

Indiana | Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan,
Hoosier Care Connect, and Indiana PathWays for Aging

Improving Person-Centered Care Delivery

2026 IHCP Works Annual Seminar

Goals



Understand how **lived experience** impacts health outcomes



Apply **person-centered care** in clinical interactions



Adjust **care plans** based on real-life barriers



A close-up photograph of two hands, one slightly larger than the other, gently holding each other. The hands are positioned in the center of the frame, with fingers interlaced. The skin is fair and the nails are short and clean. The background is a soft, out-of-focus light beige or cream color, suggesting a warm, indoor setting. The overall mood is one of care, support, and connection.

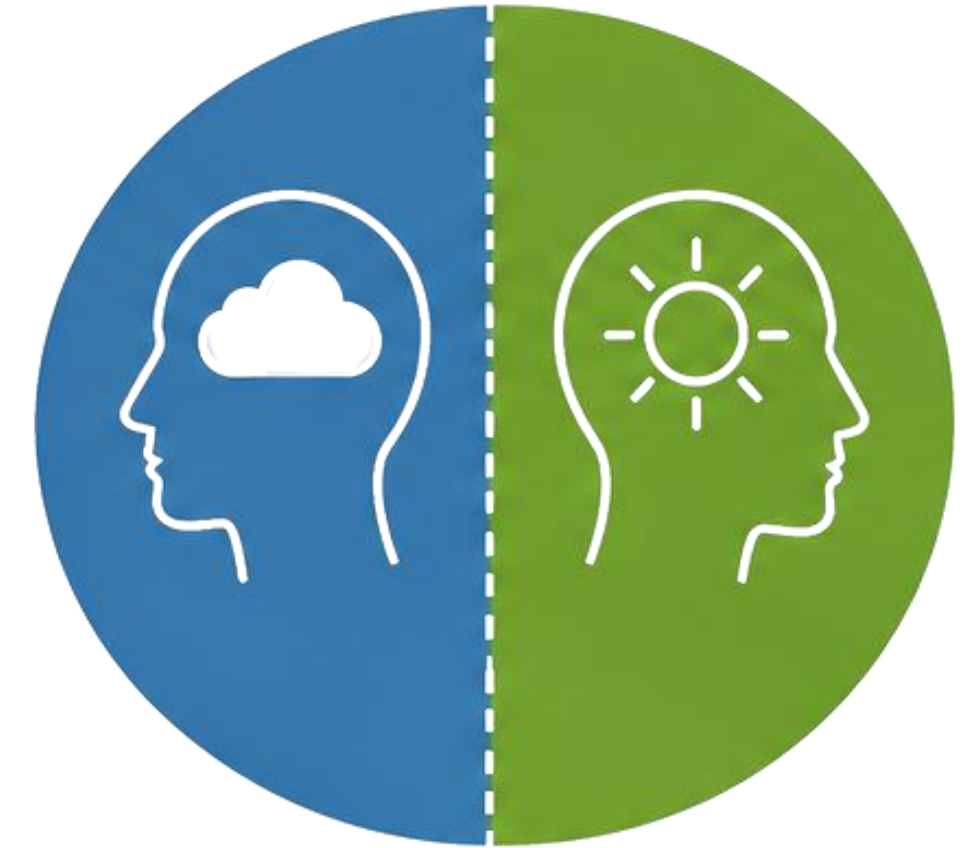
How does your role influence the
care experience for the people
you serve?

Perception vs. Reality

Perception: A way of interpreting your environment (Reactive State)

Reality: The state of things as they exist (Responsive State)

If perception differs from reality, it's a signal that communication needs to occur.



Emotions vs. Facts

- Feelings are not facts. They are valid and must be balanced with facts when providing care.
- Leading with facts allows us to make more informed and rational decisions that are based in evidence and logic.



In care settings, misunderstanding a person's reality can lead to missed diagnoses, non-adherence assumptions, and ineffective care plans.

