

Patient Engagement Survey
**How to Hardwire Engagement into
Care Delivery Processes**

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Patient Engagement Survey: How to Hardwire Engagement into Care Delivery Processes



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Insights Report · May 2017

Advisor Analysis

Technology and social networks can help, but nurses and care teams remain essential, say NEJM Catalyst Insights Council members

For patient engagement to be truly effective, it must be integrated into the core of care delivery processes. While newer options for patient engagement are emerging, including tapping into a patient's social network and gathering data from remote and wearable devices, our latest NEJM Catalyst Insights Council survey finds that most organizations still expect care teams to do the heavy lifting.

Nearly two-thirds (63%) of Council members list "care teams devoted to complex patients" as their top approach to embedding patient engagement into care delivery. Care teams outpace technology tools (e.g., remote devices) and social networks (e.g., with other patients), which 44% and 24% of respondents say their organizations use, respectively. Our respondents also say care teams are the most effective method of engaging patients, with a combined 91% calling them extremely effective, very effective, or effective. Technology tools rate second with a total of 72%.

More than half of respondents (59%) believe that effective patient engagement has a major impact on quality of care, and 40% believe it has a major impact on cost of care.

As health care delivery organizations continue their efforts to positively influence patient engagement, they would ideally have care teams bear less of the load while technology tools and social networks provide more support. In support of this shift, survey respondents say "time investment by health care team" is the biggest challenge (indicated by 63%) in incorporating patient engagement into care delivery.

Patients are the most important participant in design efforts, Insights Council members say by a large margin (chosen by 91%). However, more than half (54%) cite patient adoption as the biggest design challenge.

So how do you get patients to take part in care design while also alleviating some of the time pressure on health care providers? (Nurses and care teams are considered the second most important participant in patient engagement design, at 63% of respondents, followed by physicians at 58%).

Organizations must learn to better leverage technology tools and social networks. The care team approach is personnel-heavy, making it costly to sustain. By using technology tools and social networks, that cost can be reduced while improving quality of care. And, when care delivery is designed well, patients are positioned to advocate effectively for their own care.

As one of us (KV) wrote in *The New England Journal of Medicine* in 2012, “Wireless technologies that can provide a kind of ‘automated hovering’ offer considerable promise in this area, in part because they may be less expensive and allow for easier daily monitoring and feedback than approaches involving clinical personnel.”

Two studies co-authored by KV, using financial incentives to promote patient adherence, show the value of a more patient-centered approach. One study involved peer mentoring for African

American veterans with diabetes; the other studied home health monitoring for patients with poorly controlled diabetes through wireless devices to measure glucose, blood pressure,

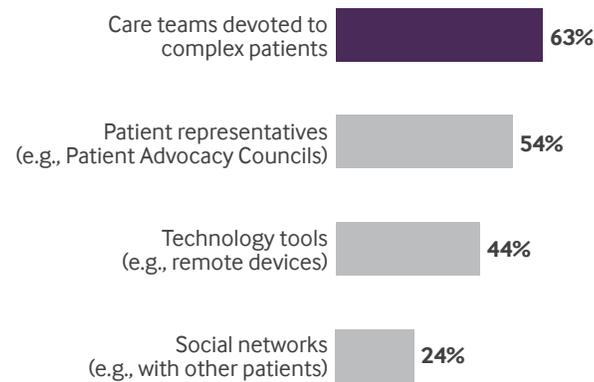
and weight. In both instances, patient adherence increased and health outcomes improved – with minimal extra work from clinicians.

Insights Council members, in their verbatim responses to the survey, acknowledge their desire for technology tools and social networks to play a greater role in patient engagement. “I would

incorporate the patient/family into all education processes related to care,” one respondent says. Another says organizations should “enable patients to contribute directly to their record and help curate their charts.”

The relatively low adoption of technology tools (indicated by 44% of respondents) and social networks (24%) within health care organizations constitutes a tremendous opportunity for improvement, which we expect to see in the near term. Most organizations have yet to use these approaches to a high degree. We expect that as they embrace these approaches, the task of fostering patient engagement will be better shared among care teams, family and friends, and technology.

Which approaches does your organization use to embed patient engagement into care delivery processes?



