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## **Tip Sheet: Person-Centered Care**

### **What's the Problem?**

Health care today is designed to serve the medical system and providers rather than putting people with care needs first. Health care that puts people first means helping those with significant health conditions live the life they want to live – and not spend all their time inside a doctor’s office or hospital. This is especially true for older adults who have multiple health conditions and difficulty living independently.

Americans are living longer than ever and are able to live with chronic illnesses like heart disease, diabetes, and Alzheimer’s disease. These conditions can easily impair a person’s ability to live their day-to-day life, causing people to redefine their short-term or daily goals. Personal goals shift from curing a disease to being healthy enough to host Sunday dinners or attend a grandson’s wedding.

Health care professionals are basically trained to cure people, which can cause great tension between providers and older adults living with complex health care and daily living needs due to chronic illness. As a result, older adults sometimes receive unwanted or inappropriate medical interventions that were originally designed to cure a condition. This mismatch of interventions to care needs, while well intended, can be harmful and reduce the person’s quality of life. Consider an 88-year-old woman with severe Alzheimer’s disease who is subjected to regular drawing of blood because her doctor is overly concerned with making sure that her diabetes is perfectly managed.

Additionally, as a person’s daily living needs increase, support with cooking, cleaning, getting to appointments, and taking medications are critical to ensuring that a person can continue to live in their home and community. These “non-medical” or community-based social services are not part of the health care system and are difficult for the person to access, coordinate, and manage. Without these fundamental daily supports, people with complex care needs are at higher risk of spending more time in the hospital or emergency room as well as being placed in a nursing home to live.

### **Who’s at Risk and Affected?**

Older adults who have health and daily living challenges are deeply affected, especially communities of color. However, this is not an isolated issue. Family members and friends providing care are impacted, too, albeit in different ways.

#### *Older Adults*

- Receiving unwanted or unnecessary care
- Experiencing side effects when a curative approach to care is taken (e.g., confusion, falls)

- Losing ability to stay in the community
- Decreasing quality of life
- Increasing costs

#### *Family Members & Friends*

- Experiencing the emotional, logistical, physical challenges of caregiving
- Lacking the necessary support for families

#### *Medical Providers*

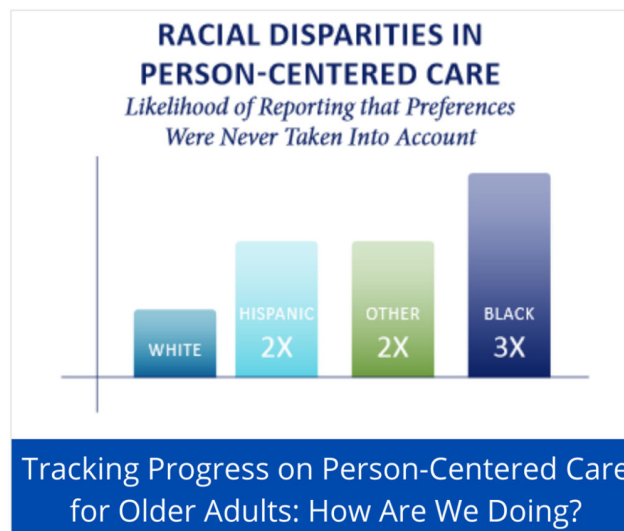
- Being expected to see 4-6 patients per hour
- Lacking ability to develop a relationship with the person and treat the whole person
- Undergoing high degrees of burnout and low job satisfaction

## **Can It Be Prevented?**

Person-centered care is a team-based health care approach where the older adult’s needs and desires are front and center, helping to support the care process. Person-centered care emphasizes individual choices and autonomy and allows the person to identify goals, preferences, and desired outcomes in an effort to improve their quality of life. Prominent features of person-centered care are holistic or whole-person care, respect and value, choice, dignity, self-determination, and purposeful living.

The ultimate goals of person-centered care are to help the older adult: 1) live life at the highest functional level possible with the least amount of intervention; 2) have medical and community-based service providers to meet their needs in a timely, organized and convenient manner; and 3) have confidence in navigating the care system.

However, according to a January 2021 study from the LeadingAge LTSS Center @UMass Boston, one-third of older adults report that their care preferences were rarely or only sometimes taken into account, with large variations by race, income, and other factors.



Source: [The SCAN Foundation](#)

The COVID-19 pandemic has highlighted the importance of person-centered care and the need to transform our current health care system. Accessible tools such as telehealth have been adopted, but as we move into the next phase of the pandemic, there’s an opportunity to address structural issues

that are impacting the quality of person-centered care such as economic security and insurance coverage for older adults, which should be considered in the larger context of systemic racism and bias.

## **Bottom Line**

Person-centered care is a better approach to care because it considers the whole person – their pressing medical problems today, ways to prevent health problems in the future, how they are functioning in their home environment, what kind of family and friend supports are available to help, and how the person’s life goals are guiding all treatments and interventions.

Further, research has shown that systems with a person-centered care culture have lower provider burnout, higher provider job satisfaction, and less strain on staff. This is largely attributed to the multidisciplinary team-based aspect of care and perceived benefits to the individual person. Policy changes that end racial and economic disparities would strengthen the quality of person-centered care for all older adults.

## **Case Example**

Harold, a 69-year-old man, lived alone and was suffering from diabetes. Harold’s doctor advised him to manage his diabetes through dietary choices, monitoring his blood sugar levels, and by taking his insulin shots, and Harold had been successful in managing his diabetes for years.

But as he approached his 70s, Harold began dealing with changes in his ability to live independently. His memory began declining; sometimes Harold would forget to take his insulin and would experience a blood sugar crash. His eyesight worsened and he could not always read his blood sugar levels on his testing machine or ensure he was taking the right amount of insulin. Because of the changes with his eyesight, he stopped driving to the store to purchase the food he knew he should be eating.

As Harold’s needs changed, his doctor recognized that he needed more support and recommended a person-centered care program. At the beginning, the doctor confirmed Harold’s desire to continue to live independently and manage his diabetes. They factored in his worsening eyesight, loss of memory, and lack of day-to-day social support. The social worker on their team conducted an in-home assessment and coordinated with social service providers and Harold’s family so he could maintain his day-to-day life.

- The nurse spoke with the family about diabetes management – daily testing and insulin. They provided pre-loaded syringes to reduce errors in the amount of insulin Harold received.
- The doctor spoke with Harold and family and determined a plan where every morning, the family would call Harold and be on the phone while he tested his blood and administered his insulin.

The social worker made arrangements to have home-delivered meals and transportation services. The family established a system where they would take Harold to the grocery store and assist with meal preparation on the weekend for the coming week. These relatively simple changes made a difference; at a follow-up appointment, Harold said his blood sugar had been under control for the past few months and that he felt much better in his day-to-day life.

## Resources

- Solving the Person-Centered Care Puzzle—Findings from the AP-NORC Center for Public Affairs Research Long-Term Care Poll: <http://interactives.ap.org/2015/person-centered-care/>
- The SCAN Foundation –Learn More About Person-Centered-Care (four articles and a video): <http://www.thescanfoundation.org/learn-more-about-person-centered-care>
- The Conversation - Poorer and minority older adults are suspicious of the US health care system – a new study shows why: <https://theconversation.com/poorer-and-minority-older-adults-are-suspicious-of-the-us-health-care-system-a-new-study-shows-why-156117>
- Better Care Playbook, Building a Culture of Person-Centered Care: Where We Are and Where We Need to Go: <https://www.bettercareplaybook.org/blog/2021/9/building-culture-person-centered-care-where-we-are-and-where-we-need-go>