heart failure and palliative care at home has the potential to substantially improve quality of life and morbidity in patients with severe chronic heart failure.

In a recent randomized controlled trial with follow-up of outpatients in primary care, implementation of gPCC *after hospitalization* for acute coronary syndrome was evaluated and shown to result in a significant, three-fold higher chance of improved self-efficacy in combination with return to work (or previous activity level) without increased risk of re-admission or death[13] as well as improved confidence to manage symptoms.[14] In addition, using an eHealth tool in combination with the gPCC approach resulted in a significant four-fold higher chance of improved self-efficacy.[15] Last but not least, when studying the impact of gPCC on self-efficacy, significantly better results were found in patients with education below university level, which confirms that gPCC not only supports equal access to care but also actively contributes to reducing social inequality in health care.[16]

These research results together with an increasing interest in patient engagement in Swedish health care, have translated into a major movement in a transformation of health care into implementing PCC.[17]

The application of PCC will by definition, result in major effects for the health care professional: listening carefully to patients and patient involvement which in combination will result in better clinicians.

In summary, patient engagement is of central importance in the management of patients in health care as developed into PCC, which is a care model, that will have increasing impact in future health care.

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The GPCC

The Gothenburg University Centre for Person Centred Care (GPCC) has been involved in individualized patient care for almost a decade, with noticeably improved outcomes for participating patients.

At present, organization of healthcare is focused on diagnosing and treating patients and optimizing the efficiency of the care process. Although this is a valid approach, the patient's own capabilities and resources are not sufficiently taken into account.[1] The patient is not stimulated to optimize his/her own resources and take more responsibility for self-management and prevention.

Gothenburg University, Centre for Person Centred Care (GPCC)

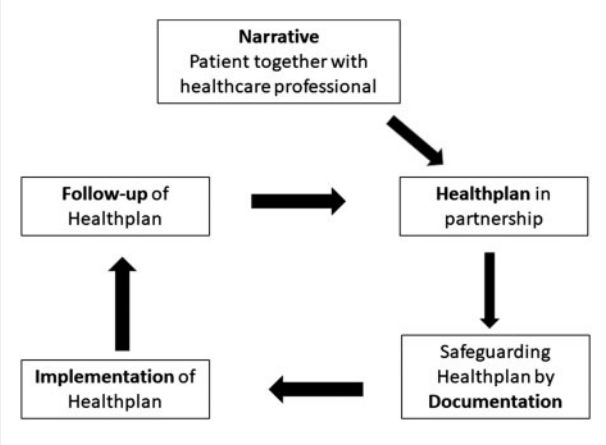
The Centre for Person-Centred Care at University of Gothenburg (GPCC) was inaugurated in 2010 and involves researchers from several different disciplines such as medicine, nursing, health sciences, health economics, pedagogics, and philosophy. Gothenburg University Centre for Person Centred Care is funded mainly by the Swedish Government (€10 m the first 5 years and then €2 annually) as part of a broad initiative to stimulate research at Swedish universities. The centre conducts research, develops and distributes educational resources such as courses for health professionals and students, and helps to facilitate implementation of person centred care programs in hospitals, and primary care centres by providing guidance on reshaping services and ongoing support.

The core component in person-centred care (PCC) is acknowledging the patient as a person in order to engage that person as an active partner in her/his own care and treatment.[2,3] Patients (often with the help of relatives) present themselves as persons by their individual narratives which includes how their daily life is being affected by the condition and treatment, this is added to by results from the medical examination and tests. A person-centred approach not only means identifying health barriers, but also recognizing a patient's capabilities and resources in their home and local environment.

At the basis of PCC is the Capability Approach, which has been used as a theoretical frame of reference in several research disciplines, for example in economics by the Nobel laureate Amartya Sen.[4] A central component of PCC is that the professional and patient jointly develop a health plan based on each patient's capabilities and health barriers. In PCC the role of health professional's changes from taking the lead and being dominant in care, to supporting the patient to take as much responsibility as possible for his/her own condition.

Gothenburg University Centre for Person Centred Care has described an approach to PCC, consisting of three main components:

(1) Initiating the partnership through a narrative in order to get to know the patient and to identify the patient's experiences, present situation, needs, capabilities, and resources.
(2) Co-creating a health plan in line with identified resources and barriers combined with medical and health research evidence.
(3) Documenting and monitoring the health plan, adapting it to changes in the patient's goals and/or other circumstances.



GPCC approach to patient centred care.

So far, GPCC have funded 27 controlled studies evaluating PCC in patients with different diagnoses and conditions. In the cardiovascular field, examples of interventions are in patients hospitalized with chronic heart failure with findings showing reduced length of hospital stay,[5] a better discharge process[6] and reducing patients' uncertainty about their disease and its treatment.[7] A reduction in health care costs and maintained functional performance was also found.[8–10]

Furthermore, other studies evaluating the core components in PCC described above, found that the number of hospitalizations was reduced and quality of life was improved in patients with severe chronic heart failure.

For patients with acute coronary syndrome (ACS) a PCC approach has in a randomized controlled trial been shown to be effective in terms of increasing self-efficacy over the whole care chain (from hospital to primary care).[11,12] In addition, when comparing patients with university level education to those with lower education, it was found that patients with lower education increased their self-efficacy significantly more than higher-educated patients.

The results were also apparent after 2 years.[10] Patients' confidence to manage symptoms after ACS was also found to increase.[9]

Motivating patients, particularly from a low socioeconomic status, to fully participate and adhere to cardiac rehabilitation is a challenge, and despite the benefits of cardiac rehabilitation, it remains largely under-utilised.

A PCC approach is gaining increased attention, probably because it engages the patient as an active partner with capabilities and abilities to perform activities and achieve set goals. Person-centred care is in contrast to traditional cardiac rehabilitation programmes that have focused exclusively on the disease and have been driven by health care professionals. Person-centred care takes its point of departure from the patients' narratives and their expectations, resources and potential for self-care, in combination with the professional caregiver's assessment of the condition. Patients make decisions based on their beliefs and experiences, which implies that even though patients are diagnosed with the same disease, they will respond differently.

Person-centred care in Europe

The cost for healthcare in the European Union (EU) countries increases much quicker than the Gross Domestic Product and this development is predicted to continue. Therefore, one of the major challenges in many countries is the rising health care costs combined with complaints on the quality of care from patients. This may very well lead to an unsustainable and potentially dangerous situation since the fundamental principles of access to care for all citizens are at risk. However, just controlling costs without the ability to embrace novel innovations and to at least maintain quality of care, will result in only those who can afford personal funding of quality healthcare will have access to such. This situation is rapidly emerging and it is imperative to act forcefully and decisively now.

Gothenburg University Centre for Person Centred Care chaired an EU-funded project involving 'European key-players' from various disciplines. In a series of five workshops, themes that can enable high quality healthcare at an affordable cost were identified. This was done from a bottom-up process where key players in the Europe were invited to submit ideas before the workshops and actively participate in refining these ideas at the workshops.[13] Additional funding from the EU has made it possible to involve 28 countries that will, for the next 3 years, formulate a plan for how PCC can be implemented and tested in several different European countries.[14]

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