Session D12/E12

Patient Activation Strategies: Moving Patients Along the Continuum of Engagement

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April 9, 2013

IHI International Summit for Improving Patient Care

Session Objectives

These presenters have nothing to disclose…

- Define a theoretical model of the continuum of patient involvement in healthcare settings
- Identify strategies and approaches to increase patient activation in your setting

Today's Agenda

- Patient Engagement Framework
  - Through lens of health care system
  - Through lens of patient
- Provide resources and ideas for exciting innovations in patient engagement
- Highlight two AF4Q alliances patient engagement programs

The New Era of Patient Engagement Health Affairs February, 2013

PATIENT ENGAGEMENT TOPICS:

Evidence and Potential

Role of Clinicians

Shared Decision Making

Decision Aids

New Models

Outcomes Research

Link: http://content.healthaffairs.org/content/32/2.toc

By Kristin L. Carman, Pam Dardess, Maureen Maurer, Shoshanna Sofaer, Karen Adams, Christine Bechtel, and Jennifer Sweeney

DOI: 10.1377/hlthaff.2012.1133
HEALTH AFFAIRS 32,
NO. 2 (2013): 223–231

Patient And Family Engagement: A Framework For Understanding The Elements And Developing Interventions And Policies

ABSTRACT **Patient and family engagement offers a promising pathway toward better-quality health care, more-efficient care, and improved population health. Since definitions of *patient engagement* and conceptions of how it works vary, we propose a framework. We first present the forms engagement can take, ranging from consultation to partnership. We discuss the levels at which patient engagement can occur across the health care system, from the direct care setting to incorporating patient engagement into organizational design, governance, and policy making. We also discuss the factors that influence whether and to what extent engagement occurs. We explore the implications of our multidimensional framework for the development of interventions and policies that support patient and family engagement, and we offer a research agenda to investigate how such engagement leads to improved outcomes.**

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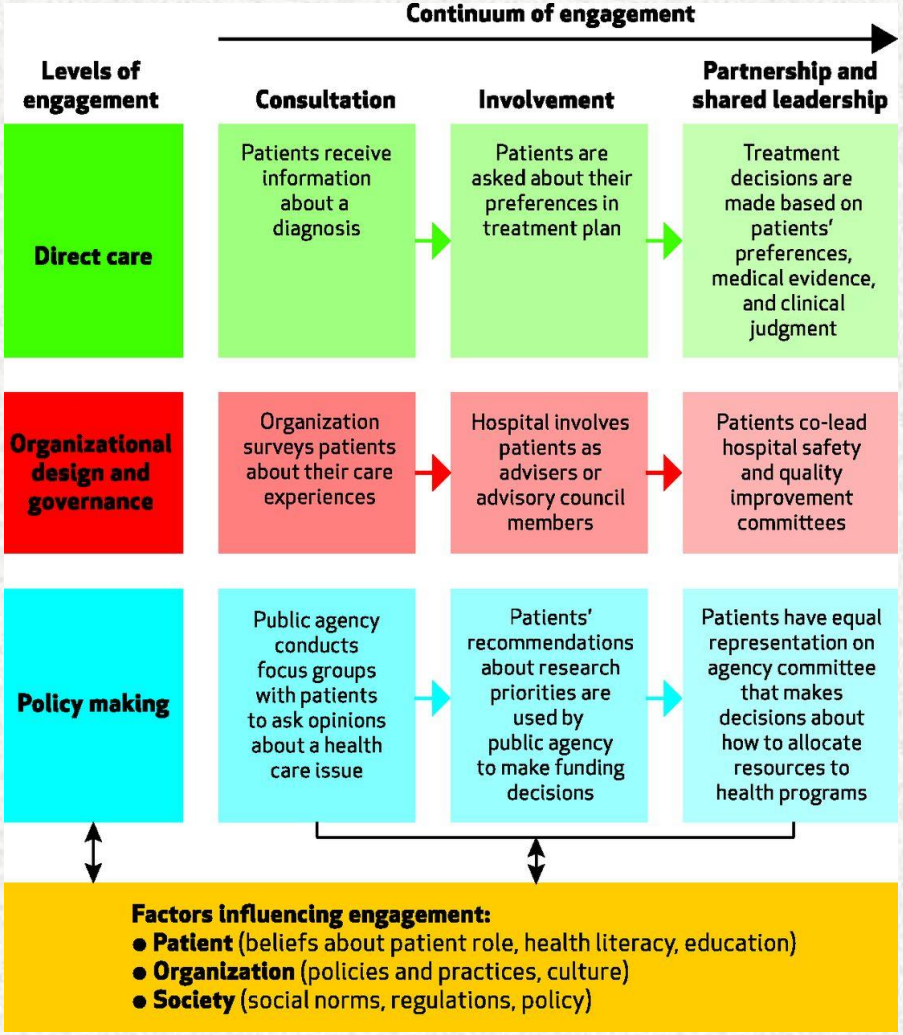
A Multidimensional Framework For Patient And Family Engagement In Health And Health Care

Patient Engagement can be characterized by:

… how much information flows between patient and provider

… how active a role a patient has in care decisions

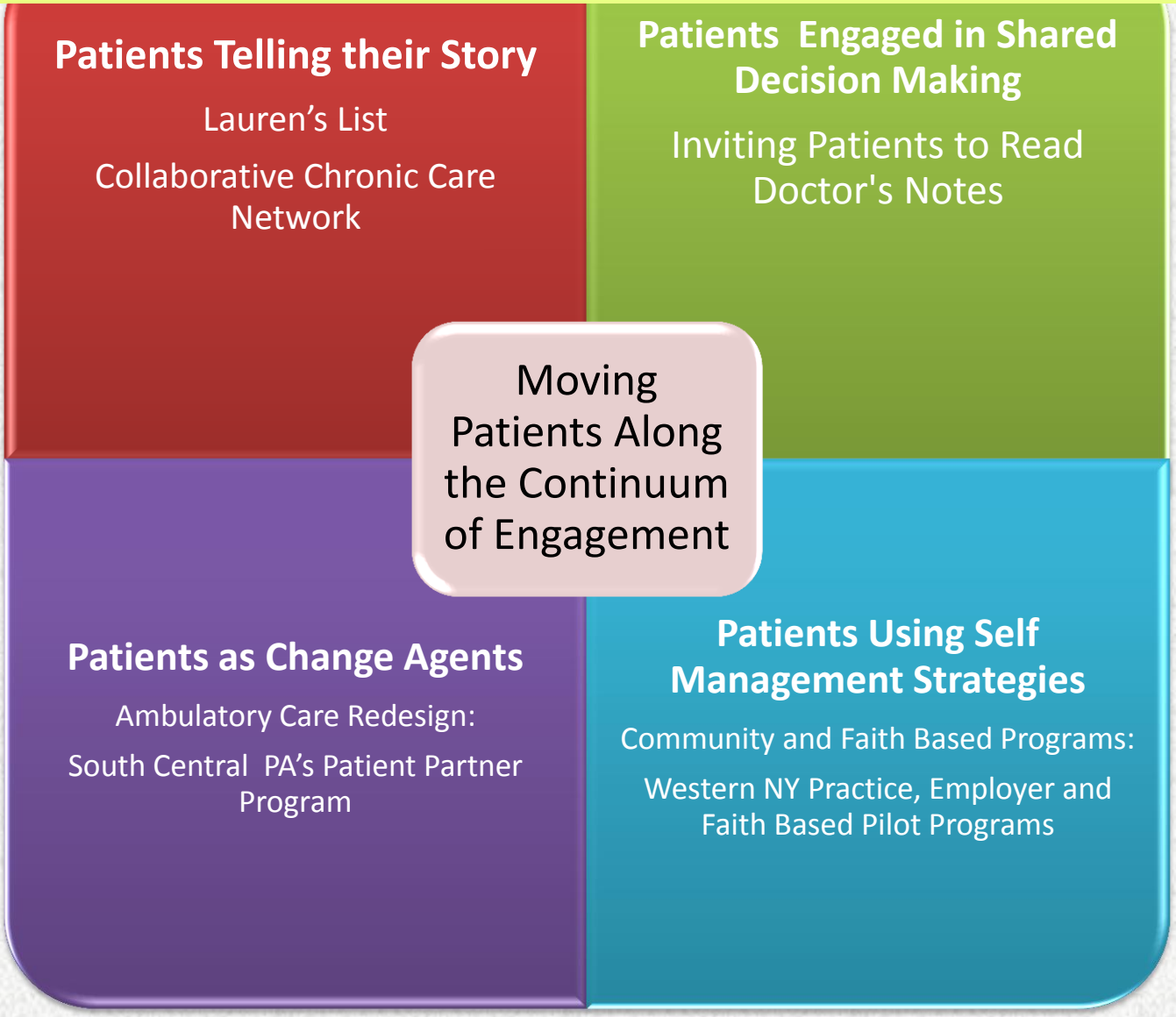
…how involved the patient or patient organization becomes in health org decisions and policy making



