



Person-Centered Care as a Cornerstone of Value-Based Payment: Five Guiding Principles

By their very nature of promoting value over volume, Alternative Payment Models should serve as a vehicle for driving patient-centered care delivery. That tenet has been a primary goal of the health care payment reform movement: to advance person-centered care that improves the care experience for individuals and caregivers, meeting their diverse needs, and enabling them to engage effectively in their care planning and overall wellbeing. Improving patient experience is a key element of the Triple Aim's quality improvement objective. However, the Triple Aim does not expressly address health equity as part of improved patient experience. Thus, the principles outlined below acknowledge the importance of leveraging payment and delivery reform to address historic and structural racism and other systems of oppression (including but not limited to discrimination based on gender, disability, age, etc.) in health care delivery.

The Health Care Transformation Task Force's Patient Centered Priorities Work Group developed the following Guiding Principles to help health care organizations assess their current practices and develop strategies to operationalize effective, person-centered care programs and policies and advance health equity. Health equity is not only one discrete objective; it is a cross-cutting value that must be pursued through all these principles and in every phase of access to and delivery of care.

Guiding Principles:

- 1) Effective value-based health care delivery systems elevate person-centered care, including individuals and care givers as active partners in all aspects of their health care decisions and continuously building consensus perspectives of individuals - including those typically underserved - into health care organization level product design, and care delivery operations.
 - a. Person-centered care is attentive to and respectful of an individual's preferences, needs and values. It establishes a comfortable environment for individuals that allows them to meaningful engage in their care planning and delivery and is responsive to inequity individuals may experience based on race, gender identity, national origin, or other factors.

- b. Individuals accessing health care services are both patients and consumers. These Guiding Principles are more focused on individuals in their role as patients, while the Task Force's [Principles for Consumerism in Value-Based Care](#) focus more directly on person-centric and equitable consumerism approaches to value-based care.
- 2) Person-centered, value-driven health care organizations actively pursue health equity for all. Such organizations recognize the impact of structural racism and other systems of oppression on health care access and delivery, and recognize the role they play in identifying and addressing existing inequities.
 - a. Achieving health equity is a process and outcome where everyone has a fair and just opportunity to be as healthy as possible. Equity differs from equality in that those who have traditionally been denied equal access and have greater needs and fewer resources may require more or different – not necessarily the exact same – effort and resources to equalize opportunities.
 - b. As a starting point to addressing health equity, effective initiatives advance a robust and secure data collection infrastructure that can be easily contributed to and accessed by individuals, family caregivers, providers, payers, and community-based organizations and which respects patient expectations for privacy and consent for disclosure.
- 3) Person-centered, value-driven health care organizations engage in value-based payment models that advance a simplified, easy to navigate system which provides culturally congruent care and benefits individuals, caregivers, and communities.
 - a. In a person-centered system, consumers have meaningful choices, access to affordable care, visibility into costs and impacts, information and support for decision-making, and multiple ways to access integrated health and social service care, including telehealth enabled services.
 - b. Culturally congruent care is care that is delivered in line with a person's preferred cultural values, beliefs, worldview, and practices.
 - i. To advance culturally congruent care, organizations work to train, recruit and hire a diverse provider network that is representative of the communities served.
- 4) Person-centered, value-driven health care organizations include continuous quality improvement procedures that incorporate quantitative and qualitative patient feedback and patient-desired outcomes representative of diverse populations.
- 5) Alternative payment and care delivery models are designed to effectively facilitate communication and data sharing between individuals and their caregivers, their care teams, providers, payers, and community-based organizations.
 - a. This includes leveraging available technology to ease the secure transmission and transparency of and access to data - with the individual's consent - between individuals, caregivers, providers, and plans.