

Patient-Centered Care: Redefining Healthcare Delivery Models

Zikayo Amulaga R.

Faculty of Medicine Kampala International University Uganda

ABSTRACT

Patient-Centered Care (PCC) represents a transformative shift in healthcare delivery, emphasizing respect for and responsiveness to individual patient preferences, needs, and values. This approach integrates patients as active participants in their care, ensuring that their voices guide clinical decisions. PCC challenges the traditional disease-centered model, advocating for a holistic view of health that incorporates emotional, social, and psychological aspects. This paper examines the principles, benefits, challenges, and future trends of PCC, offering insights into its implementation within healthcare systems. Through evidence-based practices, technological advancements, and collaborative care models, PCC demonstrates potential for enhanced patient outcomes, reduced healthcare costs, and improved provider-patient relationships. However, barriers such as resource constraints, resistance to change, and the need for standardized definitions persist. Addressing these challenges is critical to embedding PCC as a cornerstone of modern healthcare.

Keywords: Patient-Centered Care, Healthcare Delivery Models, Holistic Healthcare, Shared Decision-Making, Patient Engagement, Personalized Medicine.

INTRODUCTION

In a time when expanding medical knowledge, management protocols, and technologies are defining advances in healthcare more than ever, a change in the delivery model of healthcare worldwide is the need of the hour. Patient-Centered Care (PCC) has become a buzzword in healthcare, with several researchers and policymakers vouching for its benefits regarding patient outcomes and satisfaction. The aim is to delve deeper into the world of PCC. It further underlines the importance of the patient's voice in healthcare and decision-making [1, 2]. Patient-Centered Care is an approach to healthcare that reflects the practices of the past century, when healthcare providers and patients worked alongside, making decisions together regarding the diagnosis and treatment of the latter. It evolves from the shift from the traditional model of a disease-centered approach to a more modern, scientific, multifaceted biopsychosocial model and later to holistic, integrative medicine. The chief feature of this care model is that all the decisions made regarding the patient are recognized and incorporated in congruence with their wants, requirements, and preferences. The term "patient-centered care" denotes care that is "respectful of and responsive to individual patient predispositions, values, and needs, ensuring that patient values guide all clinical decisions." It merely engages in addressing patients' physical and neurological symptoms while considering and reacting to the whole patient with appropriate communication. It further emphasizes the role of staff and patients in healthcare delivery. The idea behind PCC is to treat the "whole" person, including choices for healthcare. Due to its advantages, it is seen that healthcare professionals wear several hats during the patient's healthcare visit, i.e., as a caregiver, companion, coordinator, elder, counselor, and coach among others. The evolution of the care model traces the historical aspects of healthcare delivery. The earlier service models lacked patient centering, i.e., the informed and active participation of the patient in any or all segments of healthcare. The roles of healthcare practitioners have gradually shifted in the direction of creating a setting that is actively

patient-centered [3, 4]. Patient-Centered Care has been popularized and regarded in recent times after several research studies provided evidence about achieving better healthcare results by making it the cornerstone of healthcare delivery. Evidence-based patient-centered paradigms have effectively explained optimized patient outcomes, low malpractice incident rates, fewer hospital admissions for surgery, early recovery benefits, and reduced distressing care. Today, PCC is a critical component in the institutional vision, mission, and values. It is also improved through external certification and performance assessment agencies, investment turnover, malpractice support, revenue growth, acute care and population-oriented care, reimbursements, and major industry incentives. Major factors in subscribing to the shift of evidence-based medicine into PCC-centered and patient-oriented healthcare include the appropriateness of medicine, healthcare ethics, higher healthcare costs, and a greater stake in the service provider's self-reflection. Incorporating the patient's voice into the health field is seen as an ideal working environment. In sum, the heart of healthcare professionals and policymakers should dwell on the words of the wise: "Anything that brings laughter is all life, and if it brings tears, it's all death." The timing is ripe to embark on the path of integrating PCC into medical delivery. Any honest and hard effort requires accepting new challenges that necessitate a new mindset that not only needs to be learned but embraced for the rest of the time, thus promoting and reorienting the current forces that resist entering the changing streams of modern healthcare [5, 6].