Carman K L et al. Health Aff 2013;32:223-231

HealthAffairs

A Framework to Describe How Patients' Move Along the Continuum of Engagement



Patients Telling Their Story

Lauren's List

Collaborative Chronic Care Network

Patient Engagement begins with telling clinicians and others how we perceive our condition and what we need from health care providers and others

Spotlight: Lauren's List

Please KNOCK on my door

Please INTRODUCE yourself

Please EXPLAIN why you are here

Please TELL me if something might hurt

lauren's list

Research shows that patients are more likely to follow a care plan and take medications prescribed to them if they are involved in creating the treatment plan.

Scary and confusing. That's how 13-year-old Lauren Sampson describes how it felt to be a young child in the hospital. Lauren's pancreatitis has led to more than 50 inpatient stays at Boston's Children's Hospital. She didn't like the way some doctors would come in without warning and then not explain things clearly, she recalls. "I wanted to know who they were and what they were going to do," she says. And she wanted them to tell her the truth if something was going to hurt.

So with the help of her mom, Sally Sampson, and the hospital's Child Life Specialist, Lauren put her wishes in writing and posted them on her door. "It gave her a sense of control," says Sally Sampson, "and she was more cooperative when they respected her wishes." Now Sally Sampson is a parent advisor for the National Initiative for Children's Healthcare Quality, IHI's sister organization for pediatrics, bringing the patient and family perspective to the table. Children's Hospital in Boston is currently testing "Lauren's List" for potential wider use. "It feels better to be respected," says Lauren.

Spotlight: Collaborative Chronic Care Network

C3N Home

COLLABORATIVE CHRONIC CARE NETWORK


Patients Engaged in Shared Decision Making
Inviting Patients to Read Doctor's Notes
Source: http://www.myopennotes.org/research/

Innovation: Open Notes

"As we enter the age of electronic medical records, with access to patient information almost a civil right, it is good to remember that communication patterns change in ways that reflect different community expectations and values."
– Michael Meltsner, Open Notes user

Patients overwhelmingly favor access to doctors' records

- 94% believed the records should be available
- 90% said the information would give them more control
- 80% said they would take better care of themselves because of the information
- More than half said the information would help them take their medication properly

Aligning Forces for Quality

Launched in 2006– involves 16 geographically, demographically and economically diverse communities encompassing 12.5% of U.S. population

Patients Using Self Management Strategies

Community and Faith Based Programs:

Western NY's Practice, Community and Faith Based Pilot Programs

http://www.thinkbright.org/myhealthcounts/index.asp

Introduction of W NY Patient Engagement Innovator

Kate Ebersole
Director of Regional Quality Improvement
P^2 Collaborative of Western New York

P² Collaborative
of Western New York

Creating the healthiest community,
One neighborhood at a time

dedicated to improving the health of people in western new york

Moving Patients Along the Continuum of Engagement

P² Background

- Aligning Forces for Quality Community
- Serving the eight counties of WNY
- Dedicated to improving the health of WNY, one neighborhood at a time
- Active in Consumer Engagement since 2007

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of Western New York
Creating the healthiest community,
One neighborhood at a time

Evolution of P^2 Community Engagement

2007

- Consumer Engagement Associates
- Consumer Advisory Teams
- General Engagement at (geographic) Community Level

2010

- CDSMP - *Living Healthy*
  - Partnering to provide evidence based programs to individuals
  - Uncovered challenges with engagement - filling classes

2012

- Community Engagement: Employee and Faith Based Programs
  - Assessing readiness and level of engagement by specific community
  - Interventions based on bio-metric assessments, focus groups and multi-stakeholder discussions

Current Iteration of Consumer Engagement Activities

- Now applying Health Engagement strategies towards greater patient engagement
- Patient Engagement: Patients taking an active role in their health and healthcare
- Evolution to Community Engagement
- Three pilots: Employer pilot, Faith Based pilot, Primary Care pilot
- Combination of assessment and application of educational materials

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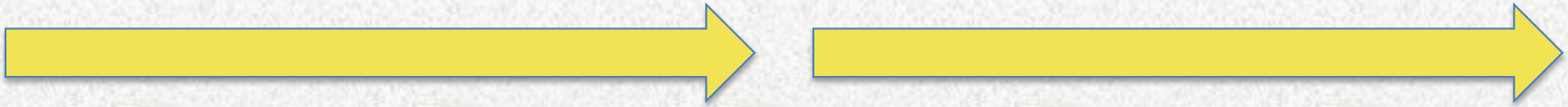
Where are claim dollars spent?

