

Supplemental Digital Content #1

Comparison of Attributes of PCC Models

Institute of Medicine (5)	Planetree Model (7)	Picker Institute (8)	Kellogg Foundation (11)	National Cancer Institute (12)
<p>10 New Rules for PCC:</p> <ol style="list-style-type: none"> 1) care is based on continuous healing relationships; 2) care is customized to patient needs and values; 3) the patient is the source of control; 4) knowledge is shared and information flows freely; 5) decision making is evidence-based; 6) safety is a system responsibility; 7) transparency is necessary; 8) needs are anticipated; 9) waste is continuously decreased; and 10) cooperation among clinicians is a priority (5;pp. 65-66) <p>PCC is characterized by:</p> <ul style="list-style-type: none"> • transparency about the diagnosis and plan of care; • shared knowledge; a free flow of information; • evidence-based decision making; • anticipation of the patient's needs; and • safety systems as a priority. <p>Six Major Attributes of PCC:</p> <ol style="list-style-type: none"> 1) identify, respect, and care about patients' differences, values, preferences and expressed needs; 2) relieve pain and suffering; 3) coordinate continuous care; 4) listen, to clearly inform, communicate with, and educate patients; 5) share decision making and management; and 6) continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health" (5, p. 4). 	<ol style="list-style-type: none"> 1) human interaction; 2) patient education and information; 3) healing partnerships with family and friends; 4) healing nutrition; 5) spirituality and personal healing resources; 6) human touch; 7) healing arts; 8) alternative and complementary care; and 9) healing environments. <p>Seven Attributes of PCC (9):</p> <ol style="list-style-type: none"> 1) timeliness of care, appointments and consultations; 2) PE in care; 3) clinical information systems that support patient information, education and involvement in care decisions and processes; 4) coordinated care among providers; 5) integrated, interdisciplinary provider teams; 6) patient feedback to doctors; and 7) publicly available information available to patients about the quality and characteristics of physician and provider practices. 	<p>8 Dimensions of PCC:</p> <ol style="list-style-type: none"> 1) respect for patients' values, preferences and expressed needs; 2) coordination and integration of care; 3) information and education; 4) physical comfort; 5) emotional support and alleviation of fear and anxiety; 6) involvement of family and friends; 7) continuity and transition after discharge; and 8) access to care that includes ease in scheduling appointments and clear instructions in accessing specialists when needed 	<p>PCC for Underserved Populations:</p> <ol style="list-style-type: none"> 1) a welcoming environment that familiar rather than intimidating; 2) respect for patients' values and expressed needs; 3) patient empowerment or "activation;" 4) social-cultural competence; 5) coordination and integration of care; 6) comfort and support; 7) access and navigational skills; and 8) community outreach. 	<p>Model of PCC that Include Reciprocal Relationships Between:</p> <ol style="list-style-type: none"> 1) an informed, activated, participatory patient and family; 2) accessible, well-organized, responsive health care system; and 3) patient-centered communicative clinician.