Base = 555 (Multiple responses)
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Patient Engagement Survey: How to Hardwire Engagement into Care Delivery Processes

by NEJM Catalyst

Insights Report · May 2017

Charts and Commentary

We surveyed members of the NEJM Catalyst Insights Council, comprising health care executives, clinical leaders, and clinicians, about current trends in hardwiring patient engagement into care delivery processes. The survey covers various approaches to embed patient engagement into care delivery, and rates their effectiveness; the most important participants and the biggest challenges in efforts to design patient engagement into care delivery; the most valuable means of capturing patient input; the most effective patient engagement tools, programs, and technologies; and the impact of good patient engagement on different aspects of health care. In total, 555 completed surveys are included in the analysis.

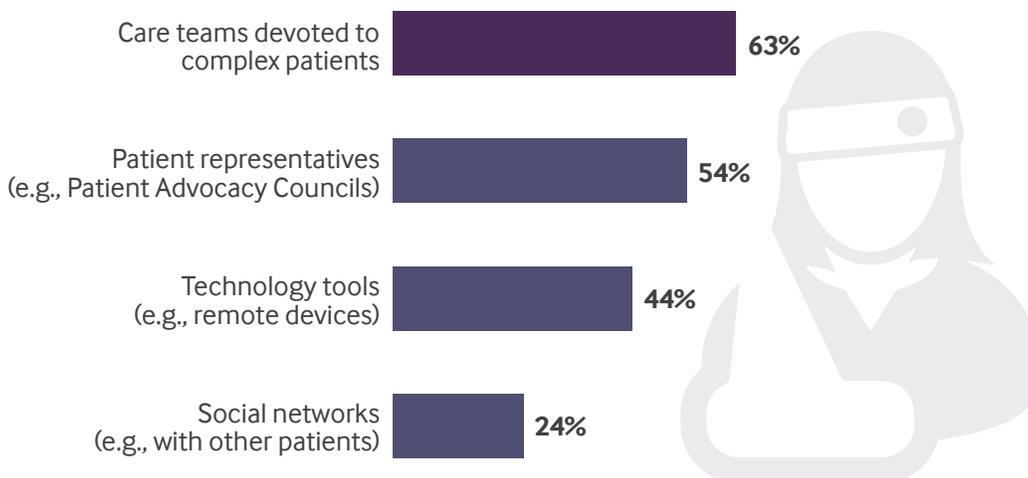
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More than half of respondents (59%) believe that effective patient engagement has a major impact on quality of care, and 40% believe it has a major impact on cost of care.

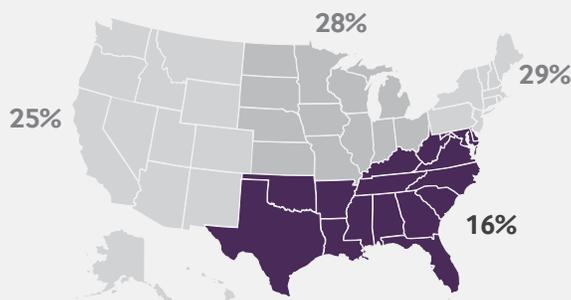
Care teams devoted to complex patients are the top approach to embedding patient engagement into care delivery, selected by 63% of respondents. More executives and clinical leaders than clinicians say their organizations use this approach. The same is true for use of patient representatives. Technology tools, which include remote devices, come out well down the list at 44%. And social networks – an approach that many in health care believe could increase adherence among patients with chronic conditions – are used by only 24% of organizations, with the South (16%) far behind the Northeast (29%), Midwest (28%), and West (25%) in use of social networks. One respondent adds that “physicians focused on innovative practices engaging patients directly” should be considered an important approach.

Care Teams Are the Leading Method of Embedding Patient Engagement into Care Delivery

Which approaches does your organization use to embed patient engagement into care delivery processes?



Far fewer respondents from the South than those from the Northeast, Midwest, and West use social networks to embed patient engagement into care delivery processes.