The "Well" – 50% of the population, 3% of claim cost

The Acutely Ill – Short Term Episodes – 5% of the population, 15% of claim cost



The Chronically Ill – 4% of the population, 65% of claim cost

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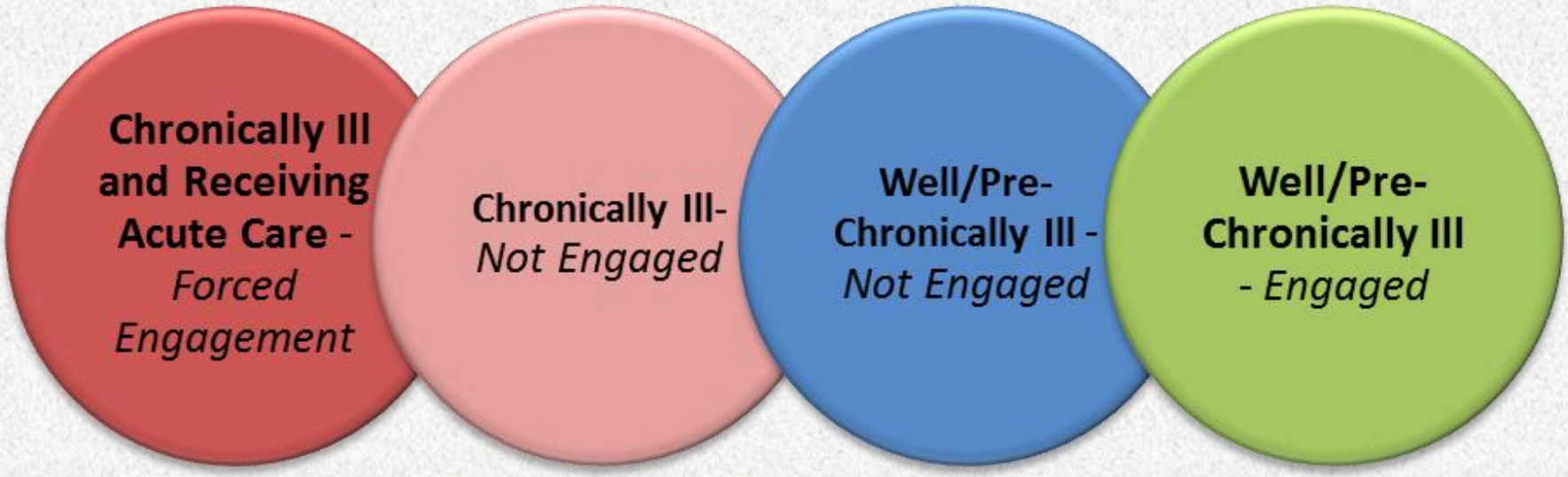
Health Engagement Continuum



Population Segments

The Chronically Ill

- First Group Engaged
- Targeted 1:1 interventions
- Meeting patients where they are

The Pre-Chronically Ill

- Target those with low engagement first, 1:1 Interventions
- Those with high levels of engagement in large groups

The Well

- Target those with low engagement in programs
- Reward all to stay well and engaged

Identification Techniques

Primary Care Practice Pilot

- Practice identifies level of readiness using Patient Activation Measure

Employer Pilot

- Claims
- Clinical Information
- Biometric Screening
- Health Risk Assessment: 33 question survey

Faith Based Pilot

- Biometric Screening
- Health Risk Assessment
- Engagement Assessment

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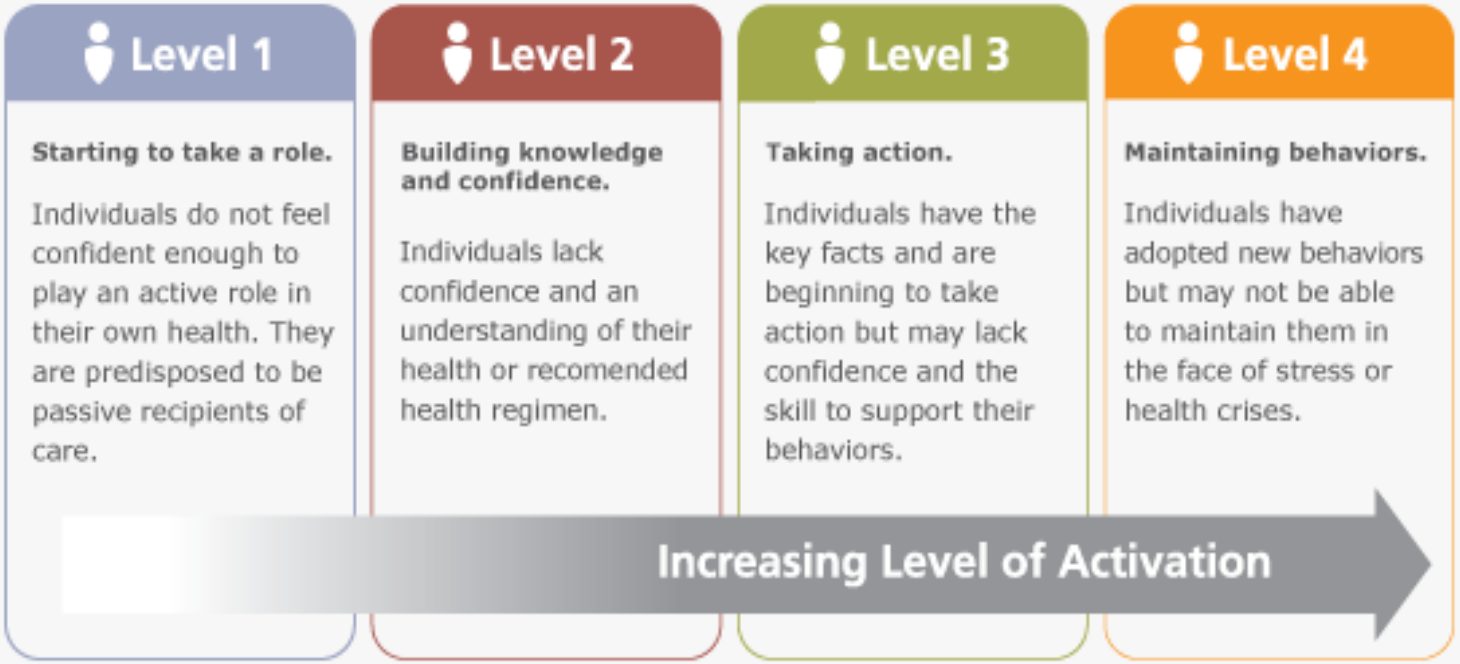
Patient Activation Measure (PAM)



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Primary Care Pilot

Primary Care Practice

- Catholic Medical Partners Care Coordinators currently uses the PAM
  - Chronically ill patients are assessed
  - Their PAM score is logged in the EMR
  - Insignia software suggests interventions based on disease state and PAM score.
    - ***For Example***: An insulin dependent diabetic with a PAM score of 2 (somewhat engaged) may be encouraged to keep a food diary. By the next visit, if the patient has complied, the patient may be encouraged to increase physical activity by 20 minutes per day.

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Biometric Results by Industry
What Story Does it Tell?

	Call Center	Manufacturing	Home Construction
Percentage of Smokers	**25%**	18%	18%
Percentage of High Cholesterol	**34%**	**46%**	**38%**
Percentage of Hypertension	**5%**	**28%**	**23%**
Healthy Weight	27%	27%	**37%**
Total Percent Overweight	**73%**	**73%**	63%
Overweight	28%	35%	29%
Obese	**25%**	22%	23%
Morbid Obese	**20%**	**16%**	11%

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Targeted Interventions

Activating the Healthy/Well Group

- Education and Empowerment training

Activating the Pre-Chronically Ill Group

- Focus groups (what would interest you the most, what would engage you the most, choosing from options: walking, healthy lunches etc.)
- One on one meetings with pre-chronically ill who are not currently fully engaged

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Targeted Interventions

Activating the Chronically Ill Group

- Risk stratify through registries, claims data and/or health risk assessment
- One on one meetings and empowerment training with chronic patients not engaged
- Education for chronic patients who are engaged

All Patient Groups

- Focus on wellness: increase physical activity, increase healthy eating, reduce high risk behaviors

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Patient Engagement Programs

Key Take Away

- Match program interventions to your targeted populations based on evidence
- Focus on chronically ill, but provide some level of outreach to pre chronically ill and the well population
- Consider multiple interventions in the community – including employers and faith based communities
- Test your theories… will they participate?


