



## **Creating Successful Patient Engagement within your ACO**

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**Most of the decisions affecting patient health don't take place in hospitals, the doctors' offices, or urgent care clinics. They take place within patients' lives—in their homes, workplaces, and schools; when they're at the grocery store, the gym, or out at a restaurant. If the goal of accountable care organizations is to improve health outcomes, then providers need to work with patients and help them become active participants in their own health care.**

**And that takes *patient engagement*.**

Care coordination is the foundation of the accountable care model, which creates incentives for providers to work together and help ensure “seamless, high-quality care” as patients move among different health care settings—from doctors' offices to hospitals, long-term care facilities, or home health care. This takes the involvement of services providers all along the continuum of care. But care coordination can only go so far without the participation and engagement of patients themselves.

“One of the big things the ACOs are trying to do is to increase patient involvement,” says Kent Bottles, MD, a physician executive who has spent time in the c-suites of several health care organizations, including Minnesota's Institute for Clinical Systems Improvement and the Iowa Health System, and currently consults, lectures, and blogs about health care improvement. Whether part of the Center for Medicare and Medicaid Services Shared Savings Program or affiliated with a health plan or health system, “there is a huge component of patient centeredness and shared decision making [in the ACO model]. The whole idea is to increase the involvement of patients and to increase the coordination of care so that patients don't fall through the cracks,” Bottles says.

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The federal definition of an ACO and the quality measures CMS uses to gauge ACO performance clearly recognize the importance of patient engagement in successful implementation of the model. Both Pioneer and shared savings ACOs must have a patient representative on the ACO board. As many as 24 of the 33 quality measures that ACOs must meet for their share of the savings involve some aspect of patient engagement including: provider communication, patient education, encouraging healthy habits, or reaching out to populations at risk for certain diseases. Health plans will likely come up with similar measures to determine how well ACO providers are doing on this critical aspect of care.

But there's another, more compelling reason to engage patients in their own care and ensure they have the knowledge and skills to manage their health: It's the right thing to do, says Jessie Gruman, patient advocate and founder of the Center for Advancing Health based in Washington, DC. “99.99 percent of care is delivered by us to ourselves in our homes. It's unconscionable to not arm us with the tools and skills that we need in order to continue the trajectory that a clinician begins in the office or hospital... We are working at a considerable disadvantage when people don't give us the information we need, when we don't have a part in making decisions about our treatment, about our screening, about prevention.”

She believes “having the right information and the right discussion at the time of a medical decision, even a minor medical decision, is really critical.”

## Breaking down barriers

If only simply recognizing the importance of patient engagement were enough to achieve it. In the real world, though, it takes much more than a definition and some measurements to change the way patients and providers work together to achieve better health.

A January 2013 report from the American Hospital Association listed some of the obstacles to achieving patient engagement. These included:

- + Volume-based reimbursement system
- + Ambiguity surrounding the definition of the term and the strategies to achieve it
- + Current culture—both of the hospital and the patient
- + Low health literacy rates among patients
- + Lack of measurement tools

To this list, patient advocate Gruman would add at least one more: patients are usually ill when they come into the system. “When we are patients, we are sick, and that considerably diminishes our ability to act with full information, energy, and commitment,” she says.

Illness also affects patients’ ability take in information, Bottles adds. “There [are] some studies that show that patients remember only half of what the doctor told them—and half of what they remember is wrong.”



Theresa Lindahl, patient education team leader for Banner Health, a large nonprofit health care system operating in seven states, says that clinicians and health care administrators often underestimate the impact that health literacy—or the ability of patients to understand health-related information and make decisions based on that information—has on patient engagement. “If [patients] don’t understand what you’re trying to tell them, then they’re not going to follow through on anything.”

Lindahl also underlines the importance of the culture of the organization and how patients perceive their role in their own care. “You have to make sure that the patients feel safe in the environment they are in,” she says. Patients need to know that “it’s okay for them to ask questions if they don’t understand.”

## Finding what works

In a February 2013 Health Affairs article (see sidebar, page 7), Judith Hibbard, PhD, a researcher at the University of Oregon and her colleagues reported on several approaches that resulted in greater patient activation, a critical element of patient engagement. Most involved some aspect of patient education—tailoring and delivering clear and consistent content that meets the individual needs for support, skills, and information.

“[Innovative delivery systems] are improving care principally by tailoring coaching, education, and care protocols to patients at different levels of activation,” the article states. “Delivery systems are also making more efficient use of their resources by providing more support to patients who have a heavy disease burden and limited self-management skills.”

Across the country, health care organizations are trying different methods of increasing patient engagement. The variety of efforts and approaches demonstrates the complexity of the challenge as well as the ingenuity and dedication of health care organizations. Here’s a sampling:

Just like it takes two to tango, there are two sides to patient engagement.

