Strengthening Chronic Care

Patient Engagement Strategies for Better Management of Chronic Conditions

Trying to improve patient outcomes while limiting spending is challenging. But that is exactly what is expected of healthcare organizations today.

Financial pressures and performance demands are driving provider organizations to look for ways to maximize revenue and improve health outcomes for less. Better management of chronic care is an obvious solution because of the extreme cost burden of treating chronic conditions.

This report, *Strengthening Chronic Care*, shares findings from two West surveys on chronic disease management. The first survey, conducted by Kelton Research on behalf of West, collected insights from 502 adults in the U.S. that have at least one chronic health condition and have been hospitalized as a result of a chronic illness. The second survey was administered by West and targeted 417 healthcare providers. Survey responses helped identify some of the problems surrounding chronic care, and what it will take to address those issues.

West's survey findings revealed that patients need to have a better understanding of how to manage chronic conditions. More specifically, patients need (and desire) more support from healthcare teams to ensure proper management of chronic conditions. By working to become active partners in chronic disease management, healthcare organizations and providers can drive better patient outcomes and see financial benefits.

The Financial Case for Better Chronic Disease Management

Chronic disease is costly for hospitals and health systems since patients with chronic health conditions have been found to have higher hospital readmission rates. In fact, the most frequent reasons for readmission are often related to chronic health conditions.[i] Unfortunately, preventable hospital readmissions are estimated to account for more than $17 billion in Medicare expenditures annually. And, some of those Medicare costs are passed onto hospitals in the form of readmission penalties. In fact, readmissions are estimated to cost hospitals $528 million in Medicare penalties for the 2017 fiscal year.[ii] Under the Hospital Readmission Reduction Program (HRRP) around half of the hospitals in the U.S. were assigned payment penalties last year. And, if hospitals and health systems don't get a better handle on managing patients with chronic conditions, they are going to continue to pay the price.

Effective chronic disease management leads to better clinical outcomes, and better outcomes impact public opinion – another factor that can cost hospitals money. Healthcare consumers can access information from the Hospital Compare website and other sources, and then use the information to make decisions about where to go for care. Public reporting data allows consumers to see information about patient experiences, the timeliness and effectiveness of care, complications, deaths, and more. Hospitals want to be able to demonstrate exceptional outcomes to earn consumer confidence and attract revenue, and chronic care management factors into that equation.

Preventable hospital readmissions are estimated to account for **more than $17 billion** in Medicare expenditures annually.[i]

To prevent readmissions, avoid penalties, attract patients and protect themselves financially, providers must do a better job of managing the health of chronically ill patients. There is a direct relationship between a healthcare organization's outcomes and financial health. Therefore, hospitals, health systems and other provider organizations need to work to implement improved chronic care programs and work with patients to achieve the best possible clinical outcomes.

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Patients Struggle with Managing Chronic Conditions

Coping with the challenges of chronic disease is hard for patients. Simply being diagnosed with a chronic condition can cause a great deal of stress, worry, and emotional pain. Wrestling with difficult emotions while also trying to manage symptoms and follow care instructions can be overwhelming. On top of that, patients lack a lot of the knowledge and confidence they need to successfully manage their conditions. The combination of these factors makes it easy to understand why patients are struggling to keep their chronic conditions in check.

Fear, anxiety, stress and depression top the list of emotions commonly experienced by chronic patients. Approximately one in five feel anxious (21%) or frustrated (20%) dealing with their disease. A quarter of patients (26%) experience physical exhaustion after being diagnosed with a chronic condition, and more than one in five patients (23%) have difficulty sleeping.

Chronic Disease Weighs Heavily on Patients

26% of patients experience physical exhaustion after being diagnosed with a chronic condition.

24% of patients feel angry upon being diagnosed with a chronic condition.

23% of patients have difficulty sleeping after receiving a chronic disease diagnosis.

Struggles Linked to Obesity Diagnosis

52% of patients feel depressed after receiving a diagnosis of obesity.

48% of patients feel anxious and stressed after being diagnosed with obesity.

24% of patients diagnosed with obesity feel isolated and that they are on their own.

Stress and emotions may be high in patients with chronic conditions, but knowledge of chronic disease management is low. Both healthcare providers and patients agree that sufferers of chronic diseases often do not know the proper ways to treat their conditions. Patients say they desire more guidance on what to do at home, and many admit they are unaware of the best treatment methods and could be doing more.

