Leveraging Person-Centered Language to Deliver Person-Centered Care: Spotlight on Commonwealth Care Alliance

Busy health professionals face contradictory guidance when trying to meaningfully engage with individuals during in-person visits:

> *Maintain eye contact to build trust, **but** be sure to focus on a computer screen to document the conversation. Listen to the individual's concerns prompting the visit, **but** simultaneously refer back to their history in the electronic health record to put that incoming information into context. Forge a relationship that empowers the individual to share intimate details about their health, **but** be efficient with everyone's limited time.*

These seemingly conflicting demands may cause well-meaning providers—including health plans—to resort in the moment to short-hand language that may, inadvertently, come off as insensitive, creating barriers to an effective exchange of information. The recognition that two-way communication contributes to positive health outcomes is not new. However, the role that person-centered language plays in enhancing that communication and subsequent health outcomes is not yet as widely implemented as it could be, despite offering promising and replicable results.[1]

The traditional medical model of health care focuses mainly on diagnosis and treatment of disease—a top-down approach in which the role of individuals seeking care is merely to accept directions from the professionals. Conversely, the person-centered model empowers individuals to participate as active partners with providers in discussions and decisions about their care. It compels providers to join with those seeking care and collaboratively address diagnosis and care delivery in the context of the whole person.[2]

Under this model, using person-centered language emphasizes that people are experts in their own lives, health, and needs.[3] By placing the person at the core of communication and acknowledging their individuality before any diagnoses or conditions, providers can cultivate meaningful partnerships with individuals and empower them to achieve their health and wellness goals.[4]

The benefits of embracing person-centered language do not stop at the end of the provider's visit. While benefitting the individual in the short run, using person-centered language is also cost effective, as it is associated with:

- Improved satisfaction and experience scores[5,6]
- Enhanced understanding of and adherence to treatment recommendations[7]
- Improved health outcomes[8]
- Reduced health care costs associated with diagnostic errors, which often stem from insufficient communication[9]

- Improved health equity: research suggests that systematically using person-centered language in documentation offers a critical opportunity to improve health equity by reducing bias transmission between providers and administrators that might otherwise occur through stigmatizing language in medical records[10]

Person-centered language can be a particularly helpful strategy for communicating with vulnerable populations, including individuals who are dually eligible for Medicare and Medicaid.[11,12,13] Compared with their Medicaid-only and Medicare-only peers, dually eligible individuals have a higher prevalence of disabilities and chronic conditions, greater unmet social needs,[14,15] and are three times more likely than their Medicare-only counterparts to report poor health status.[16] Using person-centered language holds promise to help address these challenges.

Building upon the **Using Person-Centered Language Tip Sheet** previously published by Resources for Integrated Care, this spotlight offers person-centered language examples and resources to providers serving dually eligible individuals. It specifically highlights the work of **Commonwealth Care Alliance®** (CCA), an integrated network of health plans and care delivery programs designed for individuals with significant needs, illustrating how one plan successfully leverages person-centered language to help deliver person-centered care.

Building Out the Promise of Person-Centered Care Using Person-Centered Language

CCA embraces a person-centered model of care by integrating meaningful language into actionable strategies that promote health equity and support the delivery of comprehensive, high-quality, and person-centered care. Some examples of how CCA operationalizes these goals are described below.

Disability Awareness Training—Created by Individuals Living with Disability

Training can help bridge the gap between the historic medical model—which still governs clinician communications, billing requirements, and health record structure—to the person-centered paradigm CCA strives to embody. For example, as part of its Diversity, Equity, and Inclusion efforts to support its journey to "Inclusion Excellence," customer service representatives participate in an annual disability awareness review and all new staff participate in disability training, where they are encouraged to share their stories. Both trainings are designed and conducted by people with the lived experience of disability.[17] The interactive training engages with its audience to build self-awareness about the history of disability civil rights, the impact of strength-based versus deficit-based models of disability, disability etiquette, and appropriate communication standards—including person-first vs. identity-first language.[*]

> **Background on the Commonwealth Care Alliance**
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> *Commonwealth Care Alliance® (CCA) is a mission-driven health care services organization that offers high-quality health plans and care delivery programs designed for individuals with significant needs. Serving more than 100,000 individuals across Massachusetts, Rhode Island, Michigan, and California, CCA delivers comprehensive, integrated, and person-centered care by coordinating the services of local staff, provider partners, and community organizations.*

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[*] Person-first language (e.g., "person with autism") acknowledges that a disability or condition need not be a person's defining characteristic. Identity-first language, on the other hand, recognizes that people may prefer to self-identify as having a disability or condition as an essential element of their identity and therefore prefer it as an adjective to describe who they are (e.g., "autistic person").

Importantly, the training clarifies that a growing movement of persons with disability choose to use identity-first language, which suggests directly asking for an individual's preference when in doubt. CCA's training also highlights Americans with Disabilities Act and Section 504 of the Rehabilitation Act disability accommodations that are accomplishable without much difficulty or expense (e.g., rearranging furniture).