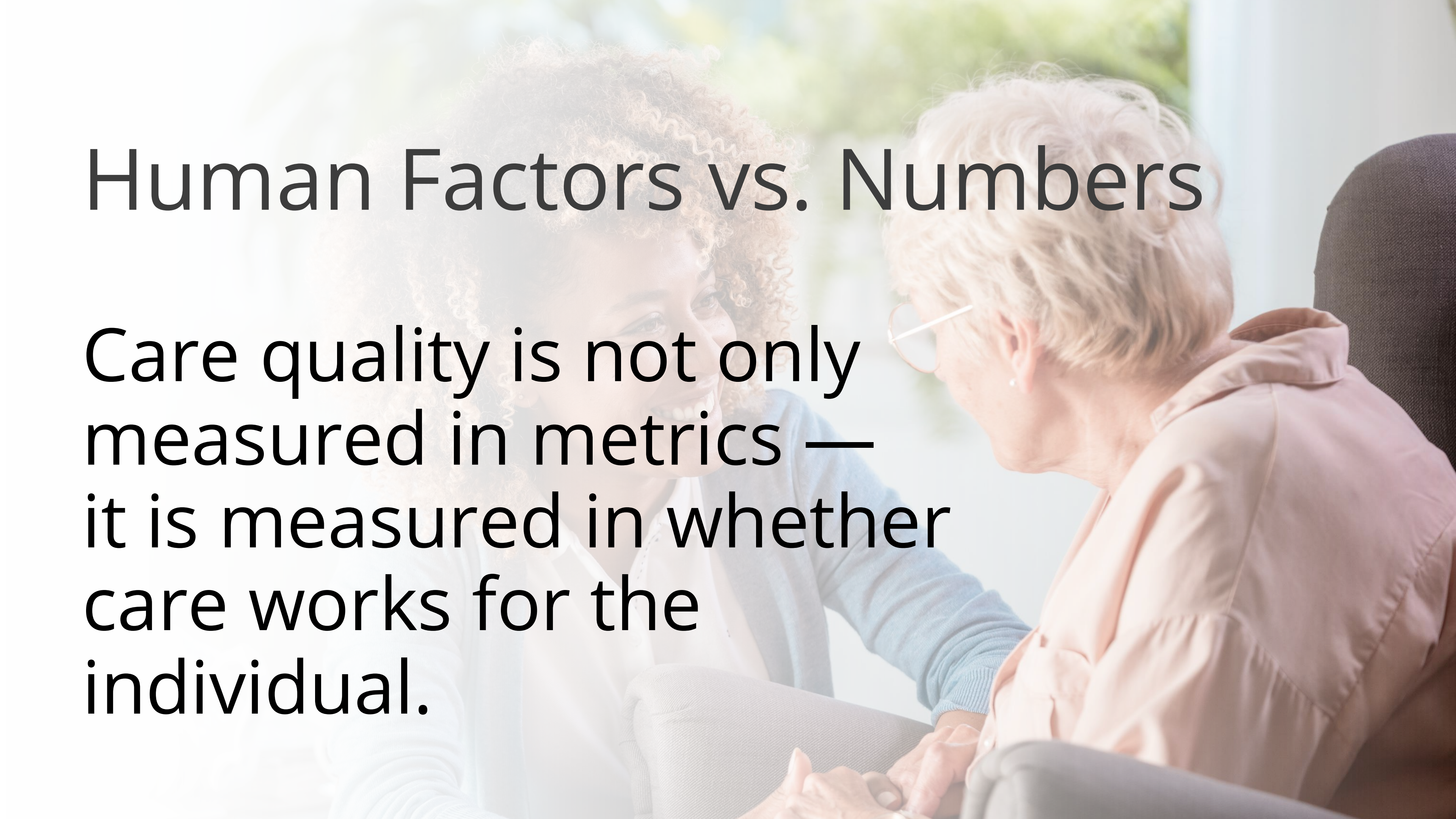
Anthem Feedback



- **Explanation and Understanding** — explanation needs to be clear in phrasing
- **Time** — members feel there is never enough time for discussion.
- **Disrespect** — members may feel they are not treated respectfully with courtesy.
- **Benefits knowledge** — coverage plans differ and providers may not know what a person's plan allows.
- **Scheduling and waiting** — members report difficulty with scheduling and long waits to be seen.
- **Best Practices are skipped/missed** — low discussion and understanding of routine visits, preventative measures, and/or disease management.

