



Patient-Centered Care: The Road Ahead



March 2013

*"There will always be rocks in the road ahead of us.
They will be stumbling blocks or stepping stones;
it all depends on how we use them."*

-- Unknown

I. Introduction

"Understanding and respecting patients' values, preferences and expressed needs are the foundation of patient-centered care."

-- Harvey Picker

The Picker Institute has come to the end of its 27-year journey to advance excellence in patient-centered care. Through an integrated program of patient experience surveys, education, research, awards for excellence in the field of patient-centered care and the dissemination of best practices, the Picker Institute has led the way in the redesign of healthcare through the patients' eyes.

More than a decade has passed since the Institute of Medicine's landmark *Crossing the Quality Chasm* report elevated "patient-centeredness" to be a central aim of the U.S. health care system. Improving the patient and family experience of care is now one of the Triple Aims promoted by the Institute for Healthcare Improvement and a key feature of the U.S. Department of Health and Human Services' National Quality Agenda. Patient experience measures are now widely used in public performance reports on hospitals, medical practices and health plans, and are increasingly being included in certification and value-based purchasing programs, most notably by the Centers for Medicare & Medicaid Services in calculating payments to hospitals treating Medicare patients.

Despite these achievements, the pace of change has been slow. Patient-centered care is widely understood in concept, but it is not universally applied in practice. In 2009, the Institute sought to accelerate the pace of progress by launching the Always Events® initiative. Always Events® are those aspects of the patient experience that are so important to patients and families that they should occur consistently for every patient, every time. Through research and consultation with patients, families, providers, and experts, the Picker Institute developed and refined the program, awarded numerous demonstration grants, and synthesized the lessons learned from the exceptional results achieved when providers and patients partnered together to achieve expectations of excellence. The Picker Institute leaves behind an *Always Events® Blueprint for Action* and *Always Events® Solutions Book*, along with an extensive set of practical tools and resources to support implementation, that may all be freely accessed at <http://pickerinstitute.org/> and through the Institute for Patient- and Family-Centered Care website.

This report complements those program operations materials by taking a long view reflecting on the progress to date and the road ahead, including the challenges and opportunities that will shape the future of patient-centered care. For its final event, the Picker Institute convened four recipients of its Picker Award for Excellence® with expertise in different aspects of the healthcare system in an unscripted panel moderated by Don Berwick, MD, former CEO and President of the Institute for Healthcare Improvement (IHI) at the 2012 IHI National Forum. The four panelists were:

- Jennie Chin Hansen, RN, MS, FAAN, *CEO, American Geriatrics Society*
- Paul Cleary, PhD, *Dean, Yale School of Public Health*
- Peggy O'Kane, *President, National Committee for Quality Assurance*
- Ed Wagner, MD, MPH, MACP, *Former Director, MacColl Institute for Healthcare Innovation at the Group Health Research Institute*

Biographies of the panelists are included in Appendix A.

The Picker Institute then continued the discussion with an expanded group of Award winners and other health care leaders, including IHI Board members and Picker Institute's research program grantees, at a reception following the panel. This distinguished group presented a compelling portrait of what *really* has been achieved to date, as well as thoughtful insights to guide the next phase of the journey toward a truly patient-centered healthcare system. Highlights of that discussion are included in this report.



Jennie Chin Hansen



Paul Cleary



Peggy O'Kane



Ed Wagner



Don Berwick



Steve Schoenbaum



Loie Hanscom



Organizational Recipients

represented by leaders at left:

- Agency for Healthcare Research and Quality
- Cincinnati Children's Hospital Medical Center
- Initiativkreis Ruhrgebiet
- Institute for Patient- and Family-Centered Care
- Integrated Healthcare Association
- MedCom
- Pioneer Network
- Planetree

II. Patient-Centered Care Today

Each panelist was asked to begin by reflecting on whether patient-centered care was real, deep, and authentic. The panelists agreed that patient-centered care was real, but raised important questions about how deeply it has been embedded in the healthcare system.

