The Brave New World of Patient and Family Engagement

Elevating Healthcare at the Point of Care - PoC3 Summit
September 10, 2015

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Today’s Agenda

• Exploring "Point of Care": *healthcare setting or channel (i.e. physician office, hospital, pharmacy)* through which communication can be delivered to patients and clinicians through various forms (e.g. digital, video, print) to help *enhance patient engagement*, education, and improved outcomes.

• ‘State of the union’ of patient–family engagement at societal and policy levels:
  – where we’ve come from,
  – where we’re at, and
  – where we’re heading

• Considerations for engaging at the (new) point(s) of care
• ‘State of the union’ of patient–family engagement at societal and policy levels:
  – where we’ve come from,
  – where we’re at, and
  – where we’re heading
“Family members, close friends and ‘significant others’ can have a far greater impact on patients’ experience of illness, and on their long-term health and happiness, than any healthcare professional.”
Advocacy efforts in the 70’s challenged the status quo of ‘patients as passive recipients’ of care

“...we should all demand to be treated as competent adults, and take an active part in our healing...we should insist on hospitals meeting our human need for respect, control, warm and supportive care...”

-Angelica Thieriot, 1978
Founder, Planetree

The 1st patient-centered advocacy organization in the USA
Is the next great social movement upon us?
Occupy healthcare!

Nothing About Me, Without Me!
A new federal rule on the exchange of health data removes legal barriers that stop medical laboratories from providing lab test results directly to patients and their designees, such as developers of their personal health records systems. The rule preempts laws in 13 states and lifts a federal exemption effective in 26 more states.
“...putting healthcare firmly in the hands of the individual (patient)...

In Arizona, No Doctor’s Note Needed For Blood Tests

A new Arizona law went into effect in July that allows people to get blood tests at the lab without a doctor’s orders.

Critics say it will lead to excessive testing, and leave the customers confused trying to interpret results. But labs that offer a new menu of tests say it puts healthcare firmly in the hands of the individual.

Dr. Robert Stern, medical director at Sonora Quest Laboratories in Phoenix, spoke with Here & Now’s Peter O’Dowd about what the law means for the state’s healthcare customers. He said the law and new test offerings come partly as a response to America’s increasingly on-demand culture, as well as to many patients’ desire to empower themselves.
Consumers/patients value the guidance of their physicians...

**THE WALL STREET JOURNAL**

**Medical Labs Make Test Results Easier for Patients to Understand**

In a study published last year in the Journal of Participatory Medicine, Kaiser members surveyed about viewing lab reports online overwhelmingly reacted with positive emotions. But patients whose doctors spoke with them in advance about what to expect experienced significantly more relief, appreciation and satisfaction, and less confusion compared with those who didn't talk to doctors before viewing the results.

http://online.wsj.com/articles/medical-labs-make-test-results-easier-for-patients-to-understand-1410632452?kywcmid=labresults
Consumers need ‘clear, everyday prose’ that describe risks as well as benefits.

The Vernacular of Risk — Rethinking Direct-to-Consumer Advertising of Pharmaceuticals

Jeremy A. Greene, M.D., Ph.D., and Elizabeth S. Watkins, Ph.D.
August 19, 2015 | DOI: 10.1056/NEJMp1507924

Aside from New Zealand, the United States is the only country with a strong pharmaceutical regulatory infrastructure that allows direct-to-consumer advertising (DTCA) of prescription drugs in print, broadcast, and electronic media. U.S. consumers are accustomed to full-page ads in...
“DTCA...treats consumers as people who deserve to know about the compounds they take into their bodies...”

This spring the FDA revised its guidance for communicating risks in DTCA... (recommending) use of nontechnical language (e.g. ‘drowsiness’ rather than ‘somnolence’)...
The Caregiver Advise, Record, Enable (CARE) Act

The CARE Act is a commonsense solution that supports family caregivers when their loved ones go into the hospital, and provides for instruction on the medical tasks they will need to perform when their loved one returns home.

CARE Act goes into effect:
- Oklahoma, 11/5/14
- Colorado, 5/6/15
- New Jersey, 5/12/15
- West Virginia, 6/8/15
- New Mexico, 6/17/15
- Mississippi, 7/1/15
- Virginia, 7/1/15
- Arkansas, 7/21/15
- Connecticut, 10/1/15
- Nevada, 10/1/15
- Indiana, 1/1/16
- New Hampshire, 1/1/16
- Oregon, 1/1/16

**Updated on 6/12/2015**
More care will be delivered at home by family

- NY 15th state to enact legislation requires hospitals to provide:
  - Patient-designated care partner documented in medical record
  - At discharge, staff notify and offer to meet with care partner to discuss plan of care
  - Prior to discharge, staff offer ‘adequate training’ in aftercare tasks

CARE Act Passes Senate

- Legislation seeks to recognize 4.1 million New Yorkers who serve as care partners
- Reduce the $17 billion spent annually by Medicare on avoidable readmissions
Virtual consults will double...

