has implications for measurement

EXISITING GLOBAL DATA

OECD, 2016: "Over the past 20 yrs the absence of a solid conceptual basis and consistent measurement tool for patient experience has led to a proliferation of surveys that focus on different aspects of care and use different definitions to assess this key domain of quality. This domain is further challenged by the lack of a universally accepted definition or set of measures."

Literature

- **WHO, 2001:** 65 countries piloted "Responsiveness" survey tool, but LMICs are not actively using this; India was a WHO 2000-01 test country, but there were only 108 patients in the inpatient sample
- **Edwards, 2015:** A review on the topic in high income countries (HIC) identified 13 relevant instruments and 17 associated studies on the development and/or validation of those tools
- **Tancred, 2016:** Prevalence of disrespectful and abusive maternity care in Kenya, Tanzania and India suggests complexities that may be different than those faced in HICs
- **PROMs:** Structured processes to summarize prior PROMs work & provide suggestion

GAP: No comprehensive summary of PREMs tools utilized in LMICs or recommendations r.e. best practice from the existing body of literature (e.g. Core Outcomes Set)

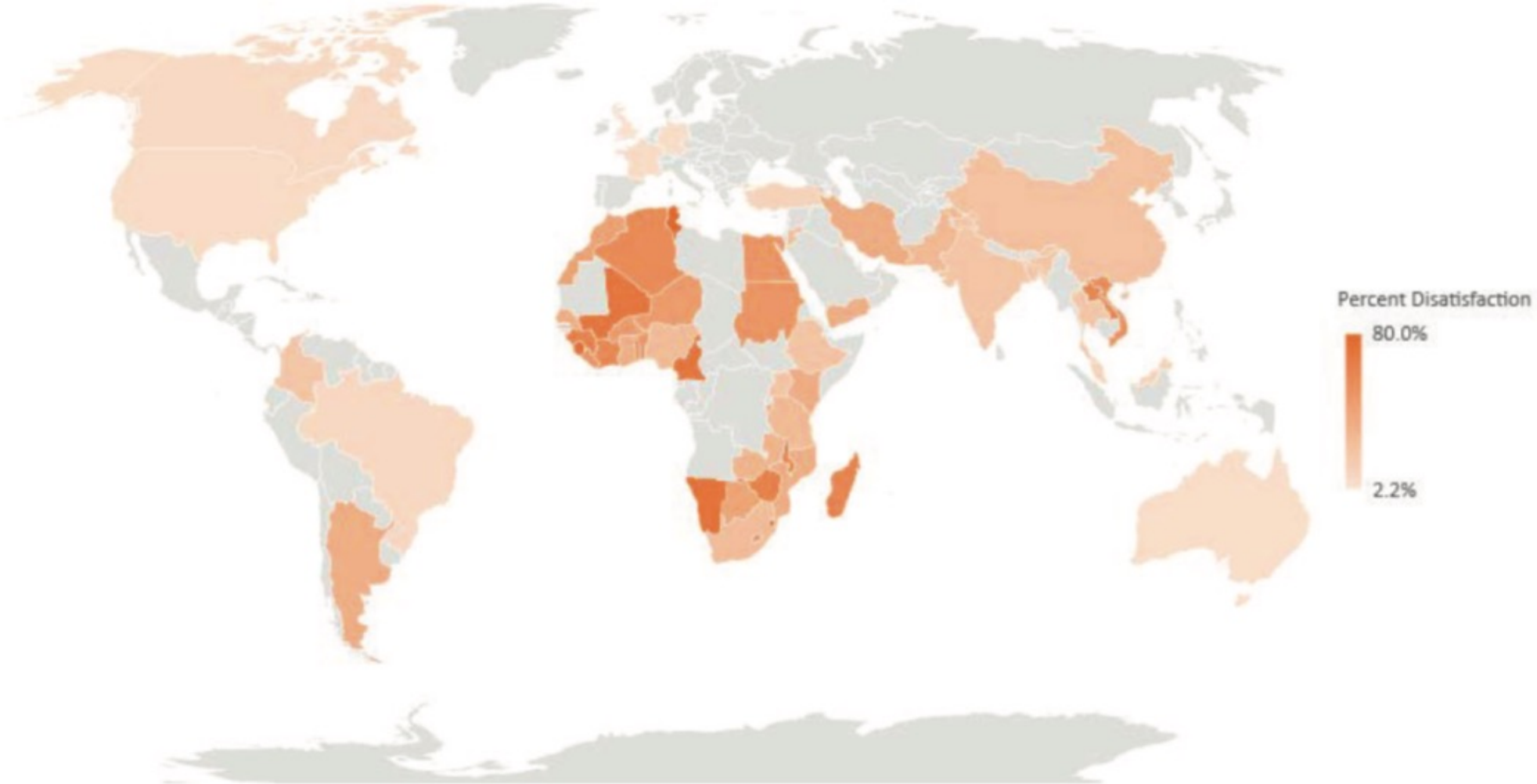


FIGURE 4-2 National levels of dissatisfaction with care.
NOTE: Grey color in the map indicates regions where data were not available for analysis.
SOURCES: Systematic review of the literature in low- and middle-income countries, Service Provision Assessment & Commonwealth Fund International Health Policy Survey (see the discussion of methodology in Appendix D).

