

**“How Access to Medical Technology Improves Quality of Life:
From the Patient’s Perspective”**

Device Congress Day III ♦ General Session ♦ Friday, March 31, 2006 ♦ 8:15-8:45 am

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Resources on Patient and Consumer Health & Quality of Care Information

Commission on Accreditation of Rehabilitation Facilities (CARF)

<http://www.carf.org/>

CARF’s mission and values presented on its website: To promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the persons served...all people should be empowered to exercise informed choice...enhancing the involvement of consumers in all of CARF's activities.

Agency for Healthcare Research and Quality (AHRQ)

<http://www.ahrq.gov/consumer/>

From AHRQ’s website: As part of its effort to help consumers become better informed and participate as partners in their own health care, AHRQ has developed materials that will help patients get safer, higher quality care. These include material posted to it’s website on: “Be an Active Health Care Consumer; Health Conditions/Diseases; Consumer Versions of Clinical Practice Guidelines; Pressure Sores; Health Plans; Prescriptions; Prevention & Wellness; Quality of Care; Quit Smoking; Surgery.” AHRQ is part of the US Department of Health & Human Services.

“Innovators and Visionaries: Strategies for Creating a Person-centered Health System”

www.markle.org/resources/facct/index.php

Report available at:

<http://ehr.medigent.com/assets/collaborate/2005/04/09/Strategies%20for%20Creating%20a%20Person%20Centered%20Health%20Care%20System.pdf>.

A report prepared by FACCT, the Foundation for Accountability (September 2003, with support from The Robert Wood Johnson Foundation), asserts that: “A person-centered health system has four dimensions: (1) Health: The system will help most people understand, be responsible for, and be able to take care of their own health to the maximum degree possible. (2) Health care: The system will make available the most effective professional and institutional resources to assist people when they can no longer manage their own health without that help. The system will embrace and promote the principles of ‘patient-centeredness’—self-care, personalization, transparency, redesign, quality, justice, and control. (3) Financing: Every individual and organization – from the patient to the medical school to Medicare – will accept responsibility to use expensive resources appropriately and efficiently. (4) Citizenship: Society will embrace an explicit consensus of our responsibilities to each other – and the limits of that responsibility.

“Crossing the Quality Chasm: A New Health System for the 21st Century”
Committee on Quality of Health Care in America, Institute of Medicine (IOM)
<http://www.nap.edu/catalog/10027.html>

From the IOM’s website: “Crossing the Quality Chasm” makes an urgent call for fundamental change to close the quality gap. This book recommends a sweeping redesign of the American health care system and provides overarching principles for specific direction for policymakers, health care leaders, clinicians, regulators, purchasers, and others. These include: a set of performance expectations for the 21st century health care system; a set of 10 new rules to guide patient-clinician relationships; a suggested organizing framework to better align the incentives inherent in payment and accountability with improvements in quality, and key steps to promote evidence-based practice and strengthen clinical information systems.

“The National Healthcare Quality Report (NHQR)”
<http://www.ahrq.gov/qual/nhqr05/nhqr05.pdf>

From the Report available online: The “National Healthcare Quality Report” (AHRQ Publication No. 06-0018, December 2005), is the product of collaboration among agencies across the US Department of Health & Human Services. Chapter 5 of the Report focuses on “Patient Centeredness,” defined as: “[H]ealth care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients’ wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care.” Patient centeredness “encompasses qualities of compassion, empathy, and responsiveness to the need, values, and expressed preferences of the individual patient.” The Report’s findings include:

- Patient centered approaches to care that rely on building a provider-patient relationship, improving communication techniques, fostering a positive atmosphere and promoting patients to actively participate in patient-provider interactions have been shown to improve the health status of patients.
- A patient centered approach has been shown to lessen the symptom burden on patients.
- Patient centered care encourages patients to comply with and adhere to treatment regimens.
- Patient centered care can reduce the chance of misdiagnosis due to poor communication.
- Patient centeredness has been shown to reduce both underuse and overuse of medical services.
- Patient centeredness can reduce the strain on system resources or save money by reducing the number of diagnostic tests and referrals.
- Although some studies have shown that being patient centered reduces costs and use of health service resources, others have shown that patient centeredness increases costs to providers, especially in the short run.

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