INSIDE IE EDGE

Patient Engagement
A beautiful but complicated relationship

INTRODUCTION "Patient engagement is the blockbuster drug of the century," says Farzad Mostashari, MD, former National Coordinator for Health IT, quoted on the website of the National eHealth Collaborative (NeHC), a Washington, DC-based public-private partnership aimed at facilitating health information exchange.

It's a bold statement anchored in a truth we all recognize intuitively: Until individuals take charge of their own health our vision of cost-effective, quality care will continue to elude us.

SI's Fall Forum at UCLA Health, "Creating the Comprehensive Patient Experience," Oct. 31-Nov. 1, features several patient-engagement discussions, including one with patient representatives and patient advocates.

Engaging patients in managing their health is a multidimensional issue that requires a paradigm shift—some might say cultural disruption—that most health systems are unsure how to navigate. NeHC has developed a "Patient Engagement Framework" to help clarify how a patient-centered approach to this issue might proceed in five stages:[1]

1. Inform Me—Inform and attract
   - Marketing, awareness
2. Engage Me—Retain and interact
   - Tracking tools, appointments, Rx refills

3. Empower Me—Partner efficiency
   - Secure messaging, DIRECT, Blue Button, patient governmental data, HIE

4. Partner With Me—Create synergy and extend reach
   - Patient accountability status, self-management tools, shared decision tools, collaboration

5. Support My e-Community—Care team-generated data
   - Daily care reminders & support, chronic-care self-management, shared care plans with team outcomes, non-traditional care-team members

Such a framework also helps in understanding some of the drivers behind the patient-engagement movement and how certain health systems are beginning to more fully activate their patients.

Outside the walls

Healthcare economics is the first and foremost driver of patient engagement. "We're starting to appreciate how much of the cost of healthcare occurs outside of what we do inside the walls of healthcare," says Laura Kreofsky, principal, and leader of the Discovery and Development unit of Chicago-based consultancy Impact Advisors. "As we move to more risk-based, shared-savings arrangements, organizations must innovate in economics and quality.

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[1] The Patient Engagement Framework is downloadable free of charge on the NeHC website at http://www.nationalehealth.org/patient-engagement-framework

The Healthcare Executive Resource for Information Management

If patients can actively participate in reducing unnecessary care and services—that produces off-the-top cost savings."

Patient expectations are a second driver. Patients are more participatory and expect a different kind of partnership with physicians today than a decade ago.

"In the past, consumers weren't as self-directed as they are today," says Kreofsky. As individuals have gained more autonomy and control in other areas of their lives, they expect it to parlay into their health care and medical services "What if we had bank accounts but didn't know how much was in them? That's the way it is with patient records today. Now we not only want to know how much we have, but want to move money around from account to account and do it from an iPhone. The consumer doesn't necessarily see why it should be any different," she says.

Follow the patient

Technology is a third driver. Healthcare has made tremendous advances in making the right information dramatically more accessible via portals and PHRs and enabling mobile, fitness and monitoring devices to upload information to an EHR.

Meaningful Use Stage 2 also is driving patient engagement. "CMS anticipates increasingly robust information exchange between patients and providers and the need to have information follow the patient," notes Kreofsky. CMS views patient engagement as a partnership between care providers and patients partly because the data show a top motivator for patients' use of a portal or PHR is encouragement from their providers.

Yet, given over half of providers say they still prefer paper, we are at a critical point. There's a tension between the old and new paradigms. "We need to do a lot of work on the staff side. Many providers will be challenged in meeting the Stage 2 requirements for patients to view, download and transmit their health information and send secure messages not because of the technology or lack of patient interest, but because the organization has not adequately developed internal processes and staff workflows to support patient engagement," she says.

Laura Kreofsky, Principal, Impact Advisors

Too often healthcare organizations respond to increasing expectations for patient engagement as a marketing problem, but that's a mistake. "Patients are saying, 'We don't want another brochure.' This is not just a technology or marketing issue. It raises questions like, how do we train staff? We need to make patient engagement a job expectation. It should be a hot topic on everybody's radar from the community hospital to the ACO."

