

U.S. Department of Veterans Affairs (VA) mental health clinician perspectives on barriers and facilitators to implementing patient-centered care

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Introduction

Patient-centered care has recently become a priority strategy for improving patient experiences and outcomes at the VA.

The main objectives of this project were to:

- Examine VA mental health clinicians' perceptions of patient-centered care
- Identify facilitators and barriers to the implementation of patient-centered care

Results

Familiarity with patient-centered care

Participants were familiar with principles of patient-centered care and supported efforts to create clinician-patient relationships that are more balanced, collaborative, and focused on shared responsibility and accountability.

"I think personally and professionally patient-centered care has been something that has empowered me...to not be the expert in the room...to help the individual understand and affirm their own strengths by what they are telling me."
 -Participant 20

Impact on practice

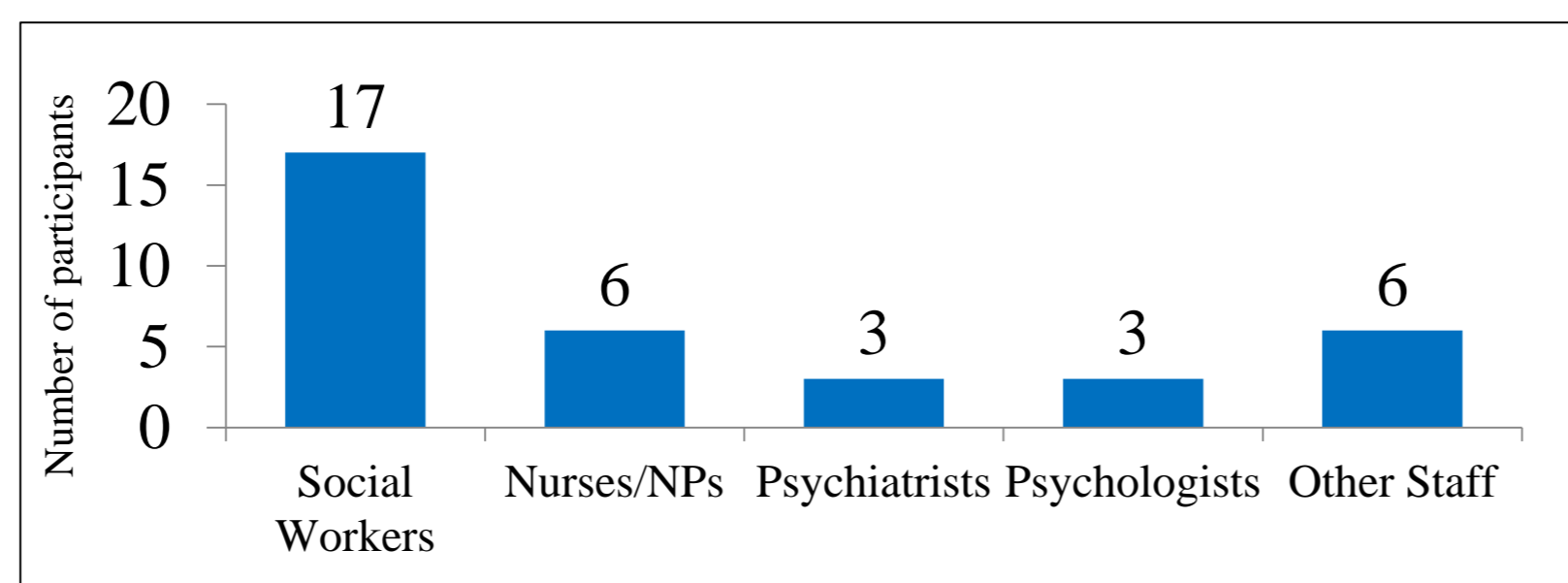
Many participants described their patient-centered care practices as a balance of letting patients take charge of their care and knowing when to step in to protect patients from potential harms.

"It's really a dance for me...how much to move in and kind of take over versus how much to keep and let them come to me for help." -Participant 6

