



# IMPROVEMENT STRATEGIES MODEL: HIGH QUALITY PRIMARY HEALTH CARE: PERSON- CENTEREDNESS

Led by: **BILL & MELINDA  
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## CORE PRINCIPLES OF PRIMARY HEALTH CARE

High-quality primary health care systems consistently deliver services that are trusted and valued by the people they serve and improve health outcomes for all. (1-4) High-quality primary health care is the outcome of strong service delivery and the result of well organized and managed services, backed by a strong system and adequate inputs, such as human resources, infrastructure, and drugs and supplies. This module focuses on what systems, policies, and infrastructure should be in place to ensure the delivery of high-quality primary health care services. Within the PHCPI framework, five core functions underpin high-quality care delivery in primary health care systems. These include first contact accessibility, coordination, continuity, comprehensiveness, and person-centeredness. (2,5) Improving the delivery of these functions is central to obtaining the benefits of person-centered primary care systems. (2,4,6)

High-quality care is often least accessible to the most vulnerable groups, and therefore ensuring the delivery of high-quality primary health care involves taking into account the wide array of individual and/or community socioeconomic characteristics—including poverty, gender, sex or sexual identity, caste, ethnicity, age, and race. (4) These social determinants may have a significant impact on the delivery of care within or between countries, and improvement may require concomitant efforts to improve social disparities.

### FIRST CONTACT ACCESSIBILITY

High-quality primary health care can meet 90% of population health needs (1,2) and should be the first point of contact or entry-point to the health system for most health needs, most of the time. To be an effective first point of contact, primary health care must consistently delivery services that users trust, value, and can easily access.

### CONTINUITY

Continuity refers to a long-term healing relationship between a person and his or her primary care provider or care team over time. Continuity creates an environment in which patients experience discrete health care events as coherent, connected, and consistent with their medical needs and personal context throughout their life course. There are at least three types of continuity considered to be important for primary care (7): Relational continuity - An ongoing therapeutic relationship between a patient and one or more providers; Informational continuity - The use of information on past events and personal circumstances to make current care appropriate for each individual; and Management continuity - The extent to which services delivered by different providers are timely and complementary such that care is experienced as connected and coherent. It can also be thought of as a consistent and coherent approach to the management of a health condition that is responsive to a patient's changing needs.

### COMPREHENSIVENESS

Comprehensiveness refers to the provision of holistic and appropriate care across a broad spectrum of health problems, age ranges, and treatment modalities. (2,8,9) High-quality primary health care treats the 'whole' person within their family, cultural, and community context - delivering a wide range of preventive, promotive, disease-management, and rehabilitative services. (10,11) To address an individual's full range of needs - taking into account the political, economic, social, and environmental determinants of health - a wide scope of services must be available and integrated across levels of care and between the health and non-health sectors.

## **COORDINATION**

Coordinated care is an integrating function that includes appropriate management of care between providers and across levels of care and time. (2,10,12) High-quality primary health care is coordinated around a person's needs and preferences throughout treatment and across various care sites. Coordination ensures appropriate follow-up treatment, minimizes the risk of error, and prevents complications. Coordination of care often requires proactive outreach on the part of health care teams as well as systems for informational continuity.

## **PERSON-CENTEREDNESS**

Person-centered care is organized around the comprehensive needs of people rather than individual diseases. It engages and empowers people in full partnership with health care providers in promoting and maintaining their health. Person-centered care considers a patient's social, career, cultural, and family priorities as important facets of health. Understanding system performance from the perspective of the user of the system is critical to assessing overall function as well as improvement initiatives.

## **HIGH QUALITY PRIMARY HEALTH CARE: WHAT ARE THE KEY PRINCIPLES?**

The following principles should be prioritized simultaneously to improve the design of health systems that promote high-quality primary health care.

