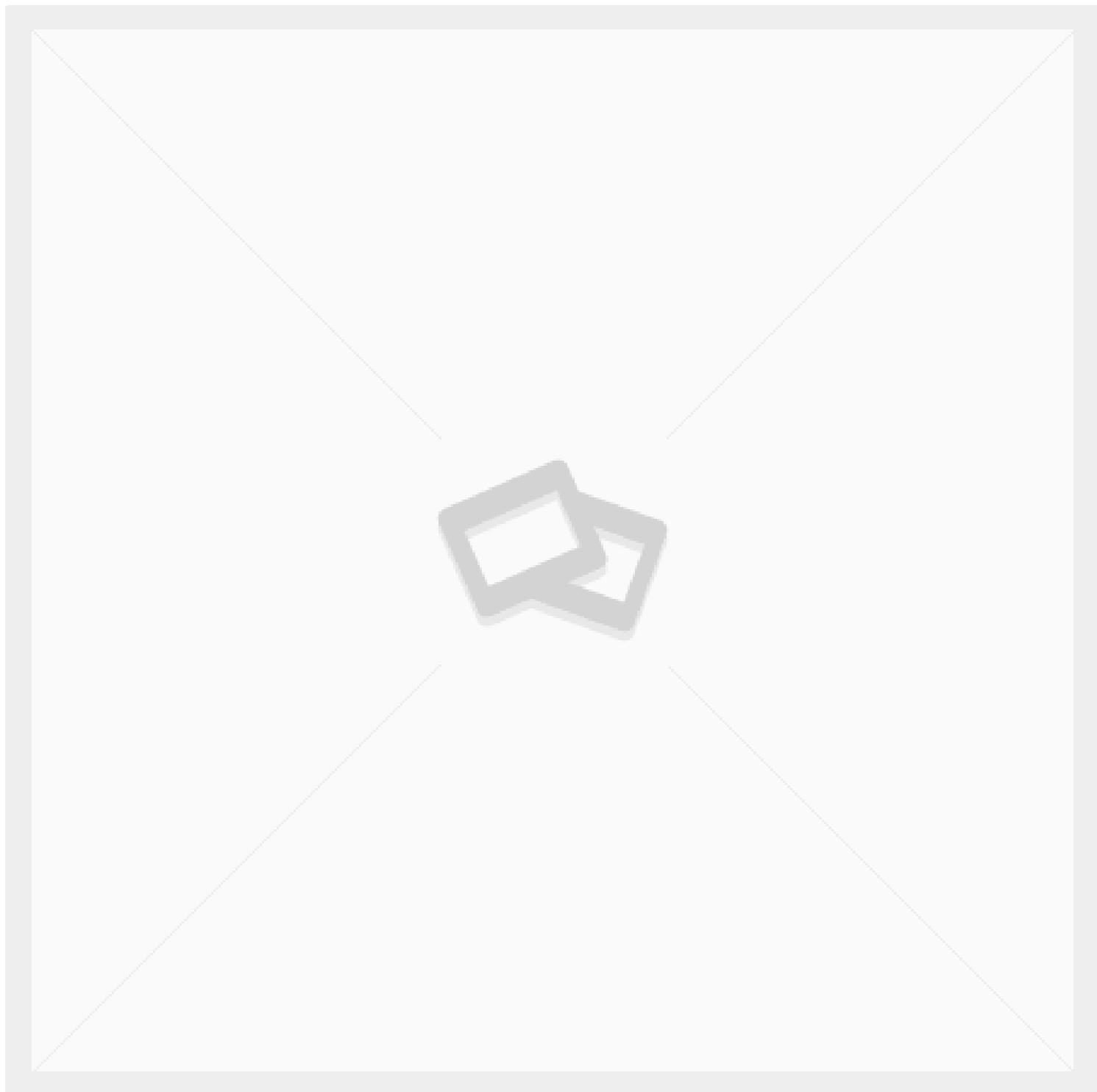


CONFERENCE REVEALS NEW PROVIDER PERSPECTIVES IN PATIENT ENGAGEMENT



As seen in Becker's Hospital Review.

We hear the term “patient engagement” often, but is it really making a difference in terms of patient experience and outcomes? According to a recent [NEJM Catalyst Insights Council survey](#) of 340 hospital or health care executives, clinicians and clinical leaders, less than a quarter of their patients were highly engaged in their care decisions and just 9 percent of respondents reported high levels of patient engagement.

What improvements in patient engagement would truly benefit providers and their patients? I recently attended the “4th Annual Summit on Engaging Patients in Population Health Across the Care Continuum,” sponsored by the Northern California Chapter of HIMSS. Based on conference input, it is clear that everyone in the health continuum – clinicians, hospital systems, payers, government entities, caregivers and patients – can make thoughtful changes within the realm of “patient engagement.” The potential rewards include improvements in patient satisfaction, quality and safety and financial/operations efficiency.