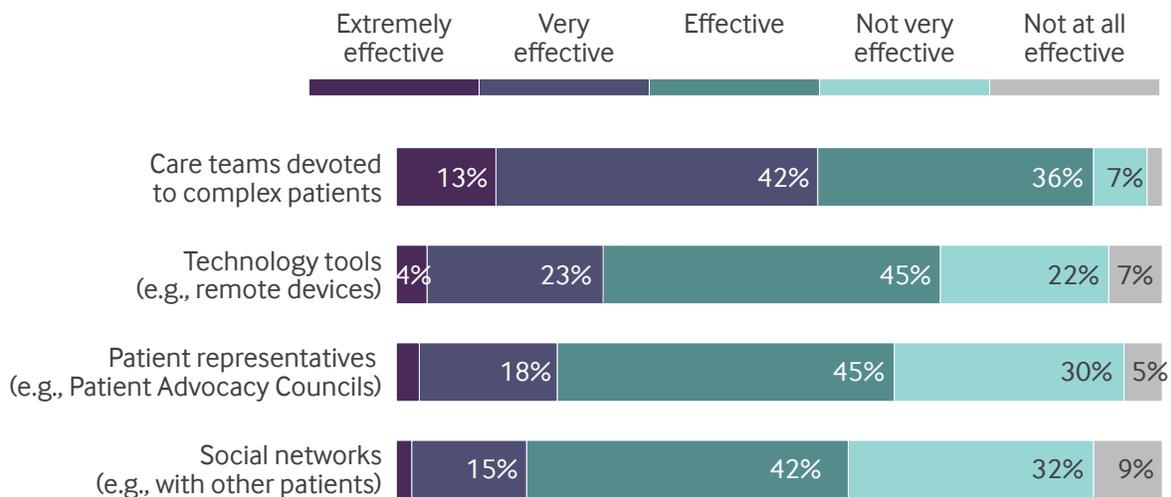
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Care teams, technology tools, patient representatives, and social networks all score well above 50% in effectiveness (including selections for effective, very effective, or extremely effective). Social networks are considered the least effective approach at 59%, which may be because they are currently the least used. Care teams devoted to complex patients receive overwhelming support, at 91%. More executives (77%) than clinicians (67%) rate technology tools as extremely effective, very effective, or effective. Executives also are more bullish on the effectiveness of patient representatives.

Care Teams for Complex Patients Lead Among Effective Patient Engagement Approaches

Generally, how effective do you consider each of these approaches to embed patient engagement into care delivery processes?



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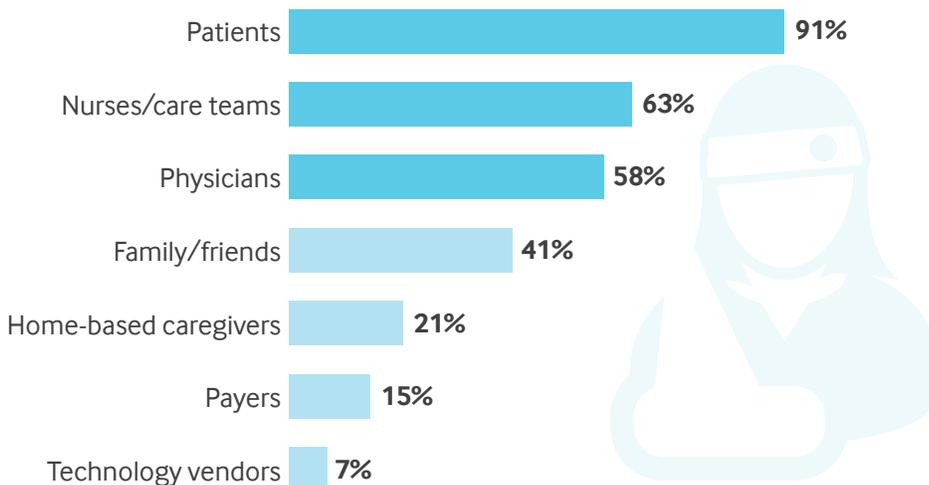


Care teams devoted to complex patients receive overwhelming support, at 91%.

Patients are the runaway leader as the most important participant in designing patient engagement into care delivery, well ahead of the second-place choice, nurses/care teams (63%). All respondent profiles – executives, clinical leaders, and clinicians – consistently agree that patients, nurses/care teams, and physicians are the top three most important participants. Payers (15%) and technology vendors (7%) are considered least important. As social networks and technology tools increase in popularity, family and friends (currently at 41%) and home-based care givers (at 21%) may increase in importance. “The ecosystem outside the clinic is the best opportunity to support patients in behavior, compliance, and outcomes,” an Insights Council member says.

Patients Are the Most Important Participant By Far in Designing Patient Engagement into Care Delivery

Who are the top three most important participants in efforts to design patient engagement into care delivery processes?