Human Factors vs. Numbers

Care quality is not only measured in metrics — it is measured in whether care works for the individual.



TOP FIVE AREAS OF NEED IDENTIFIED BY MEMBERS ABOUT THEIR LIVES

2024 COMMUNITY ASSESSMENT SURVEY FOR OLDER ADULTS SURVEY (CASOA); INDIANA



Housing

43%



Physical Health

43%



Information on Services

40%



Health Care

37%



Finances

33%



These factors impact the reality of their lives that may never come up or present during a provider visit for care or monitoring **but impacts the entirety of their care.**

Correcting myths and building in reflection

What do you know about your members' feelings & experiences – their truth?



Myth:

"They're non-compliant."



Reality:

They may not understand instructions, have transportation issues, or lack support.



Myth:

"They don't care about their health."



Reality:

They may feel overwhelmed, depressed, or afraid of losing independence.



Myth:

"They're difficult."



Reality:

They may be frustrated by years of navigating a complex system.



Myth:

"They refuse technology."



Reality:

They may not have access, confidence, or training.



Empathy starts with understanding.
See the person. Hear their story. Support their **truth**.

Identifying Experiences



Think about a healthcare experience where you felt **heard** — and one where you **didn't**.



Ask yourself...



**What made
the difference?**



FELT HEARD



DIDN'T FEEL HEARD



How do we start *listening* to what they need?

- 1  **Start Small** – ask questions to find needs
- 2  **Be Honest** – what can and cannot be done
- 3  **Be Consistent** – provide what is within your ability
- 4  **Act** – give them clear information and resources
- 5  **Follow up**



These steps improve **diagnosis, trust, and care adherence**



What is a lived experience?

“ the things that someone has experienced themselves, especially when these give the person a knowledge or understanding that people who have only heard about such experiences do not have

– Cambridge Dictionary

”



Real experiences.
Real insight.



Deeper understanding that can't be learned by just hearing.



Builds empathy, trust, and better connections.



Everyone's story adds value.



Lived experience turns personal stories into powerful **knowledge** that drives **better care** and **stronger communities**.



Did you know...

Did you know...

- ▶ The member who entered your exam room just came from a 1 and ½ hour bus ride to make it here today? That she used her money that was allotted for food to pay her electric bill? That her brother who could help her with watching the children moved to another state for work and she has no one else, so they came too?



Did you know...

- ▶ That the gentleman calling to set an appointment just lost his job? That he waited to call about his health concerns because he does not have a computer to fill out the pre-registration information requested online? That he feels an appointment is not likely to be open until weeks later?



Do you know if these are your members?

Empathy helps us see.
Understanding helps us serve.
Awareness helps us care better.



Perspectives Differ About Experiences.

Different roles. Different challenges. Shared goal: **better care.**



A MEMBER
faces...



Illness and uncertainty
about their health



Navigation of a confusing
healthcare system



Management of
finances and competing
priorities



Loss of
independence and
control

Where do **empathy**
and healthcare
systems intersect?



A PROVIDER
faces...



Workflow
bottlenecks and high
demand



Time constraints
and full
schedules



Clinical approach to
the matter at hand



How do we change our perspective?



From: What is the matter with the member?
Focuses on judgment, behavior, or non-compliance.



To: What is happening in their life that affects care?
Focuses on understanding, compassion, and the whole person.



Recognizing the Person First



What Lens Do You Look Through?

How Do You “See” Members?