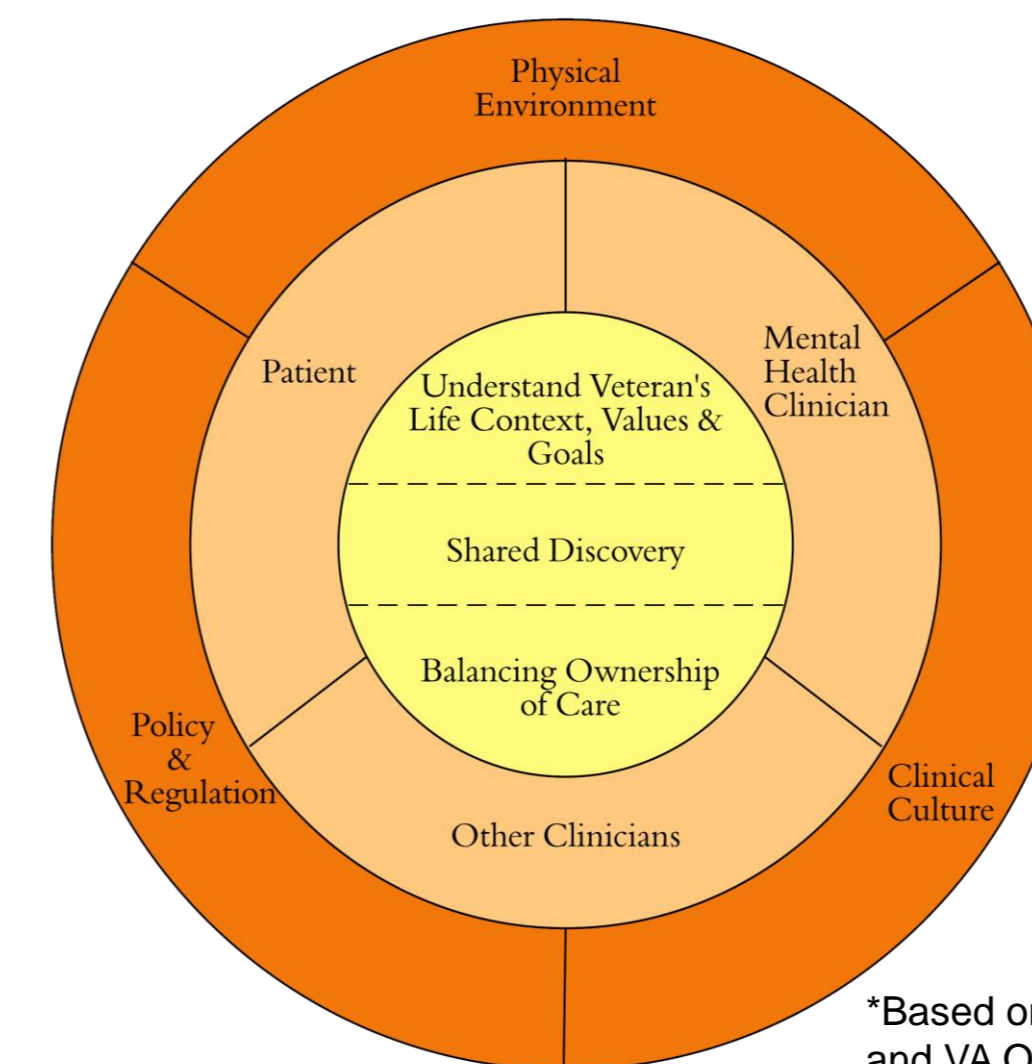
However, other participants felt that their capacity to engage in patient-centered care was limited by VA's current biomedical culture. Specifically, they were concerned about their ability to address patient needs that may be identified through patient-centered practices, and that they may be held accountable for addressing these needs.

"If we're asking these questions, we need to be prepared as an organization to respond to those ... You're in a staff position and something comes up in this assessment tool and you don't have anything to offer that person, then it feels terrible to you." -Participant 29

Professional training of participants, N=35



CIVIC Model of Patient-Centered Care*



*Based on focus group data and VA OPCC&CT tools (2)

Barriers to implementation

Participants identified considerable barriers to fully implementing patient-centered care, including patient and clinician frustrations with navigating the health care system, limited time and resources, and uncomfortable therapeutic environments.

"I get so many complaints from, you know, my doctor didn't listen to me. These doctors, primary care providers, have 1,000 people on their panel. They have ten minutes. They are under so much pressure. They don't have time."
 -Participant 35

"On a very concrete level, pun intended, I don't see our setting... as being very patient centered. It's crowded, it's dark, it's a basement, it's hard to find, it's stigmatizing, it's not welcoming." -Participant 24

Facilitators to implementation

Participants felt that systemic changes were needed to fully implement patient-centered care. First, a shift from the current biomedical framework to one that is more collaborative would enable clinicians and patients to share responsibility for identifying and addressing patient needs. Second, increased support to build relationships across departments would reduce professional "silos" and "turf" divides, and allow patients to more easily navigate the VA health care system.

"If there was a way for the hospital to encourage us to know one another and build relationships, then I think we'd be able to rally around the patient." -Participant 35

Conclusions

To facilitate patient-centered care, health care systems should consider the following strategies:

Orient clinicians to purpose and process of implementing patient-centered care

- Promote the use and adaptation of patient-centered care tools in practice
- Discuss expectations and address clinicians' concerns about meeting their patients' needs

Develop multi-modal strategies that support collaboration between clinicians

- Provide more opportunities to meet with other clinicians, such as inter-departmental meetings
- Promote patient-centered care in all departments, not just in mental health

Provide patients with resources necessary to act as drivers of their health care

- Create more flexible policies on inpatient units that keep both the safety and dignity of patients in mind
- Expand use of tele-health technology to serve veterans at home

Acknowledgments

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References

1. Institute of Medicine, Committee on Quality of Healthcare in America. *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC, National Academy Press, March 2001.
2. US Department of Veterans Affairs, VA Office of Patient Centered Care and Cultural Transformation. *Components of Proactive Health and Well-being*. Accessed September 21, 2015.

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Methods

Setting & Participants

- 35 VA mental health clinicians and staff representing a range of professions
- 1 large VA Medical Center with multiple clinical programs
- 6 qualitative focus groups in late 2013

Data Collection

Each focus group lasted approximately 1 hour and was facilitated by a moderator with a background in medical anthropology and an assistant with a background in social work.

Data Analysis

Transcripts were analyzed using an inductive and deductive thematic analysis approach.

The Institute of Medicine defines

Patient-centered care

as "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)