Judith Hibbard, PhD

### 1. Involve patients in policy making and decisions about patient engagement activities:

When he works with ACOs, Bottles focuses first on creating a compact between doctors, patients, and administrators that answers the question, “If we’re going to put the patient in the center of everything, what does that really mean?” To do this, he brings representatives of each of these groups together to discuss what it really means to be patient-centered and to outline expectations and responsibilities. The point is to stop and think about the things we do each day and how that affects patients. “A lot of times, no one has ever really thought about it,” he says. “A lot of times, people don’t know that they’re not encouraging shared decision making.”

Bottles says that as the result of these meetings, some organizations have made radical changes, like abolishing visiting hours and including patients and their families in rounds. These types of changes shake up an organization and can pave the way for culture change. They can also encourage patient engagement and raise patient satisfaction scores.

Banner Health involves patients on several levels in both its ACO and other operations. For example, Banner runs ideas and educational materials past their community board, as well as asks volunteers and patients attending health classes to evaluate patient materials. “If you’re redesigning the information that you’re giving patients, you

need to give it to patients...because what makes sense to us as providers doesn’t necessarily make sense to the end user,” explains Lindahl.



Susan Lanese, executive director of Clinical Integration and chief compliance officer at St. Francis HealthCare Partners, says it’s also important to involve a cross-section of staff members, especially those who have the most patient contact. “Nurses can be a great source of information, and I don’t know that we always engage them to the level that we could,” she says. “They have great ideas on what patient perceptions are. It’s very helpful to understand what [nurses have] learned about how we can best educate our patients.”

## 2. Provide consistency throughout the continuum

Banner Health's efforts to provide consistent patient education across the continuum of care started independently of the formation of the Banner Health Network Pioneer ACO. But, Lindahl says, the initiative fits right in with the ACO's goals. "One of the basic concepts of what we're trying to do with the ACOs is to coordinate better care and work together so that we're treating an individual patient consistently across multiple settings," she explains. "Whether it's in the doctor's office, the hospital, long-term care facilities—we all need to be on the same page."

"If you provide different material to patients in those different settings, you're not going to encourage self-management," she says. Doing so could lead to higher health care costs and poorer health outcomes. "If they're getting different messages, patients don't know what to do. They get frustrated and confused, and they don't want to be engaged with their care. They give up."

St. Francis' ACO's patient engagement committee came to a similar decision when choosing patient education materials that would meet the needs of clinicians as well as a diverse patient population. The committee, which includes both patients and clinicians, decided to use the same patient education company employed by St. Francis Hospital, which ensures a continuity of message and content throughout the health care experience. The same information will be available on the ACO website as well as on the patient portal when both are up and running later this year.



This approach, Lanese says, balances personalization with standardization. St. Francis—like most health care organizations—serves a diverse patient population, representing many different languages, cultures, and economic situations. Clinicians need to have materials available to meet a wide range of situations. "It's important that [clinicians] are able to choose [materials] based on the patient needs," Lanese explains, while also ensuring some level of standardization. Getting these materials from one source helps insure a consistent message. "The last thing we want to be doing is using a thousand different pieces of educational material for our patients and not engaging them with the same voice," Lanese says.

Lindahl says that as part of developing their patient-centered medical home, her organization did a community assessment and identified three major language groups in their patient population: English, Spanish, and Vietnamese. Knowing this, Banner ensured that all facilities now have easy access to patient education materials in at least these three languages.

## 3. Assess patient activation

Many ACOs are using Hibbard's Patient Activation Measurement (PAM) or other patient activation assessments to determine how best to approach patient engagement and patient education. For example, in an article in the February 2013 issue of *Health Affairs*, Hibbard and her colleagues reported that Fairview Health Services has a patient activation measurement assessment in the initial registration process for all patients. Front desk staff or med techs screen patients and enter the PAM score into the electronic health record at each visit. Clinicians then use that score along with motivational interviewing techniques—counseling techniques designed to discover and encourage a patient's own internal motivation to change—to work with the patient and develop a care plan that



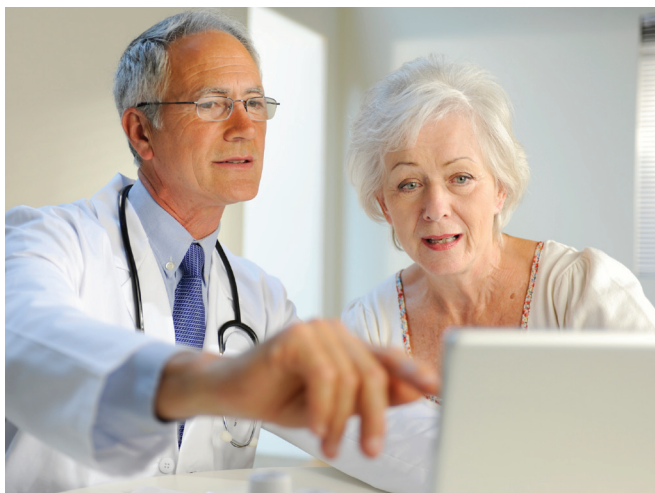
matches the patient's current activation level. The score also comes into play at hospital discharge; the health system targets those with lower activation scores with additional support once they're home.