When members come to you, **put yourselves in their shoes** before you even walk in the door. **They may be navigating:**



Multiple chronic conditions



Physical limitations (reduced mobility, chronic pain)



Sensory limitations such as hearing or vision loss



Cognitive changes that affect memory or processing



A heavy reliance on caregivers or family members



Emotional impacts like frustration, fear,
a sense of losing independence



These experiences shape how they show up when you meet with them. A rushed check-in, unclear instructions or a noisy waiting room **can feel overwhelming.**



Tools for Person-Centered Care/Support



Being focused on the person and
recognizing them as individuals in the care process.



Listen Actively

Listen with empathy
and without
assumptions.



Respect Individuality

Honor their values,
preferences, culture,
and life experiences.



Involve Them in Decisions

Include them in
planning and choices
about their
care/support.



Build Trusting Relationships

Be consistent,
honest, and
follow through
on commitments.



Focus on Strengths

Recognize abilities
and build on what
matters to them.

Do You Know Who Is in A Member's Life?



Who helps them
schedule and track appointments?



Who helps them
“pre-register”?



Who helps them
get to the appointment?



Who helps them
get food, medicine, pay bills,
clean the house, bathe,
and dress?



The Life Trajectory Tool

From Charting the LifeCourse Practice.

- ▶ A visual aid to support and guide a person to explore and plan things in their life. The Trajectory can be used as an exploration tool to reflect and organize steps in a person's journey to their definition of a good life.



UNDERSTANDING THE MEMBER'S JOURNEY



THE VISION:

What does a “good life” look like to the member?



THE REALITY:

Where are they right now?



THE BARRIERS:

What obstacles are stopping them from achieving that vision?



Think of one person you assisted. Do you know how they want their life to be?



What have you **worked with them** on to achieve that?



What have you tried that has helped move to **that good life** they see?



What strategies or supports made the **biggest difference**?



What did not **work out so well** that you tried?

What Is Important?



That which a person
needs to ensure their
Health and Safety



Safety



Health



Connections



Stability



When we focus on what's important,
we build a foundation for **well-being**.

It can be defined as those things which help us feel:



SATISFIED

Having what I need and knowing my needs are met.



CONTENT

Feeling at peace and comfortable with my life.



COMFORTED

Feeling safe, cared for, and supported in my environment.



FULFILLED

Living in a way that gives my life meaning and purpose.



HAPPY

Experiencing joy and positive moments each day.