Handling an unfamiliar condition is no easy task. This is particularly true for the large percentage of patients who feel they lack the knowledge needed to successfully manage their health. Nearly two in five (39%) patients admit they're only somewhat knowledgeable, at best, about how to effectively manage their chronic condition.

Disease Management Knowledge is Lacking

39% of patients admit they're only somewhat knowledgeable, at best, about how to effectively manage their chronic condition.

A patient who has never had diabetes, for example, is not likely to know how to take a blood glucose reading, or what that reading means once collected. That patient may not know how to follow a healthy diet, or what symptoms signal a need for immediate medical attention. This knowledge gap is not something patients can overcome on their own.

A big part of the problem is that many patients do not have a good grasp of health metrics. This means that a patient can know that their current health is not good, and yet not understand where their metrics fall on the spectrum of healthy to unhealthy. More than two in five patients (43%) confess they are only somewhat confident, at best, that they know their actual health metric numbers. What's more, healthcare providers believe patients are even less informed than they claim to be when it comes to knowing their blood pressure, cholesterol, weight and other health metrics. A majority of providers (75%) feel only somewhat confident, at best, that their patients are truly informed about their present state of health.

Patients Unaware of Their Current Health Metrics

43% of patients with a chronic condition are only somewhat confident, at best, they know their current health metrics. (e.g. blood pressure, cholesterol, weight)

75% of healthcare providers believe patients are not entirely aware of their current health metrics.

Ideally, all patients with chronic illness would not only know their own health metrics, but they would also know their target numbers and what they must do to reach optimal health. While some patients are aware of their health goals and targets, more than a third (35%) are either not at all confident or only somewhat confident that they know what their health metrics should be. Blood pressure readings are a perfect example of this. A patient may be told during an office visit that his blood pressure is 135/88, but that reading does not necessarily make sense to the patient. Patients should know what their numbers mean so they can effectively manage their health, yet many do not.

Forty-four percent of patients are only somewhat confident, at best, they're effectively managing their condition. And over half (59%) of patients with a chronic illness do not feel they are doing everything they can to manage their condition. This may be why one in five (20%) patients would rate their ability to manage their condition as fair or poor at best.

Getting patients to understand the significance of actual and target health metrics is essential for reducing complications of their conditions. The fact that a lot of patients (and their healthcare providers) are not confident they understand basic pieces of information necessary for managing their health signals a need for more and better disease management support from providers. When healthcare providers engage patients and work to boost their knowledge of chronic disease management, patients can more confidently take steps to improve their own health. Better patient health outcomes reduce unnecessary hospital admissions – and that translates into fewer financial problems for provider organizations.

