

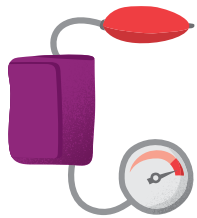
*Engaged Patients Are
Healthier Patients*

Defining Patient Engagement

For many of the most severe challenges our healthcare system faces, activating patients in their own care holds tremendous potential for reversing current trends.

Engaging patients is about motivating them to play an active role in their care – supporting them in changing behaviors that jeopardize their health and undermine outcomes and instead guiding them to act in ways that improve their health. Effective programs must connect patients wherever they are, whether at home, at work, or in a clinical setting.

Multiple studies have confirmed the benefits of patient engagement programs. Most are found to improve patient knowledge, to result in fewer invasive procedures and missed appointments, and to enable true discussions on care options between patients and doctors. All together, these lead to better clinical outcomes.



In one study, 65 percent of patients who watched a patient engagement program kept their blood pressure under control compared to 53 percent who did not—a

22%
improvement¹.



Shared decision-making reduced preventable hospital readmissions among cardiac patients by **at least**

19%²



In the U.S. alone, hospital readmissions are estimated to cost

\$17.4B

in Medicare spending each year³.

Mobilizing patients and accommodating their preferences with effective, consistent care team decisions are essential in reducing clinical variability and delivering value-based healthcare.



To date, most healthcare systems have taken some steps to address these factors. Many have established care management programs to help high-risk patients and invested in developing care guidelines to improve the decisions made by clinicians. Yet these disconnected programs aren't closing the gap. They aren't driving consistent care. The cost implications are substantial. According to the Advisory Board⁴, unwarranted care variation represents a \$20 to 30 million (per \$1 billion in revenue) actionable savings opportunity for a typical organization.

Ultimately, the key to addressing variability in care is to drive behavioral change across care teams and patients, even and most importantly when patients are back at home. This is a huge challenge because care is rooted in a series of behaviors that are incredibly difficult to change. Yet it's not impossible. It requires resources that can help harmonize care decisions across stakeholders. This includes providing appropriate resources to patients and their treatment supporters.

It's Costing You

An essential strategy for driving behavioral change is harmonized decision-making. Harmonization happens when the entire care team has access to the information needed to make evidence-based decisions for their patients. Providing consistent education materials, a common care playbook, and a coordinated suite of solutions in the workflow supports optimal decision-making. By sharing and applying evidence-based clinical standards across the continuum of care, organizations can truly make a dent toward clinical effectiveness.

“Not having a patient engagement strategy is costing you.”

- Denise Basow, M.D., President and CEO, Clinical Effectiveness at Wolters Kluwer, Health



Low medication adherence (MA) costs the healthcare industry up to \$50,000 per patient each year and leads to wasted medication, lower patient care quality, and higher mortality rates among affected patients⁵.

Patients with chronic conditions adhere to only 50 percent of drugs prescribed⁶.



Mean cost per patient* for five initial diagnoses that most lead to readmissions within 30 days⁷:

Sepsis	\$10,070
Acute myocardial infarction	\$9,424
Heart failure	\$9,051
Pneumonia	\$9,533
Chronic obstructive pulmonary disorder	\$8,677

*Readmissions data from the U.S. Centers for Medicare & Medicaid Services



“It was very helpful, very calming, and told me what to expect once I get to the hospital. It was great.”

- Patient who watched a multimedia program before an appointment at a large heart and vascular hospital

“Very informative and it helped me understand what is going on with my husband’s heart — what signs and symptoms to look for if there’s a problem.”

- Relative of a patient who was admitted with heart failure as they prepare to go back home



“Extremely helpful. I heard it in basic form in the doctor’s office, but I loved and appreciated it repeated right before the surgery so I’m prepared and can prepare my child.”

- Parent after watching a program on pediatric myringotomy

What You Could Achieve: Better Outcomes for Patients

Consistency of education materials helps reduce variability of care.

Receiving conflicting information from different clinicians in the care cycle leads to patient confusion. Patients need education and engagement programs that are consistent with the evidence and information that their clinicians use as the basis for their decisions. This means that all patient-facing documents, such as hospital protocols, physician-specific instructions, or follow-up appointment notes must be stored in one central location in the EHR and produced based on evidence.