Patients as Change Agents
Ambulatory Care Redesign:
SC PA's Patient Partner Program

Introduction of SC PA Patient Engagement Innovators

Michael Chilcoat
Patient Partner
Partners in Family Health - SCPA

Kathleen Hutcheson
Consumer Engagement Coordinator
AF4Q SCPA

South Central Pennsylvania

Partnering with Patients to Improve Care

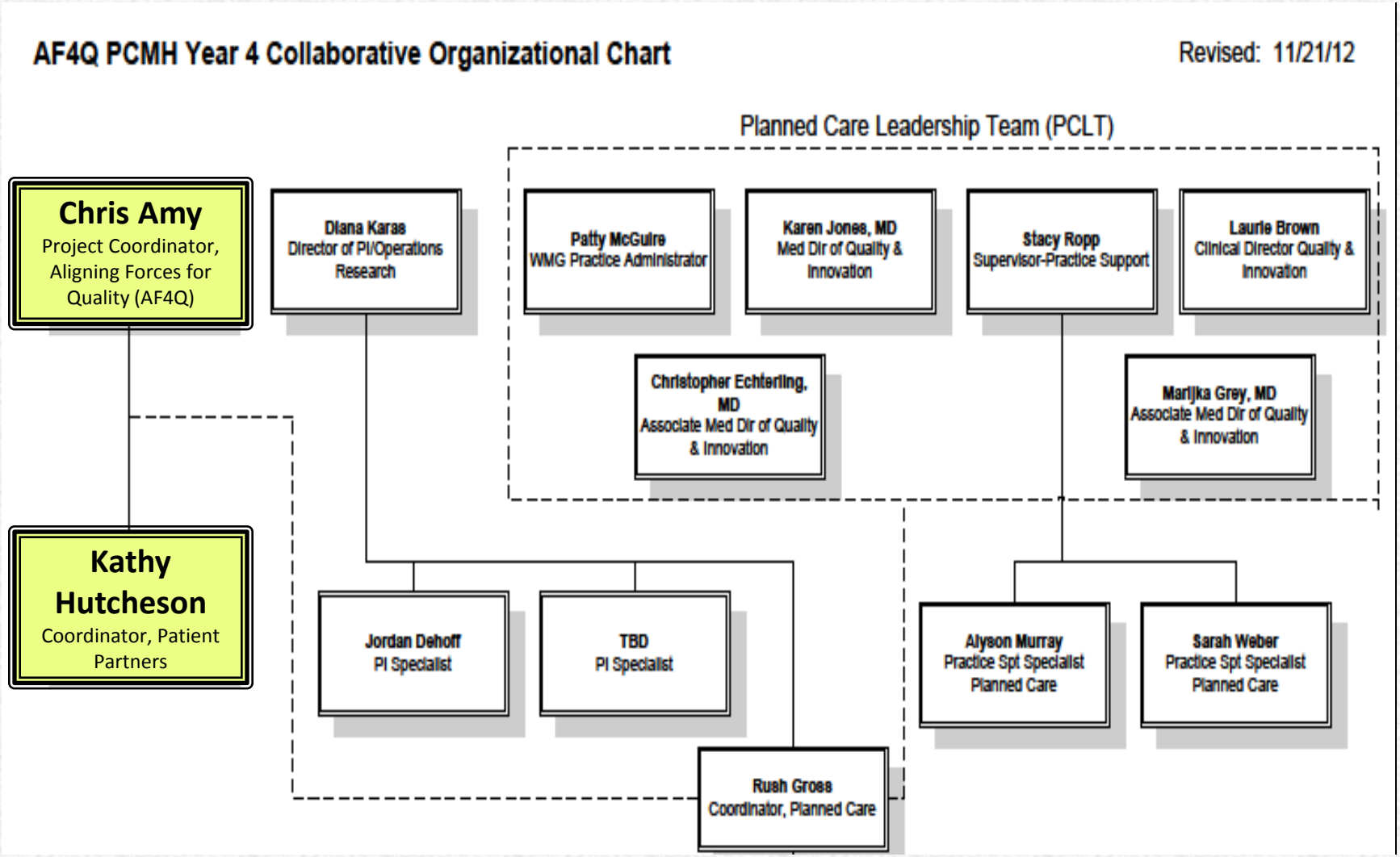
Purpose & Objective:

Demonstrate how including Patient Partners into the Quality Improvement Team (QIT) benefited practices who participated in the Patient-Centered Medical Home Collaborative.

How We Prepared For The PCMH Transformation:

- PCMH Collaborative
- Focus on process flow & implementing process improvement
- Target population - diabetic patients
- Measurement - Tracking performance for diabetic care
- Include the patient's voice