Patient Confidence Is Low

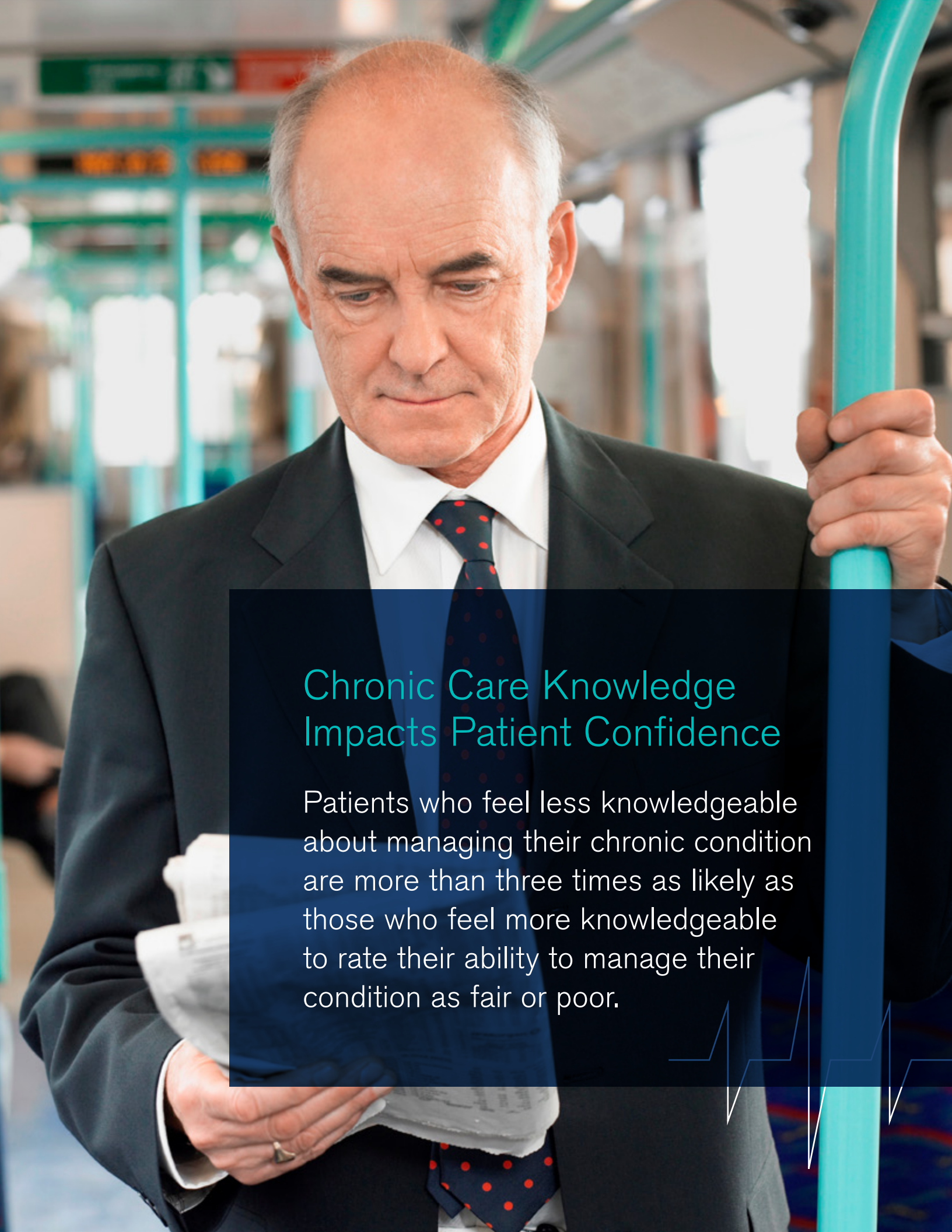
35% of patients with a chronic condition are not sure what their target numbers are for key health indicators like blood pressure, cholesterol, and weight.

67% of healthcare providers believe patients are unsure of their target health metrics.

44% of patients are only somewhat confident, at best, they're effectively managing their condition.

59% of patients with a chronic illness do not feel they are doing everything they can to manage their condition.

20% of patients rate their ability to manage their condition as fair or poor at best.



Chronic Care Knowledge Impacts Patient Confidence

Patients who feel less knowledgeable about managing their chronic condition are more than three times as likely as those who feel more knowledgeable to rate their ability to manage their condition as fair or poor.

Women Feel Less Confident Managing Chronic Conditions

The personal effects of chronic disease are different for everyone. Women and men, for example, have different responses to chronic illness. It is common for women to feel more stressed and uncertain about chronic disease management. Because women feel less confident about managing chronic conditions, they may be more inclined to want and seek help from their healthcare providers.

- Many women struggle with keeping track of their health. More women than men feel only somewhat confident, at best, about what their health metrics are (51% vs. 34%) or what they should be (41% vs. 28%).
- In fact, women are less likely than men (52% vs. 61%) to feel extremely or very confident they are effectively managing their chronic condition.
- Women are also more likely than men (26% vs. 15%) to feel anxious or stressed managing their condition.
- However, women are more likely to acknowledge when they need chronic care help.
- Women are more likely than men (55% vs. 46%) to say experiencing symptoms of their condition is a warning sign they need medical care following hospital discharge.
- This could potentially be why more women than men desire an individualized treatment plan (37% vs. 28%), plus tips and tools to better manage their condition (38% vs. 24%).

It is important for healthcare providers to understand the different reactions women and men have to chronic disease, so they can respond appropriately to women's needs and expectations. Since women tend to want more chronic care assistance, providers should consider how they can do more to engage and support female patients.

Patients Say They Could Better Manage Their Health with More Provider Support

Providers can improve health outcomes by providing patient-specific support outside of the clinical setting. As mentioned earlier, nearly six in ten (59%) patients with a chronic illness do not feel they are doing everything they could be doing to manage their condition. Providers can help patients do a better job of managing their health by supporting patients, not just during office visits, but also at home – where patients say they need the most help.

At least 70 percent of patients with a chronic condition would like more resources or clarity on how to manage their disease, and 91 percent say they need help managing their disease. Patients are getting support from providers now, but that occurs mostly while they are sitting face to face in a physician's office. While office visits are important, chronic patients really want more provider support at home.