A 2013 study⁸ of patient education materials at the University of Utah Health Care system identified the following variations:

- Inconsistent processes for accessing and documenting patient education
- Content gaps and preferences
- Technical search and embedding difficulties in the EHR

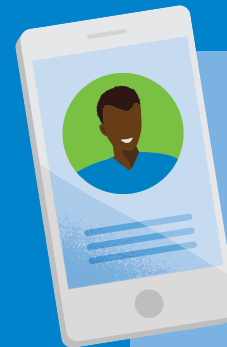
The authors estimated that improving patient education workflow efficiencies could save health providers time, enabling them to see more patients, which could generate \$15.4 million in new revenue annually for UUHC.

Clinicians and organizations that interact more effectively with their patients engender greater trust⁹.

Empowered patients who share the decision-making process with their clinicians feel their voices have been heard. Exploring treatment options helps patients weigh the risks and benefits of each approach. They feel invested when they can express their preferences.

Programs that help patients stay on top of their care can improve outcomes.

Making it easier for patients to complete important actions, such as scheduling annual check-ups, participating in necessary screenings, managing chronic conditions, making long-term behavioral changes, and monitoring important metrics relevant to particular health conditions (such as A1C levels, blood pressure, or weight) all contribute to wellness.



Mercy Health launched a prevention campaign using interactive voice response technology to improve the number of patients screened for colorectal cancer. Another campaign targeted patients who needed the pneumonia vaccine. The results¹⁰:

8,700

more patients had the screening than the previous year.

8,500

more patients were reached than the year before.

What You Could Achieve: Better Outcomes for the Organization

Effective communication between clinicians and patients can improve satisfaction.

HCAHPS survey questions center on patients' feelings about the clarity of explanations they received from nurses and physicians. When patients understand the benefits of their medications and care plan, they are more motivated to comply.

Hospitals with high patient-reported experience scores have higher profitability. Hospitals with "excellent" HCAHPS patient ratings between 2008 and 2014 had a net margin of 4.7 percent, on average, as compared to just 1.8 percent for hospitals with "low" ratings.

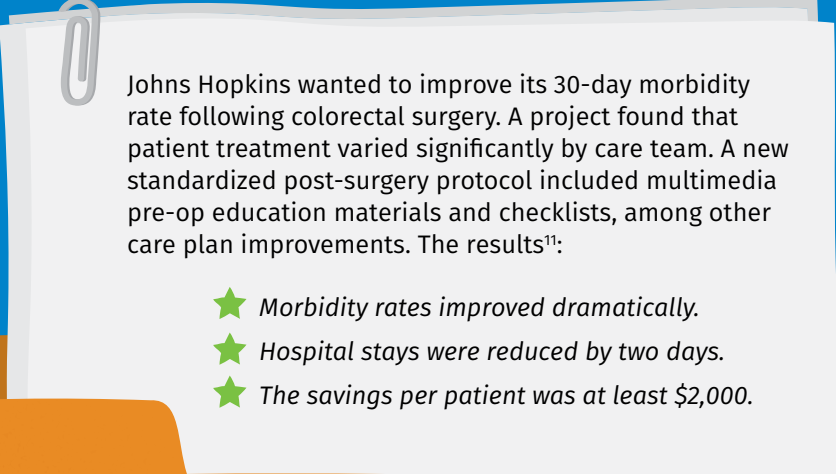
- *The Value of Patient Experience, Deloitte*

Engaging patients throughout their recovery helps reduce complications and avoid readmissions

For example, once the patient is back home, post-discharge calls can help ensure that medications are being taken as prescribed and that a follow-up appointment with primary care has been scheduled, possibly preventing another hospital visit.

Implementing smart technology that automates the process of patient outreach can enhance employee satisfaction

Clinicians are no longer wasting time simply trying to get patients on the phone. As a result, they can work at the top of their license and provide counsel specific to the patient's condition or follow up with just the patients who need it, rather than all of them.



Johns Hopkins wanted to improve its 30-day morbidity rate following colorectal surgery. A project found that patient treatment varied significantly by care team. A new standardized post-surgery protocol included multimedia pre-op education materials and checklists, among other care plan improvements. The results¹¹:

- ★ *Morbidity rates improved dramatically.*
- ★ *Hospital stays were reduced by two days.*
- ★ *The savings per patient was at least \$2,000.*



One Montefiore Health System initiative targeted

110,000

patients who needed a preventive care visit.

