

The Patient Empowerment Framework



Wolters Kluwer

The healthcare industry is changing. Every day it becomes more vital to get patients to take active roles in their care. Patient empowerment is a critical component to operating profitability in this new world. This framework provides a model to help organizations make informed decisions about the future of our businesses and our industry.

Executive Summary

Care delivery and reimbursement models are shifting. Population health management and value-based reimbursement are changing the way our businesses operate. To profitably provide care, it is imperative to empower patients. Simply put, healthcare organizations need effective, affordable, and measurable ways to get whole populations of patients to take greater responsibility for their own health and well-being.

There are many aspects to patient empowerment. But in general, understanding of this concept is fragmented. There are not agreed-upon definitions for terms like *activation* or *engagement*. And there is no comprehensive understanding of how these various aspects fit together. Further complicating matters, designing strategies for today's world may not be effective in the near future, as technologies such as mobile devices and social networks are rapidly changing how consumers expect to be engaged.

The following Patient Empowerment Framework addresses these challenges. It breaks down the concept, defines common terms, explains how various niche industries fit together and identifies gaps we in the industry still need to address. The Framework is written from the healthcare organization's point of view as it looks to get patients to take a specific health-related action or series of actions. The Framework guides the organization from a common starting point (not knowing which patients in a population need attention) to a rolling end point (measuring results and implementing tactical improvements to processes).

These core competencies are as follows:

Identify

Identify patients and the messages they need to hear.

Connect

Reach patients on their own terms, through their preferred media, in language they understand.

Activate

Inspire patients to care about their specific health issues.

Engage

Give patients the tools and understanding needed for them to take their own action.

Act

Encourage patients to take steps on their own to better manage their care.

Maintain

Keep patients on the right path.

Measure

Measure outcomes consistently at the individual level and in aggregate.

The key to this Framework is to understand these core competencies are distinct, but also highly interdependent. An initiative or technology that executes in one area well cannot be expected to execute well in all of them. While certainly some solutions will address multiple areas, organizations need to ensure they have a plan for each in order for the entire process to succeed. Inevitably, these plans will combine internal initiatives and external partnerships to create a cohesive solution.

Ultimately, the Framework establishes a baseline of shared understanding. Using this Framework, our industry can step past our fragmented vision and begin making informed decisions on the future of our own businesses.

Introduction

First, let's acknowledge that nobody knows the exact specifics of how the industry will evolve in the next 10 years. Will Accountable Care Organizations realize their potential? Or will another model take their place? Will the government change its current strategies? We're not sure. But the macro trends in the market make it clear that the healthcare industry of today may be subject to increasing pressures over the next 10 years.

Government and private initiatives are not the only factors driving change. New technologies, the rising cost curve and a great confluence of smaller factors are shifting the way we all do business. Slowly, healthcare is evolving from purely volume-based payments to value-based reimbursement models. We're going to treat the healthy as well as the sick. Success will hinge not just on face-to-face encounters, but also on what happens in the time between them.

The CMS heart failure readmission policy is a good example of this change in action. It both focuses on outcomes and requires organizations to reach patients outside of their traditional arena. In parallel, all the discussion around ACOs has led many healthcare organizations to adopt the principles of population health management. Even though organizations may not adopt ACOs as defined by CMS, they will employ the underlying principles as a way to gain experience with new delivery models that will be needed for value-based payment systems.

This represents a fundamental shift in both the delivery and financing of healthcare services. We all have to find ways to help people become more responsible for their health. The concept of patient empowerment is essential.

Already, the market has begun rewarding companies that fit into this new worldview. Patient registry companies, interactive voice response (IVR) vendors and others are growing rapidly. Every healthcare technology conference highlights new companies innovating around mobile health, health gaming and social networking strategies to fill gaps in the new patient empowerment paradigm.

