

Together for better care



GPCC – CENTRE FOR PERSON-CENTRED CARE



UNIVERSITY OF
GOTHENBURG

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 just over 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 family 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 transition towards a more person-centred care

In Sweden, a current primary care reform has as its goal a good quality, local health care that strengthens health. It is based on the government inquiry *Coordinated development for good quality, local health care* that took place in 2017–2021. Person-centredness is central to the reform as it focuses on patient participation, continuity, and accessibility. Several regions, patient and disability rights organizations and professional organizations have long been at the forefront of working to promote and introduce person-centred care in Sweden.

The Swedish government has given the Swedish Association of Local Authorities and Regions (SALAR) several assignments to enable the transition that is now to be carried through. The National Board of Health and Welfare and other authorities also contribute in different ways. GPCC collaborates with a number of the actors involved, for example the Health and Social Care Inspectorate (IVO), the National Board of Health and Welfare and other key actors.

Person-centred care internationally

Co-created care based on the patient's resources is advocated by the WHO. An interest in a more person-centred care is evident in many countries, for example in The U.K., The Netherlands and Canada.

GPCC research shows that several factors influence the possibilities of introducing person-centred care in different European systems. These include financing, distribution between public and private care, societal equity, policy decisions and power distance.

Researchers from GPCC led the EU-project *CostCares* (www.cost-cares.eu) until 2021. In this project 28 European countries collaborated with the aim of evaluating person-centred care test environments in different European health care systems. The project developed a framework, which consists of enablers that were identified as central in the implementation of person-centred care. A book was also written, *Intelligent Systems for Sustainable Person-Centered Healthcare* (Ed. Kriksciuniene and Sakalauskas). It deals with person-centeredness in health care from different perspectives such as philosophy, technology, economy and organization.

**What is
person-centred
care?**

Person-centred care is based on 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. That these aspects are seen as important by the Swedish people is shown in national attitude and opinion surveys. 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* consist of personal and interpersonal assets such as joy, motivation, own will, and social networks. Motivation and own will can be mobilised 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 their family carers, contributes with the particular knowledge of what it is like to live with the condition and ill health. Health professionals contribute with generic evidence about the condition, treatment and care based on current research as well as with their experience-based knowledge. 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 that advances the implementation of person-centred care in practice. In 2022 GPCC was granted permission to continue as a centre at the University of Gothenburg for another six years.

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

Apart from the clinical research, innovation, education, and utilisation are prioritised areas. This is 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. Several external advisors, e.g., the GPCC Person Council for Patients and Family Carers, as well as scientific experts, assures the relevance, quality, and societal benefits of GPCC's activities - both research and utilisation.

Three focus areas

GPCC's research is currently organized in three focus areas:

- Development, adaptation and evaluation of person-centred care.
- Enabling transition to person-centred healthcare and elderly care.
- Development of partnerships between patient representatives/the general public and health care organizations and decision-making systems.

The target group for the research is persons with long-term conditions.



Research Outcomes: examples from GPCC

A large number of intervention studies of person-centred care have been conducted. Mainly in hospital care and outpatient care but also in primary care. In a publication where effects from 15 of GPCC's controlled intervention studies were compiled, 9 out of 15 studies showed statistically significant improvements in a number of different measures. Positive effects reported from patients are for example an increased confidence in one's own ability to manage one's illness, an improved experience of health, and an improved satisfaction with care.

GPCC's research also includes studies in which person-centred care has been carried out remotely, by telephone or with the help of digital platforms. More and more technical solutions to facilitate person-centred care remotely have been evaluated in recent years.

In a study where intervention via a digital platform in combination with telephone

support was tested, patients report that they were given access to support for self-management according to their own needs. In another study where a digital app for self-management of high blood pressure was evaluated, results show that patients took on a more active role in their own care and that co-creation between patient and care staff was facilitated.

Positive effects seen for care staff by a person-centred approach are, for example, improved satisfaction with their work, reduced stress of conscience and improved psychosocial work environment.

Other effects that have been seen are, for example, that person-centred care can lead to shorter hospital stays and that the shorter stay did not increase the risk of readmission or endanger the patient's health-related quality of life.

Several studies have also shown that person-centred care can lead to cost savings or is cost-effective compared to standard care.



Utilisation: research results that benefits 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.

Innovative standard for patient participation in person-centred care

A European standard initiated by GPCC is available throughout Europe. It can facilitate the introduction of work with and research on person-centred care. It is entitled *Patient involvement in health care – Minimum requirements for person-centred care*. It is the first in Europe in its field. It can be used in a number of different ways by health and care actors, patient organisations, researchers, businesses and other actors.

Person-centred e-health

Person-centred e-health have been explored and evaluated within several GPCC projects involving various patient groups, for example:

- An e-health platform for patients with chronic heart failure, COPD and mental illness.
- An app for mobile phones in which patients with high blood pressure record their blood pressure and other values.
- A digital tool for emotional support during and after cancer treatment for young adults.
- A digital support tool to enable children with cancer to communicate about symptoms and treatment.

Testbeds for person-centred care

Collaborations where different perspectives and knowledge meet is central to the development of person-centred care. GPCC aims to develop arenas for collaboration between patient organizations, private and public care



institutions and companies in health, care, and medicine.

Within a collaboration platform, research, education and implementation is organised and institutionalised in co-operation between universities, patients, health care decision-makers, staff and the business community.

Implementation of person-centred care

One of GPCC's focus areas is enabling the transition to person-centred care. Several research projects exploring implementation of person-centred care are being carried out. Within one project a training programme to facilitate implementation of person-centred care, is being developed and tested.

Person-centred care study circle and leadership programme

The Swedish Association of Health Professionals has developed a study circle and materials for the Association's members on person-centred care in collaboration with GPCC. The leadership program is a digital education programme based on current leadership research which has been developed in collaboration between the Swedish Association of Health Professionals and researchers at GPCC and Karolinska Institutet.

Doctoral education

GPCC has initiated several courses within the doctoral education programme at the Sahlgrenska Academy that support the development of person-centred care. An example is a course in philosophy of the person and ethics called *The concept "Person" and person-centred care – philosophical foundations*.



Cost-free globally available English language digital educational tools

The PCC-game (person-centred care game) is a games app in which one can reflect on and learn more about person-centred care. It is available from the App Store and Google Play.

Mutual Meetings is an on-line tool for education in and implementation of person-centred care. To be taken in groups at a workplace. It is available at www.medmanniska.org/?lang=en

More information about tools for training, practical work and evaluation of person-centred care is available on GPCC's website www.gu.se/gpcc

Do you want to contribute to the research?

Donations are used to support research, infrastructure and other research activities organized by the GPCC.

The results from our research are published in peer-reviewed scientific journals, integrated into teaching, and channelled into collaboration and utilization activities in which our researchers participate.

If you or your organization would like to be part of promoting person-centred care, it is easy to donate or contribute to GPCC. Contact administrator.gpcc@gu.se for more information.

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