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SCOTTSDALE INSTITUTE 2018
POPULATION HEALTH

CONSUMER ACTIVATION/ ENGAGEMENT

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Executive Summary

Scottsdale Institute convened 11 population health executives from leading health systems across the country in Chicago October 24-25 to discuss consumer activation and engagement: goals, strategies and methods of incorporating consumer-engagement initiatives into an organization and measuring success. The combined impact of a rapidly changing healthcare industry and growing consumer demands means successful consumer engagement is paramount to value-based care. The collaboration among the participants spanned clinical, operational, information technology and marketing, resulting in discussions that encompassed the organization in its entirety.

Summit Participants

David Bradshaw, Former Executive Vice President and Chief Strategy Officer, [Memorial Hermann](#) and Strategic Advisor to Cerner Corporation

Lisa Brandt, Vice President, Population Health, [IU Health Physicians](#)

Don Calcagno, Senior Vice President Population Health and Managed Care/ President, Advocate Physician Partners, [Advocate Aurora Health](#)

David Classen, MD, Chief Health Informatics Officer, [Pascal Metrics Inc.](#)

Chris Eakes, Director, Population Health, HIE and Integration, [BayCare Health System](#)

Mark Hohulin, Senior Vice President, Healthcare Analytics, [OSF HealthCare System](#)

Natalie Kaszubowski, Vice President, Information Technology, [Sentara Healthcare](#)

Gilad Kuperman, MD, Associate Chief Health Informatics Officer, [Memorial Sloan Kettering](#)

Theresa Osborne, MD, Medical Director Quality and Value, [Spectrum Health](#)

Cidney Simmons, Digital Project Manager, [Methodist Le Bonheur Healthcare](#)

Lara Terry, MD, Medical Director, Population Health, [Partners HealthCare](#)

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Moderators: John Glaser, PhD and Ryan Hamilton, [Cerner Corporation](#)

Introduction

Why is consumer engagement becoming increasingly important? Just a short time ago, a person's relationship with a caregiver was limited to the patient role. Rarely did anyone interact with a health system or clinician outside the acute or ambulatory care venues. In this new world of value-based care (VBC) on-demand services and immediate, intuitive experiences are leading to expanded relationships from patient to consumer and member.

Depending on the role, patient/consumer engagement can vary in objectives:

- » Educating and empowering the consumer, patient or member
- » Encouraging patients to follow their care plan
- » Increasing market share for the health system
- » Improving shared decision making between the clinician and the patient
- » Monitoring and improving patient health status
- » Improving access to care
- » Supporting health-plan enrollment and satisfaction
- » Advancing the patient experience within and outside traditional care settings.

"Just think about it as a patient. They want to be engaged. They have more at stake than anyone, yet they are one of the least engaged in the transaction of healthcare. How do we create tools to engage that patient? What are the parallels in our industry and in their journey through our system as a consumer, patient or member?" said David Bradshaw, former Executive Vice President and Chief Strategy Officer, Memorial Hermann and Strategic Advisor, Cerner.

TYPES OF ENGAGEMENT

When evaluating engagement strategies, it's important to realize "there are engagements, plural. Each engagement with different actors, goals and metrics. No wonder it's hard to establish a governance structure...it's like overseeing air. How in the world can you oversee all the different engagements throughout the organization?" said John Glaser, PhD, Senior Vice President, Population Health, Cerner. Expanding engagement efforts to include the consumer,



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– **David Bradshaw**, Former EVP and Chief Strategy Officer, Memorial Hermann and Strategic Advisor to Cerner Corporation



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– **Lisa Brandt**, VP, Population Health, IU Health Physicians

member and patient, as well as the provider, requires a shift in the traditional healthcare mindset. Each of these roles has unique needs, motivations, methods for communication and engagement, as well as measurements of success. Organizations engage with patients in a variety of ways—from focusing on patient-centric needs to communicating digitally, activating patients and providing education. “How do we integrate the marketing, patient experience, population health, health-plan and clinical-effectiveness teams to do the right thing for the consumer with coordinated efforts to meet the individual where they are in their patient-care journey with a single relationship owner?” said Lisa Brandt, Vice President, Population Health, IU Health.

Consumer

Consumers are challenging. Forbes defines consumers as people who purchase goods and services for personal use.¹ These individuals are typically healthy with very little need to interact with a clinician or health system. In the world of Amazon and Apple, consumers now have expectations about their experience, convenience and price transparency. According to a study by NRC Health, 57 percent of consumers would choose a hospital that shares its prices up-front over a hospital that does not.²

The drive to VBC has accelerated the need to engage consumers in non-traditional ways to help them remain healthy and out of the hospital. IU Health is a primary source of health knowledge to the communities it serves and has instituted programs, such as community gardens and community partnerships with organizations like the YMCA. Expanding care into the community means providing the necessary education and resources to consumers trying to manage their health and remain well, while also making this outreach more sustainable over time.

