

Jan/Feb 2023

## Dear PCC NET members and interested individuals,

In this newsletter, we provide extensive insights into our recent project-related trip to Chile. We hope you will enjoy the read!

Kind regards,

Nadine Lages (on behalf of the PCC NET core team)

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### The Beginning:

After the successful visit of the Chilean members of the PCC NET core team to Germany in June 2022, it was now time to turn it around. We gathered experts on patient-centered care (PCC), its measurement and implementation from Hamburg, and traveled to Santiago de Chile. Besides Martin Härter, Isabelle Scholl and Nadine Lages, Stefan Zeh and Pola Hahlweg joined this trip with the latter arriving from Boston. She is currently on a visiting scholar at Harvard University.

Leaving behind the snow and the defrosting of airplanes, we safely arrived in the Chilean summer after 20 hours and were greeted by the sun and beautiful weather. We had the Sunday to adjust to the time zone and the temperature difference, while we enjoyed a lovely afternoon at Paulina Bravo's place with delicious Chilean food and mentally prepared ourselves for a fascinating and insightful week in Chile.

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### Day 1: Campus tour, joint brunch and start of workshop series

We started with a tour across the Campus San Joaquín of the UC Chile and learned that the buildings are constantly renewed and that the campus displays many sculptures. After the tour, we had a joint brunch with the Dean and the Vice Dean of the Faculty of Medicine, together with authorities from the School for Nursing. We shared the long collaboration between Martin Härter, Isabelle Scholl and Paulina Bravo, which links the University Medical Center Hamburg-Eppendorf (UKE) with UC Chile and vice versa. Also, we discussed future topics and how this collaboration will be sustained and strengthened.

The afternoon was busy with the first round of workshops which would be followed by many more throughout the week. For the first two days of workshops, 50 participants joined us from 23 out of 29 Ministry of Health's subdivisions, the Division of Primary Care, and other ministry units. After a short introduction by Paulina Bravo on the objectives of the 2-day-workshop, Isabelle Scholl took over and presented core aspects of both PCC and shared decision-making. This included the integrated model for PCC ([Scholl et al., 2014](#); [Zeh et al., 2019](#)), which is also available in Spanish on our webpage (see <https://www.pcc-network.org/es/recursos/>).



Next, Martin Härter introduced communication strategies for PCC and shared decision-making. He presented models of decision-making, key drivers of decisions, and the three-talk model for shared decision-making (see <https://www.bmj.com/content/359/bmj.j4891>). To practice this model, workshop participants were invited to do a role-play with the essential task of forming a shared decision on how (not) to treat the hypertension of the simulated patient. After the role-play, a participant shared, that she greatly valued to have been asked about her personal needs when discussing treatment options, especially since she had never experienced this when visiting her doctor in real life.

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## Day 2: Implementing and measuring PCC and shared decision-making

This day started with the second half of the workshop series for the Ministry of Health. Pola Hahlweg introduced us to a range of tools to support shared decision-making implementation. She emphasized the need to look at implementation on different levels of health care delivery (see <https://pubmed.ncbi.nlm.nih.gov/29523167/>). For example, on the individual level, teaching health professionals how to do shared decision-making and empowering patients to



feel confident to ask questions can facilitate shared decision-making. On the organizational or system level, changing the culture of a hospital or even the entire community towards health professionals no longer being seen as “half-gods in white” (“diostor” in Spanish) are important steps towards more PCC and shared decision-making. While health professionals contribute medical expertise, patients are experts for their own lives, values, needs and preferences and, thus, can contribute what treatment option might be

most appropriate for them as an individual (when each option is presented to them in a balanced and comprehensive way including pros and cons).

The following workshop was all about measuring both PCC and shared decision-making. Stefan Zeh presented the development of patient-reported experience measures (PREMs) in general and the development of a specific PREM ([Beattie et al., 2015](#); [Christalle et al., 2022](#)) to measure PCC from the patient perspective. Furthermore, he introduced a few measures for shared decision-making. Shared decision-making can be rated by the patient, by the health professional, or by a third person (for example when observing a conversation). In sum, there is a lot to keep in mind when measuring PCC. However, only by measuring, you know which dimensions need improvement and if they actually do improve after you have implemented new actions.

