

Characteristics and determinants of patient-centered care from organizations' perspectives

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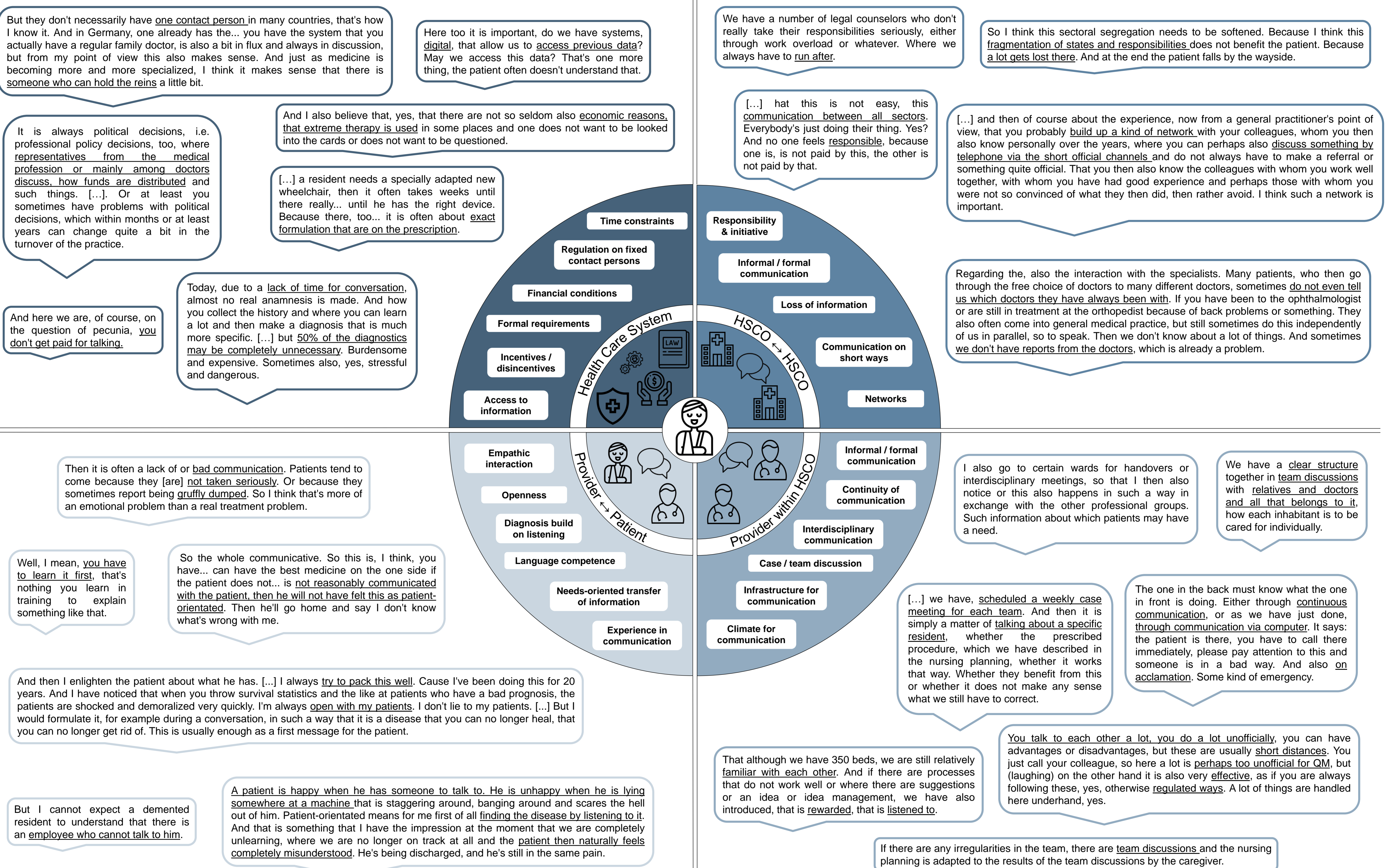
INTRODUCTION

Health and social care systems, organizations, and providers are under pressure to organize care around patients' needs with constrained resources.¹ To overcome constrained resources and to successfully implement patient-centered care (PCC)², barriers must be addressed at all levels of care.^{3,4} Up to now, there has been a lack of comprehensive investigations and concepts on which barriers and facilitators are relevant for PCC.⁴

Our study examines the current understanding and determinants of PCC from decision maker's perspectives in health and social care organizations (HSCO) in Cologne, Germany.⁵

METHOD

Semi-structured face-to-face interviews were conducted with clinical and managerial decision makers (n=24) from multiple HSCO in Cologne, Germany. Participants were recruited via existing contacts to practice partners, cold calling, and snowballing based on a maximum variation sampling strategy varying by HSCO types. The qualitative interviews were recorded, transcribed verbatim, and analyzed according to qualitative content analysis approach. Aspects of communication at different levels of care were considered for this analysis.



DISCUSSION

The results provide information on decision maker's understanding and determinants of PCC in multiple HSCO contexts. The interviews revealed that aspects of communication determine PCC at all levels of care: the *macro level* (e.g., no financial compensation for patient communication), the *meso level* (communication within and between HSCO, e.g., formal structures for communication - such as regular case meetings - and an informal communication culture - e.g., open and short way communication with each other), and the *micro level* (communication between providers and with patients, e.g., communication skills). The results provide starting points for health and social care redesign towards more PCC. Improving communicative skills of providers and building structures and a culture of communication within HSCO have proved to be important starting points.

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