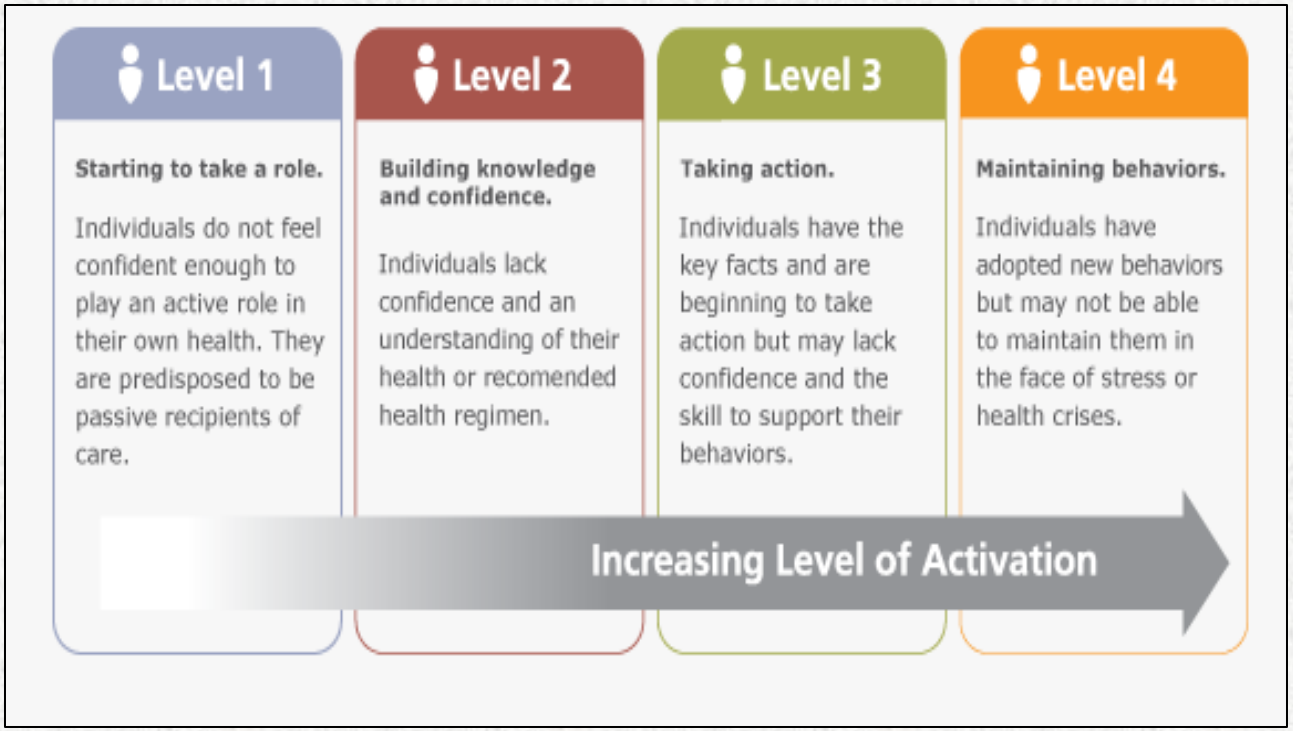
PCMH Organization



PCMH Collaborative History

Spotlight: Patient Partner Michael Chilcoat

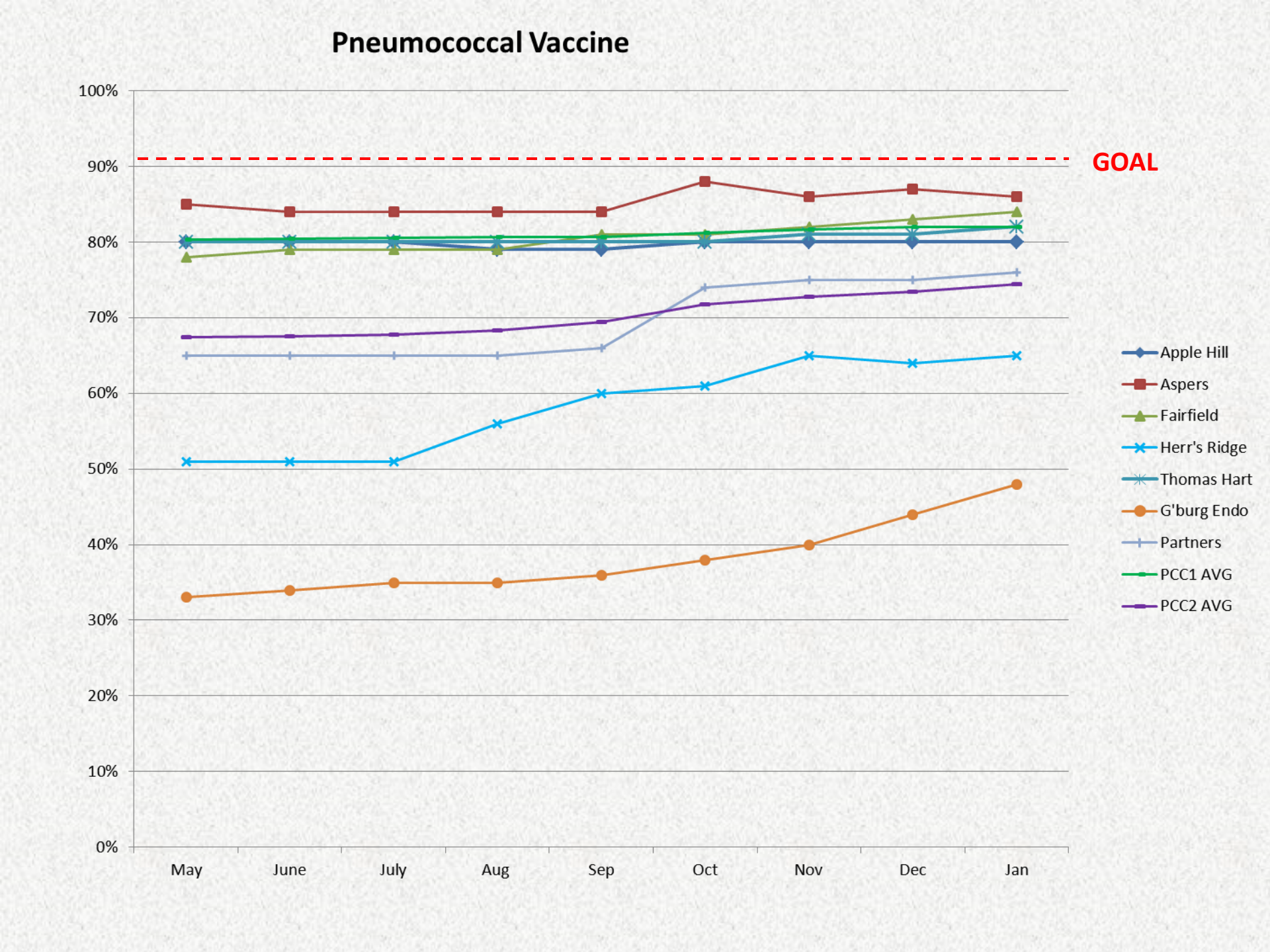
Patient Partner Profiles (Year Three)