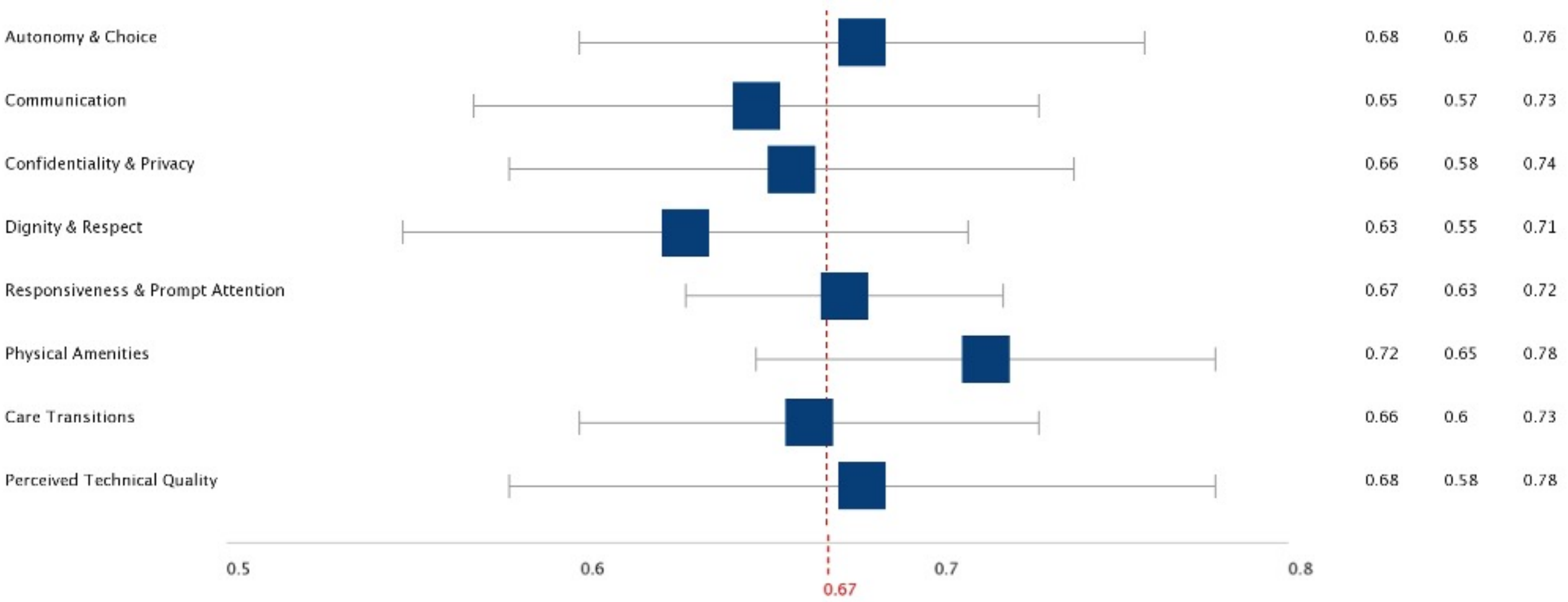
Instruments & Constructs used to Measure Patient Experience/Satisfaction in LMICs: A Systematic Review

1. First, what instruments have been used in LMICs to measure patient experience of care to date and for which patient populations?
    - e.g. What share are iterations of previously validated instruments v. newly developed tools?

2. Second, how is "patient experience or satisfaction" defined in the context of each tool
    - e.g. What questions are most frequently employed and how do these constructs map onto other existing frameworks, such as HCAHPs and the WHO Responsiveness domains?

3. Finally, to what extent has each tool been tested for cultural relevance, reliability and measurement properties in the context in which it is being used?

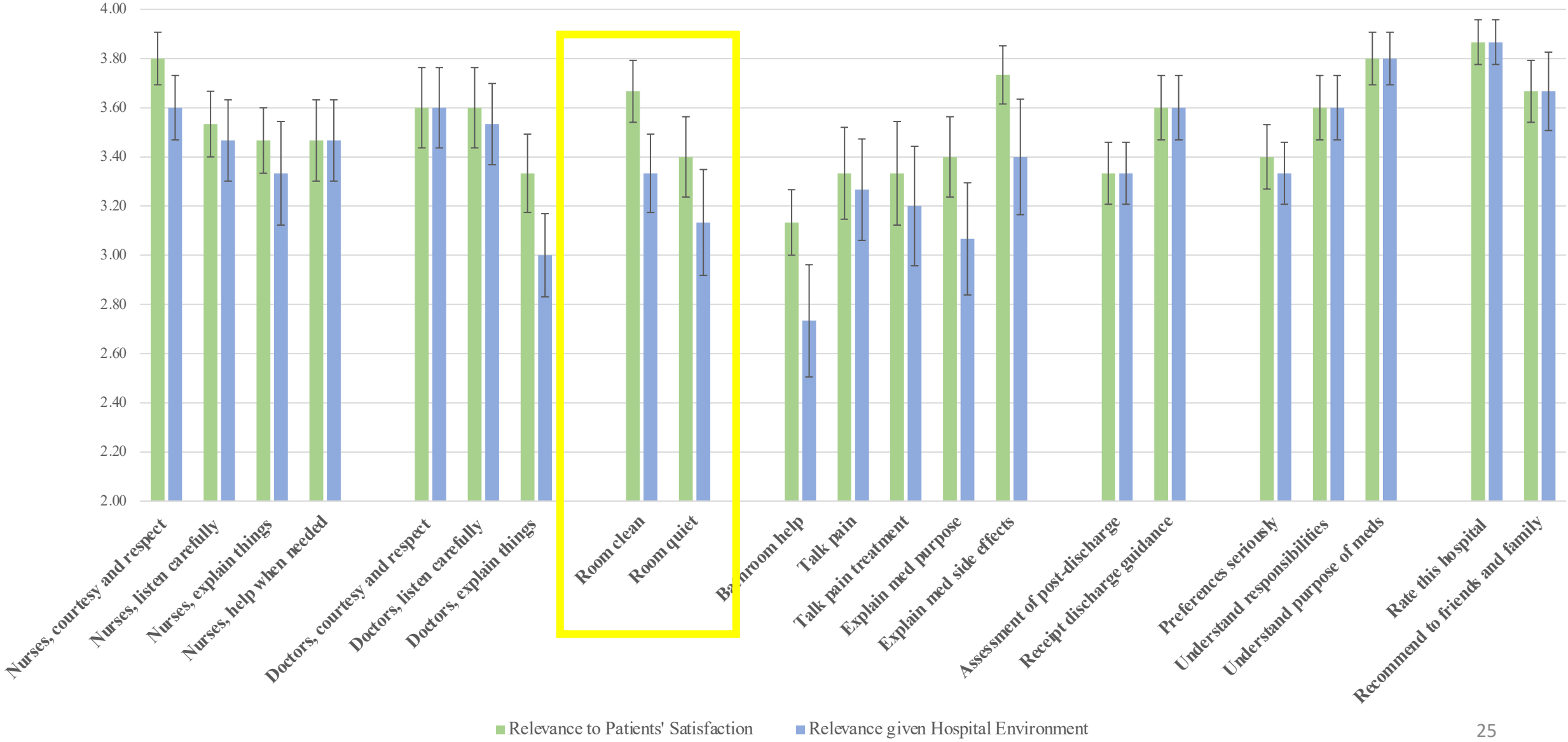
What *do* Patients Care About?