High value from low-hanging fruit

The rewards can be great for patient-engagement initiatives, especially in areas like medication compliance, a huge national problem. According to research by the New England Healthcare Institute (NEHI), the United States wastes nearly $300 billion a year in avoidable medical spending as a result of medication noncompliance by patients.[2]

"It's staggering," says Kreofsky. "If we can reduce this number by even 5 percent through people reviewing their medication status online, automatic reminder or pill

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[2] "Thinking Outside the Pillbox: A System-wide Approach to Improving Patient Medication Adherence for Chronic Disease," NEHI, 2009.

boxes that beep, we'll achieve a significant ROI."

Another high-value area where healthcare providers should focus their patient engagement efforts is in the post-acute area, which accounts for about half or more of episode-of-care costs. This can begin with simple steps like ensuring messaging between discharged patients and care coordinators after the patient is released from the hospital, or sending the Summary of Care Record to the next provider, per the MU Stage 2 "transitions of care" objective. "That's where patient engagement should begin," says Kreofsky.

"Patients can help create innovations in ways we can't," she says, citing the recent example of Sutter Health, which experienced an interruption in provider access to its Epic EHR. During the period of time in which the EHR was not available, patients having appointments with their providers said, "Let me go to MyChart on the web and we can look at my medical information together." It was a great example of how an engaged patient can help improve their care and engagement with the provider.

Fairview of the future

"We started our journey in 2009 to find a new model of care that would emphasize population health," says Valerie Overton, VP for quality and informatics at Fairview Medical Group, a multispecialty ambulatory group with more than 40 clinics serving most of Minnesota. The medical group is an arm of Minneapolis-based Fairview Health System, a seven-hospital system in partnership with the University of Minnesota Medical Center.

Fairview's new model embraced the Triple Aim of the Institute for Healthcare Improvement (IHI):
• Improve the health of the population;

• Enhance the patient care experience;
• Reduce the per capita cost of care.

Senior management realized achieving this goal required change in two primary areas: One, a shift to a team model of care and away from the traditional one in which an individual physician treats an individual patient; Two, development of new ways to engage patients in their own healthcare.

"How we engage patients means answering questions such as, how do we reach out to patients? How do we measure patient engagement?" she says. Fairview leaders found a methodology in the Patient Activation Measure (PAM) developed by Dr. Judy Hibbard, professor emerita at the University of Oregon.

How activated are you?

Patient activation is defined as the patient understanding his or her own role in the care process and having the knowledge, skills and confidence to take on that role. The PAM involves 13 items that produce a 0 to 100 score based on how the patient answers questions on their beliefs, knowledge and confidence in managing health-related tasks. The score assigns people to one of four categories ranging from least-activated (level 1) to most activated (level 4).

"We began to measure PAM and developed deep databases to support it," says Overton, who co-authored a study with Hibbard and Jessica Greene on Fairview's experience that was featured in the February 2013 "Health Affairs."[3] In an analysis of 33,163 patients, patients with the lowest activation levels had predicted average costs that were 8 percent higher in the base year and 21 percent higher in the first half of the next year than the costs of patients with the highest activation levels. Patient activation turned out to be a significant predictor of

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[3] http://www.healthaffairs.org, Click on "Archive" to download article from February 2103 issue, "New Era of Patient Engagement." Subscription required.

cost even after adjustment for a risk score specifically designed to predict future costs.

"PAM is related to better cost and clinical outcomes, but is it causal or not? Is it an internal patient attribute or is it mutable, changeable? Those are the questions we're working on now," says Overton. Fairview has since launched several patient-engagement initiatives, including training all care staff—care coordinators, behaviorists, pharmacists—in motivational interviewing, shared decision-making and health literacy and what PAM means.

"In that sense they're better equipped to help patients manage their own health," she says.

Fairview is also undertaking a significant redesign of its patient portal structure to beef up self-serve functions and encourage patients to be more activated. It's also deploying a series of patient-engagement training tools for primary care physicians and physician assistants at the health system's 40 clinics.