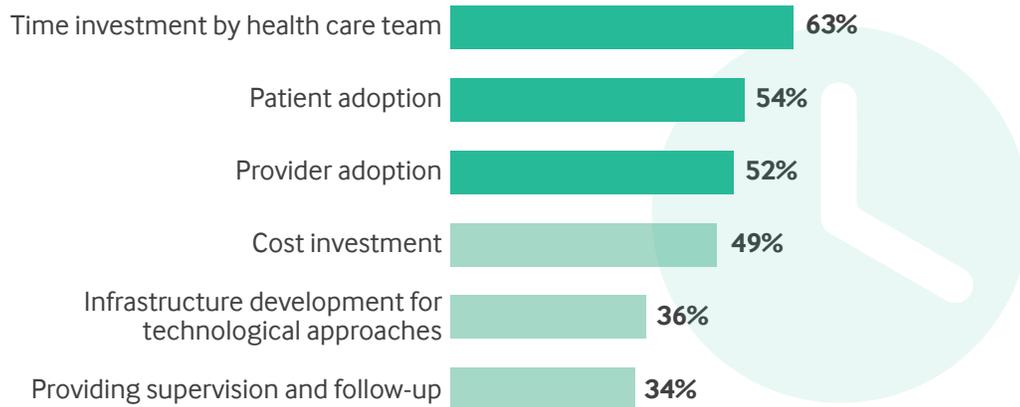
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All respondent profiles – executives, clinical leaders, and clinicians – consistently agree that patients, nurses/care teams, and physicians are the top three most important participants.

Time investment by the health care team is named as the biggest challenge in designing patient engagement into care delivery. One survey respondent goes further, citing a need for physician reimbursement for the time invested. “Right now, any patient portal queries, etc., are in addition to daily work volume and likely don’t get the time and attention they deserve,” the respondent says. Clinicians, who are on the front lines of patient engagement, view patient adoption as more of a challenge than do clinician leaders (59% versus 46%). A higher percentage of clinicians (57%) than clinical leaders (42%) and executives (40%) include cost investment among their top three challenges.

Time Is the Biggest Challenge in Designing Patient Engagement into Care Delivery, but Other Challenges Are Close Behind

What are the top three biggest challenges in designing patient engagement into care delivery processes?



A higher percentage of clinicians than clinical leaders see patient adoption as one of the top three challenges in designing patient engagement into care delivery processes.



59%
Clinicians



46%
Clinician Leaders

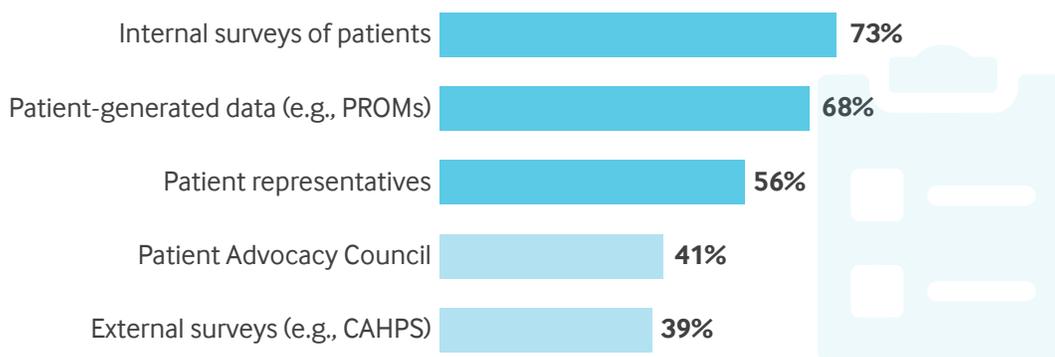
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Internal surveys of patients (chosen by 73% of respondents) and patient-generated data (e.g., patient-reported outcomes measures, or PROMs) (68%) lead the list of the most valuable means of capturing patient input. Meanwhile, external surveys (e.g., CAHPS) lag at 39%. In verbatim answers, respondents offer other valuable options they rely on, including apps and text messaging. Many are adamant that in-person interviews provide the most insight, while others say that existing tools for capturing immediate and valid feedback are lacking. One respondent calls for “a system for regular patient feedback, both positive and negative, to reflect interest of organization in utilizing patient perspective to improve access, experience, and efficacy of care.”

