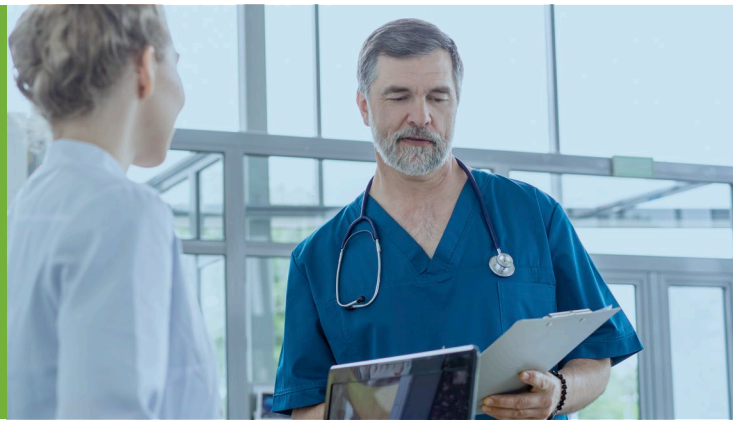
It’s time to get more out of patient education

Wolters Kluwer

As operations resume across our nation's healthcare facilities, hospital executives are preparing to make serious decisions in resource allocation. Yet, those in charge of patient education say that it is often left out of strategic planning, limited in scope, and stuck in the past. Instead, patient education must be re-evaluated and planned to meet new healthcare needs of patients and clinicians.

Flipping the script on patient education

Everyone agrees patient education is important. However, the level of resourcing to support these efforts isn't always up to par. This view is shared by several Chief Nursing and Chief Medical Information Officers we recently talked to. They see educational resources as a small part of the patient experience, and do not think there is a strong correlation between how well they educate patients and the sophistication of the resources they use.



Frontline clinicians experience pain points around process inefficiencies. Education content is fragmented. It's hard to document what educational material is given to a patient. Usage is even harder to measure. During discharge, nurses often lose time finding the right educational materials, editing instructions, and retrieving handouts at printers.

These pain points have been well documented. Researchers at the University of Utah Health Care System[1] identified the following variations in patient education materials:

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

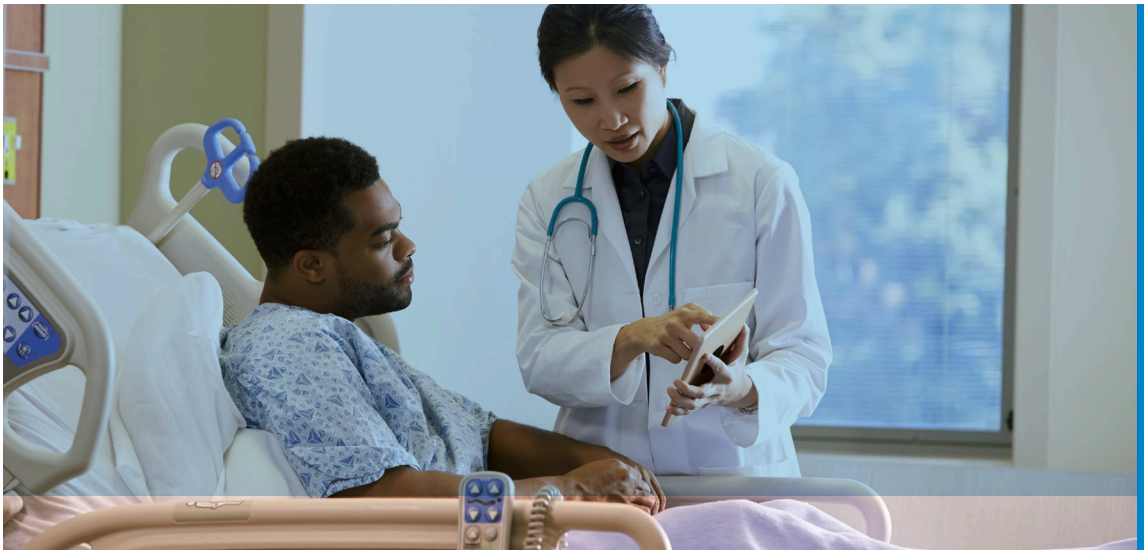
The authors estimated that improving patient education workflow efficiencies could save health providers time, enabling them to see more patients, which could generate $15.4 million in new revenue annually for UUHC.

Educational leaflets are seen as basic and hard to improve upon -other than in design- while quality educational videos are either lacking, too expensive, or in entirely separate locations by service and care programs, creating disconnects. Medication information leaflets are often distributed by pharmacies, and other care teams require their own patient content, for example in emergency or surgery departments.

In the end, most CNOs and CMIOs admit that patient education resources are rarely evaluated and replaced with higher value resources. While it is essential to help patients understand their health, condition, or an upcoming procedure, the process and primary purpose for educating patients has been unidirectional, from the clinician delivering information to a patient post-visit either on printouts or via online patient portals.