"I think [patient-centered care] is real and I think the beauty of it is that most people work in healthcare because they have this desire to serve. I think that unleashing the hearts of the people that work in healthcare is one of the great legacies of Harvey Picker. It feels real. I know there are all kinds of business reasons to do a better job with patient-centered care . . . the doubters have to be brought around but they are being brought around by the realities. We'll take it however we get it, through the hearts or through the bottom line, but I feel like it's really real."

-- Peggy O'Kane

"Absolutely. The future is here. When we started the Picker Institute, we'd go to primary care clinics or hospitals and the whole hour would be consumed with why would one even think about listening to patients. You'd spend all this time talking about the concepts and now it's here. We were worried in the beginning quite honestly that patient-centered care was offensive to a lot of people. Clinicians typically say 'well everything I do is patient-centered.' No one does it now, no one pushes back. The other way we know it's here is the backlash . . . [to] the initiative to base some of the reimbursement of hospitals, primary care clinics, and patient-centered medical home based on patient experience. The core fundamental awareness is deep and wide."

-- Paul Cleary

"When we started working on chronic illness and we started talking about the patient as the most important manager of their own health and illness, we would get the strangest looks back from our professional audiences. In fact, when we used the term self-management, it was often thought of as an alternative to clinical management, so it became a contest between the physicians defending clinical management and the patients defending self- management. This isn't happening anymore. It is now accepted. Is it authentic and real? I think it is. Is it deep? That's where I'm less certain. I'm less certain about how far beneath the outer layers of the skin this has really seeped into the hearts and activities of most healthcare professionals."

-- Ed Wagner

"The momentum has shifted because of the incentives and the reporting. I think it's both reputation and money at stake that help shape that. . . . However we get there, I think these two elements have to be tied in. I think the third element is to have joy in your work. People have chosen these fields because they do want to care. I think it creates a couple of challenges, though, that cause the depth to be reviewed."

-- Jennie Chin Hansen

III. Stepping Stones to the Future

Although the dialogue was unscripted, several consistent themes resonated throughout the discussion, including the need for:

- Expansion across the continuum of care
- Meaningful patient engagement
- Staff engagement and restoration of joy in work
- A focus on system design and accountability
- Putting measurement in proper perspective

Each of these areas represents an opportunity for improvement, but rather than viewing them as barriers, they can be viewed as stepping stones toward a truly patient-centered future. The panelists and others offered their suggestions for how to approach these challenging issues, and many of the Always Events® grantees provided instructive insights based on their experiences.

A. Expansion Across the Continuum of Care

Although many providers tend to think of healthcare as setting-specific, patients most often experience the healthcare system as a whole. To be truly patient-centered, organizations must extend the concept of patient-centered care beyond healthcare settings to consider patient needs across the entire healthcare system: transitions should be seamless; communication should flow freely; and patients should always know where to go for questions or concerns. Perhaps most importantly, healthcare providers must focus on keeping people healthy in their daily lives, rather than focusing only on encounters when patients are directly interacting with the healthcare system. Specific insights and suggestions for partnership opportunities include:

"Most people are understandably focused on the acute experience in this work. But let's just say that typically 1 of every 5 older people with multiple conditions may go to the hospital once a year, and a subset of them may return, and so will end up spending about 10 days out of that person's year in the hospital. They still have 355 days to live. How do we think about people's lives and help them do their best in the other 355 days in the year? There are certain things that should always happen in these 355 days. What is it that will help people retain their capacity, functionality, engagement, and mitigation of depression? What are the Always Events that are evidence-based that we can deploy to bring [this concept] back to everyday life and have new habits that are evidence-based and employable every day with almost no cost?"

-- Jennie Chin Hansen

*"The work of IHI is embracing transitions, coordination, and the full cycle of care in populations. We are thinking about the patient as a person in terms of their whole life context, not just their inpatient context. As we consider chronic care, the frail elderly...the hospital is a small piece...and I'd love to see the concept of patient- and family-centered care **always**, not just in the hospital, but **always**."*

-- Jeff Selberg, MHA, Executive Vice President/COO, Institute for Healthcare Improvement

"Healthcare has often times been transactions. It has not been about relationships over time. People who do have relationships over time often have a very different course. At the moment we have transactions."

