

Erasmus School of  
Health Policy  
& Management

“What is it that you  
need?”

Driving

person-centeredness

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through regulatory practices

Hong Kong, 2024

Erasmus University Rotterdam



# Declaration of interests

No conflicting interests.

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1. Many stakeholders, including regulators, play a role in ensuring high-quality, person-centered care
2. Traditional regulatory approaches using fixed standards are inappropriate to assess and foster person-centered care
3. The potential of reflexive regulation for person-centered care

“The definition of regulation is contested. It means different things to different people.”

\*Windholz, 2018

## Healthcare regulation

- Service providers/healthcare professionals responsible for quality and safety of care
- Regulatory organizations responsible for overseeing that quality and safety is delivered
- Ensure compliance to regulations/standards to safeguard public interest



# Healthcare is a vast and diverse field





# Supervising the safety of dental radiology

- Clear rules and guidelines
- Clear risks
- One service provider



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# Supervising the quality of person-centered care

“Person-centered care is care that aligns with an individual’s personal needs, wishes, and preferences.”\*

\*Definition used by Dutch Health & Youth Care Inspectorate, strategic policy document 2020-2023



*Ezafun*



# Supervising the quality of person-centered care

- Complex issue
- Risks are unclear
- Multiple / changing service providers



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# Different issue.... same regulatory approach

- Use fixed standards
- Target individual service providers
- Inspection visit
- Dominant regulatory logic:  
observable/verifiable evidence
- Institutional assessment report



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# Norms for supervising person-centered care

## **Norm 1.2**

Care providers know the client, their wishes, and needs.

## **Norm 1.3**

Clients manage their own lives and well being-within their capabilities.

## **Norm 1.4**

Clients experience closeness, security, trust and understanding. They are treated with respect.



*Ezra*

# Assessing person-centered care in daily practice



## Norm 1.3

**“The Inspectorate observes that clients are allowed to choose their own sandwich fillings during lunch.”\***

\*Institutional assessment report published by Dutch Health & Youth Care Inspectorate, 2023

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## Norm 1.2

In most organizations, care providers know the clients' needs and wishes.

## Norm 1.3

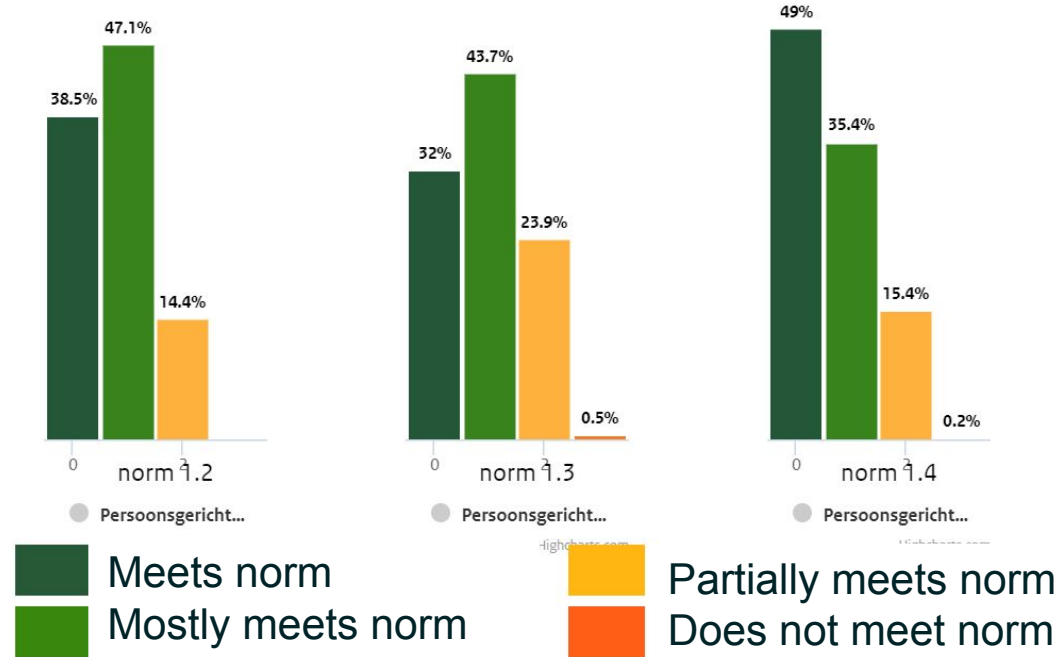
In  $\frac{3}{4}$  care organizations, clients are given space for self-management where possible.