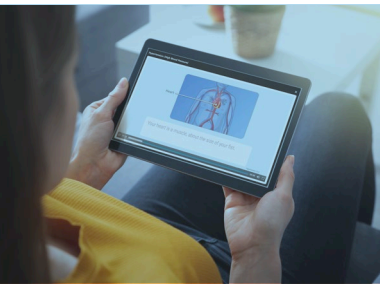
This *status quo* came to a clash during the COVID-19 emergency, as we were all sorely reminded that health and care goes far beyond the walls of doctors' offices and is part of our everyday lives.

In a digitally-enabled and decentralized healthcare system, hospital C-Suite needs to think of patient education as an integral part of a people-based care approach, one that plans for the healthcare needs of their patient population, and one that makes the lives of clinicians and patients easier.



It's all about people-based care

When care teams and patients are empowered for shared decision-marking, patients are often better prepared for procedures, more compliant with treatment recommendations, and overall, more satisfied with their care.



In one study, **65 percent of patients** who watched a video program kept their blood pressure under control compared to **53 percent who did not** – *a **22 percent** improvement.*[2]

But while clinicians make decisions for individual patients, generic education support does not promote shared decisions and can even miss the mark for many reasons. Language barriers, irrelevant content that is either too basic or too complicated, infomercial-like videos, lack of empathy and emotion in tone and style, etc. Let's remember, for example, that nearly 22% of the U.S. population speaks a language at home that is not English (CIS, 2018), and more than half of American adults read below sixth-grade level.

> ***"At UMass Memorial Health, we integrated patient education when we went live in our EMR. Our patients have been very happy with the content, and it is very easy to attach to the patient after-visit summary. Many of the topics are available in multiple languages."***
>
> **Eric Alper, MD, SVP, Chief Quality Officer,Chief Clinical Informatics Officer, UMass Memorial Health Care.**

Meeting evolving population health needs

Between standard content and personalized support, a 'happy medium' should be found for strategic patient education by selecting resources based on the needs of the population served. And these needs have significantly changed in the year and a half since the federal government first declared a public health emergency in February 2020.

To cite only a few: In September 2020, McKinsey estimated that a potential 50 percent increase in the prevalence of behavioral health conditions could lead to $100 billion to $140 billion of additional spend in the first 12 months post-onset of the COVID-19 pandemic. Since then, more than half of Americans say they've gained weight. And globally, children and adults immunizations against diseases like measles, polio, or tuberculosis have dropped so dangerously that they are posing serious public health concerns.

People delayed or cancelled preventive and medical care altogether, which has changed the risk and health profiles of many, and is predicted to impact healthcare delivery at hospitals well beyond 2021. Healthcare providers need to adapt quickly to these changes or risk missing the mark for their patients and care teams.

Select patient education priorities for 2021 and beyond

Telehealth

- Prepare patients for telehealth appointments with structured pre-visit preparatory phone calls

Behavioral health

- Help people affected by COVID-19 manage the sequalae with dedicated videos
- Increase education and screening for mental health at all patient touchpoints
- Offer stress management and coping skills modules, activity tracking wearables

Prevention & Wellness

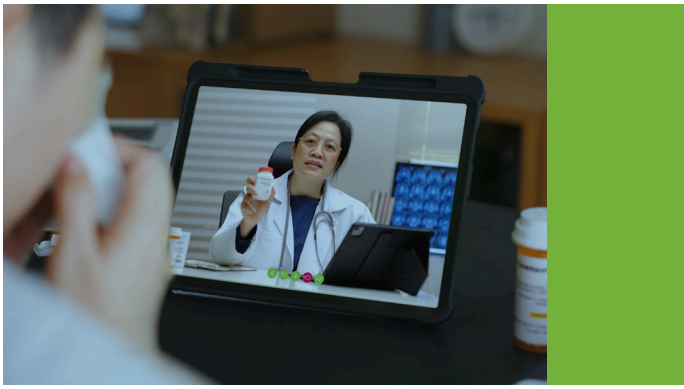
- Suggest culturally sensitive weight management apps to at-risk patients
- Promote immunizations by sending prevention information to parents, summer camps, schools, etc.
- Send targeted interactive programs to patients who should get screened for cancer
- Leverage AI-based interactive voice response calls to reduce no-show rates

Integrate educational content in virtual services beyond urgent care

Despite stabilized use in the first quarter of 2021, Americans use telehealth services 38 times more than in the same pre-pandemic period.[3] They enjoy the convenience and timeliness. And while CMS has extended new technology add-on payments for 14 technologies that would otherwise be discontinued in FY2022 (FY 2022 Medicare Hospital Inpatient Prospective Payment Proposed Rule Proposal), experts nevertheless anticipate that telemedicine is here to stay.