--Jennie Chin Hansen

B. Meaningful Patient Engagement

Despite the widespread attention to patient-centered care, meaningful engagement of patients remains a challenge. Many organizations are still doing things to or for patients and their families, instead of in partnership with them. A patient-centered healthcare system preserves and strengthens relationships between patients/families and providers. Always Events® support this relationship-based approach to quality improvement because they directly involve patients, families, and frontline staff from the very beginning to define the need, identify an event and develop strategies for implementation. Specific insights into opportunities to deepen patient/provider partnerships included:

*"One of the major lessons we learned from the Always Events® projects is that patients and families need to be part of the conversation from the very beginning. We can't redesign systems without them, **they** live the experience across settings, **they** are the ones managing their chronic illness in the primary care setting. The single best way... to unleash the core values of patient-centered care and compassionate healthcare...is to have patients and families part of the process. I bet if the rest of us went away we could build on the science of improvement by bringing the patient and family into the picture. We just need to set the expectation that the work we do together now and in the future will always involve patients and families. It's pretty simple, it's not rocket science, and it's not very costly."*

-- Bev Johnson, President and CEO, Institute for Patient- and Family-Centered Care

"It's unbelievable the power of patients, families and caregivers that's untapped as a resource to change health care delivery."

-- Anthony M. DiGioia III, MD, Founder, The Orthopaedic Program and Innovation Center, Magee-Womens Hospital of University of Pittsburgh Medical Center

*"If we are ever going to achieve the idea that Always Events will be applied to every healthcare venue and by every provider, Always Events has to be owned by the public. Because when the public starts to own something, when the public has an expectation, when they feel it's their **right** to protest when they are not allowed to walk a loved one into surgery...that's when something will happen. We have to engage the public. We now have a database of 41 projects. I think now is the time to come to some agreement about some core Always Events, not necessarily the whole gamut, but at least some set of standard, functional events we can all agree on. Then get people to wear the "Always Events" on buttons and walk into the [doctor's] office and demand them."*

-- Barbara Packer, Managing Director/COO, The Arnold P. Gold Foundation

"I would democratize our knowledge. By that I mean [w]e could, much like Home Depot, package information that is usable and tested by the public as helpful that they could use relative to their well-being, [based] on evidence that we've had for a long time, but we as providers have not been putting it into play. . . . [L]et's do the best well-being commoditization of information that we can give to people so they don't have to always come through that tiny little pipeline [of providers]."

-- Jennie Chin Hansen

"We need to try to link patients regardless of where they are with that one individual or a whole group or a team of individuals who know them as a whole person. That's missing. Right now most care is being delivered by strangers."

-- Ed Wagner

"The role of healers has been central to almost every society...why? The number one desire of patients is a caring and concerned clinician. The evidence shows that people value a trusted counselor, a wise advisor. One way to advance the patient-centered care vision is to make the argument that the number one thing we [the healthcare system] do is caring. We value the caring role."

-- Brent James, MD, M.Stat, Executive Director at Intermountain Institute for Health Care Delivery Research and Chief Quality Officer, Intermountain Healthcare

"[At the end of a physician office visit, if the physician said]: 'I have one more question. Today in my office as I examined you and spoke with you, is there anything I could have done differently that would have made this a better experience for you?' That's how we ended the encounter. If we could just have that question [asked] every time, we'd be done. But the answer would be different every time and you'd have to be learning in real time."

-- Don Berwick

"A big part of public engagement is for people to be able to see what's going on (through public performance reports) and form their own opinion. After all, as the saying goes, 'it's my life that we're talking about, and I'm entitled to it' [public disclosure]."

-- Sir Donald Irvine, MD, FRCGP, FRCP, FMedSci, Former President, UK General Medical Council

"Just to acknowledge how far we have to go on patient engagement, one thing we have been working on for decades really is shared decision-making. We [the CAHPS team] are constantly trying to design questions that get at shared decision-making and our main problem is it happens so infrequently that you can't design good questions. People don't even know what you are talking about. The fundamentals are good in terms of changing the culture, in terms of engagement, putting the patient at the center, but in getting to systems changes that will facilitate these transitions, we've got work to do."