DEFINING PATIENT EMPOWERMENT

The precise definition of *empowerment* is under some debate. Our preferred take is that empowerment is as much attitude as it is action. Nobody can directly empower a patient. But all health professionals can help patients achieve empowerment.

To quote Funnell & Anderson:

“Empowerment is a patient-centered collaborative approach where professionals and patients are equals. Patient empowerment involves helping patients discover and develop the inherent capacity to be responsible for one’s own life.”

“An empowered patient is one who has the knowledge, skills, attitudes and self-awareness necessary to influence their own behavior and that of others to improve the quality of their lives.”

In this view, patients must be informed, active, collaborative participants in their care. And professionals must provide the skill and guidance needed to help patients overcome barriers and meet their goals.

Patient Empowerment Framework



This Patient Empowerment Framework gives structure to the discussion and allows organizations to rationally evaluate investments. Created from the healthcare organization's perspective, it is designed to get patients to take particular health-related actions.



Identify patients and the messages they need to hear

Identify

You can't improve the health of a population if you don't know who they are both as individuals and sub-groups, which is why identifying populations and the individual patients within them is so important. There are several ways to accomplish this.

Registry companies aggregate claims data from providers and payers—finding patients or members with a condition like diabetes and recognizing gaps in their care, or flagging individuals on a path toward an acute event like back surgery.

Clinicians identify patients for management at the point of care. Doctors can create care plans that combine education, activities, and regimens to improve outcomes.

And patients themselves can self-identify through general health risk assessments or condition-specific assessments such as depression screeners and the Asthma Control Test. They also self-identify their needs during appointment requests on nurse advice lines.

Within a patient population you must identify the care plan that is appropriate for each individual. Healthy people, for example, need support to stay healthy. Those with chronic conditions need guidance to avoid a setback. And those heading toward an acute event need the information and tools to change paths.



Reach patients on their own terms, through their preferred media, in language they can understand

Connect

Once patients begin to take ownership of their health, we need to reach them with a message they can consume. This is all about the delivery mechanism. Often in healthcare, we try one way to engage a patient (say, handing them a flyer at the doctor's office) and leave the rest of the responsibility for action up to the patient. There is sufficient data showing this approach is ineffective.

Instead, we need to engage patients on their own terms. A dinnertime phone message about a patient's hypertension simply won't work (regardless of the message's strength) if the patient works nights or speaks only Spanish. For this reason, we must use a variety of delivery tactics including:

- Live telephone calls
- Automated telephone calls (interactive voice response)
- Text messages
- Mobile apps
- Email
- Web

Receiving all forms of communication at once would be overwhelming. Thus, we must take patient preferences into account—delivering targeted, timely, and coordinated messages.

Once we actually reach the patient, we then have to communicate in a method that resonates. This means speaking the patient's language and engaging them with a combination of learning modalities (voice, image, text) as necessary. Only once we master the delivery system can we focus on the content of the health message itself.



Inspire patients to care about their specific health issues

Activate

Once we find the patients we care about, we need to inspire them to care as well. This is not easy and is often neglected by healthcare organizations. Our interventions are working but are significantly underutilized.

As a result, natural forces break patients into three groups. First, there are the motivated healthy. These are people who watch their diet, post their jogging mileage on the internet and soak up health advice without prodding. The second group is the motivated unhealthy. This group is in such poor condition that they need to closely watch their daily actions just by necessity. The last group is the rest of the population. We may be well, ill, or in between, but we are too busy or distracted to spend much time thinking about our health.

Answering the question, "How do we make people care?" has become an area of great growth and experimentation. The range of options includes incentives, entertainment, peer support and scare tactics. They each have their own appeal.

Incentive programs approach patients as rational actors—willing to take action to get a benefit. These programs offer everything from air miles and gas cards to discounts on co-pays and co-insurance fees. Likewise, health savings accounts work on the principle that people will take healthy actions if they have to pay directly for their care.

