

Patient and Family-Centered Care Across the United States: A Cross-Sectional Analysis of the National Survey for Children's Health



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INTRODUCTION

- The core concepts of patient and family-centered care (PFCC) include dignity and respect, information sharing, participation, and collaboration.¹
- The American Academy of Pediatrics states that PFCC is vital to raising healthy children by empowering families and promoting cooperation between families, parents, and health care professionals.²
- Multiple studies have shown PFCC leads to better health outcomes, greater patient and family satisfaction, decreased health care costs, and more efficient use of health care resources.³

OBJECTIVES

- Given the impact of PFCC on patient outcomes and satisfaction, further evaluation of the implementation is necessary
- With a better understanding of where PFCC is the most and least successful, we can identify shortcomings and barriers to receiving PFCC.
- Therefore, our studies primary objective was to determine which states had the highest and lowest rates of parent-reported PFCC using data from the NSCH.

METHODS

- We conducted an observational study assessing the NSCH 2020-2021.
- We used NSCH-defined family-centered care and shared decision-making variables.
- We recorded the variables numerically with 1 being never, 2 being sometimes, 3 being usually, and 4 being always, and calculated the means of the 2 groups of variables by state.
- Finally, we averaged the 2 groups to get a final score and visualized the data into heatmaps.

RESULTS

Figure 1. Family-Centered Care

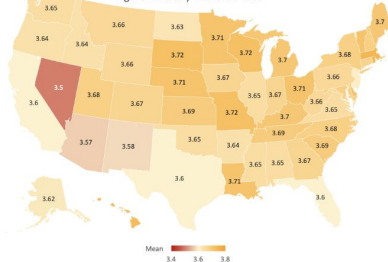


Figure 2. Shared-Decision Making

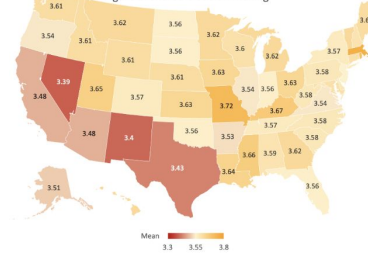
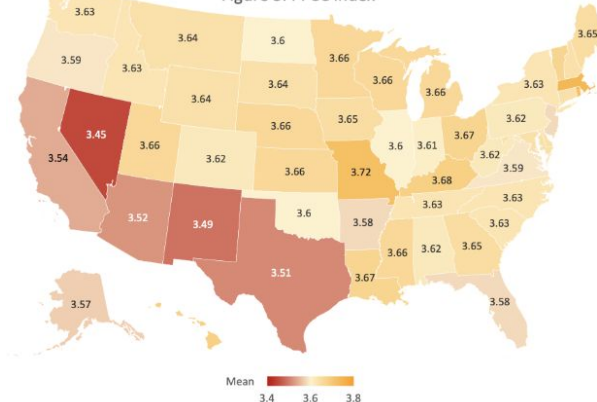


Figure 3. PFCC index



RESULTS

- Rates of family-centered care in the US ranged from 3.50-3.75 with an overall US average of 3.65 (SD=0.55). Figure 1 shows rates of family-centered care by state.
- Rates of shared decision-making in the US ranged from 3.39-3.85 with an overall US average of 3.56 (SD=0.68). Figure 2 shows rates of shared decision-making by state.
- By averaging the family-centered care and shared decision-making rates, we found our PFCC index to range from 3.45-3.74 with an overall US average of 3.59 (SD=0.58). Figure 3 shows the rates of PFCC by state.
- The 2 states with the highest rates of PFCC included Massachusetts (M=3.74, SD=0.01) and Rhode Island (M=3.72, SD=0.04).
- The 2 states with the lowest rates of PFCC included Nevada (M=3.45, SD=0.08) and New Mexico (M=3.49, SD=0.13).

CONCLUSION

- We found Massachusetts and Rhode Island to have the highest rates of PFCC, and these states also have the lowest child mortality rates in the US—highlighting a potentially strong correlation between PFCC and improved morbidity and mortality.⁴
- As the foundation of PFCC is being able to communicate, understand, and participate in decision-making, minority populations with cultural variation and language barriers are less likely to experience PFCC.
- Therefore, we recommend continuing education for health care professionals regarding language accessibility and cultural competency in addition to the development of federally adopted standards for healthcare interpreting agencies and expansion of state-wide mandates for language assistance services.

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