Guest Editorial

Person-Centered Care: The GPS to Overall Health

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During my childhood, I remember my grandfather's use of a magnetic compass as a guide when we hiked in the wooded areas of upstate New York. Because he'd grown up in New York City, he viewed the acres of forest on which he built his home as a new frontier. "This is all you need to travel the world," he would say, trusting in the science supporting the Earth's magnetic field, coupled with his own observations and experiences "knowing true north." However, that theory occasionally came up short, as when we planned daylong walks only to have our path abruptly halted by a roaring mile-long river or an occupied bear cave.

During a visit to my grandparents, a neighbor introduced me to geographic maps. When those maps were combined with the compass in a method known as orienteering, she demonstrated to me that knowing one's way about the land required more than a scientific foundation combined with the traveler's own experiences. One also needed a map to navigate the unknown and unseen aspects of the land that the traveler wanted to traverse. With a compass in one hand and a map in the other, we were able to explore large areas of the woodland more effectively and with fewer surprises—except for anything that might have changed since the map was printed, because the world outside our map also had an impact on our ability to know the land. Several seasons of heavy rain had transformed some of the roads into small ponds, while land west of the mountain range had become barren due to forest fires caused by extended dry seasons. New technology had been implemented to stabilize the region, sometimes in the form of environmental camps or small buildings that changed the landscape physically by adding more people to the area, attracting them with amenities like a gas station, power station, and food stores. What looked like a campground on the map only a few years earlier had now been transformed into a small town.

Two decades after I was a boy, the global positioning system (GPS) was first launched by the U.S. Department of Defense. GPS was introduced for public use in 1995. By using time and position data that are continuously updated from 24 satellites orbiting the globe, GPS users are provided multidimensional, real-time information about their own position relative to the position of their place of interest. With this synchronous data in hand, travelers become more than navigators. They and their destinations become interdependent, interactive, and interoperable: critical participants in a shared system in which accuracy of time and space is improved to within a few seconds and meters.

Welcome to the concept of person-centered care. Applying the analogy of society's transition from compass to GPS, one can understand the concept of person-centered care in which the health care provider is the traveler, the compass or GPS is the health care approach or model, and the destination is optimal health care.

The health care provider's foundational skills learned during his or her time at academic institutions and refined by the real-life experiences of practice serve as the basic compass for the delivery of competent care. Yet, similar to the palm-held floating needle, this knowledge is limited to the position of the health care provider and offers no detailed information regarding the destination, or in this case, the person seeking treatment. One could characterize this approach to health care as *provider-centric.*

Then, as in the process of orienteering, the map represents the health care provider's tools that allow him or her to a) assess the patient's condition, b) diagnose the active disease process, and c) develop a plan of action. In dentistry, our maps include study models, testing agents and devices, and imaging, as well as evidence-based biomedical and clinical research. And yet, like a map, these data are limited

by the time at which they were collected. For health care providers who do not regularly keep up with new scientific knowledge, their "maps" can become outdated, meaning their approaches to providing optimal care could be compromised. Also, these data tell us more about the disease itself than the person with the disease. One could characterize this approach to providing health care as *disease-centric* or *patient-centric*. Interestingly, the etymology of the word "patient" is derived from the Greek word for "sufferer."

But what about the state of the person separated from his or her disease? Do our detailed "maps" tell us everything we can and should know to provide effective care? What if there is new information that we lack or older information that our maps failed to include at the time of printing? Enter the GPS of health care, or *person-centered care*. In the person-centered care model, not only do health care providers use their critically essential "compasses" and "maps," but they also have access to real-time data regarding the whole person. Like the GPS, person-centered care delivers a multidimensional perspective on the person in relation to his or her disease and overall health and to the environment that surrounds and influences that individual.

In this issue of the *Journal of Dental Education*, the ADEA Commission on Change and Innovation in Dental Education 2.0 (ADEA CCI 2.0) Knowledge Team for Person-Centered Care offers readers a broad introductory view of this health care model positioned in the dental profession.[1] Already studied in the nursing and medical professions, the person-centered care model, with its potential of providing dental providers with critical yet typically uncollected or unapplied data regarding their patients' overall health, seems like an ideal fit for a profession such as dentistry and allied dentistry—since both involve procedures that require precision and providers who strive for perfection. Why rely on a compass alone when our profession now has access to GPS?

In future issues of the JDE and in various ADEA web-based educational tools, the ADEA CCI 2.0 will expand on the concept of person-centered care by providing readers with detailed information on related topics such as social determinants of health, collaborative care, precision care, and genomics. The reflection questions for dental educators found in the article in this issue[1] (see Table 3) will be followed by additional tools to help ADEA CCI liaisons and faculty at academic dental institutions investigate and debate the opportunities and challenges of implementing a person-centered care model of health care delivery in their curricula and at their institutions' clinics. For now, I'll leave you with this question: in the effort to provide care to those who seek our expertise, should the focus of our health care modality be the provider, the disease, or the person?

REFERENCES

1. Walji MF, Karimbux NY, Spielman AI. Person-centered care: opportunities and challenges for academic dental institutions and programs. J Dent Educ 2017;81(11):1265-72.

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