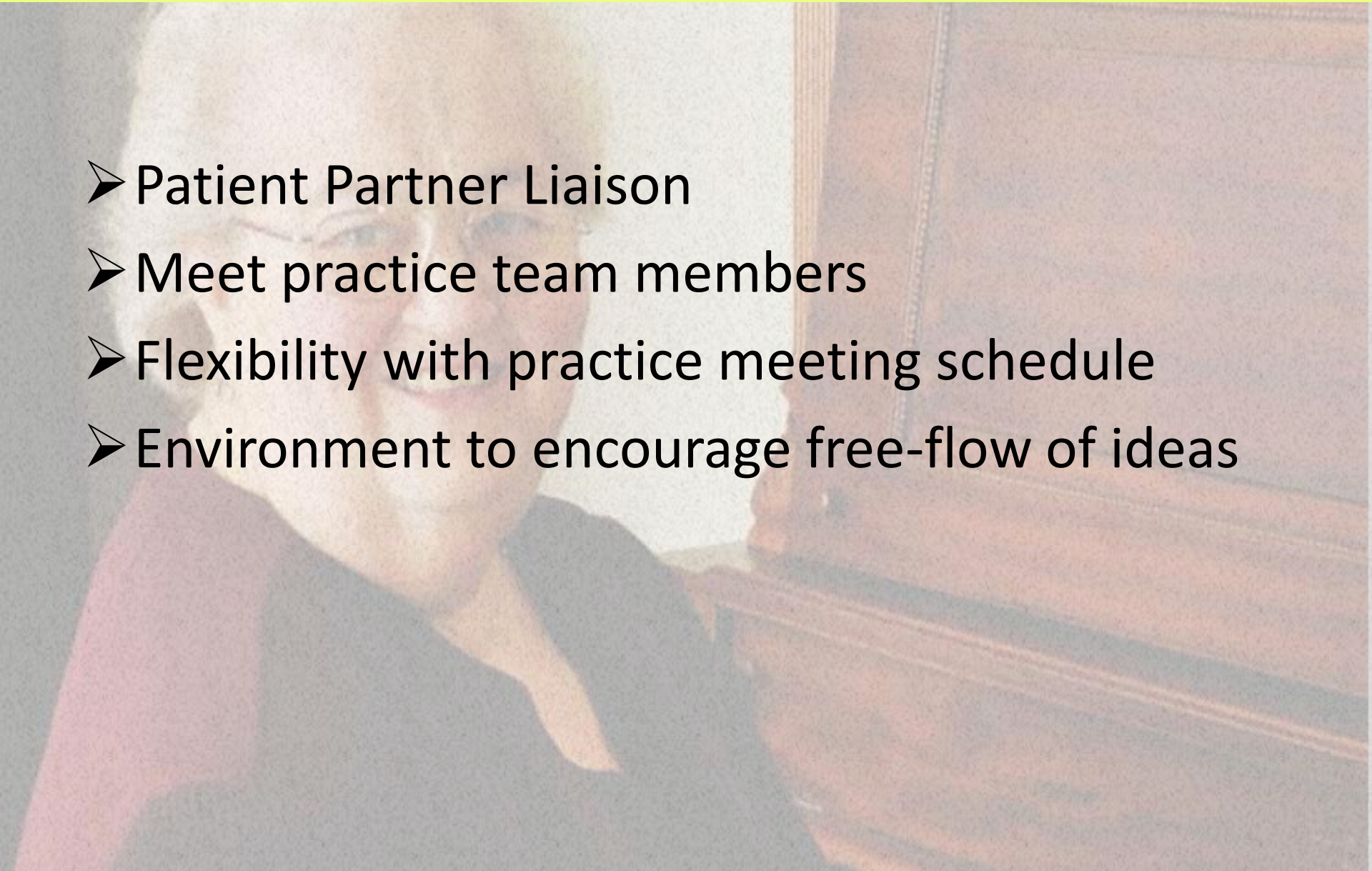
Baseline PAM:

3 (Median)

- Age Range – 26-84
- 53% Male; 47% female
- Diverse backgrounds:
  - Clergy -- Engineers
  - Accountants -- Home makers

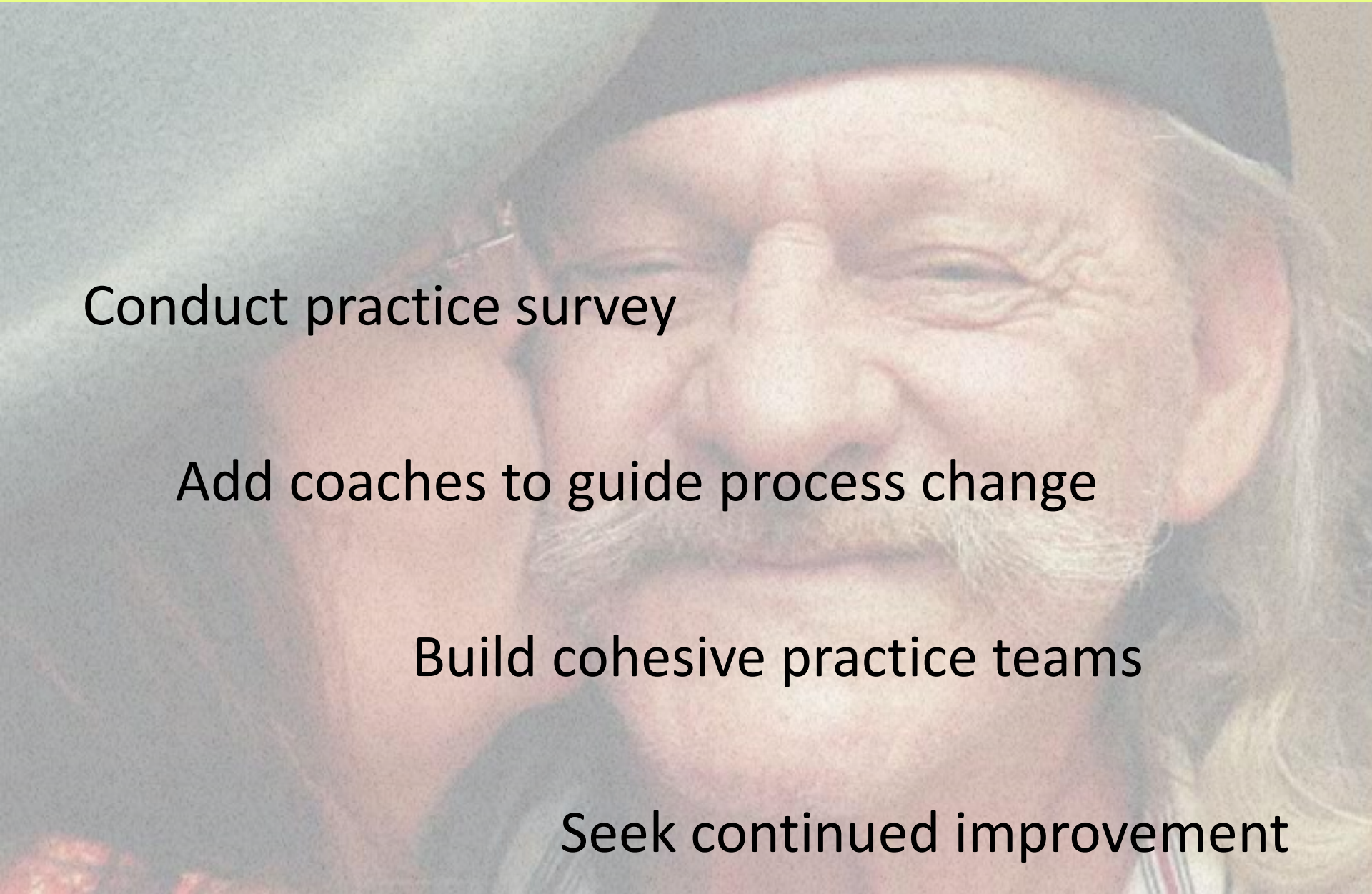

Pneumococcal Vaccine
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
May
June
July
Aug
Sep
Oct
Nov
Dec
Jan
GOAL
Apple Hill
Aspers
Fairfield
Herr's Ridge
Thomas Hart
G'burg Endo
Partners
PCC1 AVG
PCC2 AVG

Practice Orientation



- Patient Partner Liaison
- Meet practice team members
- Flexibility with practice meeting schedule
- Environment to encourage free-flow of ideas