### **PERSON-CENTEREDNESS**

While there are many supply-side considerations for first contact access at the system and organizational-level, services that are acceptable (trusted and of-value) from the patient perspective will make it more likely that patients will seek services. Person-centeredness is an important function for improving the capacity of PHC systems to deliver services that are trusted and valued by patients. Person-centered health-systems engage people as equal partners in promoting and maintaining their health in a way that integrates the existing cultural context such as attitudes, beliefs, and concerns. However, in order to be empowered users of the health system, patients must have the ability to make informed decisions and participate in their own care. While there are a varying degrees of improvements to be made to achieve person-centered health systems to the fullest extent, a minimum level of acceptability (trust and value placed in the system) must be in place for primary health care to be utilized as the first point of contact.

### **PRIMARY HEALTH CARE AS THE FIRST POINT OF CONTACT**

The capacity of PHC to effectively serve as the first point of contact hinges on the consistent delivery of high-quality comprehensive care that is trusted and valued by users. However, comprehensive care will not in itself translate to better health outcomes if it is not utilized as first contact care. In order for patients to receive high-quality primary health care, primary care facilities must be both accessible, (facilities are physically present and accessible to populations in terms of geographic proximity, cost, and convenient hours of operation and waiting times) and acceptable (trusted and valued by users). From the system level, this is influenced by the creation and enforcement of national standards and guidelines (across private and public sectors), the skill and motivation of the primary health care workforce, and the availability of inputs, infrastructure, and information systems. From the patient-perspective, utilization is influenced by contextual factors at the individual and local level, including social and cultural norms and beliefs and decision-making capacity. With these foundational elements in place, service delivery activities, such as empanelment and proactive population outreach, help to facilitate primary care as the first point of contact and enable coordination across the continuum of care.

## INTEGRATED CARE DELIVERY SYSTEMS

To best meet the complex needs and preferences of populations, primary health care services should be comprehensive. Integrated health service delivery is an approach to strengthening person-centered health systems through the delivery of comprehensive services, coordinated around the needs and preferences of a person throughout their life course and care settings. (13,14) Integrated models that offer a more comprehensive set of skills and services at the frontline (including diagnostic, pharmaceutical, behavioral, and rehabilitative services) can help to increase the efficiency and timeliness of primary health care, increasing the capacity of primary care to serve as the first point of contact (15-17) Integrated models are strengthened by the use of referral networks and interoperable information systems that promote bi-directional communication channels.(18-20)

## TOOLS & FRAMEWORKS

This subdomain focuses on the delivery of high-quality primary health care from the perspective of both the user and the system. High-quality primary health care is an outcome within Service Delivery - these functions of PHC are often a result of various elements within System, Inputs, and other components of Service Delivery. The framework below calls for a fundamental shift in the way health services are funded, managed, and delivered to promote universal access to high-quality person-centered care. The framework is adaptable to all countries and health systems.

## WHO FRAMEWORK ON INTEGRATED PEOPLE-CENTERED HEALTH SERVICES

The WHO Framework on Integrated People-Centered Health Services proposes five interdependent strategies for the development of responsive people-centered health systems that deliver high-quality, safe, and acceptable services for all. The below strategies are synergistic, a lack of progress in one area may undermine progress in another.

- ▶ **Empowering and engaging people and communities** - This strategy aims to empower individuals (including underserved and marginalized groups) with the opportunities, skills, and resources to make decisions about their own health and be empowered and engaged users of quality health services. It aims to enable communities to be actively engaged in co-producing healthy environments for individuals and be capacitated to delivery informal care that improves the health of communities (training and networks for community health workers, social participation, community delivered care).
- ▶ **Strengthening governance and accountability** - This strategy aims to strengthen governance using a participatory approach to policy formulation, decision-making, and performance evaluation at all levels of the health system. To reinforce good governance, a robust system for mutual accountability across stakeholders and a people-centered incentives system should be in place.
- ▶ **Reorienting the model of care** - This strategy calls for a people-centered approach to primary health care for the design and delivery of efficient and effective services that are holistic, comprehensive, and sensitive to social and cultural needs and preferences.
- ▶ **Coordinating services within and across sectors** - This strategy leverages multisectoral and intersectoral partnerships and the integration of health providers within and across settings and levels of care to promote care coordination. Coordination focuses on improving the delivery of care to better respond to the needs and demands of people.
- ▶ **Creating an enabling environment** - This strategy involves creating an enabling environment to bring all stakeholders together to transform all of these strategies into an operational reality. In order to effect change, this task involves a diverse set of processes in the domains of leadership and management, information systems, quality improvement methods,

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workforce development, legislative and policy frameworks, and health financing and incentives.