> *"How patient education is developed and shared directly impacts whether or not it will be used. Done right, educational touchpoints can improve patient understanding and adherence to their treatment plan, enhance the overall care experience, and build organizational affinity."*
>
> **Jason Burum, GM for Healthcare Provider Segment at Clinical Effectiveness, Wolters Kluwer, Health.**

Virtual service delivery models are now evolving and proliferating, moving from purely "virtual urgent care" to a range of services enabling longitudinal virtual care, integration of telemedicine with other virtual health solutions, and hybrid virtual/in-person care models with the potential to improve consumer experience and reduce direct care staff burnout.



For people and communities lacking access to health care services, who do not have a private internet connection, or who do not know how to use digital health services and resources, like some immigrant populations or seniors, closing the digital gap is a top priority. This can mean thinking outside the box, for example leveraging QR, "Quick Response," code technology to give people easy access to curated educational content right on their phones.

Videos, the Holy Grail *of patient ed*

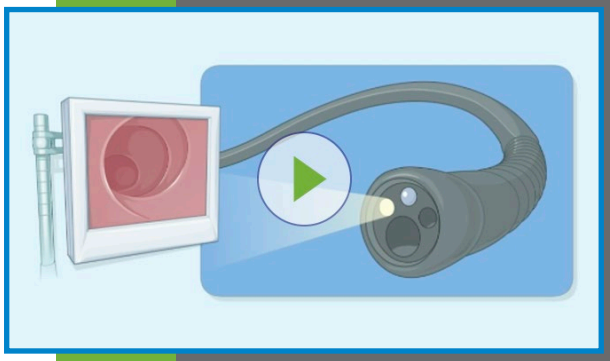
Many healthcare providers want to offer educational videos to their patients, however professional productions that cater to targeted populations are expensive, while generic videos often miss the mark for patients and contribute to an erosion of trust.

> *"The true value of this program is in providing consistent healthcare education to our patients that supports the teaching we already do during the clinical encounter. Patients and families can watch the videos recommended by their care team over and over to better understand and more successfully manage their disease."*
>
> **Peggy Funk BSN, RN-BC, Patient Education Coordinator, Northwestern Medicine Lake Forest Hospital**

Make life -and work- easier for everyone

The legacy one-way model of patient education is stuck in the past, when "meaningful use" requirements mostly meant checking the box in the EHR. Consumers now expect personalized information and support from care teams before, during and after medical encounters, and every time health concerns arise. Their "care team" now includes health apps, chats in advocacy groups, online patient communities, wearables, etc.

In parallel, clinicians and especially nurses are in dire need for the right patient education integrated in the workflow. Their burnout is at an all-time high, and while they understand the harsh financial realities that hospital and health system executives face, they want and need continued investments in the right decision support solutions. As physicians' coach recently wrote in a blog post on KevinMD.com, it's not a successful long-term strategy to "hold back on investing in the resources that would make a clinician's job easier (or at least humanly possible)."



Cleveland Clinic patients who viewed the Emmi colonoscopy videos were nearly **50% less likely to need a repeat endoscopy** within 3 years than patients who did not view the program.*

*AJM Online Clinical Research Study Volume 129, Issue 11, P1219.E1-1219.E9, November 1, 2016. Online Educational Video Improves Bowel Preparation and Reduces the Need for Repeat Colonoscopy Within Three Years. Umar Hayat, MD, et al. https://doi.org/10.1016/j.amjmed.2016.06.011

Multiple studies have shown the benefits of professional quality video programs for patients. 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.

Reduce inefficiencies with patient education in the care workflow

Where does patient education live? For most organizations, everywhere. Health system administrators often manage multiple vendors and that introduces system and budget inefficiencies for the entire care team. Reducing their numbers and reassessing their value can be beneficial.

> *"The issue isn't with delivering the education, anything that makes the process easier, more efficient would be good. Having too many resources is not necessarily better either, as collecting and delivering these to patients is very time-consuming."*
>
> **Reflection from a CNO during recent panel discussion.**

Current estimates show that approximately 96% of hospitals and 74% of clinicians in the U.S. have electronic health record systems (EHRs) with FHIR API capabilities. And the Office of the National Coordinator for Health IT wants to push more for using FHIR as the API standard for enabling seamless and secure access, exchange, reporting, and use of electronic health information.