-- Paul Cleary

C. Staff Engagement/Joy in Work

In addition to focusing on patient engagement, the panelists urged that the focus be broadened to include relationships among staff. If staff are not working together effectively or are not supported by the organizational structure in which they work, that negativity will interfere with establishment of a positive staff-patient relationship. Restoring joy for the healthcare workforce, as well as redesigning the education of health professionals to foster collaborative relationships, are opportunities to advance patient-centered care.

With respect to improving the medical education system, the Picker Institute, in conjunction with the Arnold P. Gold Foundation, challenged its Graduate Medical Education (GME) grantees to incorporate Always Events® into their medical education grants and many developed creative ways to reinforce these concepts. More information about the GME grants is available at <http://cgp.pickerinstitute.org/>.

"I think part of this is cultivating the tenderness that people come into healthcare with and supporting it. Attention to the healers and supporting them is something that we haven't done yet very much and we need to do more consciously. . . . When I used to work in hospitals (I was a respiratory therapist), I was struck over and over again by how mean people were to each other. . . . That culture has to be attacked and dismantled. When people are treated decently, their tendency will be to treat others with decency."

-- Peggy O'Kane

"All the clinicians I know have a whole person orientation. So then the question is why doesn't this come through? I think one of the explanations is we teach it out of people. It's not just that we [don't] teach people how to do it, we teach it out of them. . . . If you teach people and unleash their inherent whole person orientation and caring, there's just a deluge of feelings and the patients respond in kind. We take it out of people and we have to unleash that."

-- Paul Cleary

"How do we treat each other as caregivers? Aren't the organizations that treat each other well those that treat patients well?"

-- Elliot Fisher, MD, MPH, Director for Population Health and Policy, Dartmouth Institute for Health Policy and Clinical Practice

"People behave badly in badly structured and badly performing systems. What we are seeing in the patient-centered medical home movement is when transformation is authentic and real, the biggest improvement is in staff joy in work, staff satisfaction and, associated with that, staff behaviors improve without extra training or incentives."

-- Ed Wagner

D. System Design and Accountability

For patient-centered care to become truly embedded in an organization and in the broader healthcare system, it must be dependent on reliable systems, rather than the behavior of individuals. Systems must be designed to deliver consistent, patient-centered results and there should be structures in place to hold accountable those organizations that fail to design such systems.

"It's very possible to have a bunch of really dedicated, well-meaning employees in a system that is not well organized and have the system do a dreadful job. We learn that lesson every day."

-- Peggy O'Kane

"If we were attentive to the person, we would see that there would be good flow [through the healthcare continuum]. A defining example is what happens at 5:00 [pm] on Friday when somebody gets discharged from the hospital? Usually it falls apart. We are not looking at the fact that the glide path should be as smooth as it is on Monday at 2:00 in the afternoon . . . Somehow our institutional structures have to be really sensitive to thinking about that from an industrial engineering consideration which would make it easy for the other party to have the most seamless, best experience possible."

-- Jennie Chin Hansen

"Patient-centeredness now is heavily dependent on the individual behaviors of individual members of large healthcare teams. It's not hardwired into the system. . . . [S]ystems are perfectly designed to get the results they achieve. I think we've got to start thinking about how we make patient-centered care such a part of the organization design of systems that individual behaviors become less crucial. "

-- Ed Wagner

"The biggest, hardest problem we have in healthcare is reengineering systems. When we do that we are going to make life easier for a lot of healthcare workers and give them a little mind space for their compassion and so on. I saw this when I was visiting a Veterans Administration hospital . . . that was doing Toyota/LEAN [improvement methods] and I saw what they had done with the work of the nurse, where the buck stops. When it's chaotic, it's horrible for nurses. They basically had created new jobs and new categories of responsibility. They created order around the nurses; it changed their role incredibly."

-- Peggy O' Kane

"There have to be consequences if things don't work right. Consequences for chronic under-performance have got to be the order of the day."