Barriers to Patient Engagement

Up-front, providers should understand their inherent – and often unintentional – barriers to patient engagement. According to conference speakers, these barriers are often deep-seated and based on cultural attitudes and norms among providers and patients alike! Here are some of the most common barriers to engagement that providers may need to overcome:

- **Provider/patient communication** – Providers and patients often miscommunicate about the extent of a disease or the nature or duration of treatment. Patients may hold information back in order to not appear as a “burden” to their caregivers. Providers may go through psychological denial or even a form of “battle fatigue” when called upon to share negative diagnoses (e.g., “I don’t want to give someone else bad news.”). The provider/patient communication chain can also be poor or encumbered by differences in culture, language, religion, disability and more.
- **Provider/patient collaboration** – Unless patient input is collected first-hand, providers and clinicians often have a tendency to downplay clinically pertinent information provided by patients and their caregivers. It’s as if providers and clinicians don’t trust the reliability of information unless they’ve gathered it themselves.
- **Time and stamina** – Acute medical conditions can arrive so suddenly that they may quickly compromise a patient’s cognitive abilities. Chronic conditions, over time, can so thoroughly deplete the capabilities of both providers and patients alike that care is impaired.
- **Money** – When patients lack sufficient coverage, deplete their benefits and/or are unable to

afford their medications, these factors can negatively affect provider responses and care plan implementation.

- **Treatment** – Providers and patients may clash over treatment decisions. Is a cure the ultimate goal? Condition management? Co-morbidity reduction? Comfort care? All members of the care team need to work collaboratively toward a common goal.
- **Education** – Current and appropriate information about medical conditions, treatments and technologies may be deficient among members of the care team – even including providers.

Patient Engagement Opportunities

Despite the inherent barriers in patient engagement, many conference presenters shared examples of substantial patient engagement opportunities, based in large part on providers adopting a new mindset toward their patients. These mindset-shifts include the following:

- **Thinking “patients” not “cases”** – The biggest shift in patient engagement involves providers thinking of patients as individuals and care partners and not just as treatment recipients, or worse yet, as an illness or condition. (e.g., “The broken leg in room 12 needs an x-ray.”) The patient should be a full-fledged member of the treatment team, with the ability to make self-care decisions based on correct information, and help drive the course of treatment.
- **Thinking “patient team” not just “patient”** – Many patients are accompanied by caregivers who can serve as advocates or surrogates, as well as at-home providers of care. Combined, caregivers and patients have the ability to serve as equal partners to providers and clinicians on creating treatment plans. They can also shed great amounts of light on the success or failure of a treatment plan, especially during the vast gray areas of time that occur between provider visits. Providers need to accept this information as credible and useful. Keep in mind that many diagnoses can stun patients into silence, submission or even denial. It’s incumbent on providers to collaboratively determine treatment plans that factor in the mindset of patients, their lifestyle and family needs and participation (or lack thereof), work and/or school commitments, and more. By holistically planning treatment, providers and clinicians will be more likely to connect with patients, tap into and trigger patients’ reward motivators, and prompt positive changes in patient behavior and outcomes.
- **Thinking “customer service” not “patient processing”** – A provider’s office staff members are typically a patient’s first point of contact. These staff members also hold communication, scheduling, and billing knowledge and information that can be critical to the care continuum, if provided appropriately and in a timely fashion. They also need to interact with patients in a consistently professional and appropriate way. Consider the many ways that clinical staff members can intentionally or unintentionally erect barriers between patients and their providers. If patients and their caregivers habitually perceive that they have to get past a

gauntlet of staff just to connect with a provider or clinician, what's the motivation of patients and caregivers to keep trying?

- **Thinking “relationships” not just “transactions”** – Providers need to think of themselves as simply one part of a broader care continuum which may also include other providers, as well as patients and their caregivers. How providers interact with, share information with and follow up (or not) with each of the other members of the care continuum can factor substantially into the depth and quality of patient engagement.
- **Thinking “care” not just “claims”** – Payers of course have a substantial administrative duty in health care. They can also be a critical part of the care team, by ensuring that providers' and patients' needs are adequately met. Does the payer have enough resources to supply this level of service, or are providers and patients going to be stuck without payer help? What is the ease of the payer's approval process? Does the payer provide support services like case or disease management, social services, transportation, coverage for experimental treatment or clinical trials, counseling coverage, extended benefit consideration, etc.?
- **Thinking “design” and not just “implementation”** – Many providers are adding new processes and using new diagnostic and tracking technologies. Patients are looking at wearable technologies and experimenting with information-reporting tools. The long-term success of these tools will depend on how these new processes and technologies have been purposefully designed to trigger patient reward centers, which neuroscience and behavioral science tell us are critical to patient use and adoption. How easily do these processes fit naturally into a provider's style and a patient's lifestyle? How can these technologies reduce the fear of treatment, increase the ease of treatment participation, and blend with daily routines? How are these tools and technologies designed to be natural and instinctive, yet inconspicuous enough that patients feel comfortable wearing and using them?

A Patient Engagement Future

As the health care industry increasingly shifts toward value-based compensation, providers should increasingly orient their care around patient engagement. Heightened patient engagement will not only enhance patient experience and outcomes, it will also improve provider/clinician job satisfaction and financial returns.