A Patient-Centered Approach: A Step in the Right Direction

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I was struck by the title of the most recent position statement of the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD): "Management of Hyperglycemia in Type 2 Diabetes: A Patient-Centered Approach."[1] The newly published statement, which is reprinted in this issue (p. 154), expands on previous position statements regarding the notion that treatment goals should be individualized based on patient-specific considerations, including, but not limited to, comorbidity burden, life expectancy, disease duration, and potential risks of hypoglycemia.[1] The statement not only speaks to the individualization of treatment goals, but also advocates for patient involvement in the medical decision-making process, stating, "In a shared decision-making approach, clinician and patient act as partners, mutually exchanging information and deliberating on options, in order to reach a consensus on the therapeutic course of action."[1]

Reading the new position statement immediately reminded me of a thought-provoking YouTube video that was forwarded to me several months ago by a pharmacy colleague. The video, titled "Minimally Disruptive Medicine," is a recorded symposium delivered by Dr. Victor Montori at the 2009 Transform symposium sponsored by the Mayo Clinic Center for Innovation.[2] In this video (a well-spent 15 minutes!), Dr. Montori discusses reasons why patients often do not comply with their treatments. He then discusses his approach to engaging patients to more actively participate in making choices related to their personal health care—the so called "shared decision-making" approach mentioned in the position statement. Dr. Montori and his colleagues have even established a Web site (www.kercards.e-bm.info) from which tools can be downloaded to help facilitate patients' engagement in the shared decision-making process.

Why is this shared decision-making process so important? It is known that medication-taking is a cornerstone of managing chronic disease and that, as the number of chronic conditions increases, the number of prescribed medicines also increases.[3] Unfortunately, it is also known that, as the number of prescribed medicines increase, fidelity to treatment regimens decreases.[3]

Medication-taking priorities often differ between patients and providers. Although providers may strive toward the optimization of outcomes and achievement of treatment goals, patient priorities may be quite different, with factors such as quality of life, level of functioning, and decreased treatment burden (the foundations of Minimally Disruptive Medicine) often trumping clinical goals. Many factors can affect the medication-taking behaviors of individuals with chronic conditions, including their individual views of their disease and their medications, the nature of their medication-related discussions with their health professionals, and, ultimately, their perceptions and past experiences with medications.

In his video, Dr. Montori touches on the issue of pay-for-performance health care and how pressures placed on physicians to meet treatment

goals (such as A1C targets) may have an extremely negative effect on physician-patient relationships.[2] I was pleased to see that the most recent ADA/EASD position statement notes that utilizing the percentage of patients with diabetes who are achieving an A1C of < 7.0% as a quality indicator, as promulgated by various health care organizations, is inconsistent with the emphasis on individualization of treatment goals.[1] Shared decision-making with patients can bring such issues to the forefront to improve treatment fidelity and, perhaps more importantly, the clinician-patient relationship.

A notable quote from the statement reads, ". . . the desires and values of the patients should also be considered, since the achievement of any degree of glucose control requires active participation and commitment."[1] Although appropriate glycemic control is important, the burden of monitoring and medication use ultimately falls on patients; thus, their involvement is crucial at the forefront of any and all treatment decisions.

It is important to note that the adoption of a truly patient-centered approach will require providers to actively engage patients and invite them to participate in dialog regarding their treatment. Although this may seem like a paradigm shift, the notion of patient-centered care is not a new concept, as evidenced by Francis Weld Peabody's famous 1927 quote, "The treatment of a disease may be entirely impersonal; the care of a patient must be completely personal."[4]

Although implementing a truly shared decision-making approach may present challenges in time-strapped clinical practices, patient-centered care is ultimately in the best interests of our patients and a step in the right direction.

References

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