Chronic Patients Desire More Support

70% of patients with a chronic condition want more resources or clarity to help manage their disease.

91% of patients say they need help managing their disease.

At home and in daily life is where patients need reminders to follow care plans. And this is exactly where small problems can go undetected and grow into large problems that send patients to the emergency room. For these reasons, patients desire additional touchpoints with their providers and solution-oriented options between visits.

Overall, 39 percent of patients indicate that they are likely to need help managing their condition between appointments. Patients who received their diagnosis somewhat recently are more likely than those diagnosed with their condition six or more years ago (44% vs. 32%) to want help managing their chronic condition at home. Approximately 40 percent of patients suggest that when they start experiencing symptoms is the time when they need help from their healthcare team, and 36 percent of patients want help when they are in pain.

Although patients would like their healthcare team to make more of an effort to support them with ongoing disease management, unfortunately, not all providers realize that. Two-thirds (66%) of providers reported that they believe patients can effectively manage their chronic conditions. Patients are less confident in their abilities than providers are, so patients may be struggling without their providers even realizing it.

By extending support to patients between appointments, and providing them with information and techniques that can be used to manage chronic diseases, providers may be able to greatly impact the emotional and physical health of chronic patients, improve health outcomes and reduce hospital readmissions. In fact, close to a third of patients say a better understanding of how to change unhealthy behaviors (35%), a more individualized treatment plan (33%) or tips and tools to better manage their condition (31%) would help them be more effective in their treatment. Plus, 88 percent of patients who desire assistance managing their condition say help with their treatment would make a difference in their overall state of health.

When and Where Patients Need Support

39% of patients need the most help managing their condition at home and in daily life.

40% of patients need help managing their condition when they begin having symptoms.

36% of patients need help managing their condition when they have pain.

Not only do patients want providers to reach out and extend support beyond the clinical setting, they would also like more personalized information about chronic conditions. Two in three (66%) patients say their healthcare provider only supplies them with general (rather than tailored) information. But patients prefer to receive information that is specific to their needs and goals. And, sixty percent (60%) feel they spend more time discussing their symptoms than ways to manage their condition.

Supporting patients with more targeted information about chronic conditions enables providers to positively impact health outcomes. As an example, 41 percent of patients diagnosed with obesity said that having targeted information that teaches them how to make changes in their life and improve unhealthy behaviors would help them manage their chronic condition more effectively.

Beyond information, another thing patients feel could positively impact health outcomes is check-ins from providers. Three-quarters (75%) of chronic patients want their healthcare provider to touch base regularly so they can be alerted if anything looks off. And, patients admitted to the hospital three or more times are more likely than those who have been admitted fewer times to want a weekly or twice-weekly check-in.

Three in five (63%) patients say their healthcare provider asks questions during regular visits, but only 30 percent of patients report receiving regular check-ins to review progress. While 7 out of 10 providers indicated that they check in with patients to monitor chronic conditions, only 21 percent of healthcare teams do so consistently. Considering more than one in five patients feel they need 24-hour assistance managing their chronic condition, more regular check-ins appear to be necessary.

Opportunity To Impact Overall Health

88% of patients who want assistance managing their condition say help with their treatment would make a difference in their overall state of health.

Personalized Disease Management Information Is Valuable

Two in three (66%) patients say they do not get valuable personalized information from their provider. Instead, they receive very general information.

Only 12% of patients with a chronic condition insist their healthcare provider is doing a good job of delivering information tailored to their specific needs and condition.

60% of patients feel they spend more time discussing their symptoms with healthcare providers than ways to manage their condition.

There are several reasons why checking in with patients between visits is an effective chronic care strategy. One reason is that, in addition to information and medical advice, patients need encouragement. Medical teams can provide that through patient outreach. A lot of times patients want to make lifestyle improvements and change behaviors for the better, but even after they have been given knowledge to help them do that, they struggle. A quarter of surveyed patients said they felt motivated to change upon receiving a chronic disease diagnosis. However, after being hospitalized as a result of a chronic illness, the motivation to change decreased. Only 16% of patients reported feeling motivated to make changes to improve their health after being admitted to the hospital because of a chronic medical condition. Providers can help support and motivate patients that want to change, especially through times of adversity – and outcomes are better when they do.

