

REVIEW

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Current scientific approaches to understanding patient-centered healthcare

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ABSTRACT

Demographic changes, the digitalization of society and medicine, and economic crises have created an urgent need to shift from a biomedical healthcare system focused on diseases and medical technologies to new models of healthcare delivery. When discussing new concepts of healthcare development, terms such as patient-centeredness and patient-centered medical care are frequently used, but without clear definition.

To analyze the terminology related to the development of patient-centered healthcare at the present stage.

The reference sources were reviewed and selected using keywords and their combinations in Russian and foreign electronic library systems and databases.

The analysis has shown that patient-centeredness is considered in several contexts: as a conceptual framework for healthcare development, a healthcare delivery model, a principle of healthcare organization, and a defining characteristic of healthcare services, medical institutions, and healthcare professionals. The fundamental characteristics of patient-centeredness include treating patients as individuals, considering their lived experiences, collaborative decision-making, and effective communication between patients and healthcare providers.

Patient-centeredness is the basis of many healthcare concepts and models, which have similar ideological foundations. It may be considered as a principle of healthcare provision, which is based on the high responsiveness of the healthcare system and its representatives at all levels to the patient's wishes regarding the process and results of the provision of healthcare services, as well as advanced healthcare capabilities.

Keywords: patient-centeredness; patient-centered healthcare; prioritization of patient interests.

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НАУЧНЫЙ ОБЗОР

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Современные научные подходы к пониманию пациентоориентированности здравоохранения

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АННОТАЦИЯ

Изменения демографии, цифровизация общества и медицины, кризисные явления в экономике обусловили актуальность перехода от биомедицинской системы здравоохранения, сфокусированной на болезни и медицинских технологиях, к новым моделям оказания медицинской помощи. При обсуждении новых концепций дальнейшего развития здравоохранения активно используются понятия «пациентоориентированность», «медицинская помощь, ориентированная на пациента» и другие, однако отсутствует чёткое определение данного термина.

Цель данного исследования — анализ понятийного аппарата, связанного с развитием пациентоориентированности здравоохранения на современном этапе.

Поиск и отбор необходимых источников провели с использованием российских и зарубежных электронно-библиотечных систем и баз данных по ключевым словам и их комбинациям.

Анализ источников показал, что понятие «пациентоориентированность» рассматривается в аспекте создания концепции (системы взглядов) развития здравоохранения, модели оказания медицинской помощи, принципа организации медицинской помощи и характеристики медицинской помощи, медицинского учреждения или сотрудника. К основным характеристикам пациентоориентированности относят: отношение к пациенту как к личности, учёт опыта пациента, совместное принятие решений, обеспечение эффективной коммуникации между пациентом и врачом.

Пациентоориентированность является основой множества концепций и моделей развития здравоохранения, которые имеют схожие идеологические основы. Это позволяет рассматривать её как принцип предоставления медицинской помощи, который основывается на высокой отзывчивости системы здравоохранения и её представителей на всех уровнях к пожеланиям пациента относительно процесса и результатов оказания медицинских услуг, а также современных возможностях здравоохранения.

Ключевые слова: пациентоориентированность; пациентоориентированное здравоохранение; приоритет интересов пациента.

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BACKGROUND

The primary mission of medicine has always been to help an individual patient. "Treating the patient, not the disease" is a foundational principle of healing that dates back to Hippocrates. In Russian healthcare, this approach was supported and promoted by prominent clinicians such as M.Ya. Mudrov and S.P. Botkin. However, the development of medical science and technology has led to the emergence of a biomedical paradigm, which prioritizes technological solutions and promotes a physician-centered model of healthcare [1]. At the same time, a key feature of the current stage of societal development is the growing importance of an individual to national development. A country's potential—including its cultural, labor, defense, and economic resources capable of ensuring a positive vector of development—largely depends on public health, which, in turn, is determined by the level of public health, which is based on the health status of each individual. In this context, there is active discussion about shifting from a biomedical healthcare system focused on disease and medical technologies to new models of medical care delivery [2]. Researchers highlight several factors underlying the relevance of seeking conceptually new directions for the development of medicine:

1. The overall growth of consumer attitudes in the society, leading to increased patient expectations for staff responsiveness and comfort during medical care [3, 4].
2. Characteristics of the current demographic situation, especially the growing number of elderly individuals, which place new demands on communication with patients during medical care delivery [5].
3. The interest of national health systems in reducing financial costs, which increases the importance of patient-centered outpatient technologies that consider the needs and capacities of the individual patient [1].
4. Broad access to information on health, medicine, and healthcare system for consumers, made possible by the development of information and communication technologies [6–8].
5. The persistent problem of unequal access to medical care for the population [1, 9].