^These data are made up of PREMs responses from 5,612 patients in 9 LMICs, they represent the extent to which patients value each domain as an aspect of the latent construct "patient experience" frequency of item use is captured in the range of uncertainty, with a 95% confidence interval

Author, Year	Title	Country	Participants (N)	Clinical Focus	Tool
*Abd Aziz, 2014	Psychometric properties of the 'Skala Kepuasan Interaksi Perubatan-11' to measure patient satisfaction with physician-patient interaction in Malaysia	Malaysia	252	Primary Care Clinic, Outpatient	MISS-21
Chimbindi, 2014	Patient satisfaction with HIV and TB treatment in a public programme in rural KwaZulu-Natal: evidence from patient-exit interviews	South Africa	600	HIV & TB Patients, Outpatient	Researching Equity in AC-cess to Health Care (REACH), Experience Component
Li, 2015	Evaluation of medical staff and patient satisfaction of Chinese hospitals and measures for improvement	China	1053	Infectious Disease, Inpatient	ServQual
Milutinovic, 2012	The patient satisfaction with nursing care quality: the psychometric study of the Serbian version of PSNCQ questionnaire	Serbia	233	General (Nursing Care)	Patient Satisfaction with Nursing Care Quality Questionnaire
Mossie, 2016	Dimensions of patient satisfaction with comprehensive abortion care in Addis Ababa, Ethiopia	Ethiopia	400	Abortion Care, Outpatient & Inpatient	New: Comprehensive Abortion Care Satisfaction Survey
Negenega, 2013	Patient satisfaction on tuberculosis treatment service and adherence to treatment in public health facilities of Sidama zone, South Ethiopia	Ethiopia	531	Tuberculosis Care, Inpatient & Outpatient	New: Adapted from Birhanu et al.
Njilele, 2012	Development of a patient satisfaction questionnaire for HIV/AIDS patients in Nigeria	Nigeria	400	Pharmaceutical HIV / AIDS, Inpatient	New: Unnamed
Poli-Neto, 2016	Cultural Adaptation of the Patient Satisfaction Questionnaire and Validation of Its Use in the Portuguese Language for Women with Chronic Pelvic Pain	Brazil	218	Chronic Pelvic Pain, Outpatient	Patient Satisfaction Questionnaire (PSQ)
Soufi, 2010	Patient satisfaction in an acute medicine department in Morocco	Morocco	214	Acute Care, Inpatient	EQS-H
Tran, 2012	Patient satisfaction with HIV/AIDS care and treatment in the decentralization of services delivery in Vietnam	Vietnam	1016	HIV, Inpatient & Outpatient	Satisfaction with HIV/AIDS Treatment Interview Scale
Wei, 2015	Development of an In-Patient Satisfaction Questionnaire for the Chinese Population	China	695 (pilot)	General Inpatient	New: Unnamed

In Odisha: What do you Care About?



Alignment of Experience Sub-Items Relationship to Satisfaction (Latent Variable)

Care From Nurses	*Courtesy & Respect*	0.68	0.77
	Listen Carefully	0.81	
	Explain	0.83	
	Timely	0.78	
Care from Doctors	*Courtesy & Respect*	0.95	0.83
	Listen Carefully	0.83	
	Explain	0.72	
Hospital Environment	*Room Clean*	0.42	0.30
	Quiet	0.17	
General Experience*	*Talk pain*	0.93	0.73
	Talk pain treatment	0.74	
	Explain Med Purpose	0.52	
After Hospital	*Asked Help Post-Discharge*	0.55	0.83
	Receipt Discharge Guidance	1.11	
Understanding of Care	*Preferences Seriously*	0.74	0.75
	Understand Responsibilities	0.81	
	Understand Purpose of Meds	0.70	
Other	*Wait time*	0.44	0.52
	Time spent	0.76	
	Privacy	0.37	