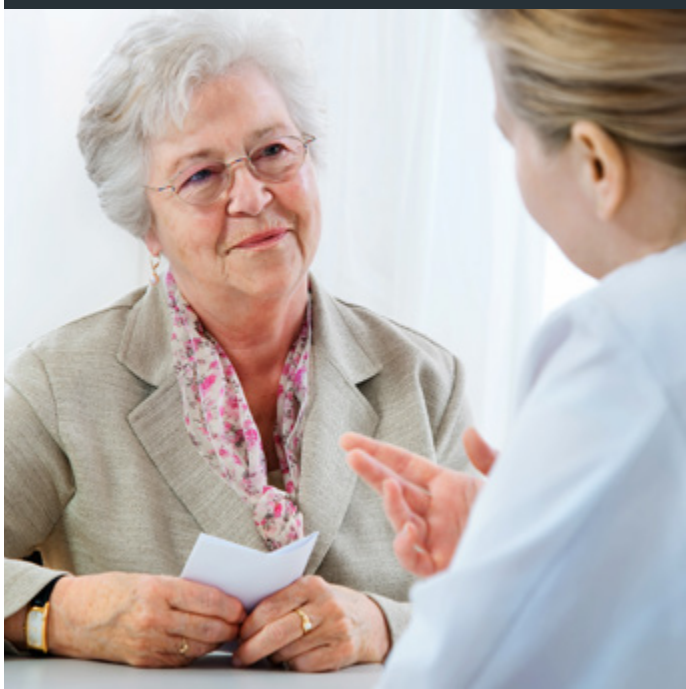
There are opportunities for providers to improve patient outcomes if they are willing to do more to engage patients with chronic conditions. Expanding efforts to proactively reach patients where and when they need support can prevent some of the need for acute care. This is good for patients, and also for providers that earn reimbursements based on care quality.

Provider Check-Ins Are Crucial

54% of patients feel a weekly or twice-weekly check-in from their provider would be valuable.

1 in 5 patients feel they need 24-hour assistance managing their chronic condition.

21% of providers say they regularly and consistently check in with patients to monitor chronic conditions.



Millennial Chronic Sufferers Will Change the Way Providers Engage Patients

Millennials do not want chronic conditions to stop them from living life to the fullest. Therefore, they expect healthcare providers to be very proactive about chronic disease management. This group of patients wants regular communication and support. But according to patient feedback, providers are often much more reactive than young adults with chronic conditions would prefer.

- Millennials are nearly twice as likely as non-Millennials (44% vs. 25%) to feel their provider is reactive about chronic disease management.
- Millennials are more likely than other age groups to feel anxious, stressed or frustrated managing a chronic health condition.
- Millennials who have been admitted to the hospital are more likely than their older counterparts (56% vs. 36%) to feel uncertain of what to do after being discharged.

These findings indicate Millennials may not be getting the right support from their providers. It's also a sign of how the provider-patient relationship is changing. Millennials desire a proactive approach to chronic care, and future generations will likely expect the same. Therefore, healthcare providers need to begin adopting a more proactive approach when treating patients of all ages with chronic conditions.

Engagement Tools and Strategies for Better Disease Management

Chronic care providers need to adopt new tools and strategies as they attempt to collaborate more with patients and engage them to improve chronic disease management. Efforts that engage patients and invite active participation need to be a priority. Tailoring communications for individual patients, using surveys that allow patients to report information about their health, and monitoring patients with biometric devices are three actions providers should take to improve chronic care. In order to implement these strategies, providers need to leverage technology so they can scale up efforts that may have been performed manually, and efficiently engage populations of patients.