These challenges have led to a growing interest among researchers in new approaches to medical care delivery that prioritize patient interests and autonomy [10]. One of the most relevant trends in this regard is patient-centeredness, which implies that the patient is not a passive recipient of medical intervention but an active participant in managing their health and care [6]. This approach is expected to improve satisfaction among both patients and healthcare professionals, reduce per capita healthcare expenditures, and ensure both effectiveness and justice [11–13].

AIM

The study aimed to analyze the conceptual system related to the development of patient-centeredness in the current stage.

METHODS

The search and selection of relevant sources were conducted using electronic library systems and databases, including Russian (eLibrary.Ru, Rossiyskaya Meditsina, Konsultant Vrach, BukAp, Russian State Library, PIMU Digital Library) and international platforms (PubMed, Springer). The following keywords were used: *пациентоориентированность здравоохранения* (*patient-centeredness of healthcare*), *пациентоориентированное здравоохранение* / *patient centered healthcare*, *пациентоориентированность и цифровая трансформация здравоохранения* / *patient-centered healthcare and digital transformation*, *PCC*. Using all possible combinations of keywords, as well as logical operators and a filter system (by classification and chronology), a total of 3,359 documents were reviewed. Based on the search results, 53 sources (scientific articles and monographs) by Russian and international authors were selected for this review.

RESULTS

Our analysis of the available publications demonstrated that, in addition to the term *patient-centeredness*, several conceptually similar terms are used in discussions on the need to enhance the patient's role in the diagnostic and treatment process. These include person-centered care [14, 15], patient-centric/patient-centered medicine [16, 17], patient-centered framework [18], patient pathway [19], and integrative conceptual framework [20, 21]. Martyushev-Poklad et al. distinguish between the terms: *patient-centeredness* and *patient-centered care*, emphasizing that the latter implies active patient involvement in managing their health, including the availability of all necessary powers and tools [22]. Another approach views the patient as an integral part of the family. For example, patient- and family-centered care is defined as "a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care" [23].

The term *patient-centricity* is also widely used. An analysis of the relationship between the concepts of *patient-centricity* and *patient-centeredness* did not reveal clear distinctions in their usage: some sources treat these terms as synonyms [24], whereas in other cases, *patient-centricity* is presented as a narrower concept, describing only the direct interaction between the patient and the healthcare provider, based on the principles of partnership and attention to the patient's emotional state [25]. As part of this approach,

the National Institute for Quality included patient-centricity requirements in its Recommendations (Practical Guidelines) for Organizing Internal Quality Control and Safety of Medical Activities When Handling Citizen Appeals, emphasizing the need for public and individual information provision and the formalization of informed voluntary consent for medical interventions [26].

The term personalized medicine (also referred to as precision or individualized medicine) has a slightly different meaning. It refers to the development of a medical care plan—including treatment strategies, selection of pharmacotherapy, and preventive measures—based on the patient's individual characteristics, primarily genetic factors, sex, and age [27]. The ethical imperative of personalized medicine lies in prescribing the right drug in the right dose at the right time according to the patient's molecular profile [28]. It has been noted that an important aspect of the personalized medicine development is working with the patient's family to facilitate understanding of genetic information, responses to genetic testing, and health-related decision-making. In this context, the traditional physician–patient relationship transforms into a consulting physician–healthy individual dyad [29]. Thus, *personalized medicine* retains a biomedical approach to treatment and prevention, albeit on a new level of cellular and biomedical technological development. Personalized medicine is one of the characteristics of the 6P medicine concept (personalized, participatory, public, predictive, preventive, and psychocognitive), which integrates biomedical and patient-centered perspectives based on the recognition of the value and importance of the patient's status [30].

DISCUSSION

Despite the widespread discussion of the relevance of patient-centeredness in contemporary healthcare, there is currently no universally accepted definition of the concept [2]. In this regard, the analysis of the available publications allowed identifying the main approaches that the researchers use to interpret the term *patient-centeredness*.

Patient-centeredness as a healthcare concept implies viewing the patient as a person with individual life goals and resources, possessing equal rights with the health care provider, rather than as an object. Healthcare professionals support the patient in caring for their health, taking into account the patient's life goals, experience, and capacities, while health itself is viewed as a resource for daily life [31]. The concept of patient-centered care is based on empathy, respect, engagement, communication, shared decision-making, a holistic and individualized approach, and the importance of coordination and continuity of care. The ultimate goal of the healthcare system in this model is to ensure a full and functional life for a patient [14].

In contrast to this approach, the concept of person-centered care moves away from the term *patient* and focuses

exclusively on the concept of *person*, thereby prioritizing the mental component of life as the primary objective of medical care [14].