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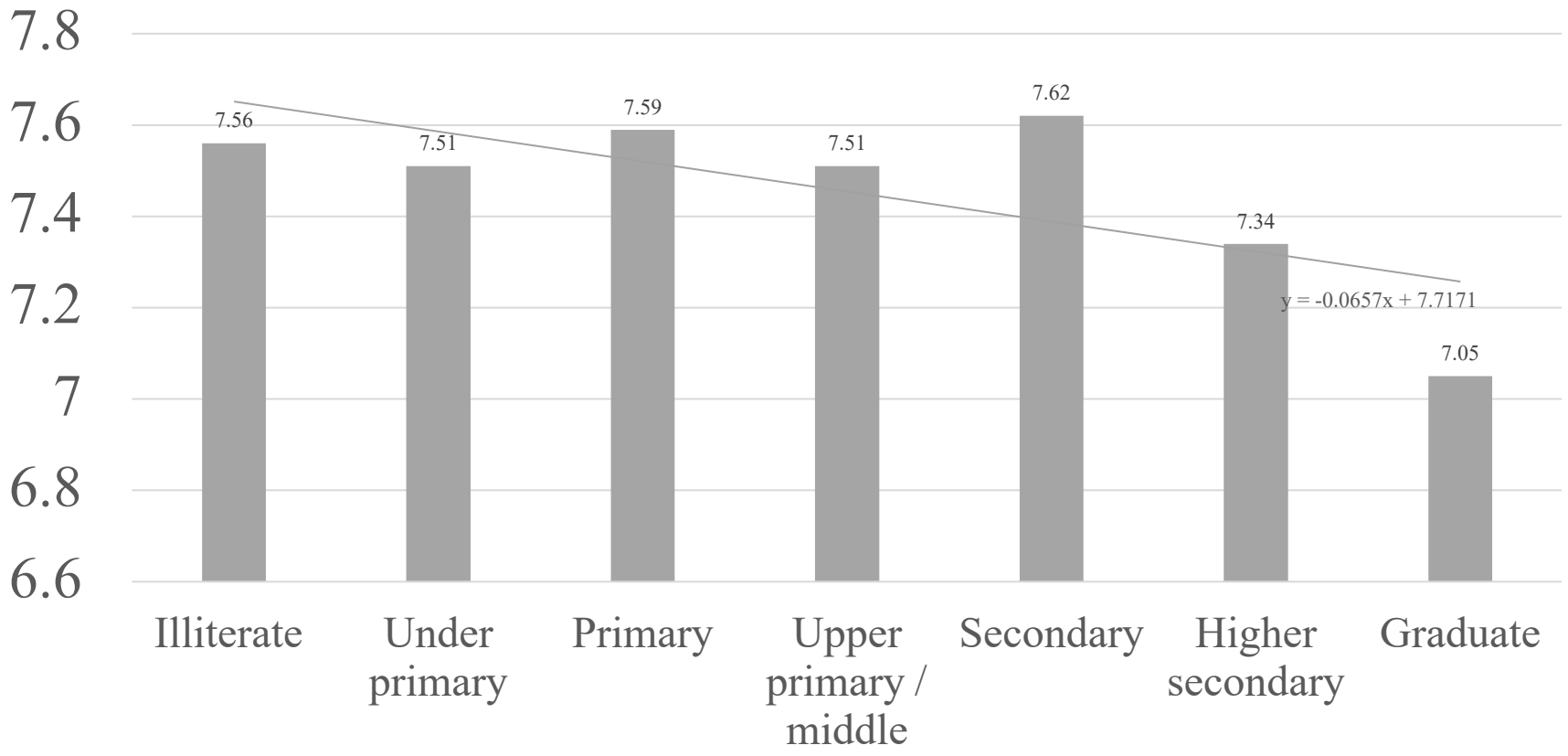
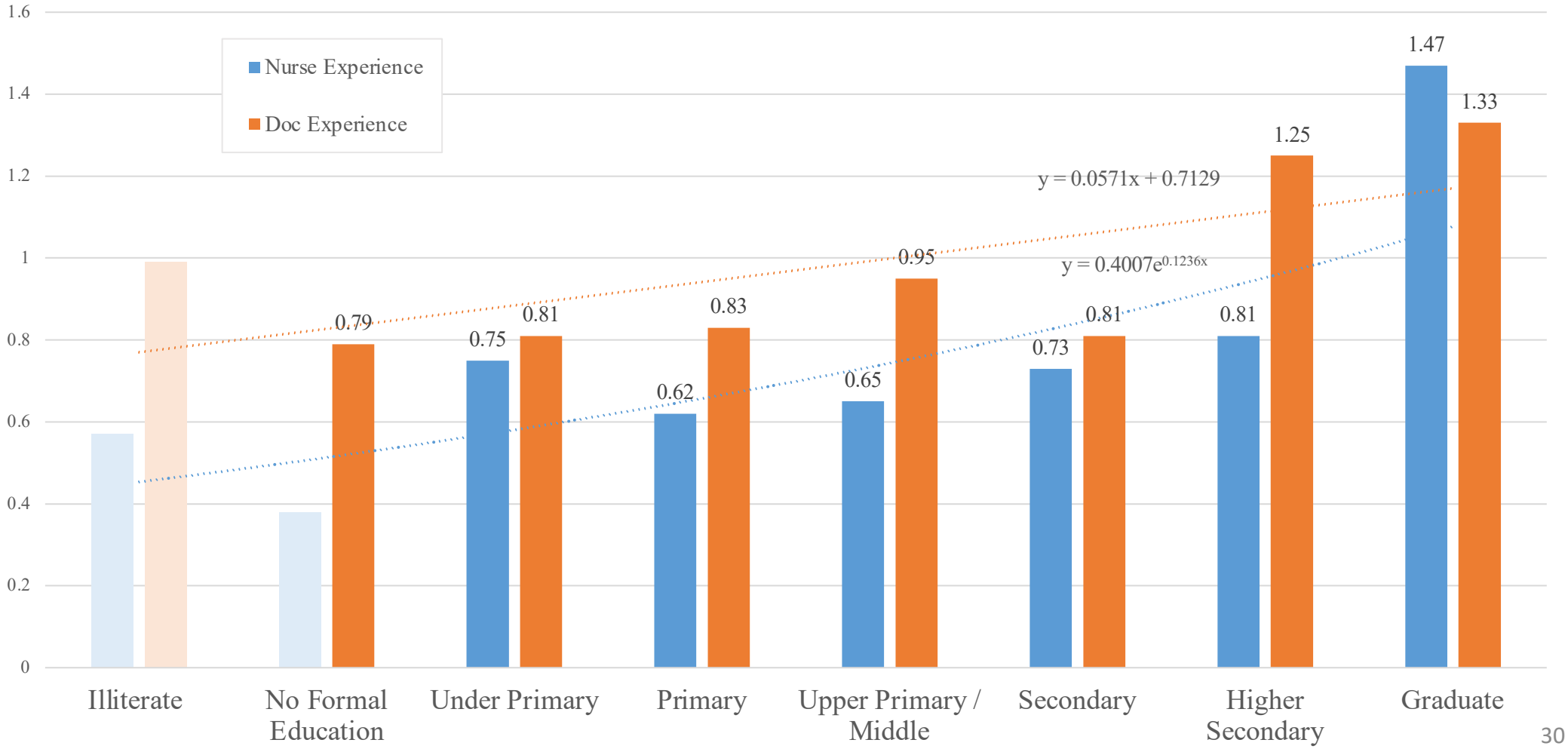
SCORING DISCORDANCE

