

Patient-Centred Care Means Deep Fundamental Changes Are Required

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My colleague and friend Varda Burstyn with whom I work as a pro bono consultant to a collaborative of groups representing the interests of the 500,000 patients who have environmentally linked illnesses but very poor primary care services, recently responded to my last several blogs in a powerful and highly leveraged way in her memo reprinted below. Varda points to two existing system flaws in the current design of our healthcare services delivery system. Here is what she says:

“I am finding your blogs on patient-centred care valuable and very timely. If true patient-centred care could only guide the kind of changes we have to make, we might come out of this period with a better health care system than we have now. Certainly reading about efforts to improve the patient experiences -- such as those at the *Kingston General Hospital* -- does lift my spirits -- and hopefully will inspire a lot of people and institutions to make some truly significant changes at their organizations along those lines.

As an environmental health consultant, and as a person with her own long and rocky experience of health care in Ontario, I know that the health care experience is very inadequate and alienating for far too many of our citizens. In this ‘*patient-centred*’ thinking now going on, I think it’s critical to include the macro-parameters of how medicine is practiced in the province -- the big-system problems, not only what happens in patient-provider interactions on the ground. Because in these big-system problems lie some of the biggest ‘*perverse incentives*’ to good care for all -- and these in turn set the boundaries for what individual institutions and practitioners can do.

Everyone knows, and many studies have demonstrated, that the more health problems a person has, the harder it is to access good health care. An indictment in itself, this situation creates downward health spirals for millions -- which then bring increased health costs for the whole province. This situation cries out for real ‘patient-centred’ solutions.

But two huge, system-wide structural flaws either put in place by senior decision-makers, or the legacy of a system that has been very deficient in responsive innovation in a preventive and chronic care with emerging illnesses, virtually guarantee the continuation of this problem, and these have to change from the top, if meaningful change is to take place on the front lines. These flaws are:

1. **‘One problem at a time’**: In Ontario, patients can bring only ‘one problem at a time’ to their family physicians even if they have multiple health problems, and even if these problems are related. For their ‘one problem’ they generally get

eight minutes of physician time -- sometimes more if the practitioner is compassionate.

Whoever dreamed this system up must have been a very healthy young accountant -- because it has nothing to do with people or medicine. This norm forces physicians to practice against the very grain of good medicine. It actually disables the physician from understanding the full symptoms of patients' problems, the multiple effects of various conditions, the harmful drug interactions patients may be experiencing and so forth.

It absolutely excludes any time to understand or address causation and environment, or, critically, to case-manage a patient who must consult multiple specialists, who, in turn, also look at only one body system. So the patient becomes a widget traveling along an assembly line of one-stop technicians.

This system design doesn't deliver good outcomes. The *World Health Organization* and every modern health authority today recognizes that we are one body-mind profoundly affected by the social determinants of our health, and our health problems can't be solved if we're plucked from our environment and carved up like a roast.

From the patient's experience, in addition to poor outcomes for the health conditions that create deterioration and suffering, and poorer access to health care, there is also alienation, demoralization and often full-blown depression -- which, in turn make the physical problems worse. There can be a variety of alternatives, but the first basic decision, at the top, is that this system of flash visit, single-disorder physician sessions has got to go.

2. **Lack of response and innovation to emerging illnesses:** The second problem is that if a person happens to have a condition that is very debilitating, affects multiple organ systems, but for which our health care system still lacks many or even all of the basic health services, including even diagnostic and care codes, and which, in addition, most of our physicians are not trained to recognize or treat (such as *Multiple Chemical Sensitivities* or *Myalgic Encephalomyelitis* -- with over 500,000 people in Ontario diagnosed as of 2010), then that person doesn't get help for that condition at all, and they and their family are left in truly dire straits.

If such a condition happens to be their primary diagnosis, meaning that other health problems are primarily caused by this multi-organ system condition, they are really in trouble. They can visit their family physician until they're blue in the face (and often that's exactly what happens), and may be referred to specialists who also have no expertise in their primary diagnosis, to treat spinoffs from the primary problem (e.g. hypertension, gastrointestinal difficulties, hepatic and renal complications, problems with vision, etc).

But the outcomes remain very bad because the cause and primary diagnosis is not being addressed. Instead, depending on their own education or biases, the physicians will inform the patient that their condition isn't real, or exists in their head (read 'you're emotionally disturbed') or does exist, but, sorry, it simply isn't treated in Ontario and/or they don't know how to treat it or to whom to refer the patient.

The costs in human suffering – and the added stresses on families, which then contribute to greater illness and loss of productivity among family caregivers -- are only matched by the hundreds of millions of dollars the province is throwing away on useless and inappropriate utilization for these large populations of patients. This is a problem with multiple players playing multiple parts: from the College of Physicians and Surgeons, to the MOHLTC senior decision-makers to the OMA, to the CCACs and other health professionals.

And with respect to all chronic illnesses, old and new, one of the institutionalized biases that now stands in the way of effective and cost-effective systemic responses is the fact that our system still largely pays for doctors and (some) drugs, and not for a range of other health services and non-pharmaceutical treatments which are critical to preventing deterioration and maintaining well-being.

What we need in this province are incentives, system-wide and system-high, to practice *integrative* and *integrated* medicine: from the way we approach every patient in the doctor's office; to the way we build our health teams; to the services and treatments we pay for; to the way we structure our institutions, including hospitals and community care. As it happens, certainly in the physician's office, we often punish physicians who practice integrative care, and drive them away. And far too often, we won't pay through medicare for the services of health professionals who do preventive and rehabilitative care.

One very good example of integrated care is the *Community Health Centre* (CHC) model -- which does include and seek to address all the dimensions that affect health. It has lessons for the whole system we need to learn.

So the take-home lesson here is this: It's not enough to make inadequate health care 'patient-centred'. We also have to provide better health care and make that patient-centred. Then we can get outcomes that save suffering, save lives, save families and save all of us whole lot of money.

Thanks, and keep up your thought-provoking and paradigm shifting blogs on health system transformation.”

Varda Burstyn

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Wise words and informative insights. Thanks Varda. I recommend to readers that you visit Varda's web-site on environment and health, [**The Chemical Edge**](#) to reflect on the next set of major health issues that our delivery system must address.