-- Sir Donald Irvine

If board members, whose roles have varied tremendously, felt that they were the ultimate fiduciary for the quality of care and the finances and the board had to sign off . . . it causes a different accountability. The fact is they want to know then what is going on to make sure that we, as their staff, are really pointing the hospital toward a positive direction."

-- Jennie Chin Hansen

"We need to be willing to close hospitals that are not delivering acceptable levels of care. . . . I don't think the stick is the only solution, but I think respect for the stick requires that we be very tough on places that are really underperforming."

-- Peggy O' Kane

"Close places down or put sanctions that really have teeth in them. Right now the hospitals I see don't feel competition, they're not motivated, they are not experiencing the near death experiences of the auto makers or [what] different corporations go through. They have to be woken up. I would make it much more severe for the low-performing hospitals."

-- Paul Cleary

E. Measurement

Effective measurement of patient-centeredness remains a challenge. Patient experience metrics such as HCAHPS provide nationally standardized comparative information, but do not measure everything that is important to patients and families. Qualitative feedback is detailed and valuable but many organizations struggle with how to use it effectively to monitor and measure performance. If organizations exclusively focus on what is being measured, they may miss important opportunities to improve the patient experience by only "teaching to the test." However, the use of valid and reliable measures also has produced some positive results.

"I think HCAHPS is a great start...but there are things that are fundamental to the patient experience that HCAHPS really doesn't get at. As patient-centeredness becomes this very broad but not very deep interest in healthcare, I'm concerned that we don't miss the boat about what is at its very core, and that is caring, and kindness, and compassion...and those are things we don't have a really good grip on how to measure. Until we can measure these things, we're not going to be able to manage them any better than we are right now."

-- Susan Frampton, President, Planetree

*"We need to trust and create rigor around qualitative metrics. We can do this by listening to patient stories. Patient stories speak volumes. If we listen, **really listen**, to what patients and families are telling us, I believe we have metrics to guide our work."*

-- Cheristi Cognetta Rieke, DNP, RN, University of Minnesota Amplatz Children's Hospital

"I don't think it's true you can only manage what you can measure. I have a marriage that's only gotten better over 36 years and I've never given my wife a questionnaire. We had better stay in touch with stories and narrative and relationships...I actually think we can go off track with too much focus on metrics...they are never really what we care about. [Survey questions] can help...but what I'm talking about is much more aspirational, it's about human development and relationships."

-- Don Berwick

"Metrics do help, but at the institutional level they are not sufficient. To rate this hospital or that hospital just won't do. You've got to be able to get down to performance as seen through the patient's eyes at the individual nurse and clinician and the team."

-- Sir Donald Irvine

*"I think we've gone too far with trying to measure everything...and it's forcing clinicians to treat everyone the same. We need to have a care plan for each **patient**...not something that's universal...and then measure if we followed that care plan for each patient."*

-- A. Blanton Godfrey, PhD, Dean and Professor, College of Textiles, North Carolina State University

"Rather than diminish the importance of metrics, perhaps we should think about other kinds of metrics. One of these might be organizational metrics. For example, are organizations heading down the path toward Always Events or always patient-centered care? One way to do this is to measure how much institutions are building patient and family advisory councils into their operations."

-- Steve Schoenbaum, MD, Vice Chairman, Picker Institute Board

[If you taught to the test using HCAHPS,] your hospital may treat your patients with dignity and respect, they may tell them about the purposes of their medications, they may tell them what they can and can't do when they're discharged, they may worry about their pain. If they taught to the test, that's not that a bad outcome. . . . HCAHPS scores over the past several years since they've been publicly reported are going up. Is that everything? No. Is that a good thing? I would say absolutely yes."

-- Paul Cleary

"Every time we do something . . . we have to think about the person beyond the walls of the institution that gets measured, about how people's lives are affected post those glass doors that we get wheeled out of."