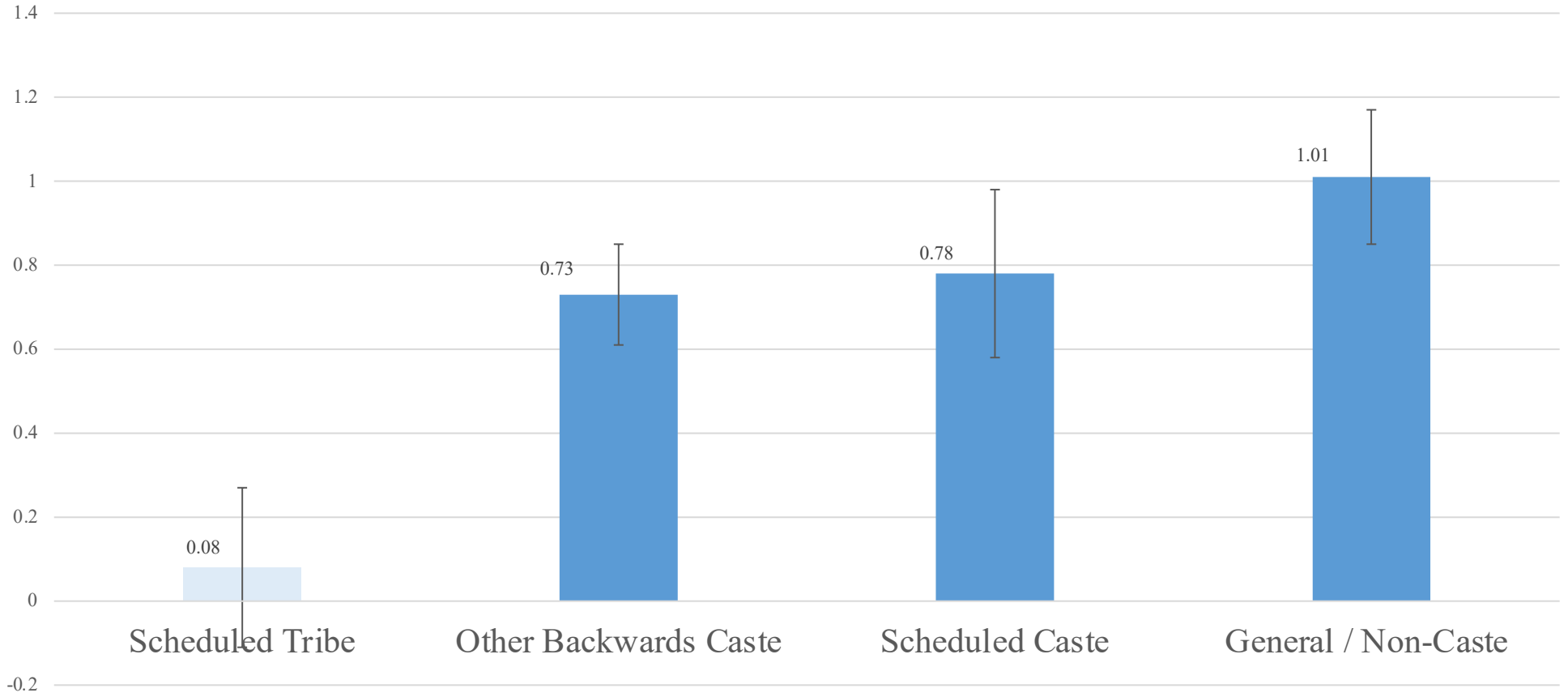
Aggregate Patient Satisfaction Scores by Educational Group



Alignment Between Having Been Treated with Dignity / Respect and Patient Satisfaction by Educational Group



Alignment Between Having Been Treated with Dignity / Respect and Patient Satisfaction by Scheduled Caste



Related Non-India Literature

- **Figueroa, 2015**: In the US, Hispanic Americans reported higher satisfaction with their care despite receiving care at lower-performing hospitals.

- **Figueroa, 2018**: In the US, Black Americans reported more positive experiences than whites for seven out of eight patient experience measures. However, this racial group had worse outcomes, at times with alarming differences between the two racial groups.

- **Siam, 2019:** In Kenya - only 44% of women's perceptions of quality matched technically assessed quality. Patients with electricity in the home, health insurance & a prior c-section (more care utilization) had more alignment in their perceptions of care quality.

Does this Mean Patients are A Bad Judge?

Categorizing Sources of Patient Bias; Factors that May Inform Patient Perceptions of Care

	Definition
Needs	The context or clinical state of need in which a patient seeks care; i.e. related to acuity
Expectations	A subset of beliefs (the information an individual has about attributes of an event); subjective probability of a given interaction resulting in certain types of care or treatment based on prior experiences; anticipated occurrence
Values	What a patient actually cares about; internal evaluation – either good or bad
Entitlement	An individual's belief that he has proper, or accepted, grounds for seeking or claiming a particular outcome; that which is externally mandated

Adapted from: *Toward a Theory of Patient Satisfaction, Linder-Pelz 1982*

Odisha Patient Quotes:

"Cleanliness is the responsibility of the family, not the doctor"

"This is the same type of treatment I got the last time I came to *[X]* hospital, I am not sure – the quality is good"

"I don't care so much about the tone the nurse takes with me, I just need to understand which medicines will work"

"My mother just needed to see the nurse fast because of her pain – she could not wait outside anymore so we really didn't want things explained too much"

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expectations, entitlement

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expectations

"I don't care so much about the tone the nurse takes with me, I just need to understand which medicines will work"

values

"My mother just needed to see the nurse fast because of her pain – she could not wait outside anymore so we really didn't want things explained too much"

need

Discussion: Distribution of Bias

- People expect/value/feel entitled to different things in different contexts

- For performance measurement, the issue is understanding how differences are distributed in the population you are examining

Why is distribution an issue for performance measurement?

In Summary

- Patients *can* and do judge the quality of healthcare services
- However, there remain many structural and social barriers to understanding what patients need, expect & feel entitled to
- Issues of bias are often experienced more by certain groups of patients (e.g. less educated having lower expectations) than others – at times the very patients most in need of support from the system
- If we know scoring discordance exists, we can correct for this in accounting of patient-reported measures

MATERNITY CARE EXAMPLE

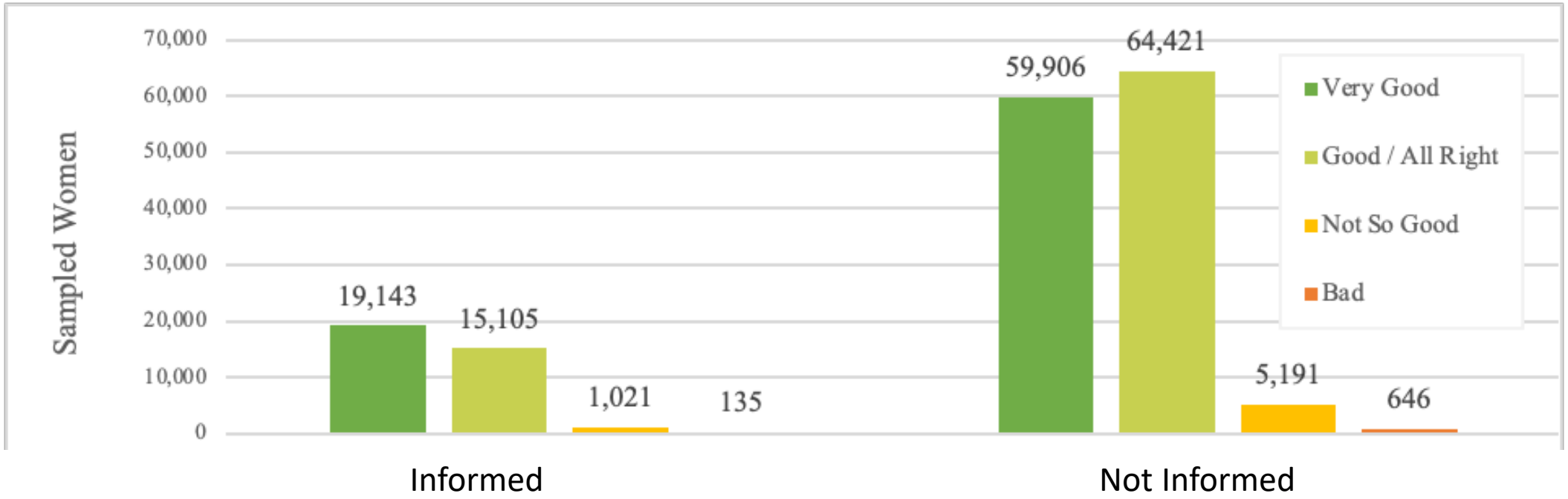
Issue: Very Few Patients Report Dissatisfaction