The policies and interventions that stakeholders adopt to achieve the realization of these strategies are context-specific, and as such will need to be developed according to the local context, values, and preferences of the country at the national, regional, and local level. An integrated people-centered approach to service delivery is essential for the achievement of five elements fundamental to universal health coverage:

- ▶ **Equity in access** - Everyone has access to the quality services they need everywhere, every time.
- ▶ **Quality** - Care is safe, effective, timely, and responsive to a comprehensive set of needs at the highest possible standard.
- ▶ **Responsiveness and participation** - Care is coordinated around people's needs and preferences and engages people as equal partners in their health affairs.
- ▶ **Efficiency** - Services are cost-effective and achieve an optimal balance of health promotion and in-and-out patient care to avoid duplication and waste of resources.
- ▶ **Resilience** - Health actors, institutions, and populations are capacitated to prepare for and effectively respond to public health crises.

More information on the Framework on integrated, people-centered approach, including the implementation approach and the role of stakeholders, can be accessed [here](#).

**What it is**What others  
have doneHow to get  
startedHow to  
succeed**PERSON-CENTEREDNESS**

Understanding system performance from the perspective of the user of the system is critical to assessing overall function as well as improvement initiatives. Person-centered care involves engaging with people as equal partners in promoting and maintaining their health and assessing their experiences throughout the health system, including communication, trust, respect, and preferences.

**WHAT IS PERSON-CENTEREDNESS AND WHY DOES IT MATTER?**

As a principle, person-centeredness posits that high-quality primary health care systems engage with people as equal partners in promoting and maintaining their health with trust at the foundation. (3) To be empowered users of the health system, patients must be educated and supported to make informed decisions and actively participate in their own care. (4,5) Person-centeredness is an important function for improving system performance from the perspective of the user. Person-centered systems contribute to a variety of benefits for both the user and the system including improved access to care, improved health and clinical outcomes, increased health literacy, higher rates of patient-satisfaction, improved job satisfaction among the health workforce, and more efficient and cost-effective services. (3,6) Listed below are central questions stakeholders should consider when planning and implementing system reforms and interventions that prioritize person-centeredness:

- ▶ In what ways can systems promote more person-centered care?
- ▶ What policies and infrastructure should be in place to support person-centeredness?

Person-centeredness is at the cornerstone of high-quality primary health care (3,7) and crucial to the functions of first contact accessibility, continuity, coordination, and comprehensiveness.

**IN WHAT WAYS CAN SYSTEMS SUPPORT MORE PERSON-CENTERED CARE?**

Person-centered health systems acknowledge patients as partners in their own care and support trusting patient-provider relationships. Person-centered care is organized around the comprehensive needs of people rather than individual diseases. It engages and empowers people in full partnership with health care providers in promoting and maintaining their health. Person-centered care considers a patient's social, career, cultural, and family priorities and determinants as important facets of health. Positive patient perception of patient-provider interactions and quality of care is associated with better health experiences (8-10) Various factors influence a patient's perception of technical and non-technical aspects of care including a patient's sociodemographic characteristics, health status, and culture. (11-13) Systematic factors that negatively influence a patient's perception of the quality of care relate to shortages of regular place of primary care, difficulties in communication with the primary care clinic, and a lack of coordination of care. (12) Addressing these gaps requires system-wide changes in the incentive structure and organizational culture of primary care systems to promote more person-centered care. (14) Key attributes of person-centered care involve: (6)

- ▶ Education and shared knowledge
- ▶ Involvement of family and friends
- ▶ Collaboration and team management
- ▶ Sensitivity to non medical and spiritual dimensions of care
- ▶ Respect for patient needs and preferences
- ▶ Free flow and accessibility of information

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The realization of these person-centered attributes of care depends on their integration into implementation strategies at the system and organizational level. Widespread implementation of person-centered care requires a restructuring of the incentive structure and vision at the system level to increase to capacity of facilities to achieve person-centered high-quality primary health care. (6)

### INTEGRATED PEOPLE-CENTERED HEALTH SERVICES

As outlined in the tools and frameworks section of this subdomain, the WHO Framework on Integrate-People Centered Health Services proposes five interdependent strategies for the development of responsive people-centered health systems that deliver high-quality, safe, and acceptable services for all. The below strategies are synergistic, a lack of progress in one area may undermine progress in another.

