Background
Redesigning health and social care towards patient-centered care (PCC) is a topic on the political agenda in many countries. Various health care providers proclaim that they provide PCC. Even though several concepts of PCC exist, the concept remains diffuse. Additionally, existing models were either not developed in cooperation with patients or addressed only specific settings of care. The aim of this study was to provide a comprehensive understanding of the attributes characterizing PCC from the patients’ perspective.

Methods
Semi-structured individual interviews were conducted with patients suffering from at least one chronic disease. Patients were recruited via newspaper advertisement, physician offices and nursing homes. Maximum variety sampling was used to represent different types of diseases, age groups, and personal life situations. The interviews were audiotaped, transcribed verbatim, and analyzed according to qualitative content analysis approach using MAXQDA. Coding schemes were developed deductively based on existing models of PCC and refined inductively through the analysis.

Results
25 patients with chronic diseases (e.g. diabetes mellitus, cancer, COPD, depression) participated in individual interviews with an average duration of 44 minutes. Participants’ age ranged from 20-75 years, 32% were male, and 11 (44%) participants had a degree of disability of ≥40%. Based on data coding, participants’ statements could broadly be clustered into three levels: micro, meso and macro level of attributes which characterize the implementation of PCC.

Macro Level (e.g. health care system, health policy, laws)
I have so many medical papers, sure. I sorted and stored them at home, but especially with these thrombosis things [coagulation disorder]. Yes, but there should be something uniform so that you can provide your physician with a complete medical file. Yes, because […] often when I am asked about my medical records I cannot remember which year it was and I have to look it up […] do not know whether this [digital uniform medical record] would be possible regarding data protection laws.

Meso Level (e.g. health care organisations)
And that it really plays an important role what kind of insurance you have. Many (care provider) ask ‘which is your sickness fund?’ and this gives you a bad feeling.

Micro Level (e.g. individual interactions between patient and care providers)
I think it should be controlled by some institution and physicians should not be in competition […] such a public health system where physicians are unirrible civil servants […] then privately insured patients would not be abused as employment creation measures.

Discussion
Results illustrate that existing models of PCC include a variety of characteristics of PCC, but should be adapted as such that more actors are addressed including e.g. policy makers, insurance companies or self-help groups. In addition to the processes of care, providing effective care is a core element of PCC that is currently not emphasized sufficiently. The results provide starting points for health care redesign towards more PCC based on patients’ suggestions.