## Norm 1.4

In over  $\frac{3}{4}$  of organizations, clients experience closeness, security, and trust, and are treated with respect.

Trust, and are treated with respect  
Inspectorate, 2023

## Assessment

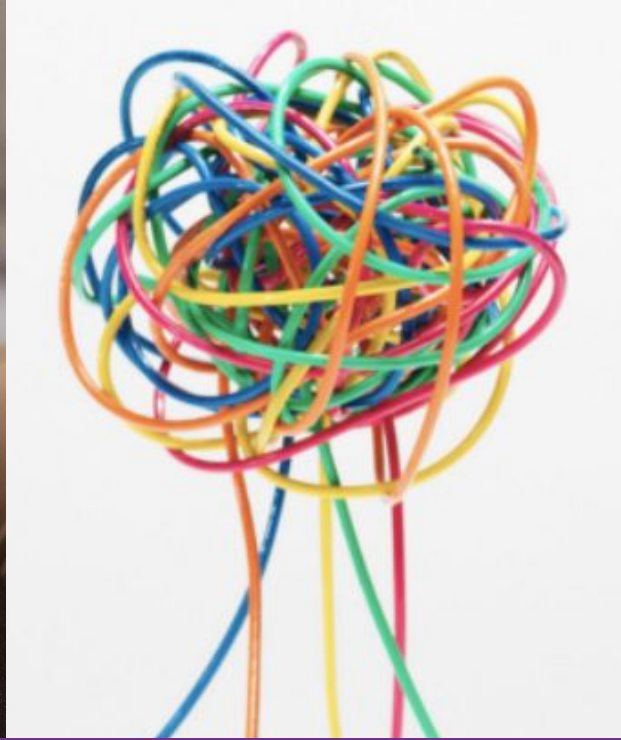


*Ezafun*

**“The quality of person-centered care cannot be judged by a checklist asking whether people prefer peanut butter or chocolate sprinkles on their bread.”**

\*A.M. Pot, ‘Who can tell?’, inaugural address (2022)