Tancred and colleagues found that in Tanzania approximately **16% of women seeking care for childbirth were disrespected or abused** during treatment (assessed through a set of questions on objective behaviors of staff).

However, in the same study, **73% of the respondents reported being satisfied**, or very satisfied, with their care (Tancred et al. 2016).

In some countries rates of satisfaction are as high as 96%. Is care truly exceptional, or are these measures not capturing everything?

Satisfaction Scores by Informed Consent Status



Informed consent for: abdominal palpation, vaginal examination, episiotomy, other

Woskie, Under Review

		Informed Consent?	
		Informed	Uninformed
Satisfied?	Yes	34,248 (96.7% of informed)	**124,327** **(95.6% of uninformed)**
	No	1,156 (3.3% of informed)	5,837 (4.4% of uninformed)

TAKE-AWAY: 95.6% of uninformed women (who did *not* meet the conditions for informed consent) reported being satisfied with the care received

Woskie, Under Review

Giving Patients Information; Mitigating Information-Asymmetry

- There are many situations in which a patient might have a right to information
- However, unless there have been targeted information campaigns, patients often are not aware if or when they have a right to health-related information
- Due to assumptions of expertise and asymmetry, patient lack of information can be (and often is) normalized
- However, there are some solutions:
  1. Moving from subjective to objective assessment
  2. In many cases patients can be provided with information within a clinical visit required to make a given decision

Besides Dissatisfaction, What Constitutes non-Patient-Centered Maternity Care?

	Examples:
Physical Abuse	• Being slapped, kicked, hit • Forceful pressure on abdomen
Verbal Abuse	• Being shouted at / scolded • Being threatened
Failure to Meet Professional Standards of Care	• Lack of informed consent • Pain relief not provided appropriately
Poor Rapport with Healthcare Workers	• Lack of emotional support • Not listening to concerns
Health System Conditions	• Lack of privacy • Bribe requested / required

BMJ Global Health - Women's report of mistreatment during facility-based childbirth: validity and reliability of community survey measures

Leslie, 2021

Satisfaction v. Experience

Term	Measure Type	Description	Example Survey Item
Patient-Centeredness	Domain of care quality	"Care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide clinical decisions."*	N/A

Satisfaction v. Experience

Term	Measure Type	Description	Example Survey Item
Patient-Centeredness	Domain of care quality	"Care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide clinical decisions."*	N/A
Patient Satisfaction	An outcome measure used to assess patient-centredness **Evaluating** what occurred during a given visit	Subjective: A normative judgment provide by the patient, reflecting the patient's individual values, prior experiences with care and/or other patient-specific considerations	Q: Are you satisfied that you received respectful communication from nurses and doctors during your visit?

Satisfaction v. Experience

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Patient Experience	A process measure used to assess patient-centeredness **Recounting** what occurred during a given visit	Objective: Reflecting what occurred during a given care visit, often phrased to minimize normative judgement from the patient	Q: Did a nurse or doctor yell at you during your visit?

Survey Q: Are you satisfied that you received respectful communication from nurses and doctors during your visit?

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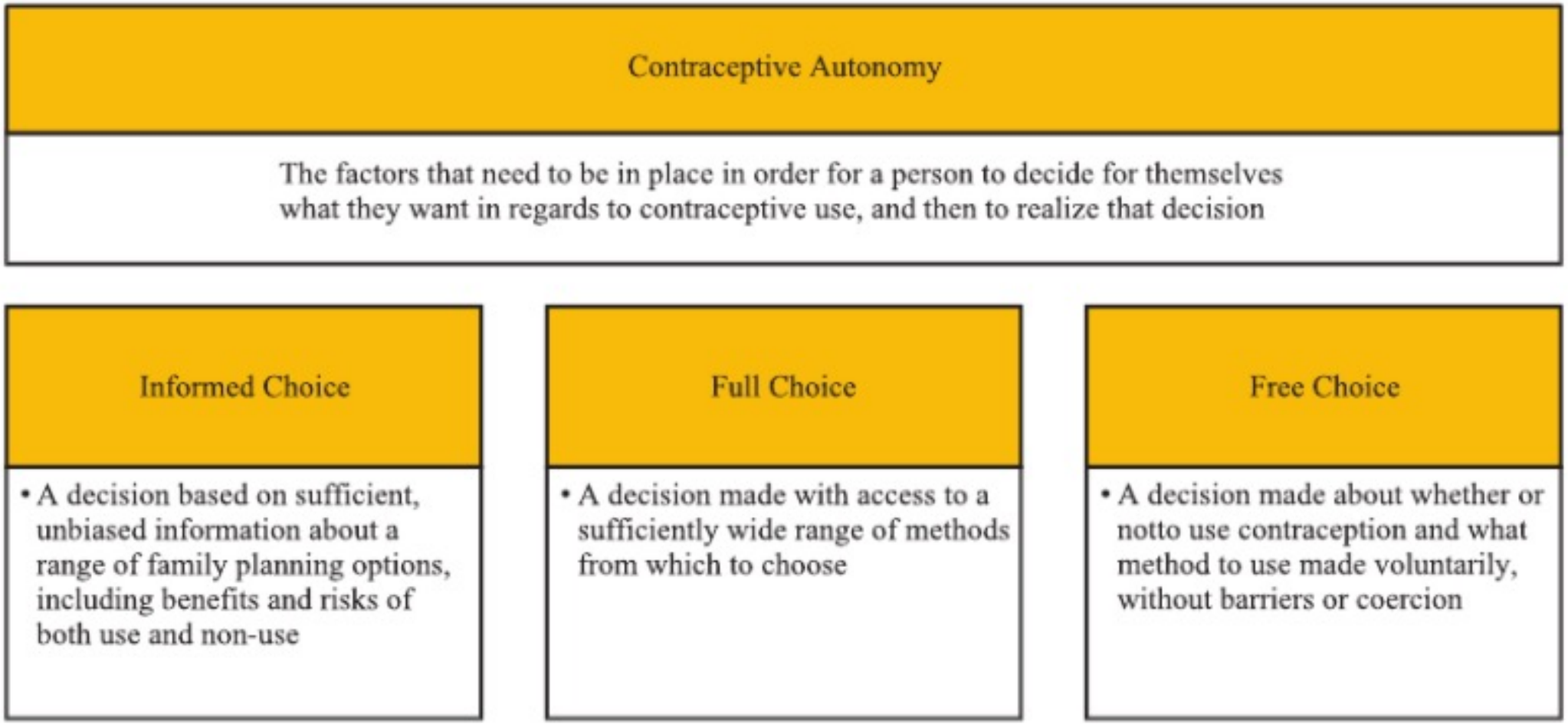
Survey Q: Are you satisfied that you received respectful communication from nurses and doctors during your visit?

