

# **Patient-centricity between aspiration and reality**

## **What do the people affected expect from digital applications and how can their views be better integrated?**

**Susanne Gedamke, Director Swiss Patient Organization**  
**Digital Health Lab Winterthur**  
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# Patient- centricity

## A matter of course?

- Quality healthcare should be effective, safe, equitable, efficient and meet the **needs of the people it serves.**
- **Patient-centered care:** aspiration of healthcare that is focused on the needs of those affected.
- Despite its growing importance, no universally accepted definition or best practice exists.
- There is also a gap between the **required aspects of the concept** and their **implementation.**
- Healthcare organizations cannot confidently assess whether they are providing appropriate care unless they collect qualitative data on **what is important to their patients.**

# Patient- centricity

## Integrative model of patient-centricity (Scholl et al. 2014):

- **basic principles** (basic characteristics of the professional, relationship with the professional, patient as an individual, biopsychosocial perspective, etc.).
- **actions and measures** (patient information, patient participation in care processes, participation of relatives, etc.)
- **facilitating factors** (integration of medical and non-medical care, collaboration and team development, coordination and continuity of care, communication, etc.)
- **patient safety** (prevention of avoidable risks)

# Patient- centricity

**We know a lot about data collected from a professional perspective:**

- Diagnosis
- Examination results
- Therapy measures
- Services
- Service providers
- Etc.

➤ **But what do we know about how patients evaluate services?**

➤ **Or even one step back: What do we know about what are relevant criteria for patients to assess services?**

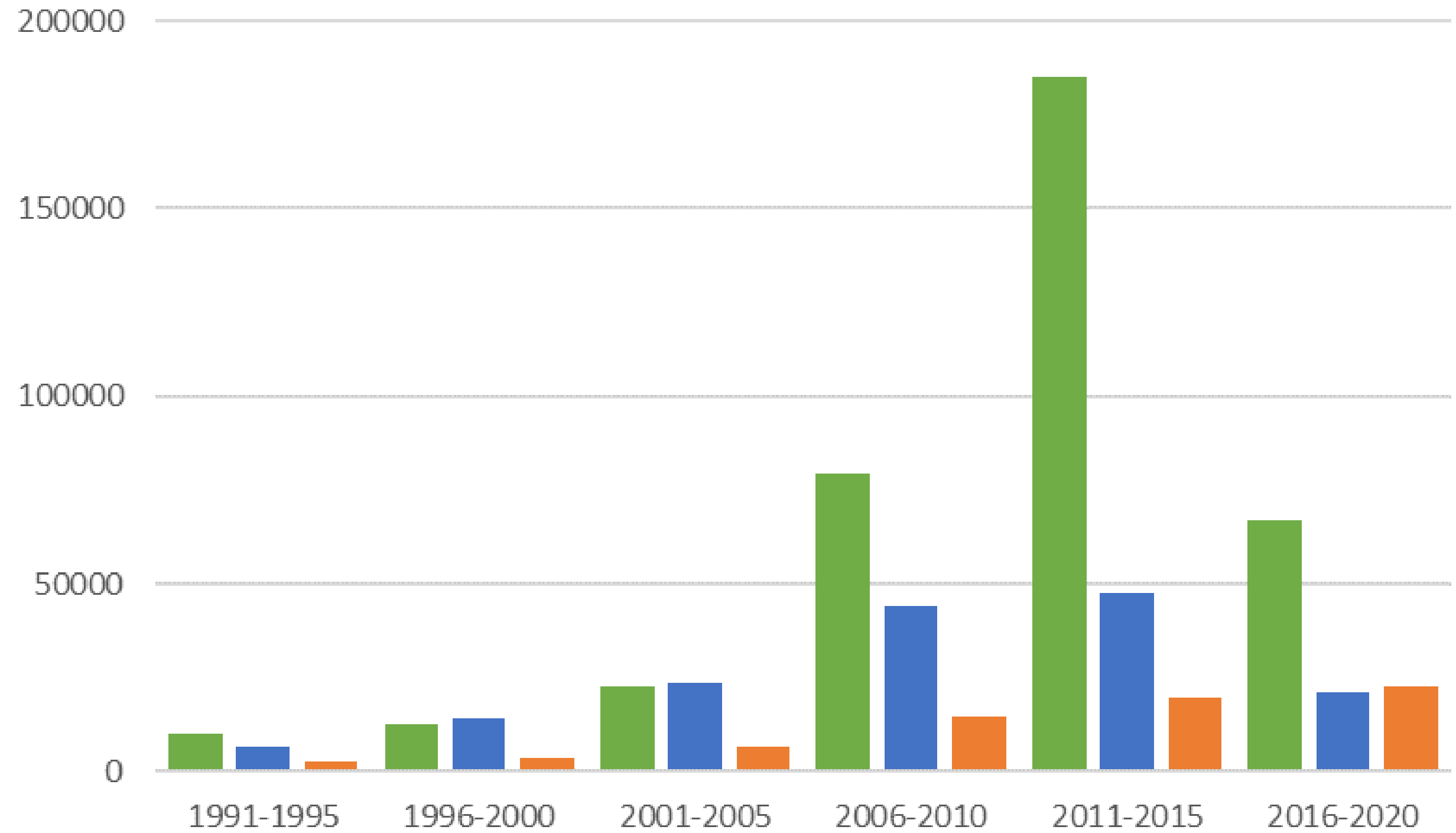
# Patient- centricity

## Patient Safety

Patient reported outcome measures (PROMs)