The project generated a

26%

engagement rate via interactive voice response.

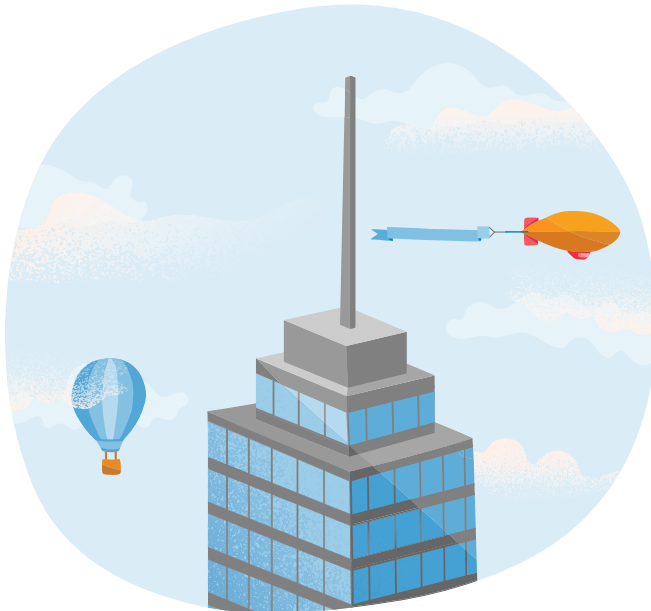
Previously, when nurses were trying to reach out to patients, they failed to connect 30 percent of the time¹².

Your Checklist for Strategic Engagement



From Foundational...

- Evidence-based patient education leaflets available in your EHR
- Organization-specific documentation such as “Parking directions”
- Patient support groups, such as a heart transplant support group
- Patient satisfaction surveys and regular reporting
- Lead/Manager for specific patient outreach programs, reporting to heads of departments
- Deploying patient-based apps for analytics, insight, and automated feedback
- Teaching patients how to use their personal health devices that are Web or mobile-enabled



...To Aspirational

- Centralized location accessible via the EHR for all patient-related materials, from information leaflet to office information sheets
- Evidence-based multimedia education programs with new topics and updates added on a regular basis
- Secure online community of patients
- Smart voice user interface programs for patient follow-up and outreach
- Live patient satisfaction surveys and education usage reporting for continuous improvement
- Chief Patient Engagement Officer centralizing the strategy and reporting directly to the chief executive/organization head
- Coaching and educating patients about disease or illness care basics and, for some patients, on prevention

A Roadmap for Strategic Patient Engagement

An effective patient engagement strategy must consider patient and organization objectives. It requires the commitment of every department and team across your organization, which may include hospitals, clinics, individual medical practices, and so forth. It necessitates a re-examination of how the organization connects with patients at every touchpoint.

Your Team

- **Identify a cross-functional team.** Some organizations task a patient experience executive with developing a patient engagement strategy. Others opt to create a new position. In reality, you need buy-in, commitment and participation from many constituencies. Therefore, build a team that includes patients, families, the medical team, IT, marketing, finance, operations, and the C-suite. Include front-line staff as well as leaders who know the organization.
- **Appoint a champion and a project planning professional.** The champion must have strong experience in leading, managing, and motivating teams. This leader should be passionate about the concepts, skilled at articulating the mission, and good at connecting with people. The project planning specialist will keep everyone on track once project plans are developed.
- **Enlist the C-suite.** As your plan develops, stakeholders need to work with the C-suite to ensure that the plan meets the objectives of the executive team and that the budget works for the organization.

Planning

- **Set organization-wide goals.** Using the potential outcomes outlined in this document, discuss your top priorities with the team. What does success look like? How will programs support your business objectives?
- **Talk to your peers.** Whether at conferences or through your own network, speak with colleagues about their experiences. Encourage team members to do the same. Brainstorm with the team to develop your organization's strategy for patient engagement.
- **Marry the right technologies and content.** Your initiative may involve interactive voice response systems, mobile apps, survey systems, telehealth technology, remote monitoring tools, and artificial intelligence for more personalized outreach. Implementation devices will include smart phones, tablets, computers, wearables, and TVs, depending on patient preferences. Be sure that content is creative and based on evidence and behavioral science for maximum impact.
- **Measure patient engagement.** Which metrics will be used to gauge success in the form of improved outcomes? Patient empowerment requires constant measurement to enable continuous fine-tuning.