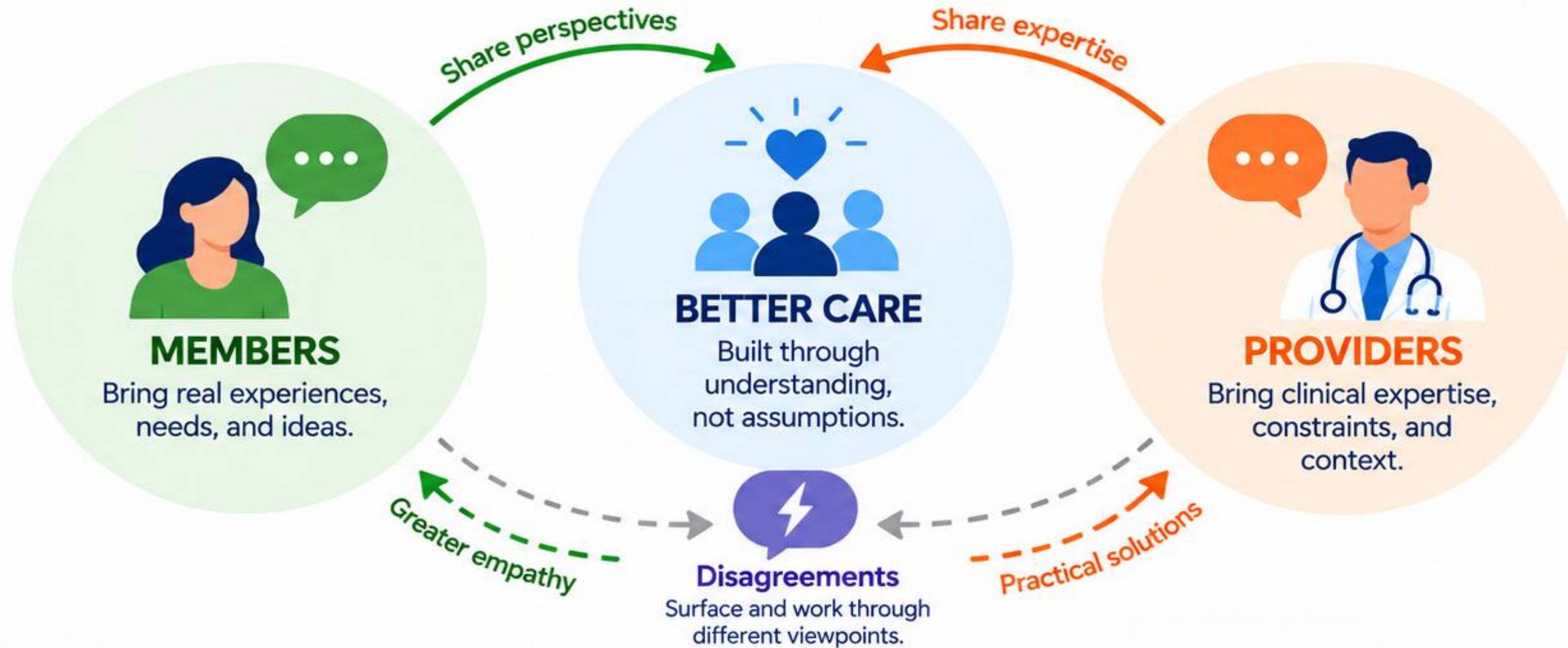


Use this approach to evaluate
treatment plans and care strategies.

 PERSPECTIVE	 WHAT WORKS? WHAT MAKES SENSE? THE UPSIDE?	 WHAT DOESN'T WORK? DOES NOT MAKE SENSE? THE DOWNSIDE?
 PERSPECTIVE A		
 PERSPECTIVE B		

Activity: The “Working vs. Not Working” Framework

A collaborative way to understand perspectives, build common ground, and create meaningful action.



A photograph of an older man and woman embracing warmly. The man, on the left, has grey hair and is wearing a blue and white plaid shirt. The woman, on the right, has short grey hair and is wearing a light beige sweater. They are both smiling. In the foreground, the back of a person's head with dark hair is visible, slightly out of focus. The background is a bright, indoor setting with a white wall and a wooden door.

Social Drivers of Health

5 Major Social Drivers of Health



Economic Stability

Income, employment, financial strain, job benefits, community economic conditions



Education Access & Quality

Early childhood education, education quality and literacy, access to higher education, health literacy, digital literacy



Health Care Access & Quality

Availability of primary and specialty care, insurance coverage, quality care and cultural competence, geographic access to health care



Neighborhood & Built Environment

Safe housing and stable utilities, transportation, access to food (food deserts), environmental exposures, access to public spaces and sidewalks



Social & Community Context

Community support, experiences of discrimination (ageism & ableism), civic participation, personal safety and exposure to violence



Addressing these factors together helps create **healthier communities** and better outcomes for everyone.

In pairs, discuss:



“ Where do you see **social drivers of health** show up in your daily workflow?



You'll have
two minutes.



Communication In Clinical Care



Communication Face to Face



Be

Be viewed as approachable (be present)



Tone

Tone of your voice also speaks volume



Listen

Listen with intent to understand and not to be understood.



