The Person-Centred Care Index Revisited

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Abstract

Person-centered care can be measured and monitored by using validated tools such as the Person-centered care Index (PCI). Simpler and shorter versions of such indices may help in enhancing their appeal, and expanding their usage across health care settings. We propose a visual, simplified tabular, and brief textual version of the PCI. These alternatives can complement the original tool, and serve as user-friendly teaching tools.

Keywords: Biopsychosocial model, chronic care model, patient centered care, person-centered care.

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Introduction

Person centered care is an integral, and important aspect health care.[1] The International College of Person-Centered Medicine (ICPCM) has developed a Person-centered Care Index (PCI).[2] The PCI, structured in 8 domains, contains 33 indicators which can be used to quantify the person-centeredness of a health service, professional or encounter. This comprehensive tool may be made more crisp, in order to facilitate its usage amongst clinicians, students and researchers alike.

The PCI helps bring objectivity to the field of person-centered care, which is currently marked by subjective discussion and description.[3] Usage of the index can be increased by presenting it in simpler and shorter forms, while maintaining the sanctity of the tool. We represent the PCI in visual and tabular and brief textual forms. These reader-friendly formats allows for easier understanding and uptake of the list.

Visual Representation

The visual version of PCI keeps the person and provider at the center (Figure). Both are linked by a common ground for diagnosis and care, as well as relational focus. The person is viewed as an individual needing personalized care, with attention to his or her holistic (biopsychosocial) requirements.

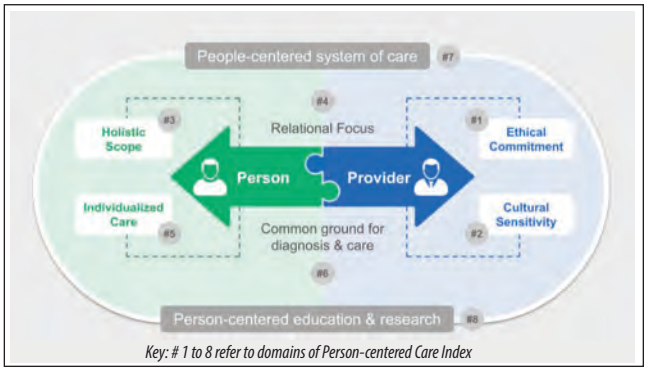

Figure: Visual representation of Person-centered Care Index (PCI).

The provider's personality, strengthened by ethical commitment and cultural sensitivity, allows him/her to provide such holistic, yet individualized, care. This is best offered in the setting of people-centred systems of care, which in turn are buttressed by person-centered education and research.

Tabular Representation

The tabular version collates the eight aspects of PCI in four phrases: person-centered health care systems, professional characteristics/attitudes, conversational style, and view of the person. (Table) These can also be analyzed as person-centered health environment, attitudes, methods, and strategies, respectively. The four domains merge into three, when described in the text that follows below, and then into one paragraph, in the next section.

Table-1: The Person-centered Care Index (PCI) in a 4 x 2 format.

Person-centered ecosystem (Environment)
• People –centred systems of care
• Person-centred education and research
Person-centred professional characteristics (Attitudes)
• Ethical commitment
• Cultural sensitivity
Person-centred view of the patient (Strategy)
• Holistic scope
• Individualized care
Person-centred conversation/encounter (Tools)
• Relational focus
• Common ground for diagnosis and care

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Textual Representation

Person Centred Health Care Ecosysten

Health services should be planned with the participation of the community. These should be integrated and coordinated around, as well be responsive to community/patient needs. They should emphasize health advocacy, people-centered primary care, continuity of care, collaboration across disciplines and programmes and should be informed by international standards of person-centered care (PCI#7)

The health care system should promote person-centred public education, professional training and clinical research as well. (PCI#8)

Person-Centered Professional Attitude

Person-centricity demands a high level of ethical commitment and cultural sensitivity. The health care professional should respect, honour and support patients' dignity, rights, autonomy and empowerment, while understanding their personal values, choices and needs, (PCI# 1).

The aim of health care is to enable and encourage the fulfillment of the patient's purpose in life, or life project. Cultural sensitivity, i.e., recognition and respect of the individual's ethical/cultural and gender/sexual status, as well as language/communication and spiritual needs is necessary. (PCI#2)

Health care should be based on biopsychosocial, cultural and spiritual factors of health, and should focus on not only ill-health, but positive health/well-being as well. (PCI#3)

Person-Centered Conversation/Encounter

PCC is based upon partnership of clinicians, patients and families, and is nurtured by empathy and interpersonal trust (PCI #4).

This allows a collaborative diagnosis and planning of care (PCI # 6). This care plan, based upon the patient's individual personality and context, helps promote his/her growth and development (PCI #5) (2).

Brief Textual Representation

PCC is an evidence-based, experience-backed method of care which takes ethical and environmental determinants of health into consideration. While focusing on *individualized care*, it targets a *holistic scope* of management, keeping *cultural sensitivity* in mind. The health care provider, with his/her *ethical commitment* and *relational focus*, creates a *common ground for diagnosis and care*. This is facilitated by *people-centred systems of care*, which are nurtured by *person-centred education and research*.[1]

These eight domains of PCC form the Person Centred Index (PCI), which is a validated tool for the evaluation of PCC. The PCI includes 33 indicators, which can be used to measure and monitor person-centeredness of health care systems, health care providers and health care conversations or encounters.[2]

Summary

These representations of the PCI demonstrate faithfulness to the systematic conceptualization of person-centered medicine, as authored by Mezzich et al.[2] They provide useful pedagogical tools which can be used to further person-centred education and research. Thus, they may assist in expanding the footprint of PCC, by making it easier to relate to, and retain.

This view of the PCI lives up to all PCI indicators: it is based upon strong ethical commitment, maintains the holistic scope of the index, and aims to create a common ground and relationship with the reader, irrespective of cultural or educational background.

It can be interpreted by readers in an individualized manner, using their preference of visual, tabular or textual media. Finally, the current iteration of PCI should make it easier for policy makers and planners to establish people-centred systems of care, and promote person-centred education and research.

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