Key Principles and Components of Patient-Centered Care

The term, patient-centred care, refers to a paradigm of care that replaces traditional disease- and provider-centred models with a radical reorientation of healthcare that is inclusive of patient preferences, needs, values, and beliefs. The following principles support an authentic patient-centred approach to care and reflect the nature of healthcare delivery, focusing on the quality of the interactions between the patient and the care team. Patient-centred care enhances the patient experience through the provision of personalized care based on the following core components: dignity and respect; information sharing; participation; collaboration and team integration; and feedback and complaint mechanism [7, 8]. The goal of patient-centred care is to improve healthcare outcomes and enhance care provision by considering care from a specific perspective, the preferences, needs, and values of the person receiving care. Hence, involving the person in care decisions based on an understanding of their values and interests, resulting in 'customization' of active care provision appropriate to each person's unique preferences, default goals, and care requirements is considered a benefit of a patient-centred approach. Patient-centred care provides benefits for both the healthcare consumer and the provider. For care to be truly 'patient-centred' it must be 'focused on the patient' more than is care that is 'patient directed' or 'patient involved'. In this case, care receives a major transformation, providing a new focus on understanding and meeting the expressed needs of the individual patient. There should be continuing improvement based on the views and the response of the patient [9, 10].

Implementing Patient-Centered Care in Healthcare Delivery Models

Implementation of PCC can prove challenging for healthcare organizations. Barriers include inconsistent staff commitment, disunity among consult team members about the value of patient engagement, resource constraints including time and funding, and a conservative organizational culture. Practical strategies aim to counteract the pressure towards task-oriented work over relationship building, using adequately trained healthcare staff and technology to enhance communication. Design factors known to impact PCC implementation across healthcare settings include leadership commitment and the incorporation of PCC principles into planned work processes. Evaluation of the effectiveness of PCC strategies in promoting a culture and practice of patient engagement in service improvements can be conducted using historic data, contemporary surveys of patient experiences, and healthcare staff capabilities and performance. PCC has been successfully implemented over recent years across varying healthcare environments [11, 12]. Case studies show the implementation of PCC by publicly funded bodies and general practice. Outcomes in surgical settings, primary care-based chronic disease management, mental health service planning and delivery, and integrated healthcare management in emergency services and alcohol and other drug services explored the evaluation of PCC services and leadership influences. Patients and survivors are encouraged to complete diverse training programs to advocate in the interests of the wider patient and survivor community. They have improved capacities to work with health professionals to co-design publicly funded cancer research, to train their peers, and contribute to PCC reform. Most importantly, they complete this training feeling valued, hopeful, inspired, and connected with other patients and survivors to collectively advocate for a better future [13, 14].

Benefits and Challenges of Patient-Centered Care

PCC has a number of benefits, including improved patient satisfaction, better health outcomes, and decreased healthcare costs. Other potential benefits to PCC implementation are a strengthened provider-patient relationship, as PCC providers form partnerships with their patients and see their role as working with patients in shared decision-making. This results in improved adherence to treatment plans, better access to support services, and quicker and better symptom management. These are all anticipated to lead to ultimately improved patient outcomes, lower healthcare costs, better health status, and an improved participation rate on the part of providers. Patient satisfaction has been linked with better health outcomes, and it is likely that all of these factors are interrelated. Given the numerous benefits outlined above, it can be tempting to think that PCC may be the appropriate "end point" in healthcare delivery; however, there are also numerous challenges relating to area of practice-level PCC implementation [15, 16]. One of the biggest obstacles is, of course, the lack of a universally agreed upon, standardized definition of PCC. However, even those who agree that PCC is patient-driven care diverge when it comes to how that is best accomplished. Other challenges include patient dispositions, resistance to change, time constraints, resources, and legislation and regulation. Developing "a clear, strategically based plan" and "a detailed blueprint for the components of the various steps" and policies to "further incentivize the process of transition." Measuring progress "in terms of both promising practices being used and meaningful outcomes being achieved" is also suggested. It is important that whatever measurement tools are used "define a minimum standard by which to distinguish PCC providers from those who adhere only to basic codes of care." Ongoing professional development will keep PCC on the minds of the departments as a strategic priority in addition to increasing implementation. The use of consumer/client-based standards, focusing on "service quality, possibly health outcomes, measurement of consumer distress and treatment, navigation, continuity, support resources, and adherence to treatment." Of course, with the aim of PCC always linked to improved outcomes, health system performance measures can be used to evaluate thoroughly how implementing GG26 has affected patient care [17, 18].