Be

Be curious



Be

Be humble



Make

Make good eye contact when appropriate

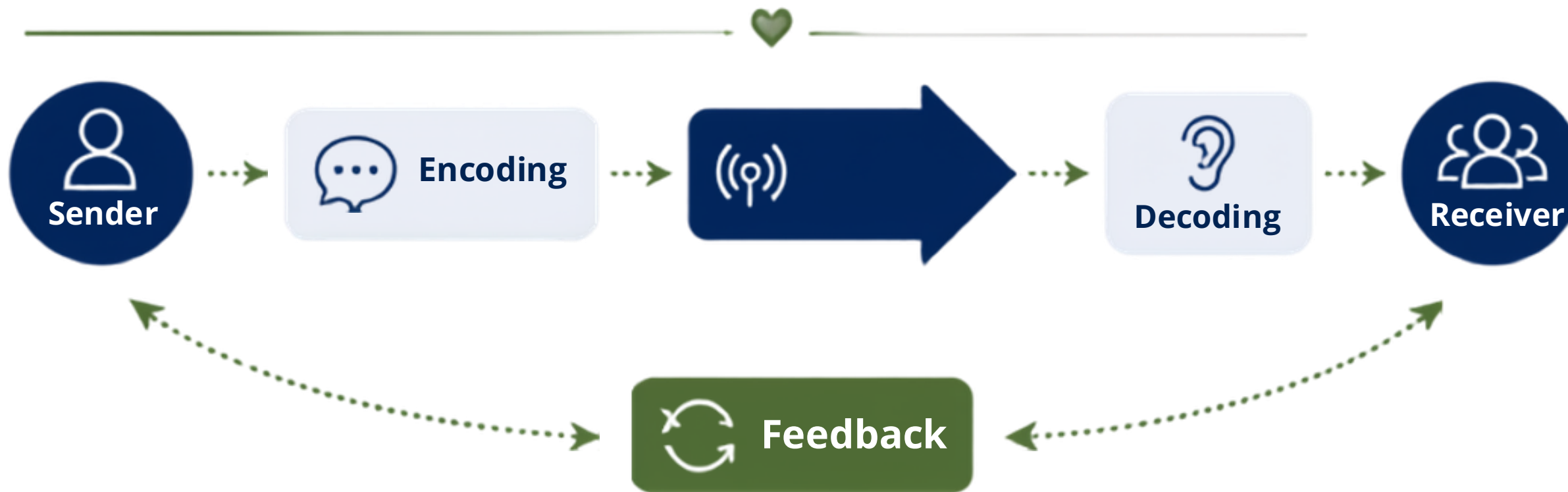


Say

Always say thank you



The Feedback Loop: Ensuring Clarity



Delivery Matters:

How a message is **sent** directly impacts how it is **received**.



Shared Understanding:

Alignment requires using language that is **clear** and **accessible** to the receiver.



Active Validation:

Continuous **feedback** — through thoughts, questions, and answers—confirms the original intent was met.



Effective Communication



Communication may be **Verbal, Non-verbal, Presenting, Negotiating, Problem-solving**



Know your audience – be **Person Centered**



Tailor your material



Know your **desired outcome** (intent)



To be **clear is kind** (Brené Brown)





**EVERY INTERACTION EITHER
IMPROVES OR LIMITS
SOMEONE'S ABILITY TO
RECEIVE EFFECTIVE CARE.**

The Importance of Empowering People



Sowing seeds of sustainable change:

- Provide knowledge for members to make decisions. Provide more than a handout.



Cultivate resilient communities:

- Recognize everyone involved and their strengths. Encourage ownership in supporting a member. Affirm their network.



Boost dignity and self-worth:

- Decision-making is empowering. Taking charge increases confidence. Provide education, resources and opportunity to members regarding their lives.