Internal Surveys and Patient-Generated Data Lead in Capturing Patient Input

What are the top three most valuable means of capturing patient input?



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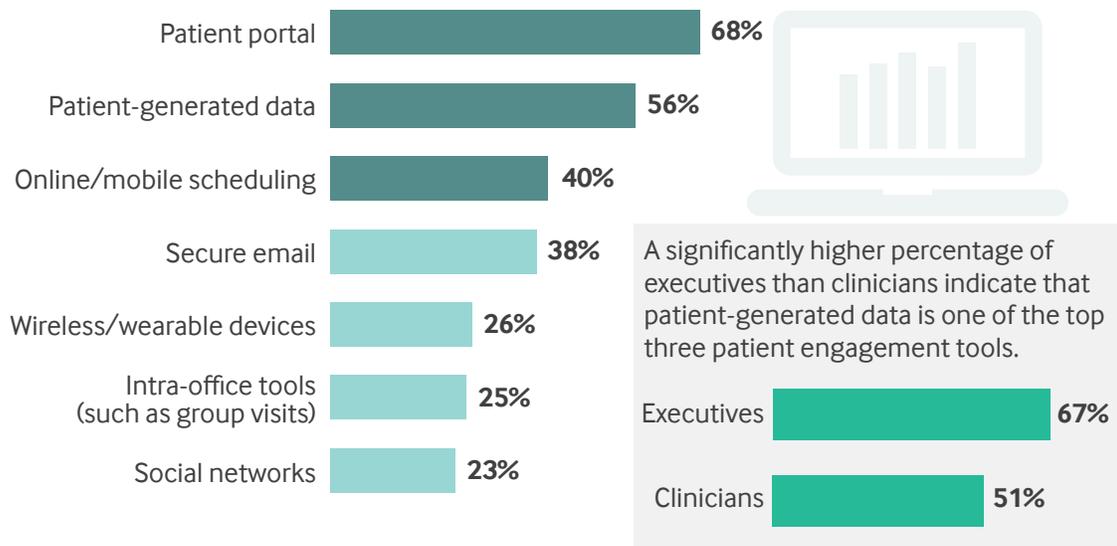


One respondent calls for “a system for regular patient feedback, both positive and negative, to reflect interest of organization in utilizing patient perspective to improve access, experience, and efficacy of care.”

The standard-bearers of patient engagement – patient portals (chosen by 68% of respondents), patient-generated data (56%), and online/mobile scheduling (40%) – capture the top three spots of most effective tools, programs, and technologies to embed into care delivery. A significantly higher percentage of executives (67%) than clinicians (51%) select patient-generated data as one of the top three patient engagement tools. More than half of respondents in the West rank secure email among their top three choices, compared to 34% in the South and 31% in the Northeast. When it comes to social networks, though, a higher percentage of respondents in the Northeast favor this option (29%), in contrast to respondents from the Midwest (18%). Overall, social networks join intra-office tools and wireless/wearable devices at the bottom of the list.

Portals and Patient-Generated Data Are the Most Effective Patient Engagement Tools to Embed into Care Delivery

What are the top three patient engagement tools, programs, and technologies most effective at embedding patient engagement into care delivery processes?



