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Patient-Centered Care

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The healthcare system is rapidly changing with often unexpected impacts. Indonesia's national health insurance, by means of capitation payment in primary care and case-based grouping payments in advanced services¹, has changed the mindset of physicians who share financial risks and must be cost conscious². In the context of patient services constrained by cost barriers, physicians often find it unfavorable to choose an option that prioritizes patient interest. As has been the practice of physicians since Hippocrates, physicians position themselves as the one who best knows what is the most appropriate for the patient. This is in contrary to the concept of patient-centered care. Supported by the ethical principle of patient autonomy, patient-centered services/PCC (*LBP/Layanan Berpusat Pasien*) empower patients through the provision of more clear and accurate information, allowing patients to be partners in decision-making concerning their health. Whether PCC is truly more effective and efficient in improving patient's health status, may still require an in-depth study³. PCC is different from the model that has been continuously dominating health services:

- PCC prioritizes the patient's preferences, values and objectives, rather than solely oriented toward the patient's interest in the view of the doctor or the health organization;
- PCC is based on the principle of autonomy, in contrast to the traditional medical models that prioritize the principles of beneficence and authoritarianism;
- PCC is oriented toward the patient as a human being, a bio-psycho-social being, and not merely focused on the disease;
- In PCC the outcome of the service is in accordance to what the patient wants, not just the standard treatment guidelines, protocols or clinical pathways;
- Evidence-based services which are based on the average patient's need to be supplemented by the individual patient's needs;
- PCC involves the patient in the clinical decision-

making process;

- PCC takes into account the patient's experience or patient-reported outcomes.

The cultural shift and the way services are delivered to the patients must be designed, managed and rewarded financially. Patients are no longer merely customers who receive services, but partners in the process of prevention and cure of the disease. The expected benefits of patient-centered services are greater patient and family satisfaction, increased reputation of the physician or the health care provider institution, increased morale and clinical productivity of supporting staffs, and cost savings and service efficiency.

How is PCC implemented? According to the Institute of Medicine (IOM) there are six aspects to be observed⁴, namely 1) an appreciation of the values, preferences and needs expressed by the patient; 2) coordinated and integrated services; 3) provision of information, communication and education; 4) physical comfort guarantee; 5) provision emotional support; and 6) the involvement of family and relatives.

The Picker Institute adds two components in addition to those recommended by IOM, namely: service continuity and transition, and access to services⁵. The International Alliance of Patients' Organization (IAPO) outlines five PCC principles, namely: 1) respect for the unique needs, preferences and values for each patient with autonomy and freedom as fundamental rights; 2) the possibility of choosing and empowering health-care organizations to support the patient's choices; 3) patient involvement in the decision making and establishment of policy determination affecting their lives; 4) access and support to obtain needed services; and 5) provision of an accurate, relevant and comprehensive information in a format that is appropriate to the patient's condition⁶.

Ideologically, PCC has the potential to improve the health of individuals and communities effectively with the involvement of patients who receive appropriate information and positive motivation to prevent and control their disease. Practically, patient-centered care principles can be used as a defense in any conflict of interest between patient groups, public policy makers and health care organizations⁷. The implementation of PCC in community with particular culture needs to be preceded by research on the suitability of PCC to local socio-cultural characteristics.

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