Metrics for measuring consumer engagement progress:

- » Adherence to care plan
- » Attributed lives
- » Care-management cost
- » Community contracts/payers
- » Consumer or patient experience/satisfaction
- » Cost of care per member/consumer
- » Per-member utilization
- » Premium expense (health plan)
- » Primary covered lives
- » Quality
- » Satisfaction
- » Utilization of dollars (health plan)

¹ Pearl, Robert. (2015, October 15). *Are You a Patient or a Healthcare Consumer?* Retrieved from Forbes: <https://www.forbes.com/sites/robertpearl/2015/10/15/are-you-a-patient-or-a-health-care-consumer-why-it-matters/#7bd967c92b4d>

² NRC Health. (June 22, 2017). *The consumer is the new payer in healthcare.* Retrieved from NRC Health <https://nrchealth.com/resource/consumer-new-payer-healthcare/>

Member

Since 2010, more than 40 provider systems have formed new health-insurance companies or acquired existing health plans.³ More recently, all new provider-sponsored health plans (PSHP) formed between 2015 and 2017, have been developed as joint ventures between health systems and health insurers.⁴ So, whether an owned or a joint venture, the growth of PSHPs has morphed the dynamic with consumers further to include the member role.

For members, health plans are geared to grow their member enrollments, retain existing members, manage per-member utilization and reduce costs. In some cases, the goals of the health plan and the health system collide with conflicting strategies, such as sending a member to a provider with a lower cost of services outside the health-system network, causing the need for closer collaboration and alignment to refine the goals and member messages.

Patient

Conventional patient communication methods have evolved into two separate camps: patient activation, meaning the patient wants to develop a closer relationship with their care team or a new provider; and patient engagement, referring to a series of delivered services and experiences that lead to metrics/goals described above. The strategies for each are dependent on an organization's goals, resulting in one-way or bi-directional communications. Meaningful Use required the use of a patient portal, but the unintentional result was to activate patients without considering the impact to the patient experience or missed opportunities to fill care gaps. Today, that activation is meaningless without honing the engagement aspect of the patient relationship.

For specialty-care service providers such as the Memorial Sloan Kettering Cancer Center (MSK) a more tightly-knit relationship between the care team and patient may exist that differs from more traditional primary care and chronic disease management. MSK is exploring methods to engage with patients by monitoring and managing them remotely, for example, by eliciting symptom data on a daily basis from patients undergoing chemotherapy. This rigorous engagement model encourages patients to be more active participants in their healthcare. MSK



– **Mark Hohulin**, SVP,
Healthcare Analytics,
OSF HealthCare System

³ Baumgarten, Allan & Hempstead, Katherine. (February 23, 2018). *New Provider-Sponsored Health Plans: Joint Ventures Are Now the Preferred Strategy*. Health Affairs

⁴ *ibid.*



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also is exploring how to best use remote engagement to support long-term cancer survivors, to detect needs and deliver specialized services as early as possible rather than at an in-person visit. This customized approach ensures patients receive the right level of care without overextending resources.

Provider

As the primary channel for communicating with patients, provider engagement is critical to success. However, provider engagement requires different strategies and opportunities than consumer engagement. The drive to engage patients in their health and care through shared decision-making and collaboration will require a cultural shift and behavior changes by providers. “A key will be better engaging providers on business needs, such as the growth of Medicare Advantage (MA), improving patient experience and the digital strategy,” said Theresa Osborne, MD, Medical Director Quality and Value, Spectrum Health.

As value-based care becomes a reality, providers will continue to face changing business models that include virtual or telehealth services, use of portals for e-scheduling, surveys or pre-appointment paperwork and a better understanding where the person is in their health-and-well-being journey. Keeping patients healthy by adding services and conveniences to reduce the cost of care requires providers to approach scheduling and communication with patients much differently while responding to the demands of two different business models: to continue capturing revenue while meeting VBC standards.

THE SILOED ORGANIZATION

The progression of VBC has created a new dynamic where health systems need to straddle two business models: traditional fee-for-service (FFS) and emerging VBC programs. In the traditional FFS model, organizations are focused on business lines and relationships between the patient and provider, consisting primarily of one-way dialogue, all driven by appropriate but high utilization. “As health-system risk sharing has increased through ACO programs

Successful consumer engagement would help:

- » Attract more patients
- » Grow volume
- » Retain members/patients
- » Improve customer satisfaction
- » Improve health outcomes
- » Increase number of covered lives in health plan
- » Increase number of lives served
- » Maintain or grow market share
- » Improve provider satisfaction
- » Identify new growth opportunities



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– David Classen, MD, Chief Health Informatics Officer, Pascal Metrics Inc.



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– **Lara Terry, MD**, Medical Director, Population Health, Partners HealthCare

and provider insurance products, health systems are no longer able to easily shift costs between business lines to compensate for lost revenue, so consumer engagement is more critical than ever,” said David Classen, MD, Chief Health Informatics Officer, Pascal Metrics Inc. As organizations move toward VBC, no one has fully accepted ownership for the consumer engagement strategy. Organizations are left with a fragmented strategy, inconsistent messaging and conflicting measures of success.

