Together for better care

GPCC – CENTRE FOR PERSON-CENTRED CARE
A patient is a person who is more than their illness

In person-centred care* a patient is a person with needs but also resources and capabilities. Health care has mainly been focused on biological measurements, at the expense of the person’s experiences. Person-centred care means that the patient is seen as a person who is an active part in the co-planned care.

Person-centred care – a paradigm shift

For some time now, the inclusion of patients as partners in health care has been seen as a critical step to address key health system challenges, such as an ageing population and escalating health care costs. Despite this being a priority on a policy level, we currently lack adequate empirical knowledge about the implementation and the impact on quality and costs. The University of Gothenburg Centre for Person-centred Care (GPCC) directly addresses these gaps by evaluating, developing and making possible the implementation of person-centred care.

GPCC

GPCC is an inter-disciplinary research centre with around 100 affiliated researchers. The centre’s overarching aim is to advance the implementation of person-centred care by supporting and conducting person-centred care research.

Studies within GPCC have evaluated the effects of person-centred care using randomised controlled clinical trials that have demonstrated considerable cost savings, reduced health services use, and improved quality of care and quality of life. We can thus conclude that the patient’s unique experience of his or her illness and health combined with objective measures should be the starting point for all health care. Building on this perspective, patients (sometimes with their relatives/carers) and health care professionals are able to collaborate in planning care, treatment and rehabilitation in a personal health plan to ensure higher quality care and quality of life.

*Person-centred care in this brochure encompasses all forms of health care, rehabilitation and elderly care, etc.
A Swedish movement for person-centred care

Many Swedish care givers are now actively working to enable and implement person-centred care. Counties and regions like Region Västra Götaland, Region Jönköping County, County Council of Dalarna and Sörmland County Council are some examples. Also patient and disability rights organisations like The Swedish Disability Rights Federation, The Swedish Heart and Lung Association and The Swedish Kidney Association, as well as professional organisations like The Swedish Association of Health Professionals, Occupational Therapists, Physiotherapists and Clinical Dieticians, as well as The Swedish Society of Medicine, are working towards the same goal.

More than half of Sweden’s counties and regions have decided to implement person-centred care, and have, to various extent, started this process, according to a mapping and status report that was published in 2018 by The Swedish Association of Local Authorities and Regions (SALAR). SALAR itself has passed a resolution to actively disseminate knowledge and information about person-centred care to all Swedish local authorities and regions to enable them to implement it. [1]

Global interest in person-centred care

A global interest in a more person-centred care is evident in many countries, for example in The U.K., The Netherlands and Canada. This interest in person-centred care is not least noticeable in the EU-project led by GPCC, CostCares (https://cost-cares.eu), in which 28 European countries collaborate with the aim of evaluating person-centred care test environments in different European health care systems. [2].
What is person-centred care?
Person-centred care is based on relationship ethics and the equal value of all human beings. In the practical applications of this, GPCC has chosen to highlight the importance of respectfully LISTENING to the patient, as well as planning and following up care and treatments TOGETHER. [3] The importance of these aspects to the Swedish general public has been shown clearly in the annual national survey conducted by The Swedish Society, Opinion and Media Institute (SOM). [4] The patient’s experience, resources and needs can be identified in the narrative, and forms the basis for the continued planning, together with relevant examinations and tests.

During a person-centred conversation the patient’s resources and needs are identified through active and careful listening to the patient narrative. A person’s resources consists of personal and interpersonal assets such as joy, motivation, own will and social networks. Motivation and own will can be mobilised in order to achieve different goals; examples include being able to walk a certain distance to be able to take the dog for a walk or being able to leave the hospital by a certain date of importance to the patient. These resources are not necessarily limited to physical or intellectual assets.

The personal health plan is co-created by the patient and the health professionals and it is documented in the patient’s medical records. Coherent documentation is essential for integrated person-centred care, as well as for ensuring that the patient will not need to repeat his or her story over and over again. The health plan is a shared living document, which is revised on a regular basis.

The most central aspect of person-centred care is creating a partnership. This is based on mutual respect for each other’s knowledge and capabilities; the patient, sometimes together with relatives/carers, contributing the knowledge of what it is like to live with the condition, and the health care professional contributing the generic medical knowledge about the condition. This means that partnership is not the same as “patient involvement”. Rather, partnership requires viewing the patient as an equal partner. The patient is a person who is an expert on his/her own situation and how he/she manages his/her illness and health. Therefore, in person-centred care each patient is given the opportunity to be a partner in their own care, to the extent that he/she is able to and desires.
What is GPCC?
The University of Gothenburg Centre for Person-centred Care (GPCC) was established in 2010 with the support of the Swedish government’s strategic investment in research, of which one area was health care research. The centre’s over-arching aim is to support and conduct high-quality research in the area of person-centred care, and to advance the implementation of person-centred care in practice.

Sanwich and international researchers and PhD students come together to work on approximately 30 different studies at GPCC. They come from a wide variety of backgrounds such as Education, Philosophy, Health Care Sciences, Economy, Medicine and Health Care Organisation.