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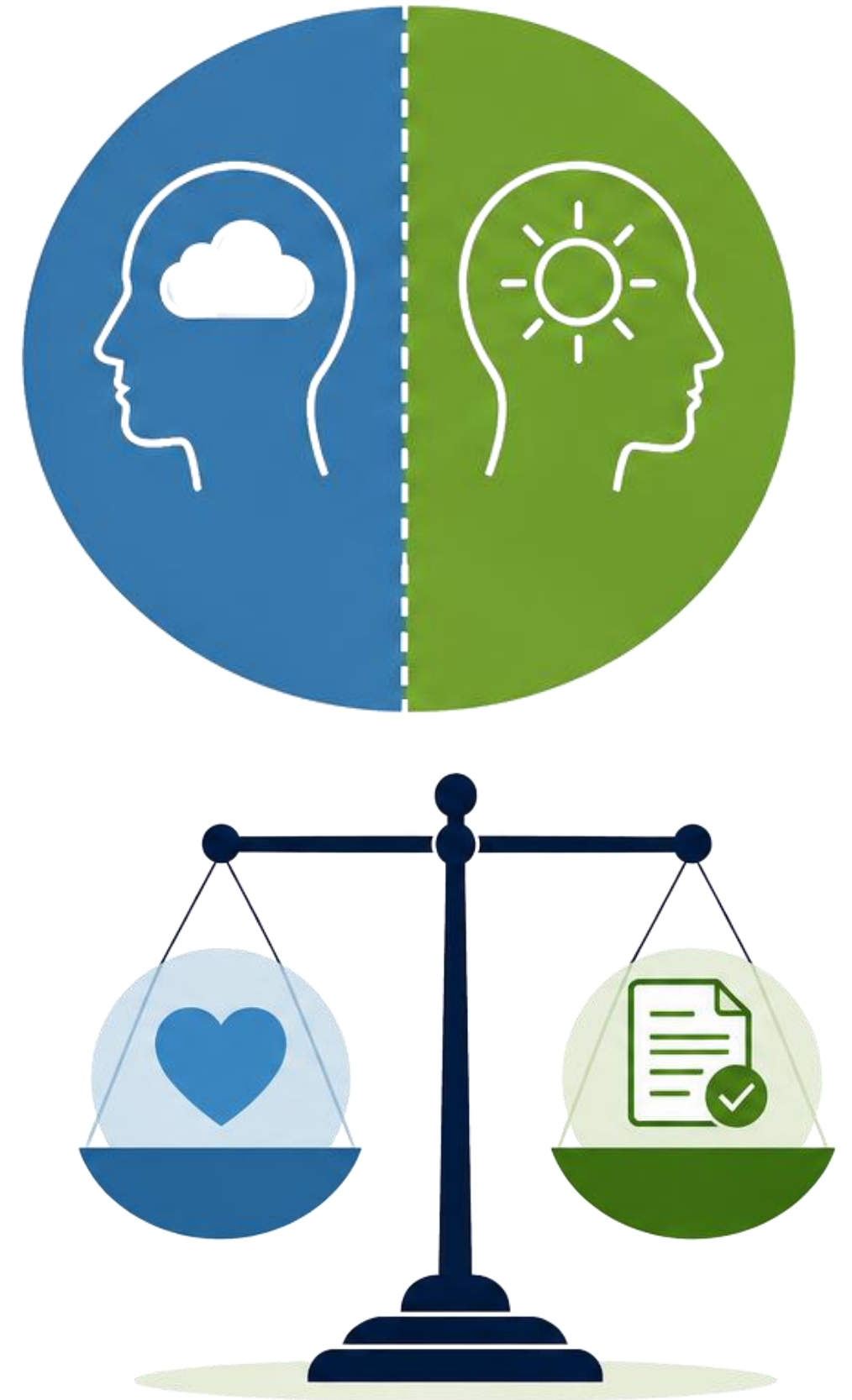
People will forget
what you said,
people will forget
what you did,
but people will
never forget how
you made them feel. ”

– *Maya Angelou*



Person Centered Care Tool Links

- Person Centered Care [Overview](#)
- Life Trajectory Tool [Video](#)
- Working/Not Working Tool [Video](#)



Thank you

- We'd like to know how this presentation helped you, and if there is any additional information or clarification we could offer.
- Please take a moment to complete the survey by scanning the QR code or following [this link](#).





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