St. Francis ACO has also integrated patient activation scores into the patient education and engagement process. According to Lanese, the ACO employs a nurse navigator and health coaches to work with patients, giving priority to those who are in greatest need—often patients with more than one chronic disease and frequent users of emergency health care.

The first step in the process is to determine how ready the patients are to take an active role in maintaining or improving their health. The health coach asks a series of questions to determine patients' readiness to change behaviors. If they're not ready, the health coach lets them know she'll check back with them in a few weeks—and gives them patient education materials that provide background information on their conditions or lifestyle changes they should make to improve their health. The next time the health coach calls, "many times, [patients] will be interested in discussing [their health] a little bit further," Lanese says.

#### 4. Provide relevant information

When patients indicate a readiness to change behaviors and become more active in their care, the health coach or clinician has to be ready to make the most of the opportunity—and that means having information on hand that directly relates to the patients and their particular situations. "The only way you can engage patients and help them learn how to be responsible for their own care is to make sure you have face-to-face or very interactive education pieces that [they] can learn from," Lanese explains. "It's important that you provide information that's meaningful to the patients, that's at a level of their health literacy, and at their reading level. If you don't have that information at the right level for that particular patient, then nothing is learned."



#### 5. Target transitions

Transitions between health care settings can be tricky, but patient engagement can help them go more smoothly, resulting in reduced medical errors and fewer unnecessary readmissions. Because of this, many health care systems are targeting transition times for special patient education efforts.

"Our discharge planning starts at admission," says Lindahl. Ideally, she says, all patients' physicians should be preparing them for their stay and "helping them understand their plan of care."

"It's all about how we hand off our care of the patient to the next level," Lindahl continues. "I think one of the most important parts at discharge is making sure patients understand why they were [in the hospital], what they were treated for, and what they need to do to manage it," including what medications they're taking and when they should follow up with their doctors.

Banner has developed clear and easy-to-understand action plans that patients with conditions putting them at high risk for readmission receive during discharge. These conditions include heart failure, chronic obstructive pulmonary disease, and diabetes. Using green, yellow, and red color-coding, these materials explain how to manage their conditions, when to call their physicians, and what they can do to promote healthy lifestyles.

## 6. Foster better provider-patient communications

Banner ensures that all clinicians receive annual training on techniques that are proven to engage patients and improve health outcomes.

“If you look at readmission data and those evidence-based practices that are supposed to decrease admissions,” Lindahl says, “one of those practices is ‘teach back,’” or asking the patient to say in their own words what the clinician has explained. “It should be ongoing throughout your encounters with patients.”

Bringing providers around to the importance of communication and patient engagement is “much like educating a patient,” Lanese says. “You start engaging on the concept of having one vision and one voice and one direction for clinical integration and being very patient-centered. I think that creates a culture that is more willing to understand how to look at value in respect to the patient as opposed to ‘We’re a hospital and this is how hospitals do it.’”

The move towards accountable care systems is just one of many changes afoot in our health care system. “There’s a lot of uncertainty right now in health care,” Bottles says. “ACOs are just one of many pilots to decrease per capita cost and increase quality.” The moves towards employed-physician models, meaningful use of electronic health records, health information exchanges, and universal health insurance all combine to create unprecedented change and pressures on health care systems, providers, and patients.

“This is really hard work,” Bottles says. “It’s really hard work to get patients more involved and it’s really, really hard work to hit all those quality metrics and do it with spending less money.” It’s too soon to tell which strategies will work best, he says, but patient engagement and patient education are essential components.

Patient engagement, Bottles says, is “just one part of a huge puzzle that includes all sorts of other things, like payment reform, different employment strategies, or being part of larger system,” he explains. “This transformed health care delivery system is just beginning.”

### The Relationship between Patient Engagement and Patient Activation

Just like it takes two to tango, there are two sides to patient engagement. Patient engagement includes actions taken by individuals to understand and seek treatment for their health conditions as well as actions taken by health care providers to promote patient involvement in understanding and seeking that treatment.

The two go hand in hand, but the real gold is in the first part of the equation, also called “patient activation,” a term coined by Judith Hibbard, PhD, a researcher at the University of Oregon. She defines activation as the knowledge, skills, and confidence that patients bring to their health and health care. Hibbard and her colleagues also have developed the patient activation measurement (PAM) that gauges to what extent patients see themselves as the “managers of their own health care.”

The February 2013 Health Affairs issue that focused on patient engagement included two articles on patient activation. One explored the link between activation and health outcomes and care experiences. The other looked at the relationship between activation and the cost of care. Both presented preliminary evidence that patients who have more knowledge, skills, and confidence in navigating the health system and managing their own health have better outcomes and incur lower costs than those who do not have these traits.

Luckily, they also found that providers can do a lot to increase patient engagement and activation.

“It is important to integrate patient engagement strategies into all efforts to improve the effectiveness and efficiency of care,” the researchers write. Innovative health care providers are “including patients as part of the solution, recognizing that high quality care should help patients gain the skills, confidence, and knowledge they need to manage health.”

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