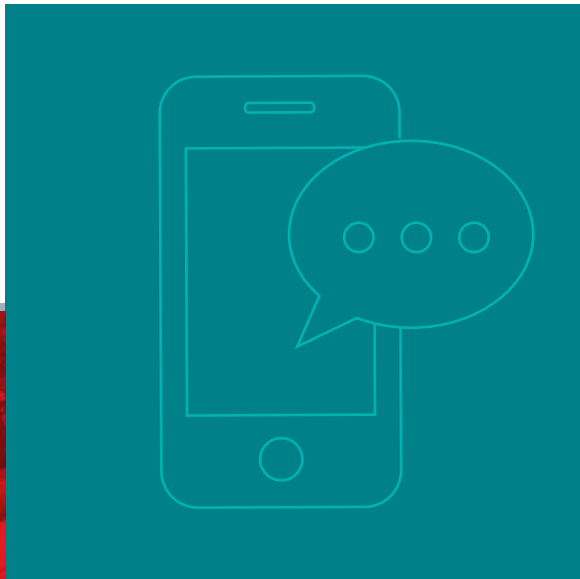
Tailored Communications

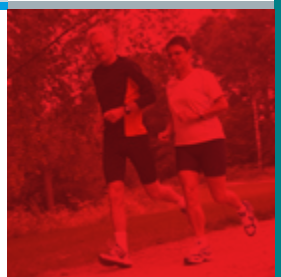
As this report previously highlighted, patients expect providers to make chronic care efforts more personalized. Chronic care providers can maximize appointment reminder technology to make communications more targeted by doing the following:

- Using information from health records to provide patients with tailored chronic care information.
- Personalizing all communication and reminders, and using email, voice and text messaging to connect with patients via their preferred form of communication at preferred times.
- Offering patient-specific motivation based on the unique goals and needs outlined in their care plans.

Some patients are more knowledgeable about their condition and what they need to do to maintain good health. Others are much less knowledgeable about what they should be doing to self-manage their condition. Part of tailoring communications involves identifying patients that need more support, and giving them more information, more frequently. Providers need to work to achieve the right amount of communication and the right timing – and that could be different for each patient.

Another part of tailoring communications for patients involves taking into account their unique goals. Providers spend a great deal of time developing care plans for individuals, and communications should reflect those plans. One patient might want to maintain their health so they can live longer and have more time with grandchildren. Another patient might have aspirations of running a marathon. The steps they need to take to achieve those goals are likely different. By acknowledging the diverse goals of patients, and matching communications to care plans, providers can deliver more targeted and meaningful messages to engage and support patients.





Patient Surveys

Surveying patients is an effective chronic care strategy. Automated surveys allow providers to monitor patients in their home environment, escalate cases where patients are at risk, and intervene before patients reach the point of needing acute care.

Right now, surveys are underutilized by providers. When providers were asked how they monitor the health of patients with chronic conditions:

- 42 percent indicated they ask questions during in-person visits.
- 27 percent reported they have a nurse or other healthcare professional from the medical team check in with patients outside of the clinical setting.
- 14 percent said they personally check in with patients to monitor progress.
- 5 percent of stated they use survey check-ins that ask questions specifically about treatment plans.
- 4 percent of providers said they send patients information regularly in the mail, online or electronically (e.g., text, email) to help patients learn more about, and better manage chronic conditions.

Many providers do not fully realize the benefits of using patient surveys, nor do they know that their existing appointment reminder technology can be used to execute patient surveys. The examples to the right show ways providers can use survey features on their appointment reminder technology to expand monitoring efforts for patients with different chronic conditions.

Congestive Heart Failure Patient Survey
In order to monitor patients with Congestive Heart Failure (CHF), providers can assign a short touch-tone survey to patients with this condition. A typical survey for this patient group would include less than ten questions and be delivered to patients at home once or twice per week. After receiving an automated survey call, patients are directed to respond by pressing a number on their phone to answer questions about their current status. Because weight gain can indicate problems in CHF patients, the survey might instruct patients to:

- Press 1 if they are at their usual weight.
- Press 2 if their weight has increased up to 2 pounds from their usual weight.
- Press 3 if their weight has increased 3 to 4 pounds from their usual weight in the past week.

Patients might also be asked to respond in a similar way to questions about their sleep, whether they are experiencing swelling, or having difficulty breathing. The idea is to use known signs that indicate potential problems in CHF patients to identify issues before they turn into major problems for patients.

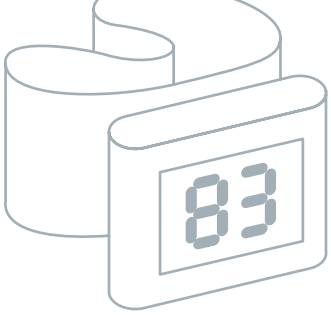
Chronic Obstructive Pulmonary Disease (COPD)
Providers can assign survey check-ins to patients with COPD. By doing this, providers can keep tabs on patients and their symptoms without having to see them for an office visit. A COPD survey check in might ask patients to:

- Press 1 if they can eat without being out of breath.
- Press 2 if they are slightly out of breath when eating.
- Press 3 if they are breathless when eating.

Based on the answers to this question and others about weight, appetite, energy, and sleep, a care manager might follow up with the patient or recommend the patient be seen immediately by a healthcare professional.