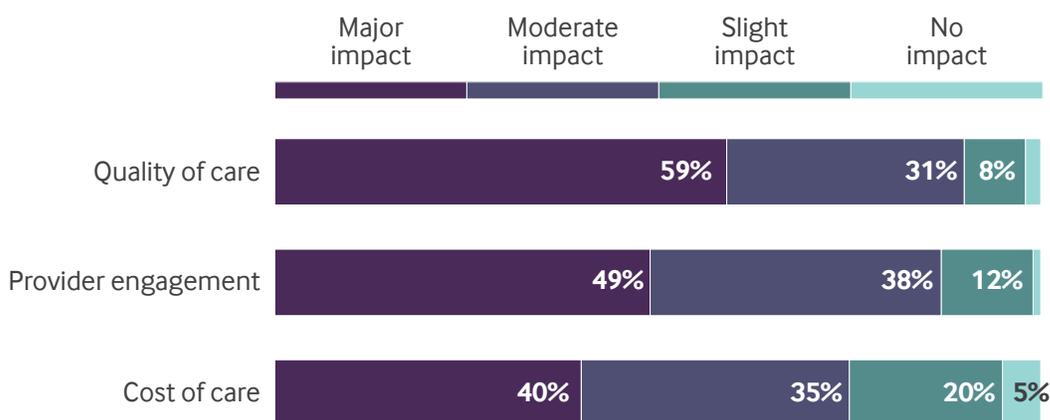
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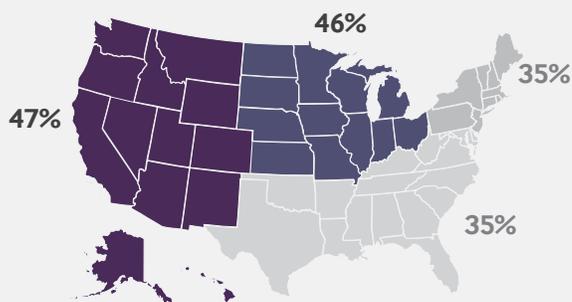
The majority of respondents (75%) feel that good patient engagement has a major or moderate impact on quality of care (90%), provider engagement (87%), and cost of care (75%), demonstrating that good patient engagement can have significant effects on different aspects of health care. More clinical leaders (91%) than executives (82%) indicate that good patient engagement has a major or moderate impact on provider engagement. Regionally, a higher incidence of Council members from the West (47%) and Midwest (46%), compared to the South (35%) and Northeast (35%), indicate that good patient engagement has a major impact on cost of care. Only 2% of respondents believe that good patient engagement has no impact on quality of care, and only 1% believe it has no impact on provider engagement.

Good Patient Engagement Affects Most Aspects of Health Care

What level of impact does good patient engagement have on different aspects of health care?



More respondents from the West and Midwest than the South and Northeast indicate that good patient engagement has a major impact on cost of care.



Base = 555

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Verbatim Comments from Survey Respondents

If you as an individual could do one thing to improve patient engagement in your organization's processes, what would it be?



“Make sure administration knows this is important.”

— *Department chair at a large nonprofit hospital in the Northeast*



“Be direct. Don't assume. Ask the patients how to improve patient engagement. Do this in person not by a survey.”

— *Clinician at a mid-sized teaching hospital in the South*



“MANDATE (perhaps by payer) participation of patient of use of the Patient Portal as main communication tool.”

— *CMO of a small nonprofit clinic in the South*



“The only thing that may be more [important] than the physician-patient relationship and TIME to develop that relationship may be financially incentivizing patients by insurance companies to develop more healthful lifestyles and habits, and improving mental health resources.”

— *Clinician at a small for-profit clinic in the mid-Atlantic region*



“Would allow patients to review their medical records (problem lists, medical/surgical hx, medication lists) on an annual basis and have the patient spot errors and request corrections or explanations, in the same manner as one does with one's credit report.”

— *Director of a large teaching hospital in the Pacific West*

“Schedule patients far enough apart so providers can provide more listening time for patients and physicians.”

— *Clinician at a mid-sized teaching hospital in the Midwest*

“Consistent expectations from leadership.”

— *Executive at a large nonprofit hospital in the South*

“Change the incentives from mostly medical to behavioral, environmental incentives.”

— *Director of a small for-profit ancillary provider in New England*

“Speak to patients; ask what they want. You will be surprised.”

— *CMO at a large for-profit payer in the South*

“Spend time in the community listening to understand patient needs, barriers, and challenges.”

— *Executive at a small for-profit hospital in the Midwest*

“Changing the culture from needs-based acute medical decision making to wellness-based decision making, incorporating an understanding for a shift towards prevention.”

— *Clinician at a large nonprofit hospital in the South*

“Capture between-visit information on patient status regarding a chronic disease, including care given in other facilities.”

— *Department chair at a small teaching hospital in the West*

Methodology

- The Hardwiring Patient Engagement into Care Delivery Processes Survey was conducted by NEJM Catalyst, powered by the NEJM Catalyst Insights Council.
- The NEJM Catalyst Insights Council is a qualified group of U.S. executives, clinical leaders, and clinicians at organizations directly involved in health care delivery, who bring an expert perspective and set of experiences to the conversation about health care transformation. They are change agents who are both influential and knowledgeable.
- In March 2017, an online survey was sent to the NEJM Catalyst Insights Council.
- A total of 555 completed surveys are included in the analysis. The margin of error for a base of 555 is +/-4.2% at the 95% confidence interval.