Point of reference: subjective – patients' own understanding of respectful communication

Survey Q: Did a nurse or doctor yell at you during your visit?

Point of reference: objective – "yelling" deemed dis-respectful through technical validation or national/international norms

Example: Reproductive Care



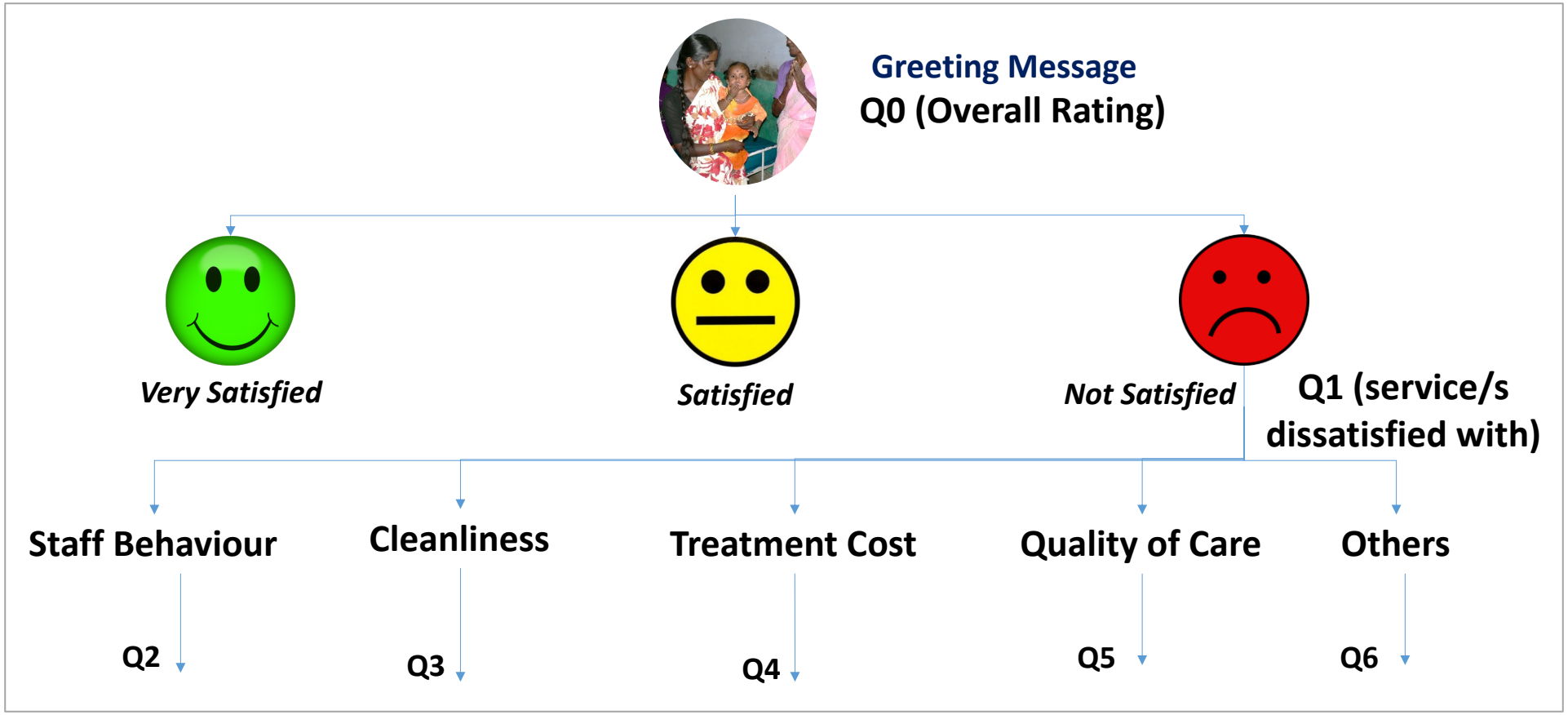
Senderowicz, 2020

Rights-Based Framework for Patient-Centeredness & Informed Consent Interagency Statement on Eliminating Forced, Coercive and Otherwise Involuntary Sterilization

Domain	Sub-Domain	For Tubal Ligation Patients:
Informed Choice	Knowledge of Side Effects	There are potential side-effects of the procedure, and follow-up care will be required (details should be provided)
	Knowledge of Permanence	The procedure is permanent, people who may want to have a child in the future should choose a different method of contraception
	Freedom from Misinformation	Sterilization does not protect a person from HIV, other sexually transmitted infections, or abuse
Access / Full Choice	Alternate Options	There are alternative temporary methods of contraception, including long- and short-term methods (details of available methods should be provided)
Free Choice	Independent Choice	The decision to undergo contraceptive sterilization is a decision to be made by the individual only
		The person can change his or her mind and withdraw consent at any time
	Freedom from Incentivization	An individual must not be induced by incentives

MEASUREMENT OPTIONS

Current Tool: Mera Aspataal Survey Tool



The information provided here is adapted from a 2019 presentation by Solidarity and Action Against the HIV Infection in India (SAATHII) entitled: "Mera Aspataal: An Initiative to Capture Patient Feedback and Improve Quality of Services."