Changing the Culture



Conduct practice survey

Add coaches to guide process change

Build cohesive practice teams

Seek continued improvement

Patient Partner Program Infrastructure

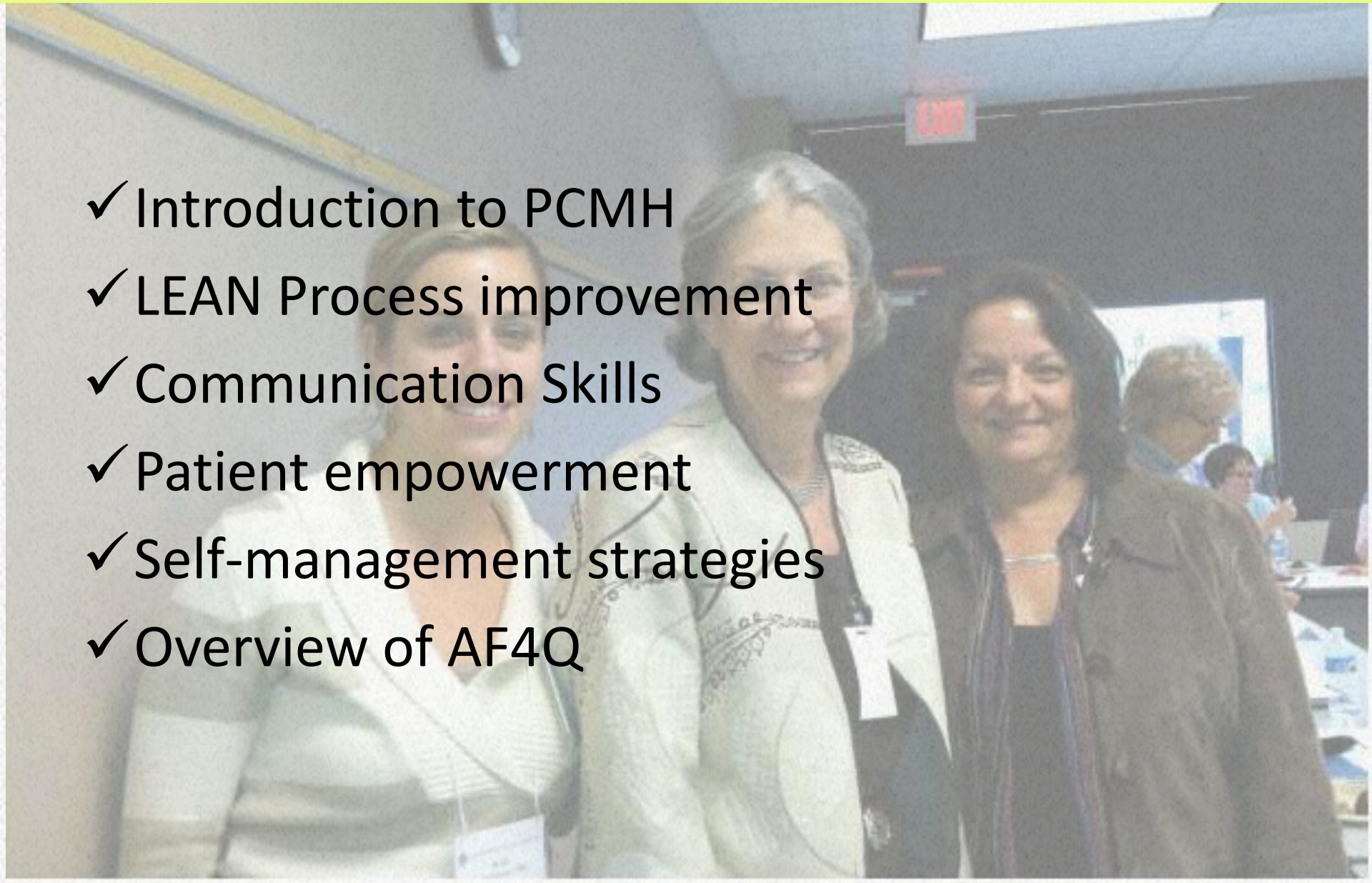
Practice Support

- Role description
- Characteristics
- Sample questions
- Benefits [to patients]
- Interview questions