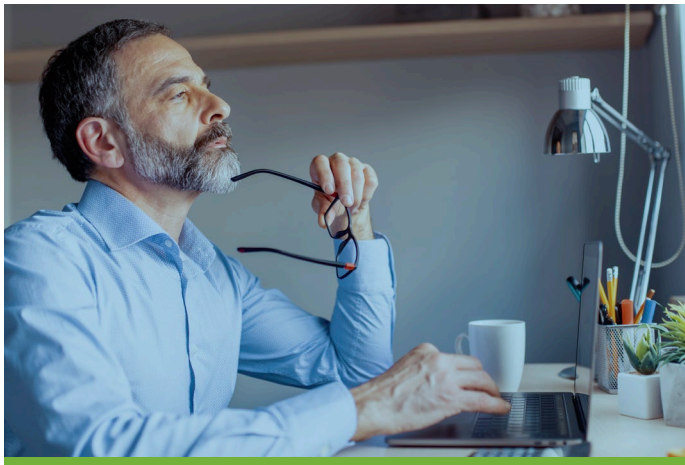
New research by The Pew Charitable Trusts shows that while APIs have been implemented to support patient access to data, they have been underutilized for other use cases, such as provider exchange and clinical decision support tools.

Currently, health care facilities often exchange documents containing health data using other mechanisms, such as direct messaging or manual methods like faxes. This approach often leads to wasted time for clinicians. API-based exchange could improve communication between providers by segmenting information for more targeted exchange and allowing for more timely and easier access to that information. Similarly, having recommended patient education content in the clinical workflow would significantly increase efficiencies and reporting.

Patients prefer email and text

For many CNOs and CMIOs, sending education to the patient portal is not seen as compelling or sufficient on its own, as they are not sure patients access and use these resources. Email and text communication are attractive but raise concerns about workflow and complexity.

Giving access to specific collections of content to patients via QR codes is seen as a great option by nurses. The must-have for CNOs and CMIOs: write-back to the EMR with specific history of the activity.



Most consumers want updates from providers by email*

1. Email is the most preferred communication channel for all generations
2. Text becomes less attractive as age increases
3. Online patient portals are the second-best way to communicate with older consumers

*How Covid-19 Has Changed Consumer Communication, Safety, and Site of Care Preferences. June 2020 Survey. Advisory Board. https://www.advisory.com/topics/consumerism/2020/06/covid19-consumer-behavior-and-preferences Accessed June 22, 2021

Be ready for more transparency with patients

In April, the "Interoperability and Information Blocking" rule took effect in the U.S., requiring doctors to give patients access to their notes.

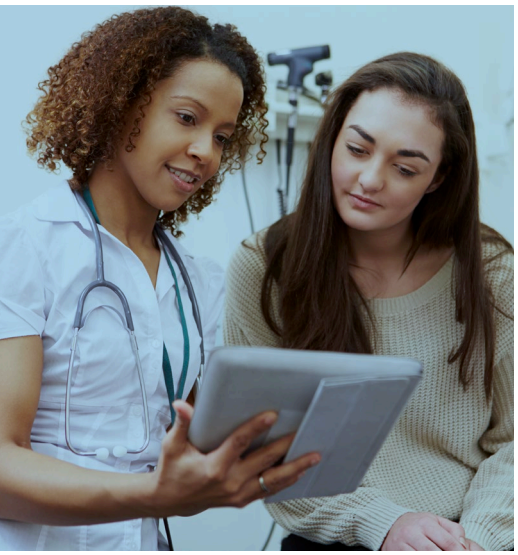
Proponents of the rule say that transparency with patients can help improve the relationship with doctors, and that if we really aim for patients to take "ownership of their care", then they need access to complete medical records.

Opening medical notes to patients isn't new. Take, for example, the OpenNotes initiative started at Beth Israel Deaconess Medical Center in 2010. More than 70 health systems have adopted the free exchange system via their EHR, and the organization reports that more than 55 million patients already have access to their notes—including 10.4 million who gained access in 2020.

"Research has shown that when patients have access to the information in their record, they become more engaged in their care. That, in turn, enables patients to better understand what they need to do next regarding follow-up care and being safe."

Catherine DesRoches, DrPH, Executive Director, OpenNotes, Associate Professor of Medicine, Harvard Medical School

While some concerns have also been raised, research shows that clinicians and patients are positive about the change.



Future-proof patient education is the foundation for activating patients and empowering clinicians

Neglecting to regularly assess the use and impact of patient education resources is just not an option. In a digital-first healthcare system where competition from new actors is fierce, there is no room for operational inefficiencies and ad hoc patient education resources.

Reliable and consistent patient education is foundational to running meaningful engagement strategies so people can make better decisions for their health, and for clinicians to spend more time caring for patients.

Redefining the core foundation and measures for impactful patient education will pave the way to more effective partnerships with patients and strategies that truly help people make better decisions for their health and wellness.

Contact us at
www.wolterskluwer.com/en/solutions/emmi/contact-us

[1] 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

[2] Analysis of 6,509 Patients. Centura Health. May 2014-Nov 2014

[3] Telehealth: A quarter-trillion-dollar post-COVID-19 reality? McKinsey article. July 9, 2021. https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality

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