Q2: Staff Behaviour

- Doctor
- Nurse
- Lab/X Ray Technician
- Pharmacist
- Ward Assistant
- Other Staff

Q3: Cleanliness

- Patient Registration and Waiting area
- Patient Wards
- Examination Room and Table
- Toilet
- Bed sheets
- General Surrounding of the hospital

Q4: Cost of Treatment

- Cost of Medicines and Supplies
- Cost of Investigations
- Informal payment to the Staff

Q5: Quality of Treatment

- No relief in symptoms
- Health condition worsened after treatment
- Doctor didn't listen to your problems carefully
- Nurses were not skilled enough
- Poor quality of food served during the hospital stay

Q6: Other reasons

- Long waiting time
- Inadequate information on available services and location
- Lack of amenities for patients
- Lack of support services for accompanying family members
- Overcrowding
- Others

The information provided here is adapted from a 2019 presentation by Solidarity and Action Against the HIV Infection in India (SAATHII) entitled: "Mera Aspataal: An Initiative to Capture Patient Feedback and Improve Quality of Services."

Method of Measurement	Description
Patient Survey	Survey posed directly to patients (can be on any platform – phone, paper, oral, etc)
Participant Observation	Third party professionals “observe” the provider’s interaction with the patient. The provider’s diagnosis, treatment are compared against clinical guidelines.
Chart Reviews	Patient’s charts/discharge summaries are collected from providers. The provider’s diagnosis, treatment are compared against clinical guidelines.
Standardized Patients	Patient actor visits the provider with specific symptoms & responds to the provider’s questions.

Poll Questions:

Which method of measuring patient-centeredness do you think is best suited for measuring non-dignified care in a maternity ward?

Which method of measuring patient-centeredness is best suited for measuring non-consented or unnecessary care in the Indian hospital context?

Which method of measuring patient-centeredness is best suited for measuring overall patient satisfaction in the outpatient setting?

Which method of measuring patient-centeredness is best suited for measuring physical abuse in a specialty hospital ward?

	Method of Measurement	Description	Relevance to Patient-Centeredness
Objective & Subjective	**Patient Survey**	Survey posed directly to patients (can be on any platform – phone, paper, oral, etc)	Primary status quo method for assessing patient-centeredness, questions generally fall into one of two categories: • Satisfaction • Experience Questions
Objective	**Participant Observation**	Third party professionals "observe" the provider's interaction with the patient. The provider's diagnosis, treatment are compared against clinical guidelines.	Participant observation can also include an assessment of the provision of experience or right-based information In the case of maternity care: was the patient provided with the information required for informed consent (anything that is not subjective / opinion based)
Objective	**Chart Reviews**	Patient's charts/discharge summaries are collected from providers. The provider's diagnosis, treatment are compared against clinical guidelines.	Similar to the above, chart review can include an assessment of anything patient-centered that would be included in the patient chart In the case of maternity care, examples might include: was a patient history taken, was the patient asked about their preferences and/or was pain relief provided appropriately
Objective	**Standardized Patients**	Patient actor visits the provider with specific symptoms & responds to the provider's questions.	Standardized patients can be useful in assessing information that is not known as a rights-violation by the patient and/or is subject to respectability bias is the provider knows they are being observed; it can NOT be used to assess satisfaction In the case of maternity care: Did the provider yell, or engage in other forms o verbal disrespect/abuse This method can also be useful for comparing issues of equity – for example are certain types of patients treated differently than others?

What are we missing?

- More in-depth patient interviews?
- Non-survey complaint mechanisms?
- Assessing the presence of patients in key decision-making roles e.g. a patient advisors to hospital boards (a structural measure - may lead to more patient-centered policies)
- Providers / hospital leadership rewards based on the provision of patient-centered care?
- Etc.

Regardless of method, choices can be made along the following decision points to mitigate bias:

- Identifying the purpose of measurement early & clearly
- How questions are posed to patients *(e.g. subjective satisfaction / more objective experiences)*
    - *Example: satisfied with how you were spoken to v. were you yelled at?*
- How resulting data is aggregated *(all together – or is data examined separately based on characteristics of concern?)*
    - *Example: dignified care & satisfaction alignment by education group*
- How performance scoring accounts for different reporting patterns by patient type *(e.g. raw scores v. risk adjustment)*
- No one approach is perfect - use of alternate methods for sensitive content / content likely to have a high rate of bias *(e.g. human rights abuses)*

Looking Forward

BREAKOUT SESSIONS: Group discussions

GROUP 1: The minister of health has asked you to help develop a short survey tool to assess patient-centeredness in rural India: you are required to provide your top 3 “non-negotiable” questions for the survey, what do you choose and why?

GROUP 2: You are assessing & ranking hospital performance based on patient-centeredness between hospitals in one state. Your data manager says rural tribal-serving hospitals preform far better than urban; what additional information/data would you request before posting results?

GROUP 3: You are a hospital director of a large urban hospital; Human Rights Watch has reported instances of disrespect and abuse from patients in your maternity ward. What steps would you take to better understand / mitigate this issue? What issues might be easy to miss?

GROUP 4: You are the Clinical Director of a world-renowned surgery unit. The district has instituted a new patient-survey for tertiary care. Your doctors complain – they are already excellent, what is the point? How do you navigate this situation and communicate the importance of patient-centeredness in this context?

GROUP 5: You are yourself – what concerns do you have when it comes to measuring patient-centeredness; what considerations that you believe are critical to understanding patient-centeredness in India (specifically relevant to assessment)?

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To recap

- Patients are at the core of health systems – critical to understanding & moving forward on other health system goals
- Patient-centeredness, like clinical effectiveness, is only *ONE* aspect of quality – one that is considered cross-cutting
- There has been some focus on patient-centeredness in Indian policies since 2016, but limited critical assessment
- Patient education and experience with the health system matter – but so do broader issues of evidence-based clinical guidelines
- We covered 4 methods for assessing patient-centeredness: patient survey (status quo), chart review, patient observation & standardized patients
- There is no single correct method – it depends what you want to assess and why

Thank you!

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