- ▶ **Empowering and engaging people and communities** - This strategy aims to empower individuals (including underserved and marginalized groups) with the opportunities, skills, and resources to make decisions about their own health and be empowered and engaged users of quality health services. It aims to enable communities to be actively engaged in co-producing healthy environments for individuals and be capacitated to deliver informal care that improves the health of communities (training and networks for community health workers, social participation, community delivered care).
- ▶ **Strengthening governance and accountability** - This strategy aims to strengthen governance using a participatory approach to policy formulation, decision-making, and performance evaluation at all levels of the health system. To reinforce good governance, a robust system for mutual accountability across stakeholders and a people-centered incentives system should be in place.
- ▶ **Reorienting the model of care** - This strategy calls for a people-centered approach to primary health care for the design and delivery of efficient and effective services that are holistic, comprehensive, and sensitive to social and cultural needs and preferences.
- ▶ **Coordinating services within and across sectors** - This strategy leverages multisectoral and intersectoral partnerships and the integration of health providers within and across settings and levels of care to promote care coordination. Coordination focuses on improving the delivery of care to better respond to the needs and demands of people.
- ▶ **Creating an enabling environment** - This strategy involves creating an enabling environment to bring all stakeholders together to transform all of these strategies into an operational reality. In order to effect change, this task involves a diverse set of processes in the domains of leadership and management, information systems, quality improvement methods, workforce development, legislative and policy frameworks, and health financing and incentives.

The policies and interventions that stakeholders adopt to achieve the realization of these strategies are context-specific, and as such will need to be developed according to the local context, values, and preferences of the country at the national, regional, and local level. More information on the Framework on integrated, people-centered approach, including the implementation approach and the role of stakeholders, can be accessed [here](#).

### AT THE SYSTEM LEVEL

Person-centered health systems empower people at the center of the health system. Stakeholders at the national, regional, and local level (i.e. policymakers, institutions, and providers) must be accountable to the needs and preferences of the populations they serve.(3) While health systems are highly context-specific, attributes of systems that prioritize person-centered care motivate change through external incentives and a broader strategic vision for better care. Key strategies for

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leveraging change at the system level to influence the achievement of person-centered care at the organizational level include: (6)

- ▶ **Public education and patient engagement** - System-wide strategies empower patients to take a more active role in the care process through education and engagement initiatives such as health literacy campaigns and opportunities for self-management. (15) Patients should be made aware of information tools and technology to enhance patient's decision-making role and promote informed choices. (6,16) Additionally, patients should be empowered and engaged in the health management process to keep stakeholders accountable to the tenants of person-centered care. More information on stakeholder accountability will be available in the **Social Accountability** module, to be released in 2019.
- ▶ **Public reporting of standardized patient-centered measures** - Systematic measurement and feedback mechanisms that assess patient experience are in place to hold organizations accountable and allow for the process of change. (6) Quality measurements are publically reported to incentivize performance improvement. (17) Regular monitoring and measurement systems are in place to measure patient perception of quality. Patient perception measures assess the impacts of changes and are used as a tool for progress. (12) The following patient-reported outcome tools may help stakeholders to better understand various patient reported health outcomes, available in multiple languages: [PROMIS-10](#), [PROMIS-29](#), [EQ-5D\(-5L\)](#), [VR-12](#), [SF-12](#), [SF-36](#), [WHO-5 Well-Being Index](#), and [WHOQOL-BREF](#)
- ▶ **Accreditation and certification requirements** - Programs restructure broader external incentives to incentivize organizations to deliver patient-centered care. Pre-defined standards of patient-centered care are built into quality assurance programs and physician quality recognition programs. (6)

