WHAT’S SO GREAT ABOUT PATIENT ENGAGEMENT?

The patient’s role in primary care
“Patient engagement” can mean very different things to different physicians. Healthcare providers obviously engage with patients during routine exams, yet our current healthcare climate calls for a new kind of engagement.

Studies consistently show that physicians who help and empower patients to take a more active role in their healthcare achieve better clinical outcomes at lower costs.

The Affordable Care Act (ACA) places extensive emphasis on patient engagement. It is a key quality component in value-based and alternative payment incentive models and central to new federal initiatives that explore ways to help patients better understand medical treatment options and share in healthcare decision-making.

At the heart of today’s patient engagement is electronic health information. The electronification of health data is what makes it possible to encourage new interactions between physicians and their patients, promote greater participation between patients and the healthcare system, and drive measurable improvements in population health.

We are entering a new era in patient engagement, and physicians — seeing significant benefits to their patients and to the health of their practices — are well-positioned to lead the way.
WHAT PATIENT ENGAGEMENT LOOKS LIKE

Primary care providers have a unique opportunity to encourage their patients to take an active role in their health, but beyond engaging patients according to best practices in medical tradition, what methods of engagement can meaningfully contribute to patient health? Easier appointment scheduling? Streamlined referrals? Access to health records and lab results? More information about their conditions?

The ultimate answer is, “All of the above.”

Consider patients of advancing age who develop mild hypertension. Upon diagnosis, one patient may be willing to go on anti-hypertension medication immediately, while another may ask about non-pharmacological approaches.

While the tendency may be to encourage medication as proven hypertension management, patients in the latter group represent an opportunity for a different kind of patient engagement. Excellent educational materials are available from highly qualified sources regarding drug-free hypertension maintenance, with recommended behavior changes that include increasing exercise, losing weight,
avoiding tobacco, reducing sodium intake and consuming alcohol moderately, if at all. While not every patient who tries will succeed at lowering blood pressure through behavior modification, some will — and those who do will adopt a host of healthy behaviors in the process.

Such possibilities illustrate two key benefits of patient engagement. The first is shared decision-making, with the patient able to participate in choosing among options rather than just filling a prescription. When patients collaborate with their primary care physician on treatment plans, the sense of plan co-ownership can lead to a higher likelihood of adherence and better outcomes.

The second element of interest is patient engagement in the broadest sense, with the patient accepting not only maintenance plan co-ownership but also responsibility for active execution. The physician continues to monitor the patient’s blood pressure, as with those patients who are placed on medication, but the patient takes on a higher level of health engagement that can deliver benefits well beyond addressing the initial diagnosis.
The Affordable Care Act (ACA) places extensive emphasis on shared decision-making and patient engagement, going as far as authorizing the creation of Shared Decision-Making Resource Centers to support integration into clinical practices.

Patient engagement is also a key component of value-based programs, such as accountable care organizations (ACOs) and patient-centered medical homes (PCMHs). States and private payers are beginning to follow suit with similar programs.

Incentive program requirements for patient engagement often include improving access to patient health information, which has effectively improved patient access to data. The Centers for Medicare & Medicaid Services (CMS) announced last year that more than 33 million patients have received electronic access to their health information. Additionally, more than 13 million electronic reminders have been sent for preventive and/or follow-up care for patients ages 65 or older or 5 years of age or younger.
Recognizing the success of engagement-focused initiatives, Healthcare Information and Management Systems Society (HIMSS) and other leading healthcare organizations have increased efforts to advance electronic patient engagement with personal health records, patient portal adoption, social media, mHealth and other emerging health-related technologies.

With family physicians and payers increasingly agreeing on the benefits of improved access to health information, a new era in patient engagement has emerged. But before the promise of patient engagement can be realized, a majority of patients must take action to become more involved in their care.

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Despite initial awareness of the importance of patient engagement, the number of disengaged patients has grown.

A report by the Deloitte Center for Health Solutions found that the number of disengaged patients increased from 23% in 2008 to 34% in 2012, with disengagement defined as “reporting less need for care, preventive action, interest in resources and financial preparation.” The report observed that patients in this group “are simply not engaged because they don’t see the need.”

At the same time, the report found that many healthcare consumers are in fact motivated to engage more fully based on individual circumstances, including experience with a new medical problem or disruption in employer-sponsored coverage. The report suggests that the trend toward greater patient engagement will increase along with these circumstances.
The thing to remember is that not all patients will become engaged healthcare consumers. Still, primary care providers can enable those who are prone to take a more active role to see improvements at three key levels:

1. Improved individual patient outcomes
   The example of the patient who wants non-pharmacological hypertension management is an extensive case, but accepting more responsibility for any treatment plan — including the hypertensive patient who actively opts for medication as a choice — can improve adherence sufficiently for a more positive health outcome.