Patient reported experience measures (PREMs)

Number of publications per 5 years



# Patient- centricity

## Status Quo in the Swiss Healthcare System

- Generally growing importance of PROMs, but only initiatives by individual players, e.g. the University Hospital Basel.
  - Federal Quality Commission advocates the use of PROMs.
  - Up to now, PREMs have been little or not at all addressed and recorded.
  - Especially PREMs contain great information potential.
- **We generally have very little systematic knowledge about patients' views of services.**

# Patient involvement

## One step further: Patients as part of health care

- **Professional/patient:** "shared decision making" and "motivational interviewing".
- **Institutions:** Patient boards, patient experience officers.
- **Healthcare:** Identifying and reviewing quality objectives, supporting public health activities.
- **Research:** PROMs and PREMs

# Patient involvement

## Status Quo in the Swiss Healthcare System

- No established consensus, no common platform, no common structures and role definitions, no guidelines, hardly any training and coaching opportunities, and also no broad-based network that supports the participation of patients
  - Very different settings of involvement, rather single actors
  - Criticism of the "fig leaf" still largely justified
  - But: Raising awareness of health professionals can be seen as a "blockbuster drug"
- **Real involvement requires genuine interest in the patient perspective - with all the consequences.**



# Patient organization

## Role: advise and represent patients

- Two "levels of experience" of the SPO:
  - **Experience of clients from consultations:** High diversity of individuals with strong focus on negative experiences with service providers.
  - **Patient experience from the Patient Advisory Council:** Predominantly multimorbid, chronically ill with differentiated experiences with service providers.

# Patient experience

## Patient relevant topics in the field of digitalization

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- 1) **Welcoming digitalization:** there is a general openness to using digital services, especially EPD, telemedicine, apps.
- 2) **The human factor:** Does information seeking strain the relationship with the professional? Technology at the expense of human attention?
- 3) **Data protection:** who has power over patient data?

# Patient experience

Welcoming digitalization

## Readiness

- Very many patients express openness to the potential of what digital applications could offer in their daily lives.

## Search for information

- Increasing, but also subject to uncertainties (seriousness of information).
- It is becoming increasingly difficult to distinguish between dubious and serious information (depends on the level of awareness of the sources).
- Influence on compliance (discontinuation of therapy, medication)

## Use

- Apps for monitoring, telemedicine for minor issues
- Clear demand for EPD (especially for chronic diseases).

# Patient experience

Welcoming digitalization

*"After the appointment, the professionals disappear and I disappear as a patient. I have to be the keeper of my medical history; the medical history is often not read until the conversation begins. I wish I could manage it myself and make it accessible so the doctor and I start the conversation at the same level of knowledge."*

*"I would like to use more digital applications, if I only knew how."*

*"Recognizing dubious providers is impossible for me as a layman. There are so many well-made Internet presences, also from providers. The healthcare system is so complicated anyway. I can never find my way through this jungle."*

# Patient experience

## The human factor

### **Preparing for a consultation with a doctor**

- Searching for information on the Internet serves in particular to prepare for the discussion with the specialist (eye level).

### **Relationship between patient and specialist**

- On the one hand, digital information is seen as positive for the relationship (control function), but negative experiences are also reported (stress due to questioning of the professional perspective).

### **Loss of human attention**

- "Dehumanized medicine" is not an option: personal attention always has priority.

# Patient experience

The human factor

*"I'm taken more seriously if I've done my own research beforehand."*

*"It happens that I am perceived as a disruptive factor when I get information on the Internet beforehand. Many doctors then feel their competence is questioned. But I need to know what my options are - and if I'm at a loss, I'll just look for myself."*

*"My best experiences in healthcare have always been when someone has said something kind to me. Human closeness can never be digitized."*

# Patient experience

Data protection

## Patient safety vs. data security

- Data sovereignty must remain with the patient.
- One question remains open: Should risks be accepted to benefit from improved patient safety?

## Conditions

- Access to data at any time without the consent of a third party
- Notification of access by authorized specialist
- Possible blocking of information
- Possible delete of information

# Patient experience

Data protection

*"Of course data security is important, no question about it. But if I can decide for myself who I can share my data with, why shouldn't I use that?"*

*"An important point for me is that I have full control over my data at all times - this also means, for example, that I can block certain service providers or delete data"*



# Conclusion

**What do the people affected expect from digital applications and how can their views be better integrated?**

- Digital services can only develop their potential if they are made accessible and used (support services, attractive use).
- Asking patients themselves about the benefits of (digital) services is the surest way to arrive at a benefit for the system as a whole.

**And that only works with:**

- **Individual involvement:** attitude of professional and patient, dealing with differences in perspective.
- **Systematic involvement:** Patient experiences can provide new insights into our health care.