The concept of value-based healthcare (a term introduced by M. Porter) is based on the values of patients, primarily as clients or consumers, and in their expectations toward healthcare institutions. In this case, the emphasis is not on the number of provided services but on the outcomes of treatment that are important for an individual patient, such as the speed and accuracy of diagnosis, the potential for complete recovery, the occurrence of side effects, and the time required to return to work [32].

Thus, according to several authors, the concept of patient-centeredness is considered in parallel with related sets of views for the development of medicine that emphasize the consideration of patients' needs, preferences, prospects, and individual experience, whereas enabling them to contribute to and participate in their treatment through strengthened partnership and mutual understanding in the patient–physician relationship [33].

In a review by Bruce et al. [34], the following defining characteristics of patient-centered healthcare and potential criteria for their assessment were identified:

Patient's experience: the experiences and feelings of a patient during the medical care process, which may be reflected in subjective (e.g., pain control) and objective (e.g., wait time) measures;

Patient's engagement: the patient's attention, interest, and involvement in the exchange of information. An objective criterion may include the frequency and depth of use of digital mobile health (mHealth) applications;

Patient's activation: a patient-centered treatment outcome measure encompassing the physical and psychological actions related to health, such as regular physical activity prompted by information about the importance of increasing exercise. Engagement and activation are different concepts: for example, a patient may be interested in information about the benefits of physical activity (engagement is present) but not yet ready to start exercising (no activation);

Satisfaction: compliance of the conditions and results of medical care delivery with the expectations of patients. The review authors note that satisfaction, as a quality indicator, has a specific feature: it is based on the patient's experience. According to research, patient satisfaction is primarily influenced by interpersonal communication rather than by formal aspects of medical care organization and delivery [35]. Consequently, patients may be satisfied with care that health professionals consider to be of low quality, and vice versa.

Other researchers who study the concept of patient-centered healthcare also emphasize the importance of appropriate characteristics in healthcare providers. These include the ability to work in multidisciplinary teams, clearly defined tasks and roles for professional participants, interpersonal communication skills, and the creation

of the culture of mutual respect within the team [21]. Thus, based on theoretical works on personnel management [36], where the global system of values is referred to as its organizational philosophy, it is evident that fostering a philosophy grounded in patient-centeredness is essential. Accordingly, formation of this philosophy should be a priority in the training systems for the healthcare workers [37].

As an important addition to the development of the patient-centered healthcare concept, Russian researchers highlight the importance to ensure both short- and long-term benefits for the patient [38], as well as the optimization of out-of-pocket expenditures [39].

Patient-centeredness as a model of medical care delivery involves addressing the complex needs, prospects, and preferences of patients [40]. In a broader sense, it refers to a model, where healthcare providers are encouraged to collaborate with patients to co-design and deliver personalized care that ensures access to high-quality services and enhances the efficiency and effectiveness of the healthcare system [41]. Authors also note discrepancies in the understanding of patient-centered care model—from an interpersonal concept focused on incorporating patient preferences into all clinical decisions, to a business-model oriented on customer service and providing patients with access to care at a convenient time and place [42].

According to the study by Santana et al. [41], the patient-centered model of medical care delivery includes the following essential characteristics:

- Creating a culture of patient–healthcare provider interaction that emphasizes patient-centeredness, recognition of patients' experiences and knowledge, incorporation of diversity in patient interactions, and promotion of human dignity for both patients and healthcare providers, thereby enabling both parties to understand their rights and responsibilities;

- Engaging the public as healthcare consumers in the design, development, and implementation of health promotion and prevention programs;

- Creating a supportive PCC environment, including collaboration with patients and staff in facility design, provision of comfortable waiting areas, and prioritization of patient and staff safety during care delivery;

- Supporting information systems that enable safe and effective health information exchange across providers and patients;

- Providing timely feedback to improve the quality of medical care, including complaints, compliments, evaluation, and monitoring;

- Creating motivational factors for healthcare professionals.

Creating a patient-centered model of medical care delivery should also involve the development of appropriate infrastructure that ensures effective interaction not only between the patient and the physician within the healthcare facility, but also with auxiliary services and departments

responsible for patient care outside the facility [43]. In addition, this model may include devices for continuous health monitoring. These measures are intended to ensure continuity of care both within healthcare institutions and in a home setting [3].

In the practice of Russian healthcare, a new model of a primary healthcare organization—commonly referred to as a lean polyclinic—is cited by several authors as an example of a patient-centered care model. This model is based on the prioritization of patient interests and satisfaction and incorporates organizational and service-related attributes of care delivery [44].