-- Jennie Chin Hansen

IV. Call to Action

The Picker Institute has been proud to be at the forefront of the movement to advance patient-centered care for nearly three decades. Although the Institute is closing its doors, its work will be carried forward by the Institute's partners -- the Arnold P. Gold Foundation, the Institute for Healthcare Improvement, the Institute for Patient and Family Centered Care, and Planetree -- and the thousands of dedicated professionals that work tirelessly each day to improve the experience of patients and families. The concept of patient-centered care is here to stay. The challenge is to make the concept not only authentic but deep, and to embed it across the entire continuum of care. With Always Events® as a framework, healthcare professionals, researchers, and policymakers working together can ensure that every person receives patient-centered care in every interaction with the healthcare system.

"This is the Institute's final contribution to the field. Always Events is a game changer but not in a disruptive way. Always Events® is a positive affirmation for the healthcare delivery system -- a way forward where all focus is on patient-centered care, quality improvement, and its seamless absorption into the fabric of the American healthcare system. The Picker Institute's Always Events® initiative is the enduring leitmotif that as the Institute exits the stage will be left for others to ponder, embrace, and incorporate into the new healthcare world order. It's out of our hands now, this patient-centered care journey and it's in yours. We pass the torch to each of you and we know that you will carry it forward. Thank you."

Lucile Hanscom, Executive Director, Picker Institute



The Picker Institute's final words are those of its founder, Harvey Picker, spoken shortly before his death in 2008:

"Carry On!"



Appendix A: Brief Bios of Panelists

Donald M. Berwick, M.D., M.P.P., is the former President and Chief Executive Officer of the Institute for Healthcare Improvement, which he co-founded in 1989. He has also served as Clinical Professor of Pediatrics and Health Care Policy at the Harvard Medical School, Professor of Health Policy and Management at the Harvard School of Public Health and consultant in pediatrics at Massachusetts General Hospital and adjunct staff in the Department of Medicine at Boston's Children's Hospital. He most recently served as Administrator of the Centers for Medicare & Medicaid Services.

Paul D. Cleary, PhD is the Dean of the Yale School of Public Health and is the Anna M.R. Lauder Professor of Public Health. Dr. Cleary is a principal investigator for one of the CAHPS (Consumer Assessment of Healthcare Providers and Systems) grants from AHRQ (Agency for Healthcare Research and Quality) to develop surveys for collecting information from consumers on their health plans and services.

Jennie Chin Hansen, RN, MS, FAAN is CEO of the American Geriatrics Society. Prior to this she served for two years as president of AARP. In 2005, Hansen had spent nearly 25 years with OnLok Inc., a nonprofit family of organizations providing integrated, globally financed and comprehensive primary, acute and long-term care community based-services in San Francisco. The OnLok prototype became the 1997 federal Program of All-Inclusive Care to the Elderly (PACE) Program into law for Medicare and Medicaid. PACE now has urban and rural programs in 30 states.

Margaret E. O'Kane is the founding president of the National Committee for Quality Assurance and one of the nation's leading advocates for improving healthcare quality through measurement, reporting and accountability. Under her leadership, NCQA has been widely recognized as a leader in the healthcare quality field; in 2005, NCQA received awards from the National Coalition for Cancer Survivorship, the American Diabetes Association and the American Pharmacists' Association.

Dr. Ed Wagner is the former director of the MacColl Institute for Healthcare Innovation at Group Health in Seattle, Washington. He is best known for his leading role in developing and disseminating the Chronic Care Model through "Improving Chronic Illness Care (ICIC)," an evidence-based framework that describes what a healthcare system must do to help patients with diabetes, heart disease, depression and other conditions get the kind of care they need when they need it.

Other Contributors:

Cheristi Cognetta Rieke, DNP, RN, University of Minnesota Amplatz Children's Hospital

Anthony M. DiGioia III, MD, Founder, The Orthopaedic Program and Innovation Center, Magee-Womens Hospital

Elliott Fisher, MD, MPH, Director for Population Health and Policy, Dartmouth Institute for Health Policy and Clinical Practice

Susan Frampton, President, Planetree

Lucile O. Hanscom, Picker Institute, Executive Director

Sir Donald Irvine, MD, FRCGP, FRCP, FMedSci, Former President, UK General Medical Council

Brent C. James, MD, M.Stat, Executive Director at Intermountain Institute for Health Care Delivery Research

Beverley H. Johnson, President and CEO, Institute for Patient- and Family-Centered Care