These “silos within organizations need to come together,” said Ryan Hamilton, Senior Vice President, Population Health, Cerner. After peeking under the hood, organizations are realizing the multifaceted and complicated reality of consumer engagement. There are lots of owners— from marketing, billing, clinical, population health, etc. Each of these lines of business has its own agenda for improving engagement but also unique owners and metrics to measure success. “There are four main categories of engagement that I see: patient-centered care and access to care; digital-health tools and applications; patient activation and education; and network development,” said Lara Terry, MD, Medical Director, Population Health, Partners HealthCare. “In the traditional service line approach to healthcare, the metrics were clear and were primarily volume-based. However, in the context of population health and value-based care, there are different measures of success and sometimes those things are conflicting, but you have to take them all into account as you lay out strategic directions,” said Gilad Kuperman, MD, Associate Chief Health Informatics Officer, Memorial Sloan Kettering.

“There are multiple intentions at play among clinical, financial and operational goals,” said Glaser. “These intentions, that span patients, consumers and member groups have hindered many organizations from achieving the elusive ‘engagement.’ Each intention for engagement has a



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“Outside the organization, where is the coordination across the continuum? You have a health plan, provider, delivery system, drug companies, pharmacy and home health. In a personal experience with my mom, she has a complex medical history, and there is no one coordinating across all of those entities. It’s up to me to coordinate.”

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unique set of metrics that define success, making it complicated to govern all the different facets of interacting with an individual.” The complexity of managing communications across service lines and the care continuum brings risks around over-saturation for individuals with conflicting or duplicative messages or creating gaps in the care journey resulting in a less than ideal patient, consumer or member experience.

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THINK TOOLS, NOT TECHNOLOGY

The complexities involved with improving consumer engagement will not be solved solely with technology. Technology such as portals, remote patient monitoring, analytics to measure satisfaction and technologies that can help improve operational efficiency are all available today. “From a technology standpoint, consumer engagement is solvable, technology will not be the barrier to our success in gaining engagement—it’s how we change the hearts and minds to get the buy-in of the payers and providers in understanding that the healthcare model must change to a consumer/member focus,” said Natalie Kaszubowski, Vice President, Information Technology, Sentara Healthcare. The shift to taking on more risk will require a cultural change within an organization to move the consumer to the beginning of the value chain versus the end.



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“Mapping out the consumer journey into one touchpoint has been a challenge,” said Cidney Simmons, Digital Project Manager, Methodist Le Bonheur Healthcare. “It’s not always about clinical; it’s about how we can start making that connection and understand our patients as consumers.”

How can data help?

As health systems continue to merge and grow, the average hospital is using 16 disparate electronic health record (EHR) vendors within affiliated practices and 75 percent have 10+ disparate vendors.⁵ The complexity of the disparate data gathered, in addition to sources such as claims, devices, social determinants and geography, means enabling a more unified view through data aggregation and normalization into a single platform or data warehouse, which is important to understanding consumer behaviors and needs.

How are the roles within an organization changing?

To solve engagement challenges, new roles are beginning to pop up throughout the industry such as chief consumer officer, chief marketing officer, chief digital officer, chief experience officer or chief transformation officer. Currently, these titles have very different portfolios across organizations, reflecting the newness of these roles. Regardless of how these roles evolve in the coming years, the key to success will be dependent on ensuring the voice of the consumer is heard during strategic planning discussions.

How are services evolving?

“In healthcare, we compare ourselves against other healthcare organizations; however, consumers are now comparing us against all other industries,” said Hamilton. Today consumers expect a frictionless experience. With complexities built-in to many of our processes, “aligning the digital strategy to the people experience may require advancements, such as consolidating revenue cycle, enabling online or mobile registration and scheduling, and having tethered portals and application program interface (API) gateways,” said Eakes. New services such as telehealth, video visits, and clinics and partnerships with community resources are all vehicles to drive better engagement.

⁵ Sullivan, Tom. (May 16, 2018). *Why EHR data interoperability is such a mess in 3 charts*. *Healthcare IT News*. Retrieved from Health IT News <https://www.healthcareitnews.com/news/why-ehr-data-interoperability-such-mess-3-charts>.



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Conclusion

Consumer engagement is becoming a major component of any successful population-health strategy. However, the formula for creating and measuring an effective plan is, in large part, a work in progress. The variety of messages required to engage the patient, consumer and member in addition to conflicting business initiatives leave plenty of room for improvement. In the end, “population health is the grease in between the operation gears and makes the operation run. When population health is treated as an operation and managed like an operation, we are much more successful,” said Don Calcagno, Senior Vice President Population Health and Managed Care/President, Advocate Physician Partners, Advocate Aurora Health.

“I don’t want to be a patient—I want to be healthy,” said Kaszubowski. “So, how do we make (activation) relevant at the time it’s needed but also easy for the individual to participate at that point in time?” At the end of the day, said Calcagno, “It is a team sport to figure out how to be consumer-centric.”



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The **Scottsdale Institute (SI)** is a not-for-profit membership organization of prominent healthcare systems whose goal is to support our members as they strive to achieve clinical integration and transformation through information technology (IT). SI facilitates knowledge sharing by providing intimate and informal forums that embrace SI's "Three Pillars:"

- > Collaboration
- > Education
- > Networking.

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