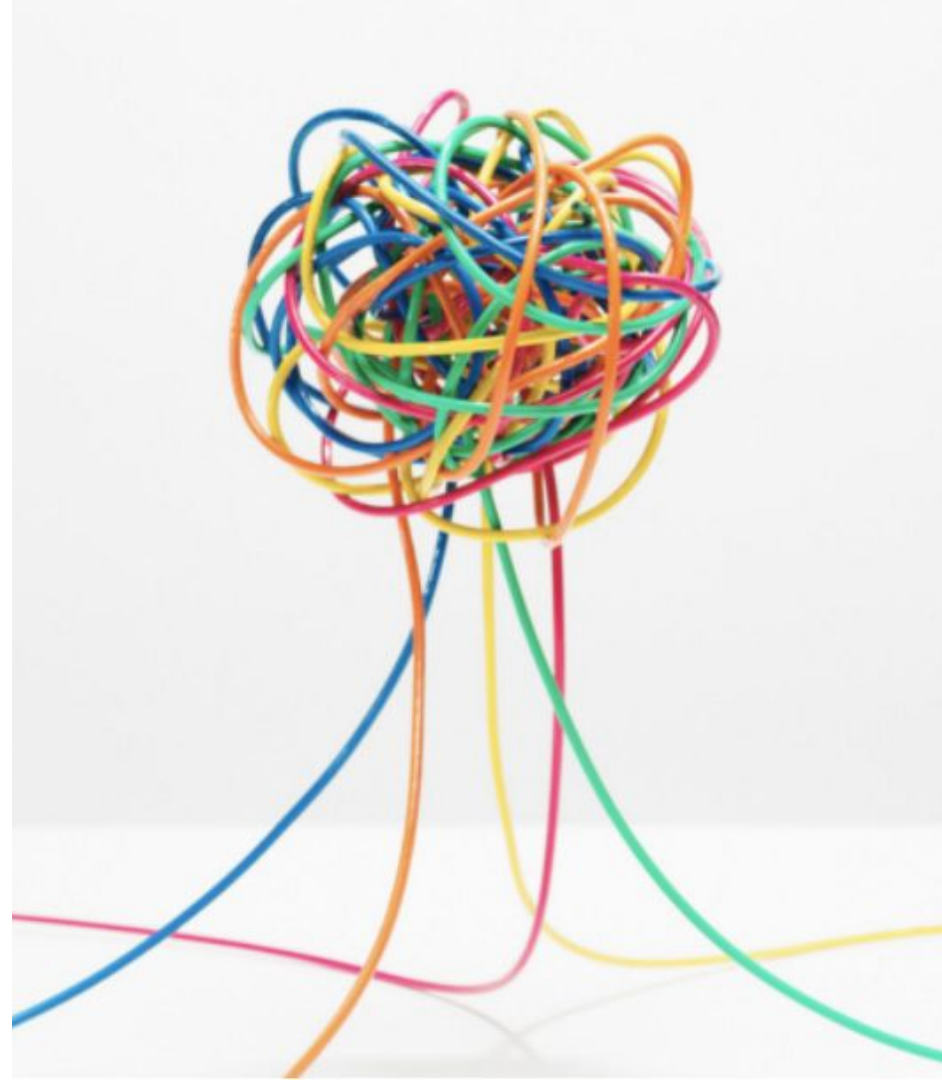




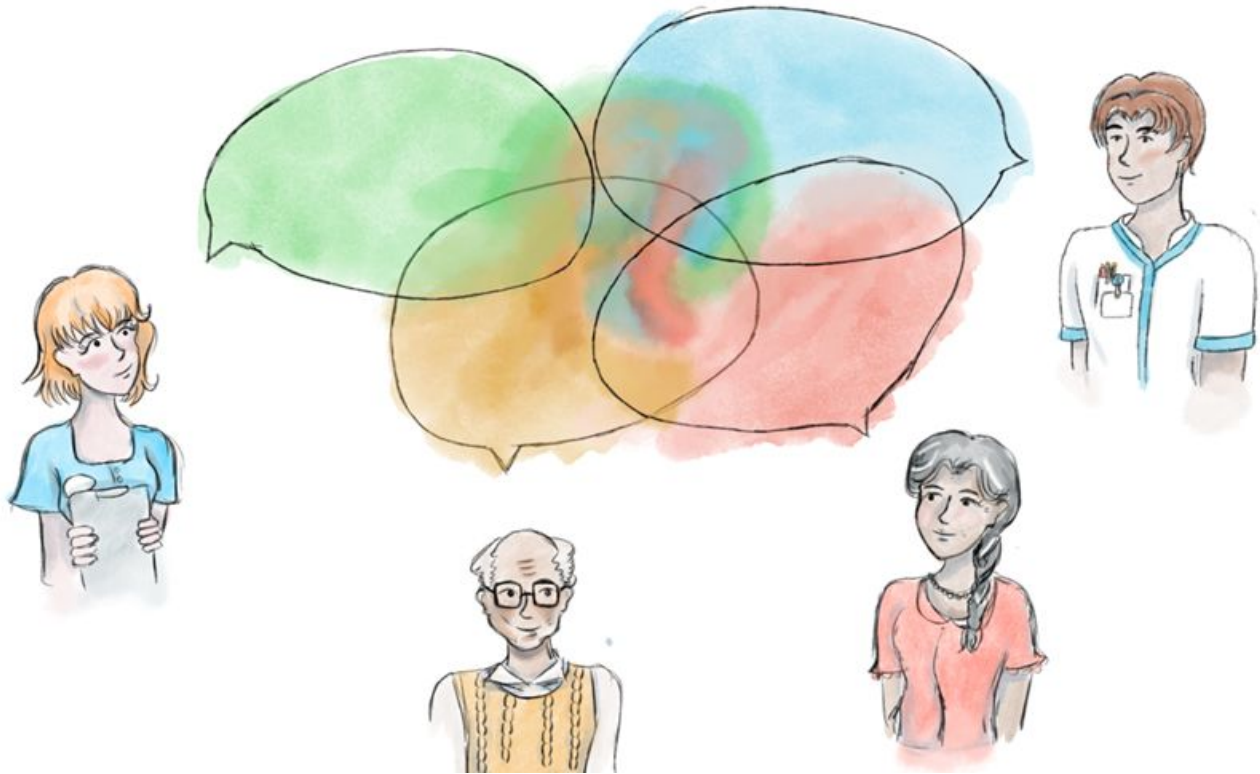
... a different  
regulatory

# The potential of reflexive regulation

- Regulatory approach that encourages stakeholders to be open and to engage in self-observation and self-criticism
- Implies the ability to examine yourself, to direct your focus inward and reflect on your own assumptions, actions, policies, systems and processes
- Fitting for complex issues associated with uncertainty about standards and responsibilities
- **Interactive and focused on ‘higher order learning’**



# Reflexive regulation is **interactive**



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# Reflexive regulation is focused on ‘higher order learning’

- What is the nature of the problem and how it is arise?
- What does this reveal about assumptions, policies, systems, and processes, and how can they be improved?