Patient Support

- Role Description
- Patient Partner Coordinator
- Practice Liaison
- Training

Training Topics

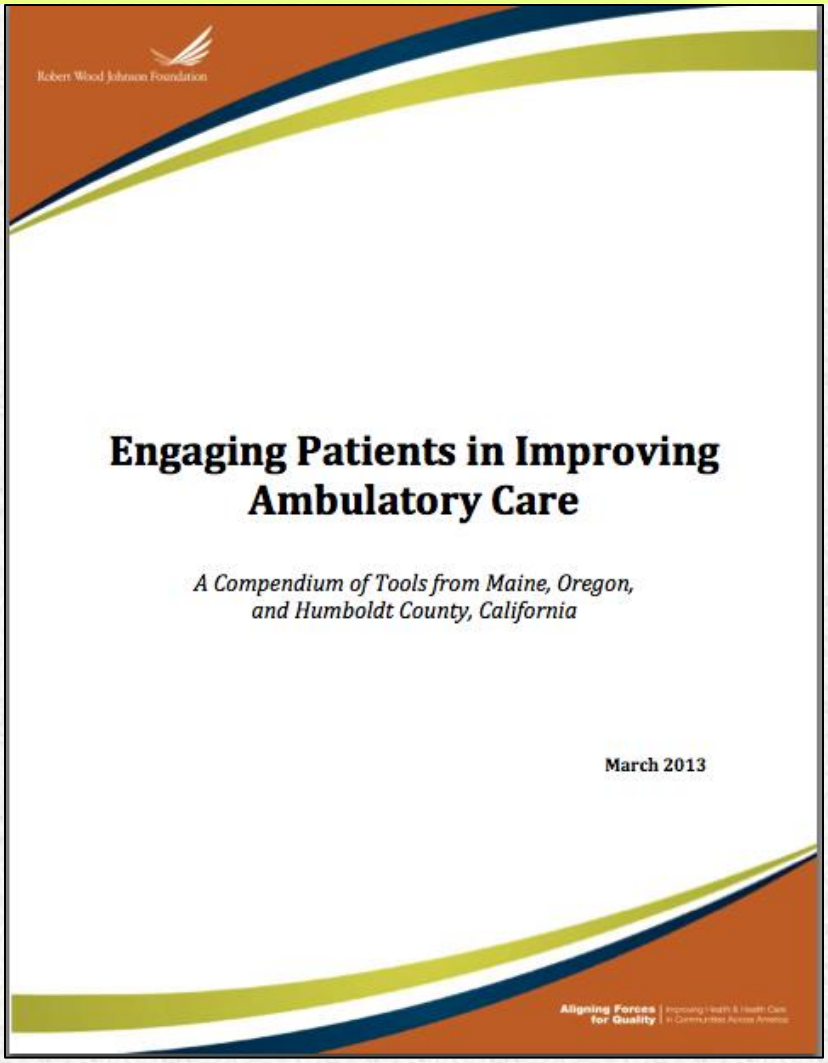


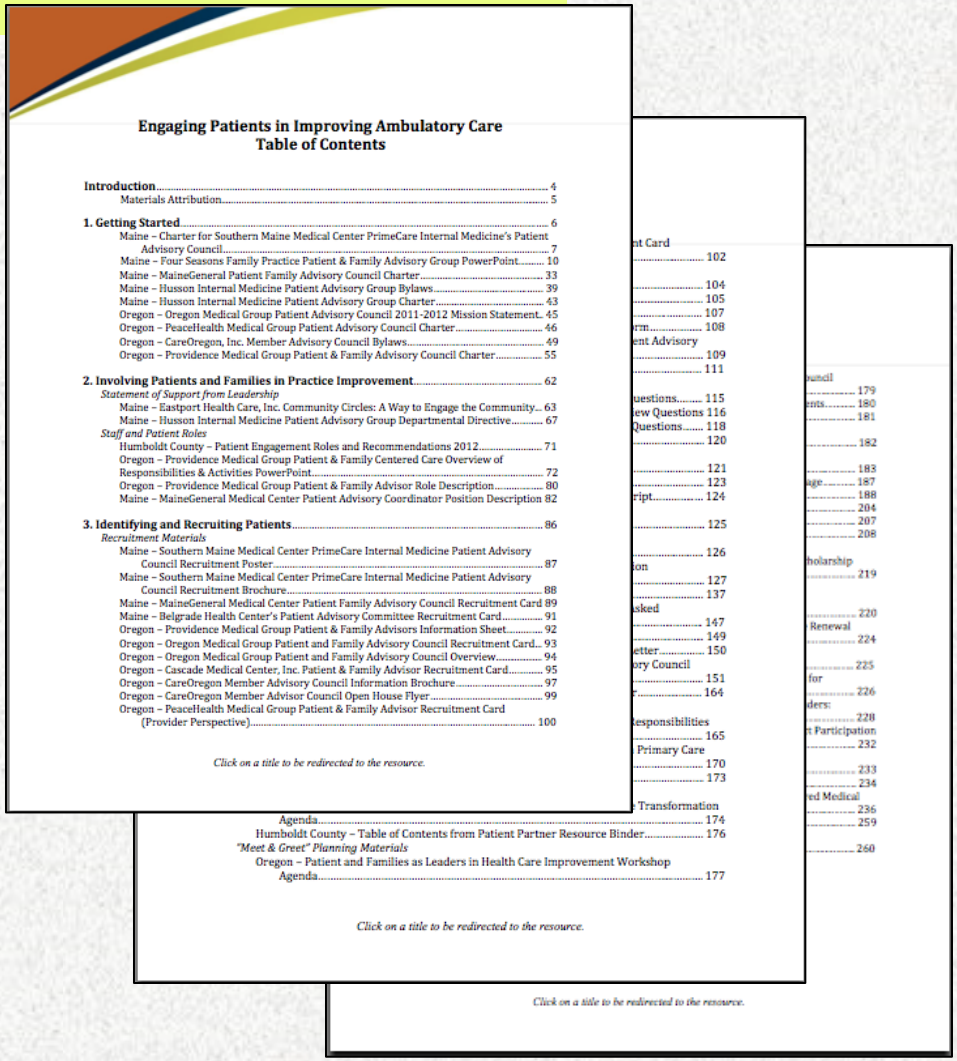
- ✓ Introduction to PCMH
- ✓ LEAN Process improvement
- ✓ Communication Skills
- ✓ Patient empowerment
- ✓ Self-management strategies
- ✓ Overview of AF4Q

Patient Partners Program: The Next Generation

- Serving as mentors to new patient partners
- Assisting with patient partner training
- Providing input on patient education programs
- Patient voices on the health system's Quality Council

KEY RESOURCE: RWJ Foundation Aligning Forces For Quality Compendium on "Engaging Patients in Improving Ambulatory Care"





http://www.rwjf.org/content/dam/farm/toolkits/toolkits/2013/rwjf404402

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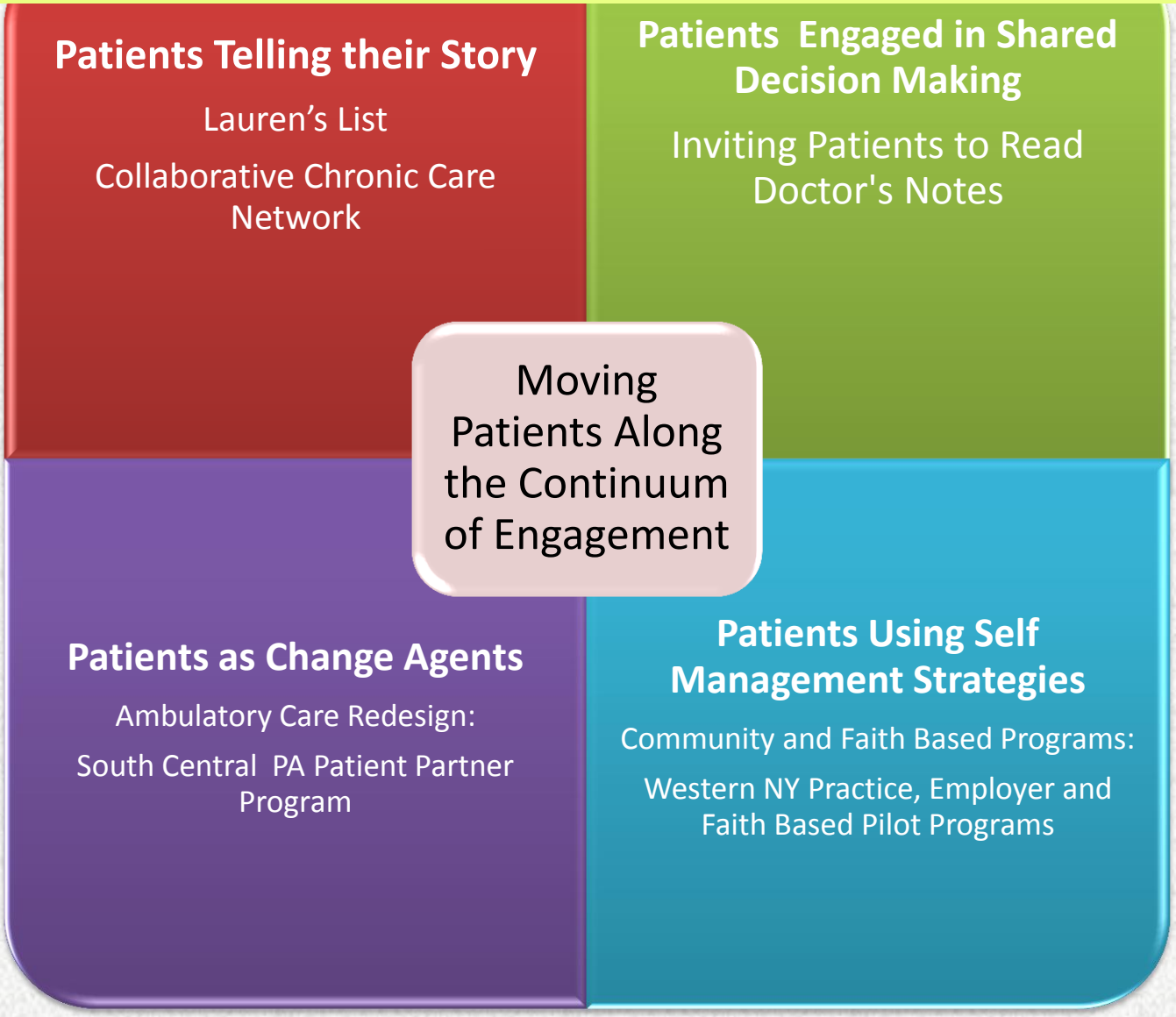

Questions?

Comments?

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