Information collected from surveys (like the ones outlined above) can be reported to providers automatically. Survey responses that indicate patients are at risk automatically trigger a response from providers. One of the top reasons (other than injuries) that people seek acute care is pain. So, surveying patients to ask about pain symptoms is an easy way to identify potential issues and prevent ER visits.

The survey approach to patient monitoring is more proactive and beneficial to patients and healthcare costs than traditional treatment methods that only generate a response *after* a patient shows up at the emergency room to receive care for serious symptoms.



Biometric Monitoring Devices

Monitoring devices are tools that provide additional opportunities to engage and monitor patients at home. Heart rate monitors, blood pressure cuffs, pulse oximeters, blood glucose meters and other monitoring devices can be used by providers to collect health readings remotely. Ultimately, what these devices do is allow providers to monitor patients, then escalate and intervene when necessary. While the technology is different, the benefits of using biometric devices to monitor patients are similar to the benefits offered by surveys.

Providers can utilize one-way monitoring devices that use sensors to capture and send information to healthcare teams. There is also potential to use two-way technology that automatically sends communications back to patients. Both types of devices help providers track patients at home, however, two-way monitoring offers greater potential for chronic care in the future.

There is limited access to two-way monitoring technology at this point, but providers are interested in gaining these capabilities. Survey responses showed that when providers were asked how useful they would find a two-way at-home device that collects data, reports data, and communicates information back to patients:

- 62 percent said it would be very useful
- 32 percent said it would be somewhat useful
- Only 6 percent said it would not be useful.

Along with providers, patients are also interested in monitoring that involves two-way communication.

Interest in At-Home Monitoring Devices

50% of patients believe one-way, at-home monitoring devices are very useful.

58% of patients believe two-way, at-home monitoring devices are very useful.

When asked to choose between a one-way and two-way monitoring device, **more patients prefer a two-way device (53%) over a one-way device (47%)**.

While half (50%) of patients feel an at-home medical device that measures their health using sensors and sends information back to providers for an evaluation would be extremely beneficial, nearly three in five believe a two-way at-home medical device that allows for additional communication would be useful. Ultimately, more patients prefer the idea of using a two-way at-home medical device to interact with their healthcare provider than a more basic one-way at-home device.

Because there is so much evidence to show that patients need and want support all the time – not just when they are face to face with providers – advanced monitoring technology (like surveys and biometric devices) and strategies that involve tailoring communications, are invaluable. By adopting these types of tools and strategies, providers can improve chronic care and drive better patient outcomes. When patient outcomes improve, unnecessary hospital readmissions and admissions decrease, patients have better overall healthcare experiences, and hospitals and health systems are able to earn more reimbursements and avoid penalties.

Final Takeaways

When patients are engaged in their healthcare, results are better for both patients and the healthcare organizations that serve them. By working together with patients as partners, providers can more effectively manage chronic disease. Successful chronic care produces the types of clinical outcomes that patients expect, and that healthcare providers need to thrive financially. It is in everyone's best interest for providers to adopt chronic care solutions and patient engagement strategies that lead to active partnerships with patients and better clinical outcomes.

About West

West's Engagement Center Solutions help organizations effectively activate and engage patients beyond the clinical setting. West's unique combination of technology-enabled communications and clinically managed resources are designed to improve patient engagement by solving complex communication challenges in four key areas along the care continuum: Patient Access, Routine Care, Chronic Care and Transition Care. By providing innovative technology and delivering meaningful and relevant communications, West enables healthcare organizations to optimize the patient experience, improve quality, maximize revenue and reduce costs.

West is a leading provider of technology-driven communications, serving Fortune 1000 companies and clients in a variety of industries, including: healthcare, telecommunications, retail, financial services, public safety, and technology.

Learn more about how West is changing healthcare:

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Sources

[i] Brigham and Women's Hospital. "Role of chronic medical conditions in readmissions." ScienceDaily. www.sciencedaily.com/releases/2013/12/131223114846.htm (accessed January 16, 2017).

[ii] Boccuti and Casillas, "Aiming for Fewer Hospital U-turns: The Medicare Hospital Readmission Reduction Program." The Henry J. Kaiser Family Foundation, Sept. 30, 2016 http://kff.org/medicare/issue-brief/aiming-for-fewer-hospital-u-turns-the-medicare-hospital-readmission-reduction-program/