

# Understanding Attitudes toward **PERSON** **CENTERED-CARE**

Findings from Twelve Focus Groups | October 27, 2015

# The study.

- Two-part study sponsored by the SCAN Foundation to better understand how consumers respond to the concept of person-centered care.
- The first phase of the study: 6 six focus groups with Medicare beneficiaries and family caregivers in March 2015 in Los Angeles, San Diego, and Walnut Creek. We tested initial definitions and descriptions of person-centered care.
- The second phase of the study: 6 more focus groups with Medicare beneficiaries and family caregivers in July 2015 in Fresno, Long Beach, and Oakland. The goal in this phase was to test revised descriptions and messages to encourage consumers to seek out this kind of care.

# Starting points.

- **Overall, most are happy with their current care.** Consumers praise their providers and feel they are able to get most of the care and services they want with their current coverage. They are satisfied and not looking for other models of care.
- **Frustrations exist, however.** Under the surface, there are problems: doctors do not talk with each other; long waits for appointments; rushed doctor visits; and costs are too high for some.
- **Some family caregivers are overwhelmed.** Their loved ones tended to be very ill and needed a lot of care/services. Many of these caregivers seemed stretched too thin, confused about where to turn, and struggling to address needs.

# Reactions to concept.

- **They are unfamiliar with person-centered care.** When described, it seems like a different kind of care.
- **Once explained, they find the concept appealing.** They particularly like that “values and preferences” inform care; patients drive decision-making; family members can be involved; and providers will work together as part of a team.
- **Components are popular.** The specific elements of person-centered care test well. Most popular:
  - a focus on care coordination,
  - having a point-person or advocate,
  - ongoing training for providers, and
  - developing a care plan.
- **Non-medical services are initially less popular.**

# Challenges with the model.

- **They have questions and concerns about the model.**

These include:

- Sounds too good to be true.
- Why haven't I heard about this before?
- It seems expensive.
- Where do I find this – do I need to change plans?

- **Person-centered care can be difficult to explain.** Our initial definition seemed too technical, professional. Consumers did not understand some words or concepts. We needed to simplify the definition, give practical examples, and then it worked better.

# Messaging.

- **There is potential for person-centered care to be in-demand.**  
Consumers like many aspects of it. Those most interested are family caregivers who have loved ones who need many services/supports. Healthier Medicare beneficiaries do not feel like they need this kind of care yet.
- **Messages that emphasize care coordination are best.**  
Consumers really like this aspect of person-centered care and can relate to it. Other effective message themes:
  - having a point-person or advocate to help them navigate services,
  - this care goes beyond meeting basic needs – it is about quality of life, and
  - urging consumers to think about future needs – this model seems particularly valuable if they become ill and need more care.