Doctors' Virtual Consults With Patients To Double By 2020

“We’ve seen growth in reimbursement,” Roeen Roashan, medical technology analyst with IHS said “...payers are focused on virtual consultation. They are really pushing it...”
Startups Vie to Build an Uber for Health Care

Services splint strains and suture wounds on-site; Are house calls better than ER visits?
# The On-Demand Doctor

Several startups are putting a high-tech spin on old-fashioned house calls:

| SERVICE |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| Dispatches doctors or nurses via Uber for $200 per urgent-care visit; $75-$100 for a wellness check | Nurse conducts initial visit and can video chat with doctor; $150 for an urgent-care house call; prices vary | Nurse practitioners consult via video for $50 or in-person visit for $200; $50 per month for unlimited visits | Responds to non-emergency 911 calls; offers on-scene care instead of ER visit; $200-$300 |

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Source: the companies
Brave New World of the Quantified Self: wearable technology enables healthcare to be self-administered

- Wristbands monitor activity, synchronising to mobile phone
- Temporary tattoos measure sweat lactate levels for athletes
- Digital pills text doctor to say you’ve taken them
- Wearable, washable baby monitors
- 7 out of 10 Americans monitor their own health (Pew Research)
- Patient monitoring & reminders using Apple Watch
- Digital health devices saved US health system $6bn last year (Accenture, April 2015)
Going mobile: Providers deploy apps and devices to engage patients and cut costs

MODERN HEALTHCARE By Joseph Conn | November 29, 2014

Nurse Anita McCole loves Bluetooth-enabled scales for monitoring patients' weights at home. The devices wirelessly transmit the weights of congestive heart-failure patients to a mobile receiver or smartphone, which sends the daily readings to McCole, a case manager...
Why Now?

Incentives are beginning to align at the macro-level

- **Institute of Medicine**
  - Identifies patient-centeredness as one of six national aims of healthcare quality in 2001
  - Develops national network of Patient/Family leaders in 2015

- **Centers for Medicare and Medicaid Services**
  - Public reporting of HCAHPS scores in 2008
  - Value-Based Purchasing (VBP) in 2012
  - Partnership for Patients & Engagement Priorities in 2013

- **Healthcare Reform and the ACA**
  - PCMH, ACOs/Medicare Shared Savings Programs, Meaningful Use Thresholds
  *All have *Patient Engagement Requirements*
Patient-Centered Care in 2015: a growing global imperative

- **Africa:** 56th ESCA Health Ministers Conference resolved to “Support member states in development of quality client-centered and responsive service delivery models”

- **Australia:** Nat’l. Safety and Quality Health Service Standard #2: Partnering with Consumers, systems and strategies to create consumer-centred health by including consumers in the development and design of quality health care

- **Brazil:** Legislation establishing humanization in healthcare mandates

- **UK:** Linking patient experience data to physician re-licensure

- **USA:** Value Based Purchasing tying patient-reported experience data to reimbursement
Rx For The ‘Blockbuster Drug’ Of Patient Engagement

Susan Dentzer

Health Aff February 2013 32:202;
doi:10.1377/hlthaff.2013.0037
• Considerations for engaging at the (new) point(s) of care
  – In addition to the doctor’s office and the local pharmacy:
    • Your home
    • Your patient portal
    • Your smart phone
    • Your wearable
Listening to the Patient’s Voice with new attention

Top Concerns:

• Absence of caring attitudes from providers
• Dismissal / trivialization of the patient voice
• Lack of continuity in care

*Based on 6,000+ focus groups & interviews with more than 50,000 patients, families and caregivers across the care continuum

Frampton SB, et al., 2008, Patient-Centered Care Improvement Guide. Planetree and Picker Institute: Derby CT and Camden ME
Engaging patients and families begins with an understanding of their preferences.

Doctors believe 71% of patients with breast cancer rate keeping their breast as top priority. The figure reported by patients is just 7%.

Once patients are informed about the risks of sexual dysfunction after surgery for benign prostate disease, 40% fewer prefer surgery.