## AT THE ORGANIZATIONAL LEVEL

The realization of person-centered systems depends on the availability and accessibility of a skilled workforce motivated to deliver comprehensive coordinated care throughout a patient's care experience. (3) Services should be well-communicated to patients and respond to their complex needs within and beyond a patient's care experience (18) Strategies designed to strengthen the capacity for person-centeredness and achieve person-centered care at the organizational level include:

- ▶ **Leadership and development training** - Leadership is unified in their commitment to sustain the organization in a common mission for person-centered care. The strategic vision of the organization is in alignment with national policies and is well-communicated to every member of the organization. Professional development training opportunities are in place to empower and increase the competency of the workforce to provide person-centered care.
- ▶ **Involvement of patients and families** - Patients and families are involved as full participants in their care and decisions related to their care at multiple levels.
- ▶ **Internal rewards and incentives and a supportive care environment** - The workforce treats patients and families with dignity and respect. Patients are surrounded by a supportive and nurturing space and actively engaged in the co-production of their health. The workforce are incentivized to provide person-centered care and held accountable to patient-experiences and feedback.
- ▶ **Training in quality improvement** - Ingrained quality improvement processes are in place for health workers at multiple levels in the organization. Health workers are trained in quality-improvement concepts and methods. Care teams are encouraged to be collaborative in their efforts for quality improvement through training and supervision. (19,20) Accountability

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systems are in place to ensure respect to for patient needs and preferences and sensitivity to nonmedical and spiritual dimensions of care.

- ▶ **Systematic measurement and feedback** - Participatory systems for measurement and feedback are in place to monitor the impact of specific interventions, such as patient and family councils on patient experience. Interventions are adapted and improved based off this information.
- ▶ **Practical tools derived from an expanded evidence base** - Supportive health information technology is in place to facilitate the transfer of information between patients and their caregivers. Care tools are used to improve the delivery of person-centered care, taking into account a patient's unique set of conditions and the specific social determinants of their health (i.e. longitudinal care plans and patient complexity tools). Complexity tools aid patients and providers in the coproduction of care plans that take into account barriers to everyday decision making and well-being with the goal to empower patients to live healthier lives. (21) More information on patient complexity tools can be found in the [Minnesota Complexity Assessment Method](#).

### WHAT POLICIES AND INFRASTRUCTURE SHOULD BE IN PLACE TO SUPPORT PERSON-CENTEREDNESS?

Person-centered reforms incorporate a rights-based approach to health systems strengthening, placing health as a human right at the core of the national health strategy. (3) This approach is vital for the realization of universal access to high-quality primary health care services and making progress toward the sustainable development goals. Achieving person-centered health systems requires sustained political commitment, collective engagement, and strategic processes and plans backed by effective information systems and resources for delivering high-quality person-centered care. (20,22) More information on the policies and infrastructure necessary to develop people-centered health systems and the role of cross-sectoral action for health can be found in the World Health Organization's Framework on [Integrated People-Centered Health Services](#) and in *Governance and Leadership*, forthcoming.

What it is

## WHAT HAS BEEN DONE ELSEWHERE TO IMPROVE PERSON-CENTEREDNESS?

What others have done

How to get started

How to succeed

### SAMOA - VILLAGE WOMEN'S COMMITTEES

In an effort to redesign the health system to better address the growing burden of chronic disease, Samoa is drawing from its long tradition of village-based governance (23) to shift away from a hospital-centric model and revitalize primary health care at the community level. (24,25) Since the 1920s, Village Women's Committees have played an important role in health promotion. Accordingly, the [PEN Fa'a Samoa Initiative](#) (Package of Essential Noncommunicable Disease Interventions Samoa) adapts the WHO package of essential noncommunicable disease (NCD) interventions to the local Samoan context through women-led, village-health activities to promote person-centered primary health care.