Barbara Packer, Managing Director/COO, The Arnold P. Gold Foundation

Stephen C. Schoenbaum, MD, Vice Chairman, Picker Institute Board

Jeffrey D. Selberg, MHA, Executive Vice President/COO, Institute for Healthcare Improvement

Appendix B: About the Picker Institute

(excerpted from remarks by Lucile Hanscom at the December 10, 2012 Picker Institute Award Recipient Panel Presentation)

The Picker Institute is an independent nonprofit organization that was dedicated to promoting the advancement of patient-centered care and the improvement of the patient's experience and interaction with healthcare providers. The Picker Institute led the way in creating scientifically valid nationwide surveys and databanks on patient-centered care to help educate doctors, hospital staff and other caregivers to the benefits of patient-centered care. The patient's perspective—"Through patient's eyes"—is now one of the standard metrics of performance routinely measured by healthcare organizations.

The genesis of the Picker Institute lies with the James Picker Foundation. In 1986, the James Picker Foundation took on what they considered a moral obligation. Armed with a vision of increasing the health care system's capacity to respond to patients, one very small group of academic radiologists, simply harnessed a power. A power derived from hope, and their relentless optimism about the potential of a small group to bring about positive change. They dedicated themselves to an ideal and that ideal would soon become known as, "patient-centered care". Through the power of their personal relationships - with individuals and organizations - and sustained dedicated effort, this small foundation turned their ideas into action and ultimately met a remarkable strategic vision. Joining forces with Commonwealth Fund, they funded a multi-year research project, which consisted of 11 interrelated projects intended to enhance communication between patients and their health care providers for the purpose of improving healthcare.

Over time, the results included:

- the design of the term patient-centered care,
- the 8 principles of patient-centered care,
- the creation of the Picker Institute and
- the first scientifically validated patient experience surveys, designed to assess the patient's perceptions of their healthcare experience, which influenced the development of the CAHPS and HCAHPS surveys.

For the past 12 years, the Picker Institute's work has focused on fostering the mission:

- internationally - with subsidiary offices in Germany, Switzerland, and a sister organization in England (Picker Institute Europe),
- a strong national education program,
- the prestigious Picker Awards for Excellence,
- a very robust research agenda that has supported almost 200 research projects, and
- the broad dissemination of best practice tools and strategies.

All of these efforts led to the Picker Institute's final contribution to the field – Always Events®.

Throughout its history, the Picker Institute did more than just raise awareness and measure the scope of the problem; it actively sought solutions and created a web-based national clearinghouse of *freely*

available best practice information, including tools and strategies. Among the most recent materials the Picker Institute has created to guide others toward a more patient-centered future are:

- Always Events® Blueprint for Action and Always Events® Solutions Book
<http://alwaysevents.pickerinstitute.org/?p=1759>
- Always Events® Toolbox
http://alwaysevents.pickerinstitute.org/?page_id=882
- Graduate Medical Education Toolbox
http://cgp.pickerinstitute.org/?page_id=1230
- Long-Term Care Improvement Guide
<http://www.residentcenteredcare.org/>
- Patient-Centered Care Improvement Guide
<http://www.patient-centeredcare.org/>

This report was co-authored by Carrie Brady and Dale Shaller, consultants to the Picker Institute for the Always Events® program and other patient-centered care research and education projects. The authors would like to thank the Picker Institute for its leadership in patient-centered care, for the wide array of resources it leaves to guide others, and for the opportunity to be involved in such meaningful work.



Picker Institute Board of Directors

(left to right)

Stephen C. Schoenbaum, Sir Donald Irvine, Sam Fleming, Lucile O. Hanscom, Gail L. Warden, J. Mark Waxman

Not pictured: David C. Leach

Picker Institute Staff

(left to right)

Lucile Hanscom, Carolyn Marsh, Kathy Cassidy, Hannah Honor Hanscom



Picker Institute Consulting Team

Dale Shaller, Shaller Consulting Group

Carrie Brady, CBrady Consulting



Dedicated to Harvey Picker,
health care providers who make a difference every day,
and, most importantly, to patients

