

# Improving the Patient-Centeredness of the Health Care System: A Roadmap for New York City

In the summer of 2021, Public Agenda and AcademyHealth convened a virtual working group in New York, NY, focused on advancing patient-centered care, supported by the Robert Wood Johnson Foundation. The working group had 22 participants, including community members with lived experience with the local health care system, health system decision-makers, advocates, community leaders, policymakers, and other stakeholders. The goal of the working group was to elicit community perspectives for improving the patient-centeredness of the health care system.

During an initial convening, the working group participants identified the following priority areas for advancing patient-centered care in New York City: 1) Communication between Patients and Providers, including Strengthening Relationships with Patients, 2) Equity and Accessibility, 3) Reducing Administrative Barriers to Care, and 4) Understanding Patient Needs. Working group participants then joined sub-topic working groups on each of these priority areas and generated a range of recommendations to advance their sub-topic.

During the final convening, the full working group rated these recommendations based on feasibility and level of enthusiasm for the concept. Based upon these votes and group feedback, six ideas are highlighted in this roadmap that were widely viewed as feasible and which garnered a broad base of enthusiasm and support from multiple members of the working group. We hope the ideas and resources listed below provide a springboard for potential concrete action and next steps in New York City.



**1. Enlist a medical scribe to allow providers to fully engage with patients.** Participants discussed the importance of providers being fully present and engaged during medical appointments. A medical scribe is a person or an electronic program that records the patient-provider interaction. Use of a medical scribe would free up the provider's time during the appointment and allow them to engage more fully with the patient.

**2. Develop an all-inclusive health care navigation app.** To reduce administrative barriers to care, participants expressed the need for an all-inclusive health care navigation app that would allow patients to access their medical information, link to a referral tracking system and a list of providers, schedule appointments, arrange transportation, initiate refills, track possible side effects, etc.

**3. Create a health care advocate program.** Participants acknowledged that an independent health care advocate could champion patient needs and facilitate communication between patients, providers, and insurance companies.

**4. Provide diversity, equity, and unconscious bias training for providers.** Participants agreed it is important to require diversity, equity, and unconscious bias training for providers, beginning in medical school and clinical training and while providers are actively practicing. Providers would be able to receive continuing education credits for the coursework completed.

**5. Provide patient self-advocacy training and education.** Participants noted that marginalized patients need to feel empowered and able to represent their goals and needs for care. The patient self-advocacy and education model could include cheat sheets, role-playing, and social media. Waiting rooms could play demonstration videos that show patients how they can get the best results from their visit with their provider.

**6. Create more green spaces and fresh food vendors in Black and Brown communities.** There are fewer green spaces and less access to fresh foods in historically marginalized communities, which affects residents' overall health. Participants recommended increasing access to green space and fresh food through bringing farmers markets to Black and Brown communities.





**NEXT STEPS FOR IMPLEMENTATION**

Some immediate next steps could include partnership development to ensure that there is buy-in for these ideas. It is essential, for example, to make sure that medical associations, nurses, doctors, and hospitals are willing to serve as partners and collaborators.

**CHALLENGES AND ROADBLOCKS**

There are several concerns that were identified by the working group that may challenge the implementation of these strategies. These include the gap between communication and understanding, political divisions, and conflicts of interest among stakeholders.

**ASSETS FOR IMPLEMENTATION**

There is a vast network of community organizations in the health care space that is an incredible asset to implementing these strategies. One could build upon the ongoing work of these organizations to support the strategies, especially to ensure that marginalized populations like undocumented residents are included.