The PEN Fa'a Samoa initiative trains women in the village to measure key NCD metrics, detect at-risk individuals, raise awareness, and counsel about NCDs, and refer individuals to the health system for further care. To promote person-centered design and coordination across the health system, the PEN Fa'a Samoa pilot initiative was developed through a three-stage process.(26) In the first stage, the Samoan Ministry of Health, National Health Service, and the World Health Organization adopted national guidelines and adapted the PEN package to the Samoan context. Additionally, villages were instructed to designate up to three members of women as local facilitators. The local facilitators then partnered with health care workers to create cross-disciplinary outreach teams who followed up with at-risk individuals with a personalized management plan, risk factor consultation, or both. This initiative is in the process of scale-up, viewed as an opportunity to leverage a person-centered community-based approach to improve health outcomes and achieve universal health coverage. (24)

### SCOTLAND - SCOTLAND HOUSE OF CARE

Facing high-rates of dissatisfaction among patients and care staff and low rates of health literacy, Scotland implemented a series of interdependent strategies to improve person-centered primary health care services. (27) Scotland's House of Care program invokes an integrated model of health that combines community and social support to empower patients to be well-informed and equal partners in promoting and maintaining their own health. The program is supported by clear information pathways for both patients and providers to strengthen the interoperability of information systems, increase collaboration among care teams, and form linkages of support between patients and the community. This is facilitated in part through "A Local Information System for Scotland (ALISS)", a collaborative search engine that allows patients to share and locate key information and support services. (27)

At the core of the House of Care is a personalized, coordinated care plan. (28) The creation of a patient's care plan follows a series of consultations. On their initial visit, patients receive a full screening along with their results. At their follow up visit, patients engage in a care and support planning conversation with a health professional to set priorities and discuss the psychosocial aspects of their lives and together determine goals. Health professional teams are trained to support and collaborate with patients throughout the planning process and help link patients to local services and resources that support health and well being. (27,28) In sites where the House of Care has been implemented, patients report feeling an increase in their overall sense of well-being and both providers and patients have reported a higher perception of agency and meaningful engagement.

## WHAT QUESTIONS SHOULD BE CONSIDERED TO BEGIN IMPROVEMENTS?

The questions below may be a useful starting place for determining whether first-contact accessibility is an appropriate area of focus for a given context and how one might begin to plan and enact reforms:

### WHAT SYSTEMS OR PROCESSES ARE IN PLACE TO ENSURE THAT PATIENTS ARE EMPOWERED IN THEIR CARE AND ENGAGED IN THE PLANNING OF THEIR HEALTH SYSTEMS?

Person-centered systems defend people's right to health and the active participation in the planning and implementation of their health care. Policies, strategies, and plans are implemented across all levels of the health system to empower patients with the opportunities, skills, and resources to make informed decisions about their health and take a more active role in the care process through education and engagement initiatives (such as health literacy campaigns, personalized care plans, and institutional mechanisms that encourage citizen participation in policy formulation and evaluation). Patients should be made aware of information tools and technology to enhance their decision-making role and informed choice. Stakeholders (across the health system and between health and non health sectors) are unified by a shared vision to enact policies that promote equitable access to high-quality primary health care. Strong accountability mechanisms (strengthened by intersectoral action for health) and quality management infrastructure (including performance measurement systems incentivizing person-centered care) are in place to promote the realization of person-centered reforms. (20,22)

### ARE DATA COLLECTED ON PATIENT PERCEPTIONS OF CARE? IF THEY ARE, HOW ARE THEY USED?

To hold organizations accountable and allow for the process of change, systematic measurement and feedback mechanisms that assess patient experience should be in place. Quality measurements should be publically reported to incentivize performance improvement with regular monitoring and measurement systems in place to measure patient perception of quality. Patient perception measures should assess the impacts of changes and be used as a tool for progress.

### ARE THERE DEFINED STANDARDS FOR PATIENT-CENTERED CARE? IF SO, HOW ARE THEY BUILT INTO QUALITY ASSURANCE PROGRAMS? HOW ARE THEY MONITORED AND USED?