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**In a reflexive regulatory approach, a regulator no longer assesses the service provider directly; instead, stakeholders evaluate each other, while the regulator's role is to support and advance this reflexive process**



# Developing reflexive regulation to foster person-centered care



## Reflexive Regulation Using Narrative Approaches

One's own story as a basis for supervision

### Project description

Public regulation and supervision are under pressure. The social position and legitimacy of regulators can no longer be taken for granted due to the increased horizontalization of society. Moreover, public service provision increasingly has a networked character, which creates complex regulatory environments. The complexity of the work of regulators is further exacerbated due to a greater emphasis on person-centeredness as a quality criterion for public service provision. This requires a more flexible form of quality control, because clients differ in their needs and preferences which can

### Research groups

#### ✓ [Health Care Governance](#)

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#### [Regulating care](#)

Valuing care

Transitions in care



## Social / patient organizations



## Regulatory organizations



## Consortium

### Universities

Erasmus School of  
Health Policy  
& Management



Radboud University



university of  
 groningen

## Regulatory organizations

- Request service providers to collect and use user experiences to organize and further person-centered care
- Support network interaction, foster reflection and learning

## Service providers

- Collect user experiences using narrative approaches, and reflect on these
- Use insights to further person-centeredness

## Clients/patients and their families

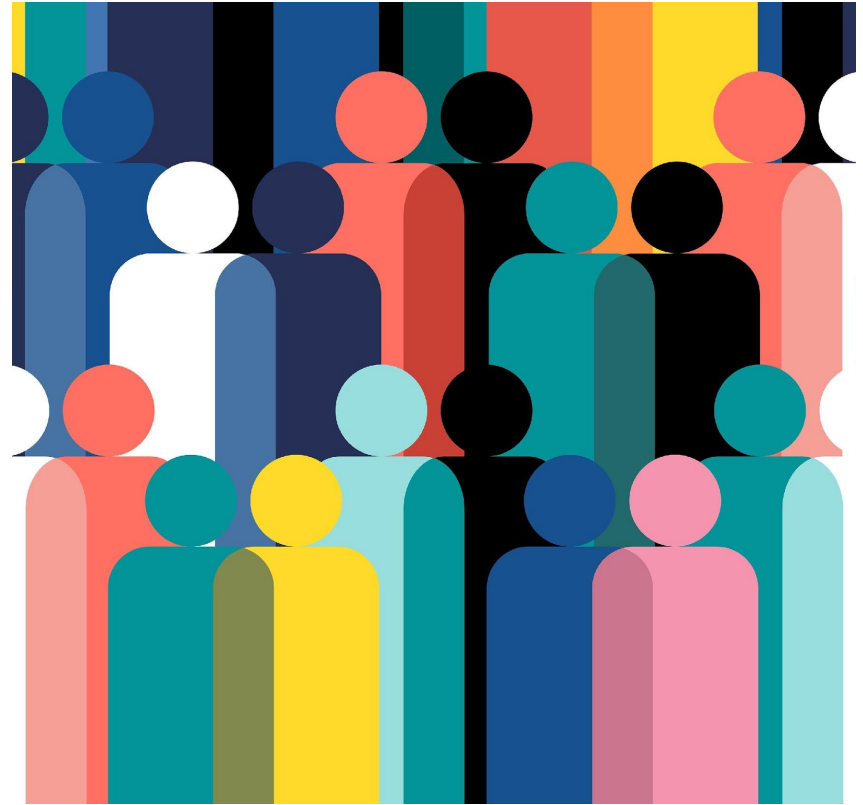
- Share: This is who I am: this is what I need:

“What is it that you need?”



# Important insights

1. Difficult for inspectors to move away from traditional assessor role
2. Difficult for service providers to perceive this new non-assessor role as genuine
3. Service providers struggle to use voiced experiences to reflect on general patterns and system level challenges



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# Thank you.

Interested in our research project? More questions?  
Please contact me:

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