CCA's Organization-Wide Editorial Style Guide

To establish common nomenclature in written materials across the enterprise, CCA instituted a style guide that helps ensure universal use of respectful and strength-based language. The guide offers extensive suggestions for phrases to embrace and avoid and brings awareness to inadvertent paternalistic, stereotyping, or objectifying language. It also shares practical guidelines for communicating with members, including the use of plain language and reading level checkers, and ways to employ an empathetic and upbeat tone. The style guide also notes best practices for readability by individuals with vision impairment, including font characteristics, web content accessibility guidelines, and recommendations for color choices that provide sufficient contrast.

Inclusive Language Requires Diverse Leadership and Staff That Mirror the Population Served

CCA works to integrate the member perspective throughout its organizational structure. For example, as part of its commitment to include authentic member voices in structuring organizational policy, it receives advice from Dr. Burt Pusch, an enrolled member of CCA's One Care Program, to support a range of accessibility activities. Throughout his tenure with CCA, Dr. Pusch has leveraged his academic training on physical rehabilitation, professional experience as an educator and health professional, and lived experience as an enrolled member to infuse CCA's approach to serving its dually eligible members with an authentic consumer voice. CCA has also established Consumer Advisory Councils, which meet regularly with a diversity of members to obtain their insights, feedback, and suggestions for enhancing the customer experience.

> ### Integrating Authentic Voices Within CCA Leadership
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> *"As a Commonwealth Care Alliance board member with a significant disability, I'm exceptionally proud and conscious of the effort from management that goes into including people with all disabilities into the organization at all levels… CCA continues with its significant corporate philosophy and steadfast commitment to recruit, hire, train and retain people with disabilities throughout the enterprise."*
>
> - Charlie Carr, legislative liaison for the Disability Policy Consortium

Similarly, CCA seeks to integrate individuals with disability throughout its workforce and leadership. As such, it promotes an employee-led group—the Individuals with Disabilities & Allies Diversity Network—to help provide a safe and empowering work environment, reduce stigma, and provide opportunities for personal and professional development. Its work in this space has earned CCA recognition as a "Best Place to Work for Disability Inclusion" on the 2023 Disability Equality Index® (DEI). Administered by Disability:IN and The American Association of People with Disabilities, the DEI is the world's most comprehensive benchmarking tool for companies to measure disability workplace inclusion.

In summary, CCA offers several models of person-centered language practices that can be easily adapted and adopted by providers serving dually eligible individuals. Additional resources that can help health care providers, payers, and consumers leverage the power of person-centered language are listed below.

Additional Resources

Please refer to the below resources for more information about leveraging person-centered language to deliver person-centered care.

- The **Resources for Integrated Care** website includes additional resources for providers and plans supporting diverse family caregivers.

- The John A. Hartford Foundation's **Reframing Aging Initiative** released **Communication Best Practices: Reframing Aging Initiative Guide to Telling a More Complete Story of Aging**. This guide uses evidence-based findings and best practices style guidance to help ensure inclusive, bias-free language in crafting a broad range of communications.

- Recognizing the link between effective use of person-centered language and diagnostic errors reduction, the **National Academies compiled Improving Diagnosis in Health Care: Resources to Facilitate Communication Between Patients and Clinicians**.

- The Agency for Healthcare Research and Quality created a one-day training program to help health care professionals collaborate with individuals and families. **The SHARE Approach— Overcoming Communication Barriers with Your Patients: A Reference Guide for Health Care Providers** offers checklists and resources for individuals and clinicians.

- The Center for Practice Transformation at the University of Minnesota has developed a **Person-Centered Language Practice Tool** that offers guidance to clinicians on using strengths-based and person-centered language.

- The National Association of Community Health Centers, in partnership with the Association of Asian Pacific Community Health Organizations, published in 2021 a **Person-Centered Language Style Guide** to assist providers in the shift from using biased to person-centered language.

- A partnership between McMaster University's Division of e-Learning Innovation and the Person-Centered Language Initiative (PCLI)[18] developed two free Person-Centered Language e-Courses for long-term care facilities: **Implementing Person-Centered Language: An Overview for Long-Term Care Team Leaders and Managers** and **Person-Centered Language: An Overview for Long-Term Care Team Members.** The goal of the e-Courses is to raise awareness by engaging team members in self-reflection about assumptions, stereotypes, and the role of language in providing person-centered care to individuals living with dementia and their family care partners.

- PCLI also created a **WORDSWAP poster**, and a brochure entitled **Person-Centered Language: An Overview of the Power of Words in Long-Term Care Homes**.

▶ The Association of Diabetes Care and Education Specialists developed **Speaking the Language of Diabetes**, which features videos and written guides to help health care providers better support people living with diabetes.

⚙ The Institute for Patient-and Family-Centered Care produced a **COVID-19 and Patient- and Family-Centered Care Frequently Asked Questions** guidance document for best practices during the public health emergency, which calls for person- and family-centered language.

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The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This spotlight is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to www.resourcesforintegratedcare.com. The list of resources in this guide is not exhaustive. Please submit feedback to RIC@lewin.com.

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[18] The Person-Centered Language Initiative is a collaboration between Behavioural Supports Ontario (BSO) and the Ontario Centres for Learning, Research, and Innovation in Long-Term Care at the Schlegel-UW Research Institute for Aging. BSO offers behavioral health care services to older adults living with or at risk of developing dementia, complex mental health challenges, substance abuse, and/or other neurological conditions.