Broader external incentives should be structured to incentivize organizations to deliver person-centered care. This may involve setting new quality standards against person-centered performance indicators or building pre-defined standards of care into quality assurance programs and physician quality recognition programs. To create an enabling environment for patient-centered care, it is necessary to establish regulations that ensure providers and facilities deliver person-centered care. (3) Legal and regulatory frameworks that protect patient rights, establish social protection floors, and regulate the operation of facilities and providers (including required trainings, qualifications, and practice standards) should be enforced to strategize for person-centeredness as a part of the national health planning process. (29) In addition, quality management infrastructure should be in place at the national, regional and local level with a built-in capacity to measure and monitor person-centered care performance. (30)

## **WHAT TRAININGS SHOULD PROVIDERS AND MANAGERS RECEIVE IN PATIENT-CENTERED CARE?**

Standardized person-centered care trainings should be ingrained in all health care professional programs (including professional education and accrediting bodies). (30) In order to put knowledge into practice and transform workplace culture, continued professional education and mentorship opportunities should be made available. Health workers across all levels of care should receive frequent, supportive supervision to assess their competencies and make action plans for building new skills or bolstering existing ones. Throughout the process, care teams and patients should be encouraged to be collaborative in their efforts for quality improvement, for example through patient advisory groups and programs for providers and patients to provide feedback on the experience of care. (30) To promote person-centeredness, accountability systems should be in place to ensure respect for patient needs and preferences and sensitivity to nonmedical and spiritual dimensions of care (such as compassion cultivation programs). (30)

## WHAT ELEMENTS SHOULD BE IN PLACE TO SUPPORT EFFECTIVE IMPROVEMENTS?

### PRIMARY HEALTH CARE POLICIES AND QUALITY MANAGEMENT INFRASTRUCTURE

Governance is strengthened by a participatory approach to policy formulation, decision-making, and performance evaluation at all levels of the health system. To support the development of person-centered health systems, national health policies, strategies and plans (including quality management infrastructure that aligns performance incentives with a person-centered approach) should be designed to promote integrated people-centered health services with primary health care as the first point of contact. (3) Stakeholders (across the health system and between health and non health sectors) must be unified by a shared vision to enact policies that promote equitable access to high-quality primary health care. Strong accountability mechanisms (strengthened by intersectoral action for health) and quality management infrastructure (including performance measurement systems incentivizing person-centered care) should be in place to promote the realization of person-centered reforms. (20,22)

Person-centered systems defend people's right to health and the active participation in the planning and implementation of their health care. (3,31) Policies, strategies, and plans are implemented across all levels of the health system to empower patients with the opportunities, skills, and resources to make informed decisions about their health and take a more active role in the care process through education and engagement initiatives (such as health literacy campaigns, personalized care plans, and institutional mechanisms that encourage citizen participation in policy formulation and evaluation).

### SOCIAL ACCOUNTABILITY, LOCAL PRIORITY SETTING, AND COMMUNITY ENGAGEMENT

The process of local priority setting is important to tailor health services to meet the needs and demands of people in communities. Local priority setting should leverage community engagement strategies to empower and support patients to be well-informed and equal partners in promoting and maintaining their own health. As a part of being empowered users of the health system, patients should be encouraged to be involved as full participants in their care and decisions related to the structure of the health system (such as through citizen groups, media platforms, and care forums). These systems should be accompanied by opportunities to hold stakeholders accountable to deliver person-centered care.

### PATIENT-PROVIDER RESPECT AND TRUST

Person-centered health systems acknowledge patients as partners in their own care and support trusting patient-provider relationships. Primary care should be safe, effective (provide timely and accurate diagnoses and evidence-based care with minimal opportunity costs to the patient), and person-centered (taking into account social and cultural attitudes, beliefs, and concerns) to facilitate the delivery of quality care that patients respect and trust.

### FACILITY MANAGEMENT CAPABILITY AND LEADERSHIP

Strong leaders must have or develop particular competencies and personality traits to effectively manage and motivate the workforce to deliver person-centered care. The leadership should be unified in their commitment to deliver person-centered services and communicate this vision to every member of the facility. Managers should be properly equipped with the tools, systems, and skills to productively assess the health workforce within a facility and provide supportive supervision and

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professional development training opportunities to empower and increase the competency of the workforce to provide person-centered care.

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