Patient-centeredness as a characteristic of healthcare system participants. Different conditions and types of medical care may emphasize different components of its structure, but the general ideas of patient-centeredness are universal and do not require significant adaptation [45]. In this regard, a proposal has been made to establish a certification system for patient-centered healthcare institutions, including 26 criteria and 111 measurable elements [46]. Patient-centeredness is therefore viewed as a defining characteristic of a healthcare institution. Additionally, several authors consider patient-centeredness as a professional characteristic of healthcare providers, defined as the degree of taking into account the lawful and reasonable interests of patient in practical activities, and should have a quantitative assessment methodology [47].

Thus, the concept of patient-centeredness is currently viewed by researchers as a conceptual framework for the development of healthcare, as a model of medical care delivery, and as a characteristic of participants within the healthcare system (a healthcare institution or its staff). As shown by the review, all the mentioned approaches to understanding patient-centeredness contain similar characteristics of this concept. Some of these features, in our view, can be considered as goals and others as mechanisms for achieving it. Goals of patient-centeredness in medical care:

- Prioritization of patient interests during medical care delivery, including physical, mental, family-related, time-related, and financial aspects;

- Achievement of both short-term and long-term goals of medical care as defined by the patient;

- Active patient involvement in decision-making at all stages of care delivery;

- Increased patient satisfaction with the care received.

- Mechanisms for optimizing patient-centeredness in medical care delivery:

- Establishing feedback mechanisms with patients;

- Maximizing patient access to information related to their medical care;

- Ensuring patient comfort at all stages of care delivery;

- Promoting an organizational philosophy among healthcare team members that is grounded in patient-centered values.

Key challenges in optimizing patient-centeredness

Despite broad support for the concept of patient-centeredness from the public, the scientific community, and healthcare providers, a number of challenges arise during its implementation in practice [48]. The most significant of these include:

Problems caused by difficulties in interaction between healthcare providers and patients [49, 50]. According to Santana et al. [41], one of the key reasons for these difficulties in communication between healthcare professionals and patients is the lack of emphasis on patient-centeredness in medical education. A key challenge lies in the need for an innovative approach to designing such training programs, as they, in accordance with the core tenet of patient-centeredness, should be co-designed with patients, endorsed by key stakeholders, and include not only medical students but also providers, volunteers, and allied professionals to support a comprehensive shift in the culture of interaction. It has been noted that training programs should be designed to continue through informal learning, ongoing leadership development, and mentorship and role modeling, ultimately resulting in a greater impact on cultural change [41]. In developing such training programs, it is also important to consider the sociodemographic characteristics of healthcare professionals: higher levels of patient-centered attitudes have been observed among female physicians and those working in hospitals that provide high-tech medical care [51].

Misalignment between workload, financial incentives, and principles of patient-centeredness. A major systemic barrier to the implementation of patient-centered care is the high workload and professional burnout experienced by healthcare professionals [49]. In addition, according to a study by Liang et al., a higher level of patient-centeredness is observed among physicians who are more satisfied with their income [51]. Accordingly, within the framework of a patient-centered healthcare system, new payment mechanisms are needed, as most current primary care reimbursement models incentivize physicians to increase the number of patient visits, and reducing the time spent with each patient [41]. Alternative payment models have been proposed that compensate physicians for managing their patients' health rather than for individual services provided during visits. These models take into account patient risk adjustment, preventive testing, and efforts to promote healthy lifestyles [3, 17].

Issues related to inadequate material and technical resources. These challenges primarily concern registration

systems, patient routing, and the comfort of waiting areas, i.e., factors that determine the overall comfort and accessibility of care [49].

Several authors have also emphasized the *insufficient exploration of how the development of digital communication technologies affects interactions within the patient-centered care model* [43, 48, 52]. Given the growing role of information technologies in both everyday life and the organization of medical care delivery [53], this issue clearly requires focused sociomedical studies.

CONCLUSION

Patient-centeredness serves as the foundation for several ideologically aligned concepts and models for the development of healthcare, which allows it to be viewed as a fundamental principle of medical care delivery. This principle is based on the high responsiveness of the healthcare system and its representatives at all levels to patients' preferences regarding both the process and outcomes of care, as well as on the current capabilities of the healthcare system.

It is important to emphasize that this approach is reflected in Federal Law No. 323-FZ dated November 21, 2011, *On the Fundamentals of Health Protection in the Russian Federation*, Article 4 of which declares the prioritization of patient interests in the provision of medical care as one of the core principles of health protection for citizens in the Russian Federation.

ADDITIONAL INFORMATION

The author's contribution. T.E. Romanova: conducting research, working with data, writing a draft, reviewing and editing the manuscript. The author approved the manuscript (the version for publication), and also agreed to be responsible for all aspects of the work, ensuring proper consideration and resolution of issues related to the accuracy and integrity of any part of it.

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