Patient Partnership Maturity Model

Key Takeaways

The Patient Partnership Maturity Model is meant to guide healthcare leaders in charge of patient experience to assess the current state of their education and engagement initiatives and to determine what they need to do to transform patients into partners in care.

### The foundation: Patient engagement

The goal of patient engagement is to foster partnership with patients in order to provide consistent, authentic, and personalized connections that build trust, encourage alignment between patients and their care teams, and empower patients to make evidence-based decisions with the guidance and support of providers.

There are three common objectives that typify an organization's efforts to initiate or improve patient engagement:

1 Provide patients with the knowledge required to make informed decisions on a procedure or condition.

2 Motivate and empower patients to self-manage a care episode or chronic condition at home.

3 Create a healthcare environment to ease the burdens that otherwise inhibit patients from accessing the care they need.

The most effective patient partnership models – those that are able to improve clinical, financial, and quality outcomes – provide consistent, trustworthy information and support at every touchpoint.
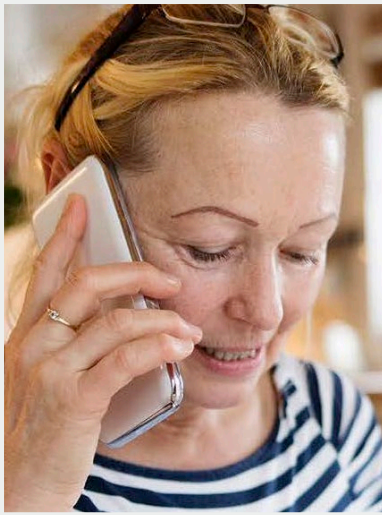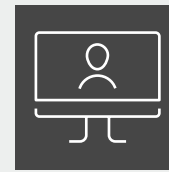
Toward compassionate and sustainable quality care

Organizations who leverage the Patient Partnership Maturity Model will identify specific improvements to patient-facing and enterprise-level systems that can enable them to reach their business goals. Each step toward greater maturity will vary depending on an organization's specific needs, but each step will bring your organization closer to a care experience that is more empowering, more compassionate, and more personalized for all patients.

Where are you on the path to better care?

Each step on the model includes a selection of operational and technical components. Organizations are encouraged to have each component in place before moving to the next step.

		Operational components	Technical components
1	**Support** This is the baseline level of patient education and engagement as a transaction with leaflets and other activities at specific moments with patients to mostly fulfill accreditation requirements.	• Call center and customer service operation	• Certified EHR system with patient portal • Printed education materials, primarily in English • Call center management system, including patient contact database
2	**Engage** Efforts begin to focus on advanced support for specific service lines and patient populations. Patients can obtain trustworthy answers to their questions and build confidence in their ability to manage their own condition.	• Marketing campaigns and lead generation programs tied to digital health activities • Physician network development and alignment for telehealth services	• Telehealth application(s) • Multimodal and multilingual education materials • Advanced support for perioperative pathways and chronic conditions management • Customer relationship management system
3	**Activate** Encounters undergo two important shifts: They become more proactive in nature, and they increasingly occur across the care continuum. Patients better understand the value of proactive measure such as wellness exams, screenings, or vaccines, and they are more likely to participate.	• Non-episodic care management teams • Patient experience measurement and documentation • Approved standards for engagement, content creation, program alignment, and privacy/security • Service recovery and digital rating management	• Condition management and medication adherence apps • Marketing/communication automation systems • Automated digital billing and scheduling systems • Wayfinding, digital registration, and check-in systems • Digital marketing presence and reputation management program

4	**Coach** Organizations begin to focus on the longitudinal care journey and not just individual, transactional encounters. Coaching helps patients keep their health and wellness on track, which leads to fewer hospital visits and read-missions	• Remote monitoring device strategy development • Social determinants of health (SDoH) data gathering and clinical team training • Routine, consistent audit of all engagement programs and educational materials	• Remote monitoring and automated care management teams, inclusive of wearable devices • Predictive analytics to power clinical intervention decisions • SDoH resource partnership/referral service and data partnerships
5	**Partner** At this final, aspirational step, care teams are able to support wholeperson care through real-time personalization throughout the patient's health journey. Patients are valued partners on their care teams, and both patients and providers are incentivized to improve health outcomes.	• Alignment of marketing, service delivery, and population health management with patients at the center • Programmatic development and scaling of new engagement and education initiatives	• Patient experience analytics • Bidirectional and autonomous chat to guide patients

For the complete model, download our white paper. Interested in taking the first step? Contact us now.