In a wrap-up session, the participants of this 2-day workshop series were given the chance to think about the key messages that they take home. Those key messages were collected in smaller groups and then presented to the plenum. The director of the Division of Primary Care, Dr. María Soledad Martínez, concluded the workshop series with a closing speech.

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## Day 3: PCC in cancer care

On day 3, we drove to Viña del Mar to meet with both the Health Service of the Valparaíso Region and primary and cancer care practitioners. The focus of this meeting was on cancer care. At the beginning, Mónica Toro from the patient's representatives group "Corporación Valientes" gave a talk on the long and difficult path of suffering for patients with breast cancer diagnoses.



Paulina Bravo shared an overview of her unique Chilean project that explores the decision-making process in breast cancer treatment and is funded by Fondecyt (grant number 1221731). Then, Isabelle Scholl and Pola Hahlweg presented the dimensions and implementation strategies of PCC and shared decision-making. Afterwards, they discussed with

the audience how PCC and shared decision-making in routine care could help to improve some of the challenges faced by people diagnosed with cancer. For instance, emotional support (one of the 16 dimensions of PCC) is paramount key as patients frequently suffer from anxiety related to their condition, treatments and life expectancy.

At noon, we had a PCC NET collaborators lunch meeting to evaluate the first couple of days of our visit to Chile.

## Day 4: Visiting the Fundación Arturo López Pérez (FALP)

The FALP is a cancer center based in Santiago de Chile, which was founded 68 years ago. Our day at FALP started with a small tour. We saw a robot that assembles chemotherapy ingredients for specific patients. It is the only robot in South America that can perform this highly advanced task. We also visited the laboratory for translational research. It was fascinating to see how basic researchers at FALP are dedicated to look for linkage to health professionals and social scientists. This exemplifies the value of interdisciplinary team work in research.



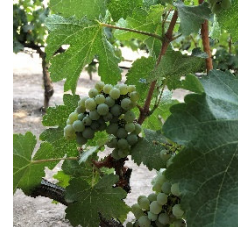
After the tour, Martin Härter, Isabelle Scholl and Pola Hahlweg presented the concept of PCC and implementation strategies for PCC and shared decision-making in cancer care to the FALP community.



## Day 5: Evaluation and next steps

On our last day in Chile, we took the chance to have an extensive PCC NET core team and collaborators meeting. On this meeting, we evaluated the past week, including the feedback, which we had already received on the workshops. This meeting transformed into a lunch meeting, at which we also discussed the next steps of the project.

We ended our week in Chile with a visit to a winery.



## Thank you!

We would like to thank the Federal Ministry of Education and Research (BMBF), which has made this trip possible. Also, we thank Irma Vargas and the members of the Chilean Ministry of Health, who came from all over the country to join our workshops and exchange thoughts and ideas with us. We thank the Health Service of the Valparaíso Region and the Fundación Arturo López Pérez (FALP) for accommodating us and for the insightful discussions. Furthermore, we thank the team around Prof. Paulina Bravo, especially Constanza Quezada, who has organized this trip and taken care of us very well throughout our time in Chile. And last but not least, we thank InterPro Traducciones for an excellent simultaneous translation of all events.

## Short notes

### Newsletter

If you want to share anything of your work with the PCC Net members, you are very much welcome to put this information into a future newsletter. We are very much looking forward to your input!

### Reminder

Please remember to send in your short bios! You can hand it in in Spanish, German or English. Please visit <https://www.pcc-network.org/member/> for the bios of your colleagues.

### Coming soon!

We are currently in the beginning of organizing an online conference on patient-centered care. We keep you posted!

We hope you have enjoyed this newsletter. We would like to thank Dr. Pola Hahlweg and Dr. Stefan Zeh for their contributions to this newsletter.

Kind regards,

Dr. Nadine Lages, Prof. Dr. Paulina Bravo, Ivo Engert, Prof. Dr. Dr. Martin Härter, Constanza Quezada, Prof. Dr. Isabelle Scholl