Strategic Implementation

- **Test concepts with patients.** Don't assume that you know how patients will respond to a program. What works for a patient with a high degree of health literacy may not work for a healthy young person who has had little exposure to the healthcare system.
- **Plan your “go-live” testing.** Will you go live with all patients or a sub-group? Inevitably, the problems that you've worried about most will go flawlessly. Other issues will jump out instead. At one organization, after a patient received an automated follow-up call from a new system, he contacted the legal team to report it. The team had not been kept in the loop, resulting in an awkward call.
- **Optimize utilization.** Metrics will reveal which forms of outreach work, what messages captivate, and which patients need greater attention. If patients aren't responding to an automated call, a staffer can ask if an email would be preferable. Family members caring for an elderly parent have different needs than patients facing a complex surgery. Over time, you'll tailor programs to better serve various needs.

To keep patients and staff engaged, the organization must commit to success by continually adapting to changing technologies, employing creativity, and soliciting feedback. When done right, patient engagement can build trust and motivate people to take greater ownership of their care. The end result will be a happy, healthier patient community with care teams fully equipped to support improved delivery of care services.

The term “patient engagement”...refers to the process of building the capacity of patients, families, carers, as well as healthcare providers, to facilitate and support the active involvement of patients in their own care, in order to enhance safety, quality and people-centredness of healthcare service delivery.

-Patient Engagement, Technical Series on Safer Primary Care, World Health Organization

1 Analysis of 6,509 Patients. Centura Health. May 2014–Nov 2014

2 Shared Decision-Making Reduces Cardiac Admissions from the ED. PatientEngagement HIT. February 8, 2017. <https://patientengagementhit.com/news/shared-decision-making-reduces-cardiac-admissions-from-the-ed>

3 Reducing Hospital Readmission: Current Strategies and Future Directions. Kripalani et al. Annu Rev Med. 2014; 65: 471–485 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4104507>

4 Unwarranted Variations in Care: Origins and Approaches to Reduction, Advisory Board, May 2017 <https://www.advisory.com/research/health-care-it-advisor/studies/2017/unwarranted-variations-in-care>

5 Cutler, R. L, Fernandez-Lillos, F., Frommer, M., Benrimoj, C., & Garcia-Cardenas, V. (2017). Economic impact of medication non-adherence by disease groups: A systematic review. BMJ Open, 8, 1 – 13. doi: 10.1136/bmjopen-2017-016982

6 Medication Adherence Apps: Review and Content Analysis. JMIR Mhealth Uhealth. 2018 Mar; 6(3): e62. doi: 10.2196/mhealth.6432

7 Proportion and Cost of Unplanned 30-Day Readmissions After Sepsis Compared With Other Medical Conditions. Yende et al. JAMA February 7, 2017 Volume 317, Number 5. doi:10.1001/jama.2016.20468

8 Provider documentation of patient education: a lean investigation. Jean P. Shipman, MSLS, AHIP, FMLA, et al. J Med Libr Assoc. 2016 Apr; 104(2): 154–158. doi: 10.3163/1536-5050.104.2.012

9 Birkhäuser J, Gaab J, Kossowsky J, Hasler S, Krummenacher P, Werner C, et al. (2017) Trust in the health care professional and health outcome: A meta-analysis. PLoS ONE 12(2): e0170988. doi.org/10.1371/journal.pone.0170988

10 Extending the Care Team: A System-Wide Approach to Saving Resources & Improving Population Health. Wolters Kluwer Emmi Solutions webinar. 2018. <https://www.emmisolutions.com/resource/webinar-improving-population-health/?rp=1>

11 Improving Surgical Care Episodes: What Your Strategy Is Missing & What It's Costing You. Wolters Kluwer Emmi Solutions webinar. 2018. <https://www.emmisolutions.com/resource/webinar-improving-surgical-care-episodes/?rp=1>

12 Montefiore Embraces Emmi® Programs as the Foundation of its Population Health Strategy. Wolters Kluwer Emmi Solutions webinar. 2018. <https://www.emmisolutions.com/resource/webinar-montefiore/?rp=1>