



MEG PARSONS STORY

The benefits of Person-Centred Care

Meg Parsons was diagnosed with Chronic Obstructive Pulmonary Disease (COPD), a condition that if not managed properly, can have debilitating consequences.

Meg's condition was progressively getting worse. Her quality of life was deteriorating. Meg described this time as an incredibly challenging and negative period in her life.

“I couldn't make it up my driveway. Honestly, I was preparing for the end of my days.”

During this time Meg became extremely ill at home and needed to see a GP quickly. As Meg was unable to travel far from home that day she decided to visit a nearby general practice. This practice was following the Person-Centred Medical Home (PCMH) model of care which Meg was unaware of at the time.

The moment Meg stepped into this practice; she noticed a difference. The receptionist

immediately recognised her distress upon entry, ensuring the practice nurse and GP saw her promptly. Meg was reluctant to go to a hospital emergency unit that day. The practice team listened to Meg's health concerns and understood her position. The team followed up with an appropriate course of treatment for her condition. This meant putting Meg on oxygen at the practice as one of the steps, and soon, her breathing improved, and her mind settled.

The practice nurse, Kath Chapman, became Meg's primary contact person for the practice. Kath referred Meg to the appropriate health services to help with better managing her condition. Following on from this, Dr Merhnoosh Alian, a passionate GP, took control of the ongoing and preventative approach to Meg's care.

“You don't have to be sick to receive health care. It can all be a part of your preventative healthcare program. When a person is involved in their own care, they have a better understanding of their own health needs as well...

...A big part of the person-centred medical home model is that the healthcare team supports each other through this holistic approach. This reduces burnout and makes us all better healthcare professionals,” says Dr Alian.

“We spend time with the patient to work out what they need and what is important to them. We like to make sure they keep the same doctor and nurse and work towards their healthcare goals as a team. In this practice I am in a very lucky position where they allow me to spend time with the patient which is critical. I get to do a full health assessment which can take up to an hour depending on complexity, then we go and talk to the GP together. So, it's about connecting with and continually touching base with the patient. We get to know them, we spend time with them, we follow-up and connect them to services around the local community to aid them in getting well and staying healthy,” says practice nurse Kathleen Chapman.

The practice team empowered Meg to be at the centre of her own care and encouraged her to take proactive steps to manage her condition. Meg was referred to a local hospital to undertake exercise rehabilitation and sent to a specialist physiotherapist who focused on her breathing techniques to build up lung capacity. The team also arranged for an aged care assessment which provided Meg with a home cleaning service. Having this service meant that her home was cleared of dust and she could breathe more easily. Meg was now able to focus on her exercise regime and using a pedometer she could track her steps and improve her fitness.

“I was blown away with how the person-centred care practice helped me. Suddenly my whole world and health improved. I had choices, I was connected to the services I needed, and I could be proactive and in charge of my own health,” says Meg.

“We want patients to see our practice as a place that has an open-door policy and looks at all factors of a patient’s environment that may impact their health. If we see the patient more frequently, we can assess what is happening in their life and address the warning signs together if something is not quite right. Meg is encouraged to visit our practice every three months to ensure she is doing well and staying on track,” says practice nurse Kath.

HOW THE COMPONENTS OF PERSON-CENTRED MEDICAL HOME APPLY TO MEG’S HEALTHCARE

- **Comprehensive Care:** The Person-Centred Medical Home assesses the patient’s medical, physical, psychosocial and mental health needs, and focuses on prevention and wellness. This holistic approach to care evaluates and addresses all aspects and environmental factors of a person’s life.
- **Person-Centred:** Meg is at the centre of her own care. A strong relationship is established between the Person, the general practice team, family and the wider medical neighbourhood or healthcare community. The practice has provided Meg with care that considers her needs, lifestyle, environment, culture and personal preferences. Together they have set realistic goals to improve Meg’s condition.
- **Coordinated Care:** The ideal person-centred medical home connects patients to the broader healthcare system and other community support services that bolster the wellbeing of the Person. For Meg, linking her into a physiotherapist, an exercise rehabilitation class at the local hospital, and home services contributed to better health outcomes.
- **Accessible Services:** Part of the PCMH model of care is to have accessible services and adopt an approach which ensures patients can receive care when they need it. For Meg this meant being able to have a chat with someone who is part of her care team when she needed to. Meg is encouraged to come into the practice every three months to review her care plan, and ensure she is keeping on top of her health goals. The care team is also available to see Meg at short notice if required.

MEG’S LIFE NOW

The practice has given Meg the tools and confidence she needs to better manage her Chronic Obstructive Pulmonary Disease, enabling her to live a healthier and more independent life.

“Person-centred care makes you feel very important and like you are worthwhile. My care team went through and ticked all the boxes. The caring nature of the concept, detailed health follow-ups and ability to feedback makes it feel like you have an extension of your family to care for you,” says Meg.

Meg’s new mantra is – **“If it’s meant to be it’s up to me!”**

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