Entertainment turns health action into a game—attempting to inspire actions by absorbing patients in a world of fun and attainable goals. Social networks seek to activate patients through peer encouragement and support. And government anti-smoking campaigns use photos of diseased lungs to scare people into rethinking their pack-a-day habit.



Give patients the tools and understanding needed for them to take their own action.

Engage

After patients have been identified, inspired and reached in their preferred way, we have to prepare them to take the next step on their own. This means delivering not just information, but the tools and confidence necessary for success. Engaging patients goes well beyond patient education or training.

Engagement comes in many forms including:

Alerts and reminders that help guide the patient back on track when they stray from their care plan or goals

Assessments and questionnaires that help patients self-recognize their current and desired health status

Remote monitoring to help patients and their care team monitor progress and make adjustments in real time

Patient decision aids that help ensure patients are fully informed of their treatment options and that decisions are aligned with their goals, values and preferences

While technology and tools can facilitate engagement, we must be prepared to handle the exceptions, and offer support for their questions or concerns. Only then are patients ready to take action.



Patients take steps on their own to better manage their care.

Act

Ultimately, we need patients to take the necessary actions to improve and better manage their health. This is the step patients must take for themselves. These actions can mean taking a medication, following a rehabilitation regimen or making an appointment to see a clinician. Once patients take action, a whole new array of challenges unfolds.



MAINTAIN**Keep patients on the right path.**

Getting a patient to act is one challenge. Keeping that patient on the right path is another. As a system, healthcare does a poor job of providing the feedback and encouragement patients need to build on early success. Patients who lose weight usually put it back on. Prescription fill rates on vital medicines slip with each refill.

We all need a periodic course correction. We all need motivation and support. By this point in the process, organizations should know how to reach and engage their patients. Here, we put that knowledge to use by using the same delivery mechanisms to provide the information, tools and encouragement needed to avoid relapse and maintain success.

MEASURE**Consistently measure outcomes at the individual level and in aggregate.**

It's true; you cannot improve what you cannot measure. Like many other endeavors in healthcare, patient empowerment needs constant measurement to enable continuous fine-tuning. When dealing with populations, measurement is the only way to learn what messages and delivery mechanisms work, and which individual patients need greater attention. As such, we need to measure at every step of the way. More importantly, we need to create a culture of measurement where decisions are based on evidence and our lofty goals become both quantified and attainable.

NEXT STEPS**4 Questions to Ask Technology Partners As You Implement the Patient Empowerment Framework****1. What is your experience working with provider groups?**

Many vendors were established to support health plans and call-center-based disease management firms. These vendors recognize that initiatives such as the medical home and ACOs are shifting care management responsibilities away from payers in favor of a provider/patient-centric model. While many vendors will successfully make the transition, the devil is in the details, and you could end up with a vendor that doesn't know how to work with your data and doesn't understand your workflow.

2. How do you measure consumer engagement?

If you get a blank stare or a vague response, run the other way. The cost of identifying and activating patients is too high for the engagement to fall flat. If the engagement doesn't "wow" the consumer, you won't achieve the desired action. Even worse, you run the risk of the consumer tuning you out for good.

3. How do you track activity at the patient level?

Repeat the mantra, "You can't improve what you don't measure." This certainly holds true for patient empowerment. It is critical that every effort be systematically evaluated against a predetermined set of criteria. This data should be easily accessible and refreshed in as close to real time as possible. Create a few scenarios and ask for a live demonstration to be performed. Static, monthly reports won't cut it. Ideally, if you make adjustments in the morning, you should be able to measure the impact in the afternoon.

4. What is your experience integrating with EMR or registry platforms?

It is unlikely that your EMR will be the dashboard for managing the empowerment activities across your patient population. But it will be the source of truth for much of the data. Asking care managers (or even worse, patients) to re-enter information that is housed in the EMR is inefficient and will lead to defects in your process. Vendors should have documentation they can provide that outlines exactly what information they will pull from and push into your EMR along with the means for exchanging that data (HL7, web services, etc).

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