Apart from the clinical research, innovation, education and utilisation are prioritised areas. This is in order to ensure that the Centre’s research has the potential to be applied in practice and thus ultimately contribute towards the goal of an evidence based, sustainable change in health care. A number of external advisors, e.g. the GPCC Person Council for Patients and Relatives/Carers, assures the relevance and societal benefits of GPCCs activities and research.

**Research Domains**

GPCC has identified four prioritised areas of research, and has thus organised the Centre’s research into the following domains:

- Theoretical and practical development of person-centred care
- Evaluation and measurement of person-centred care
- Implementation of person-centred care
- Organisation, leadership and governance of person-centred care

**Research Outcomes:**

**examples from some GPCC-studies**

- A study evaluating care of patients suffering from worsening of chronic heart failure showed that patients who received person-centred care during their entire hospital stay, experienced less uncertainty in illness and treatment. [5] In addition,
the duration of hospital stay was reduced by a third, which resulted in a significant reduction of costs. [6]

• Person-centred care after acute coronary syndrome, such as myocardial infarction, was evaluated in a randomised, controlled study. The patients who had received person-centred care had significantly improved self-efficacy compared with the control group. [7] They also had almost three times greater likelihood of improvement when they received person-centred care, compared to traditional care. This study also showed that person-centred care makes the care chain between hospital care, outpatient care and primary care more efficient. The effects were sustained over at least two years. [8]

• Other studies have shown that person-centred care has contributed to reduced fatigue, increased muscle strength and improved self-reported general health for both persons suffering from rheumatoid arthritis [9] as well as fibromyalgia. [10]

Utilisation: research results that gain society

Dedicated utilisation work at GPCC aims to put the knowledge about person-centred care, as well as the results, methods and innovations emanating from the Centre’s research to societal use. GPCC collaborates with, amongst others; businesses, public and private health care, regional and national innovations systems, as well as international partners to identify sustainable and scalable ways of realising an evidence based person-centred care.

Examples of GPCCs utilisation, education and innovation projects: Standardisation

During the autumn of 2016 the process to produce a European standard for “Patient involvement in health care – Minimum requirements for person-centred care” (SIS/TK 602 and CEN/TC 450) was initiated in collaboration with The Swedish Standards Institute SiS. At present six countries are active participants: Austria,
Belgium, Czech Republic, Finland, Norway and Sweden. Also participating, as observers, are The European Association for the Co-ordination of Consumer Representation (ANEC) and The European Trade Union Confederation (ETUC).

**Person-centred e-health**

E-health together with a person-centred approach is generally considered to be of great importance to achieve a good and equal population health. In two current GPCC-projects (PROMISE and PROTECT) two different patient groups receive person-centred care via an e-health platform. The platform enables communication between patients and involved partners (research nurses as well as persons invited by the patient, such as relatives/carers or primary care contacts). These people are able to see and follow the development of the agreed personal health/care plan. In this way a partnership is created which strengthens the patient’s commitment and responsibility for care and treatments. These studies build upon an earlier study, where patients received person-centred telephone support, with promising results. Their negative health events were reduced by 20 percent and their self-efficacy improved. [11]

**Custom-made implementation**

The not-for-profit company GPCC Implement owned by the University of Gothenburg has co-produced custom-made person-centred care implementation programmes for a number of clients, amongst others Region Västra Götaland, one of Sweden’s biggest health care providers and employers, Blekinge County Council and Region Gotland. GPCC also conducts research on and evaluation of the implementation of person-centred care in Sweden.

**Digital smart phone health journal**

The e-health records ”My Health” emanates from person-centred digitalised care and has replaced a previous paper version of patient health records. This new digital format has improved the usage for follow-up of patients’ health records.
Person-centred care study circle
A study circle about person-centred care has been developed by the Swedish Association of Health Professionals in collaboration with GPCC. This material can be accessed by any group of health care professionals at any time on their own initiative, and involves learning by reading and discussing set materials.

Interprofessional academic courses

**Person-centredness in health and elderly care**, 7.5 Swedish higher education credits (Course code: PCV020) An advanced-level part-time evening course using novel pedagogic tools such as flipped classroom and blended learning. Course contents include the contexts, preconditions and philosophical bases of person-centred care, as well as the prerequisites for and application of the key assumptions of the person and his/her resources and abilities, personal health plans and health care partnership in practice.

**The concept ”Person” and person-centred care –philosophical foundations**, 7.5 higher education credits (Course code: SV00011) This course (which has also been given in English) is on a postgraduate level and is concentrated to three week-long campus periods. The examination consists of an individual written assessment where students are able to discuss their own research project from philosophical perspectives on the person and person-centredness.

Course text books and digital educational tools

GPCC has been involved in the creation of three course text books, all published in Swedish by Liber Publishers.
- Person-centredness in health care; from philosophy to practice
- Person-centredness in health care – report from reality
- The route to the patient’s world and person-centred care. To be listened to and to be understood.

The PCC-game is an app for smart phones and tablets for anybody who wants to learn more about person-centred care. An English version will be released during the spring of 2019, and will be made available free of charge from AppStore and GooglePlay. An on-line education programme is also being developed.
References