2. Improved population health
   Efforts to improve population health depend heavily on increasing individual patient engagement. The most common example of a population health goal is more thorough treatment of diabetic populations. Yet controlling diabetes for this or any population must be achieved one patient at a time, with each individual contributing to the overall improvement of the group.

3. Higher patient satisfaction
   While many patients are reluctant participants in their own care, most people have a genuine desire to be in good health. Those who contribute actively to their own health improvements typically experience a sense of self-reinforcing pride in their role, and the resulting higher level of patient satisfaction benefits the entire healthcare industry.
PATIENT ENGAGEMENT & PAYERS

Trends certainly point to an increase in patient financial engagement. America’s Health Insurance Plans (AHIP) reports that the number of people covered by health savings account/high-deductible health plans has grown at roughly 15 percent annually the last few years, reaching nearly 17.4 million in 2014 (up from just 1 million in 2005). As more patients assume more responsibility for out-of-pocket expenses for healthcare services, many will demand more engagement with those services.

Patient engagement also presents opportunities for reducing healthcare costs. Consider the example of the hypertensive patient who opts for non-pharmacological treatment. The U.S. Department of Health and Human Services Agency for Healthcare Research and Quality found that hypertension treatment expenditures average $733 per patient, per year. With more than 48% of all expenditures, or $20.4 billion, spent on medicines annually, patients who are able to reduce blood pressure through lifestyle change can see substantial savings. Additionally, as lifestyle changes improve the patient’s overall health, costs associated with treatments, lab tests and medications for other conditions may decrease as well.
The electronification of health information has opened the doors to countless ways to more fully engage willing patients. As new solutions emerge, we’ll have even greater opportunities for engaging patients in the manner that most satisfies their needs and situations.

Some of the many readily available solutions for increasing patient engagement include:

**PATIENT PORTALS**

Online patient portals are a key element in healthcare consumerism. People prefer managing their finances, travel and more with the 24/7 convenience of online tools and have welcomed similar convenience in reviewing healthcare information. Using portals, patients can easily access discharge summaries and lab results, exchange secure email with care teams, request prescription refills, book appointments, make payments and complete forms — much of which also frees up front office personnel.

**BLUE BUTTON**

The “Blue Button” initiative extends information delivery via patient portals to include the simple and secure download of a patient’s personal electronic healthcare record.

**mHEALTH**

Patient mobile health (mHealth) apps extend appropriate patient portal functions to smartphones and tablets as well as gather self-reported data from patients. These tools can help patients manage their own health and keep a record for patients and providers to review together, potentially improving diabetes monitoring, weight management, medication adherence and more.
WAYS TO ENGAGE: AVENUES, METHODS & STRATEGIES (CONT.)

SOCIAL MEDIA
Social media connects healthcare consumers with family physicians, specialists, educational resources and support networks. By regularly posting interesting content on Facebook, Twitter, Pinterest, LinkedIn and other popular sites, primary care providers can encourage, educate and engage patients outside of the office.

WEARABLES
The best known healthcare wearable is probably the Fitbit wireless device that tracks users’ fitness activities. Look for a wave of new devices in the coming years, including many that will continuously monitor key aspects of personal health.

EDUCATION
Patient education materials are available online from a huge array of stakeholder organizations — and now straight from within electronic health record (EHR) systems.
DATA TRANSPARENCY & REPUTATION MANAGEMENT

The explosive industry for Web and mobile healthcare engagement brings with it rapid expansion in the amount of data that patients and stakeholders place online about providers.

It will become increasingly important for caregivers to review popular websites and social media as part of professional reputation management.

Even if you consider yourself to be doing everything correctly — billing properly, delivering the highest quality care, etc. — you’ll still want to be aware of your online image and take corrective action when warranted.
The electronification of patient health information is rapidly delivering benefits that extend well beyond simply eliminating paper charting. Chief among them is patient engagement that may prove to be truly transformational.

Choosing the right tools and partners is an important step in implementing new patient engagement policies in your family practice. Look for healthcare technology vendors who offer integrated solutions for managing your practice, patient health records, engagement and more.

Each physician and practice is different. Choose a partner that treats you that way. Call or visit us online to see why thousands of your peers have selected Greenway Health as their EHR, patient engagement and revenue cycle management partner.

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