New knowledge

"Most of us went through our clinical training with very little focus on this engagement and don't understand this emerging body of knowledge—and applying it takes practice. Our process takes several years. This is new knowledge," says Overton.

Still, patient engagement is so intertwined with other factors, that it's difficult to measure results.

"We're seeing reductions in the total cost of care, positive movement in readmissions and improvement in quality. We believe patient activation is part of a bundle of capabilities that are essential to managing population health. What causes what and how, that's difficult to isolate," she says. There's little doubt in her mind that patient engagement strategies like health coaching

and patient activation are critical to success given that conditions like diabetes and obesity have so much to do with patient behavior.

FAIRVIEW

Valerie Overton, VP, Quality & Informatics, Fairview Medical Group

The issue is anything but cut and dried and not every IT-enabled patient engagement initiative has proven to be cost-effective. For example, one study found that home monitoring for certain chronically ill patients to prevent readmissions was not cost effective. Overton believes the PAM can differentiate patients who are more likely to benefit from tools like remote monitoring.

"The highly interested and activated patient may not need as much technology. You can differentially apply resources to patients, especially when you are coordinating care," she says, citing the example of a patient with COPD who had a low activation level. When a care coordinator followed up with the patient, she discovered the patient had failed to pick up her medication, so shipped them directly to the patient's home. "If you delivered meds to every patient's home, it would be prohibitively expensive. But if you can isolate the patients who would most benefit, then it makes clinical and financial sense," says Overton.

Blue Button

The Office of the National Coordinator for Health IT at HHS views patient engagement as such a necessary culture change that it is pushing a movement for patient access to their own health information called "Blue Button."

"The idea behind fostering the Blue Button movement is that folks need to wrap their heads around patient engagement," says

Ellen Makar, MSN, RN-BC, a senior policy advisor in the Office of Consumer eHealth at ONC. "How can patients participate in decision-making and shared outcomes if they don't have access to their health record? We want Blue Button to become a household word—like Google—to represent patient access to their information."

Ellen Makar, MSN, Senior Policy Advisor, ONC

First implemented at the Veteran's Administration (VA) after President Obama said that every vet should have a "blue button" to click to get quick access to their own medical information, Blue Button has become ONC's rallying point for consumer ehealth. "Increasingly we hope to see developers and vendors put the Blue Button logo on their products so consumers recognize it as a guarantee they'll be able to easily get their data," she says. The logo, a blue button with a downward arrow signifying a click, is available for use.

ONC has created a Blue Button pledge for vendors and providers at HealthIT.gov —more than 450 organizations have signed on—and is launching Public Service Announcements to raise awareness of the concept with the hope that patients as well as family caregivers will begin to demand the capability as an integral aspect of coordinated care.

While the campaign is early, Makar views Blue Button in the same way she viewed texting in 2007. "When texting first came out I did not see a use for it until it became a useful tool to communicate with my teenagers. Eventually the interface improved and that's when it became widespread. People need easy access to their health information. Blue Button facilitates that access and sets the stage for innovators to make the experience of getting your record so much better than it is today," she says.

Information about Blue Button is available on the ONC website at http://www.healthit.gov/bluebutton. Blue Button is also a set of technical standards and a Blue Button+ Implementation Guide for data holders, providers and third-party application developers is available at http://bluebuttonplus.org.

Conclusion

For skeptics, patient engagement may seem like healthcare's buzzword de jour, which will yield to another hot topic tomorrow. To dismiss patient engagement, however, is to misunderstand that healthcare's massive ongoing shift to the ambulatory sector is really a shift to the community where the patient lives.

"Until primary care providers really learn how to partner with public health and employers," says Overton, we won't be truly able to engage patients and get control of healthcare costs and quality. "What it will look like in the end we don't know. Some of the best work in this area is in Mississippi, a culture riddled with obesity. They have achieved dramatic results because they have engaged the community."

The healthcare enterprise is becoming the community—and community partnerships are the future of healthcare.

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