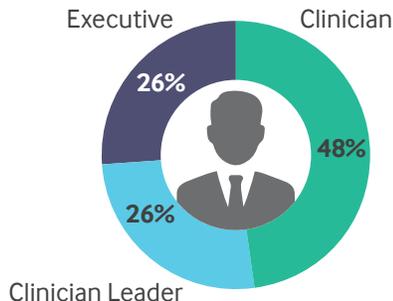
NEJM Catalyst Insights Council

We'd like to acknowledge the NEJM Catalyst Insights Council. Insights Council members participate in monthly surveys with specific topics on health care delivery. These results are published as NEJM Catalyst Insights Reports, such as this one, including summary findings, key takeaways from NEJM Catalyst leaders, expert analysis, and commentary.

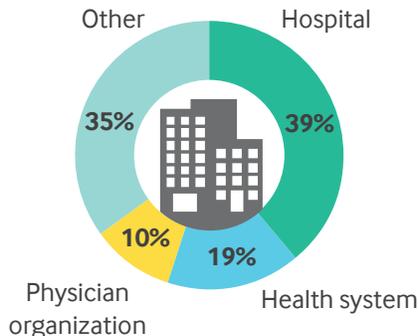
It is through the Insights Council's participation and commitment to the transformation of health care delivery that we are able to provide actionable data that can help move the industry forward in a positive direction. To join your peers in the conversation, visit join.catalyst.nejm.org/insights-council.

Respondent Profile

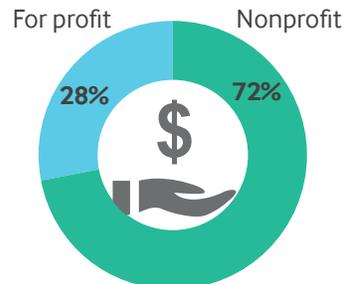
Audience Segment



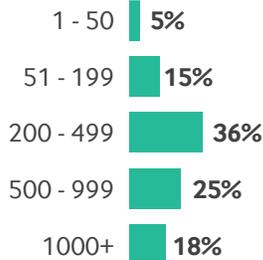
Organization Setting



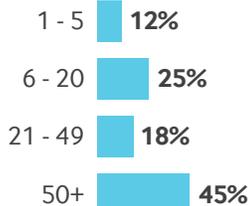
Type of Organization



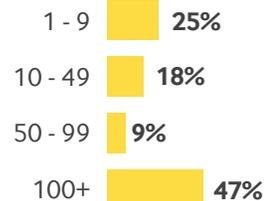
Number of beds
(Among 399 hospitals)



Number of Sites
(Among 154 health systems)

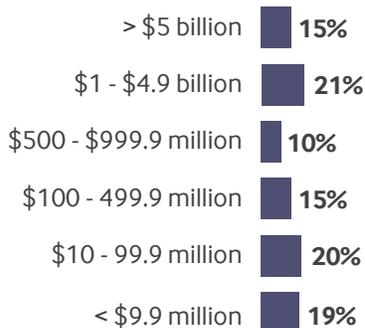


Number of Physicians
(Among 90 physician organizations)

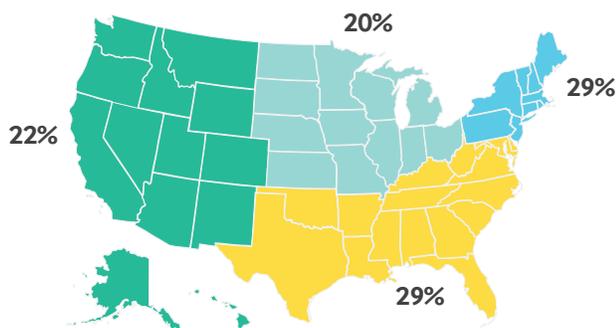


Net Patient Revenue

(Base = 730)



Region



Base = 555

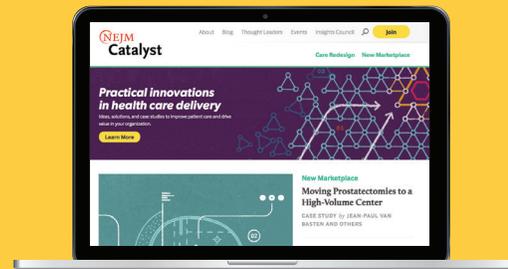
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