Future Trends and Innovations in Patient-Centered Care

A variety of trends and innovations are emerging in healthcare that take patient-centered care to new levels. Given their relatively low price and portability, telehealth and other digital health tools are becoming substantial facilitators of patient-centered care, as they enable patients to become more informed, engaged, and proactive when it comes to their health. Because of these tools, patients are able to communicate more readily with their providers, the terms of their care are easier for them to access, and they experience more integrated, consistent care tailored to them as individuals. As the cost of genetic testing and data analytics has begun to fall, a greater emphasis on personalized medicine is another trend driving patient-centered care. Moreover, the data used to deliver patient-centered care does not only include healthcare data; social determinants of health data are also becoming more relevant to integrated care. Patients have unique needs and lifestyles and live within different types of communities; different people can exhibit the same illness or injury but might experience significantly different determinants of health. A one-size-fits-all approach does not work in care delivery [19, 20]. Adding to this holistic approach is the advent of many collaborative care models that make it easier to address non-clinical needs and social determinants. A significant trend in today's healthcare is the redefinition of healthcare delivery models, where the consumer now plays an active role in choosing what is right for them. Data suggests that these trends are well-aligned with a health system that is more patient-centric. Some of the new products developed by pharmaceutical companies are aimed at making the management of autoimmune diseases a lot easier. Both Orencia and other pharmaceuticals might reduce the dose of some autoimmune disease drugs to just one time in a month. The opportunity is so vast that it is drawing investments from companies in other sectors. Innovative healthcare solutions—primarily developed by collaborations that include healthcare firms—are being seen as the next frontier in patient care. This includes gene and stem cell therapy. Companies are also increasingly making products meant for larger patient populations to target a variety of disorders. As global mergers and acquisition activity in the biopharma services and outsourced clinical research sub-sector increased significantly, companies are also focusing on providing medical education to customer groups and professionals through the digital medium [21, 22, 23].

CONCLUSION

Patient-Centered Care signifies a paradigm shift toward a more inclusive, personalized, and holistic healthcare model. By prioritizing the patient's voice, this approach fosters better health outcomes, satisfaction, and cost-efficiency. The integration of digital tools, genetic data, and social determinants

enhances the adaptability of care to individual needs. However, widespread adoption of PCC demands overcoming significant barriers, including resistance to change, resource limitations, and the absence of standardized practices. Embracing a patient-centered philosophy requires cultural and operational shifts across healthcare systems. As healthcare continues to evolve, PCC remains pivotal in redefining how care is delivered, making it essential for policymakers, providers, and stakeholders to collaboratively support its implementation. The future of PCC lies in embracing innovation, fostering collaboration, and continuously adapting to the evolving needs of patients.

REFERENCES

1. Parker RM, Wolf MS. Health literate equates to patient-centered. *Journal of Health Communication*. 2015 Dec 2;20(12):1367-8.
2. Alshammari FA. The Impact of Patient-centered Care on the Patient Experience. *International journal of health sciences*;7(S1):3538-44.
3. Stewart M, Brown JB, Weston WW, Freeman T, Ryan BL, McWilliam CL, McWhinney IR. Patient-centered medicine: transforming the clinical method. CRC press; 2024 Mar 6.
4. Scherer LD, Matlock DD, Allen LA, Knoepke CE, McIlvennan CK, Fitzgerald MD, Kini V, Tate CE, Lin G, Lum HD. Patient roadmaps for chronic illness: Introducing a new approach for fostering patient-centered care. *MDM Policy & Practice*. 2021 Jun;6(1):23814683211019947. sagepub.com
5. Bertin L, Crepaldi M, Zanconato M, Lorenzon G, Maniero D, de Barba C, Bonazzi E, Facchin S, Scarpa M, Ruffolo C, Angriman I. Advancing therapeutic frontiers: a pipeline of novel drugs for luminal and perianal Crohn's disease management. *Therapeutic Advances in Gastroenterology*. 2024 Dec;17:17562848241303651.
6. Elkefi S, Asan O. Validating the Effectiveness of the Patient-Centered Cancer Care Framework by Assessing the Impact of Work System Factors on Patient-Centered Care and Quality of Care: Interview Study With Newly Diagnosed Cancer Patients. *JMIR Human Factors*. 2024 Apr 24;11:e53053.
7. Mamudu HM, Gagnon KJ, Littleton MA, Poole AM, Blair CJ, Kidwell G, Frierson L, Gregory R, Voigt C, Paul TK. Perceptions and Understanding of Patients with Cardiovascular Disease and Non-Licensed Caregivers about Patient-Centered Care: An Exploratory Study in Central Appalachia. *Journal of Health Care for the Poor and Underserved*. 2022;33(2):1017-35. [\[HTML\]](#)
8. Is WI, Done HI. Integrated People-Centered Health Care. *Making Health Systems Work in Low and Middle Income Countries: Textbook for Public Health Practitioners*. 2022 Dec 29:368.
9. Sotomayor-Castillo C, Li C, Kaufman-Francis K, Nahidi S, Walsh LJ, Liberali SA, Irving E, Holden AC, Shaban RZ. Australian dentists' knowledge, preparedness, and experiences during the COVID-19 pandemic. *Infection, Disease & Health*. 2022 Feb 1;27(1):49-57.
10. Bejarano G, Csiernik B, Young JJ, Stuber K, Zadro JR. Healthcare students' attitudes towards patient centred care: a systematic review with meta-analysis. *BMC Medical Education*. 2022 Apr 27;22(1):324. springer.com
11. Eze UI, Tugbobo AO, Iheanacho CO. Pharmacy students' perceptions of collaborations, barriers, and attitude towards patient-centred care in persons with mental disorder in south-west Nigeria. *Pharmacy Education*. 2021 Nov 19;21:723-30. fip.org
12. Burzotta F, Graziani F, Trani C, Aurigemma C, Bruno P, Lombardo A, Liuzzo G, Nesta M, Lanza GA, Romagnoli E, Locorotondo G. Clinical Impact of Heart Team Decisions for Patients With Complex Valvular Heart Disease: A Large, Single-Center Experience. *Journal of the American Heart Association*. 2022 Jun 7;11(11):e024404.
13. Allen SA, Ofahengaue Vakalahi HF. My team members are everywhere! A critical analysis of the emerging literature on dispersed teams. *Administration in Social Work*. 2013 Nov 1;37(5):486-93.
14. Tracy MC, Thompson R, Muscat DM, Bonner C, Hoffmann T, McCaffery K, Shepherd HL. Implementing shared decision-making in Australia. *Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen*. 2022 Jun 1;171:15-21. [\[HTML\]](#)
15. Légaré F, Stacey D, Forest PG, Archambault P, Boland L, Coutu MF, Giguère AM, LeBlanc A, Lewis KB, Wittman HO. Shared decision-making in Canada: update on integration of evidence in health decisions and patient-centred care government mandates. *Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen*. 2022 Jun 1;171:22-9. [\[HTML\]](#)