Only 41% of Medicare patients believe that their treatment reflected their preference for palliative care over more aggressive interventions.

Wagner E, et al. Med Care 1995;33:765-70
What Healthcare Consumers Want...

Cost, not medical error, is the top reason respondents would switch PCPs.

A slight majority of respondents (52%) were more likely to switch PCPs if the annual cost increased by $250 than if their PCP made a medical error.

Manners beat credentials.

Current patients care more about how they are treated than by whom; respondents were significantly more likely to consider a PCP switch after facing rude staff than different staff.

Top 3 Scenarios Prompting PCP Switch

1. My current PCP no longer accepts my insurance

2. I will have to pay an extra $250 per year to continue seeing my current PCP

3. I experience a medical error with my current PCP

Rank of Service Related Scenarios Prompting PCP Switch

7th. The staff (front desk or clinical) at my current PCP’s office become rude or impatient with me

13th. The new policy at my current PCP’s office is that I will be treated by the first available physician

15th. My current PCP starts to assign some of my visits to the practice’s nurse practitioner or physician’s assistant

Read all of the results at advisory.com/mplc/specialistsurvey
Kindness outweighs other key considerations

A recent survey by Wakefield Research reported in H&HN March 2014 confirmed: 87% of Americans feel that kind treatment by a physician is more important than other key considerations in choosing a health care provider.
64% of Americans have experienced unkind behavior in a health care setting, including the failure of a caregiver to connect on a personal level (38 percent), staff rudeness (36 percent) and poor listening skills (35 percent).
Patients will pay more and travel further for kindness

75% of respondents would be willing to pay more to visit health care providers who emphasized kindness in their treatment approach, and nearly 88% are willing to travel farther to receive kinder care.
Using Social Media to Share Complaints

A quarter of Americans ages 18 to 39 have used social media to complain about unkind treatment.
Strong communication skills and relationship-focus improves patient clinical outcomes

“...a recent review of clinical trials reveals that a doctor’s bedside manner can greatly impact patients’ health...the impact was greater than the reported effects of low-dose aspirin or cholesterol-lowering statins for preventing heart attack.”

Communications 2.0: Ask the right questions and ask them in the right way

PRIMARY GOAL of Healthcare Team:
• Control of HbA1c

PRIMARY GOAL of the Diabetic Patient:
• Return to work
• Lose weight for daughter’s wedding

➢ What’s most important to the patient, and how can those goals be used in the treatment plan effectively to support behavior change?

➢ Respectful question phrasing

Yale Rudd Center for Food Policy and Obesity “Preventing Weight Bias” 2014
A 2013 study published in the February issue of Health Affairs found:

• providing shared decision making-based health coaching for patients with conditions that frequently require major treatment decisions reduces the overall costs of care, hospitalizations and surgeries significantly.

• patients who received enhanced support had 5.3% lower overall medical costs than patients who received the usual level of support.

• patients receiving enhanced support had 12.5% fewer hospital admissions than the usual support group, and 9.9% fewer preference-sensitive surgeries, including 20.9% fewer preference-sensitive heart surgeries.
Keep Choices Simple: 
**Aspirin Choice Decision Aid – Avg. Risk Patient**

### Benefits and Harms of Aspirin Over 10 Years

The primary benefit of aspirin is that it may help prevent a heart attack. The primary harm of aspirin is a risk of bleeding from the stomach that will require you to receive emergency care, receive blood transfusion, undergo endoscopy, and stay in the hospital for about 3 days, expecting a full recovery.

**No Aspirin**
- If 1000 people like you, DO NOT take aspirin...
  - 900 people DO NOT have a heart attack (green)
  - 100 people DO have a heart attack (grey)
  - 7 people DO experience bleeding that is NOT RELATED to aspirin (pink)

**Yes Aspirin**
- If 1000 people like you, DO take aspirin...
  - 900 people DO NOT have a heart attack (green)
  - 80 people DO have a heart attack (grey)
  - 20 people AVOIDED a heart attack (yellow)
  - 980 people experienced NO BENEFIT from taking aspirin
    - 7 people DO experience bleeding that is NOT RELATED to aspirin (pink)
    - 3 people DO experience bleeding RELATED to aspirin (red)
How are you using Patient & Family Advisors to improve POC communications?

Leverage patient/family participation and input:

• To design patient education materials
• On safety, quality and other organizational committees
• As faculty and/or in developing/acting in simulations for staff training
“It’s more important to know what sort of person has a disease than what sort of disease a person has.” - Hippocrates
Questions?
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Bibliography


