

A 'Bottom Up' Approach to Drive Patient Engagement

BY JIM ROSE

The major initiatives underway in healthcare are by their nature “top down” approaches. Initiatives intended to improve cost and quality include organizational redesign (accountable care organizations), market transformation (insurance exchanges), and industry reform (Affordable Care Act); these are each broad structural approaches to how business and interactions can occur. However, broad approaches like these have not had a great track record in healthcare.

At its core, healthcare is personalized, local and specific. In this way it seems at odds with macro-level initiatives. Could a “bottom up” approach be a more effective way to improve healthcare? Can creating and fostering connections between physicians and patients accrue benefits to a point where the industry as a whole is performing better? Will patient engagement be a contributing factor to the successful future of healthcare?

THREE ASPECTS OF PATIENT ENGAGEMENT

Let's examine three aspects of a patient engagement and how they contribute to improved care. The first aspect is provider empowerment. This occurs where providers have the resources and mindset to meet patient needs individually, efficiently and effectively. The second is patient activation. This happens when patients understand and routinely act in ways to improve their own health. Third is the patient-physician relationship, which occurs when meaningful, consistent interactions happen over time toward a specified goal.

PHYSICIAN EMPOWERMENT

One challenge to top-down approaches is that they can limit empowerment where interactions take place. In healthcare, this place is generally the physician's office. It is commonly accepted that physicians and the practice of medicine vary necessarily to meet the needs of specific patients in specific situations. Making global decisions that apply across varied stakeholder populations can minimize the impact of desired

outcomes, and potentially disenfranchise a very important lever for healthcare reform: the physician community.

“You have to look at the big picture. Physicians are all different. You have to look at each individual and how they will work. What works for one does not work for another,” says Connie Richardson, executive director of the Arizona State Physicians Association.

As perhaps the single most important point of contact for patients, it is imperative to have providers engaged, not constrained.

“Physicians want control. Start with their ideas, what they want, and meet their needs. If the physician is not engaged, what you want to happen won't,” Richardson says. “As an organization, we give physicians the ability to choose, not push on them. A successful approach is when physicians are making decisions on how they want to grow and help them build from there. Our ultimate goals are the same: improved outcomes and decreased costs.”

What Richardson speaks to is similar to a franchise approach. Give physicians the resources and frameworks and let them run their businesses their way. A command-and-control model, like manufacturing of the mid-1900s, is destined to fail in the physician community.

PATIENT ACTIVATION

Patient activation is the most curious aspect of the patient engagement framework. Activation occurs when the patient can understand information and make decisions that are consistent with treatment plans. Activation can occur in traditional consumer industries. Why not healthcare?

Dr. Samuel Hale Jr. of Lubbock, Texas, implemented an automated system that reaches out to patients that are in need of medical attention, either for reasons of chronic disease or routine visits, and presents them with information that leads them to behave in positive ways. Denise Holcombe, practice manager for Dr. Hale

explains, “At first, patients were upset when we contacted them. Now they are more positive about their care. We hear patients in our waiting room bragging and competing about how well they do on their lab test scores. No complaining at all, and we can get their test levels to where we want them to be.

“The best reward is seeing them get healthier, seeing them happy. It's just unbelievable to watch in the year or two that we've done this how the patients' attitudes have changed,” adds Holcombe.

If a required part of engagement is to have patients become more positive and amenable to care plans, it would seem Dr. Hale's practice has achieved patient activation.

PATIENT-PHYSICIAN CONNECTIONS

The result of provider engagement and patient activation is a meaningful patient-physician connection. This connection develops when there is accurate and timely exchange of information between patients and providers, and that information is specific to a defined care process. There are many stories of how patients get lost in convoluted health instructions, referrals and disjointed care systems. The desired state is something that is process-oriented, with shared information between all involved parties. Some physicians refer to this as having patients “in process.”

Dr. Michael Norman of Choice Medical Group of Apple Valley, Calif., frames the issue as a workflow challenge.

“Many times physicians get too caught up in day-to-day issues with patients. We are too busy taking care of the problem to take care of the patients and their chronic needs. As you know primary care offices are getting busier and busier, and it's only going to get worse,” says Norman.

Dr. Norman has seen a marked improvement in care since Choice established a defined process for consistent primary care

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of patients with chronic disease. The process includes effective clinical decision support tools and targeted personalized care information for each patient.

“Patients are definitely more involved now. Before, a patient would come in and they would be totally reliant on their physician to make sure that they are getting tests done on time. Even though we don’t like to think it, we miss those things sometimes,” says Norman. “In a busy practice where we are seeing 25 to 30 patients a day, any time we get a tool to remind us and keep the patient involved, that is important for improving care.”

These are situations where engaged providers and active patients are supported by processes, tools and resources that define consistent treatment plans. Care improves, providers are more efficient, and patients are happier.

BIG CHANGES THROUGH SMALL STEPS

Big changes and big challenges are underway in healthcare, but the path forward is still unclear. The results of top-down changes are yet to be measured. There are, however, examples of bottom-up approaches that are achieving significant improvements in the delivery of care and in the health of patients. Perhaps the two will meet in the middle. Directives from above will create an environment for change and progress, while initiatives from the bottom up will improve the way patients and providers interact. In the meantime, real improvements in patient care can be achieved when patients are engaged and physicians empowered. Best of all, no grand design is required to make it happen. 



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