16. Walsh A, Bodaghkhan E, Etchegary H, Alcock L, Patey C, Senior D, Asghari S. Patient-centered care in the emergency department: a systematic review and meta-ethnographic synthesis. *International journal of emergency medicine*. 2022 Dec;15(1):36. [springer.com](https://www.springer.com)
17. Murry LT, Hillman LA, Allen JD, Bishop JR. Intersection and Considerations for Patient-Centered Care, Patient Experience, and Medication Experience in Pharmacogenomics. *Pharmacy*. 2023 Sep 14;11(5):146.
18. Mahomed-Asmail F, Hlayisi VG, Joubert K, Metcalfe LA, Graham MA, Swanepoel DW. Person-centered care: preferences and predictors in speech-language pathology and audiology practitioners. *Frontiers in Psychology*. 2023 Jun 30;14:1162588.
19. Posner JE, Tagoe H, Casella A, Madevu-Matson C, Duffy M, Sharer M, Nagai H. Staff perspectives on the feasibility of the person-centered care assessment tool (PCC-at) in HIV treatment settings in Ghana: a mixed-methods study. *HIV Research & Clinical Practice*. 2024 Feb 1;25(1):2312319. tandfonline.com
20. Bailey JE, Gurgol C, Pan E, Njie S, Emmett S, Gatwood J, Gauthier L, Rosas LG, Kearney SM, Robler SK, Lawrence RH. Early patient-centered outcomes research experience with the use of telehealth to address disparities: scoping review. *Journal of medical Internet research*. 2021 Dec 7;23(12):e28503. [jmir.org](https://www.jmir.org)
21. Panda N, Perez N, Tsangaris E, Edelen M, Pusic A, Zheng F, Haynes AB. Enhancing patient-centered surgical care with mobile health technology. *Journal of Surgical Research*. 2022 Jun 1;274:178-84. [\[HTML\]](#)
22. Kumar K, Kumar P, Deb D, Unguresan ML, Muresan V. Artificial intelligence and machine learning based intervention in medical infrastructure: a review and future trends. In *Healthcare 2023* Jan 10 (Vol. 11, No. 2, p. 207). MDPI.
23. Atluri H, Thummisetti BS. A Holistic Examination of Patient Outcomes, Healthcare Accessibility, and Technological Integration in Remote Healthcare Delivery. *Transactions on Latest Trends in Health Sector*. 2022 Sep 14;14(14). [ijstdcs.com](https://www.ijstdcs.com)

CITE AS: Zikayo Amulaga R. (2025). Patient-Centered Care: Redefining Healthcare Delivery Models. EURASIAN EXPERIMENT JOURNAL OF PUBLIC HEALTH, 7(1):126-130