Patient First Philosophies and Neurosurgical Health Maintenance, (NHM)

Introduction/Question
To apply the two decade long patient medical home care model, the authors draw on applicability and similarities of primary care medicine and Patient First Philosophy as a method to enhance Neurosurgical Health Maintenance.

Basic Premises of PFP’s
- **Personal physician:** Each person should have an ongoing relationship with a personal physician.
- **Physician directed medical practice:** A personal physician leads a team of individuals at the practice level who collectively are responsible for patients’ ongoing care.
- **Whole person orientation:** Physicians take responsibility for providing all of a patient’s health care needs or appropriately arranging care with other qualified professionals.
- **Quality and safety:** PCMHs advocate for patients, use evidence-based medicine to guide decision-making and participate in quality improvement activities.
- **Enhanced access:** Health care services are made available through systems, such as open scheduling, expanded hours and improved communication channels.

Parallels to Neurosurgery
- Reportedly, 27% of patients were obese BMI >30.
- Approximately 13% of surgical patients had comorbidities.
- Complications occurred in 22% of cases; surgical site infections were the most common (9%).
- The risk of complications was higher among patients submitted to spine instrumentation than those submitted to non-instrumented surgery (30% vs 22%), p<0.01.

Patient Experience Touch Points
- **Pre – Visit Information**
- **Waiting Room Accessibility and Ambience**
- **Examination Room Accessibility, Ambience and Cleanliness**
- **Physical Examination**
- **Follow-up Care-Staff Engagement**
- **Outcome of Surgical Intervention**

Established ‘Fear Factors’
42% of patients admit to fear of MRI’s

1 in 7 patients cancel appointments because of fear of physician and diagnosis

> 50% are confused about medical procedures

2/3 of all patients admitted are fearful of their pending diagnosis.

Highest/Lowest Rates of Specialty Burnout
- Medical specialty with the highest rates of burnout:
  - Critical care: 48 percent.
  - Neurology: 48 percent.
  - Family medicine: 47 percent.
  - Otolaryngology and neurology: 46 percent.
  - Internal medicine: 46 percent.
  - Emergency medicine: 45 percent.

- Neurosurgery Residents 36 Percent

Physicians in these medical specialties reported the lowest rates of burnout:
- Plastic surgery: 33 percent.
- Dermatology: 32 percent.
- Pathology: 32 percent.
- Ophthalmology: 33 percent.
- Orthopedics: 34 percent.

Recommendations
- While clinical effectiveness and cost efficiency are central to value-based health care, good patient communication is also a pivotal factor in realizing positive outcomes. Practices that truly value the patient’s perspective typically emphasize communication that builds open and honest—and, ultimately, trusting—relationships.

Methods for patient-centric archetypes:
- Digital signage and Outreach
- Telemedicine Interaction and Informational Discourse
- Adjunct Providers and Nurse Educators
- Clinical Nurse Managers and IT Access

Closing the Gaps in NHM

National Insurer Recommendations
- Put Patients First – It’s all about them, not you.
- Manage Your Mood – Don’t infect others with bad feelings.
- Conveying Costs Nothing – Talk with heart.
- Watch What You Say – Courtesy and consideration count.
- Crank Up Your Care Factor – Reinforced Self Awareness.
- Treat the folks like you would your mother.

References
1. [https://www.ash.org/ashpublications/ashjournal/](https://www.ash.org/ashpublications/ashjournal/)
3. [https://www.ash.org/ashpublications/ashjournal/](https://www.ash.org/ashpublications/ashjournal/)
4. [https://www.cdlnet-chf.org/budmo/20080529](https://www.cdlnet-chf.org/budmo/20080529)
5. [http://sergeant.smith.cmu.edu/bplanet/communication/bullet-points-2.html](http://sergeant.smith.cmu.edu/bplanet/communication/bullet-points-2.html)