BEING PATIENT-CENTERED IN CASE MANAGEMENT PRACTICE

FUTURE OF HEALTHCARE CONFERENCE

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Principal, Mercer

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KEY LEARNING OBJECTIVES

- Distinguish between key terms in patient experience, activation, motivation and engagement

- Define standard metrics that evaluate patience experience, activation, motivation and engagement

- Describe strategies that positively impact the patient experience, activation, motivation and engagement

- Discuss challenges in addressing patient experience, activation, motivation and engagement

PERSPECTIVES FROM KEY STAKEHOLDERS ON PATIENT EXPERIENCE AND ENGAGEMENT

Patients

- Believe that all providers are communicating with one another
- Perceive they are typically receiving high quality care
- Do not routinely receive evidence-based care for chronic conditions and preventive services
- Vary in their health literacy and self-advocacy

Providers

- Provider-centric scheduling and workflow
- Use medical jargon not easily understood by patients
- Are challenged with using EHRs and data that fit with workflows
- Under pressure to be efficient with new care models
- Not aware of benefit plans or programs

Employers

- Experience escalation of healthcare costs
- Believe there is waste in the healthcare system
- Hear complaints about the health plan and health systems from employees
- See employees who lose work due to sickness and disability
- Frustrated by a health system that is broken

CLOUDS OF TERMS
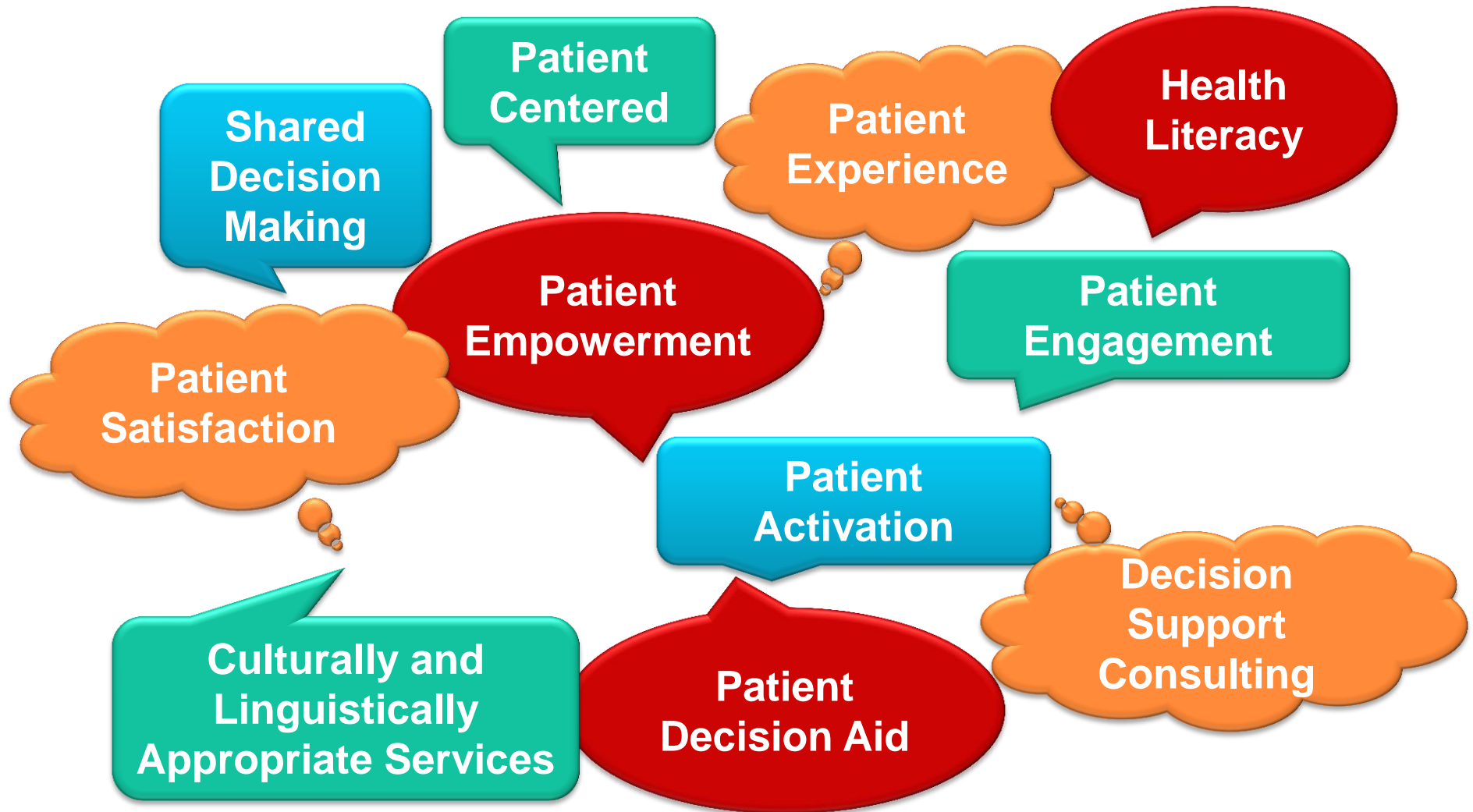
UNDERSTANDING DOMAINS OF PATIENT-CENTEREDNESS

	Patient Satisfaction	Patient Experience	Patient Engagement
Definition	The extent to which a patient is content with the healthcare services received from healthcare providers based on the patient's expectations from the healthcare system	The sum of all interactions, shaped by an organization's culture, that influence patient perceptions, across the continuum of care	The patient's knowledge, skills, ability, and willingness to manage his/her own care resulting in increased positive patient behavior
Impact	Giving the patient what is requested and not necessarily the right thing	Having positive interactions by the entire care team	Providing the education and support for patient self-management
Common Measures	Net Promoter Score (NPS)	Consumer Assessment of Healthcare Provider and Systems (CAHPS®); CG-CAHPS	Patient Activation Measure (PAM®); Patient Health Engagement Scale (PHE-Scale)

SHARED DECISION MAKING

1 Shared decision making is a process in which clinicians and patients work together to make decisions and select tests, treatments and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values.

2 Patient decision aids are tools that can help people engage in shared health decisions with their health care provider.

3 Decision support counseling is a patient-centered communication method to provide understandable information to patients regarding their healthcare options.

Center for Shared Decision Making http://med.dartmouth-hitchcock.org/csdm_toolkits.html

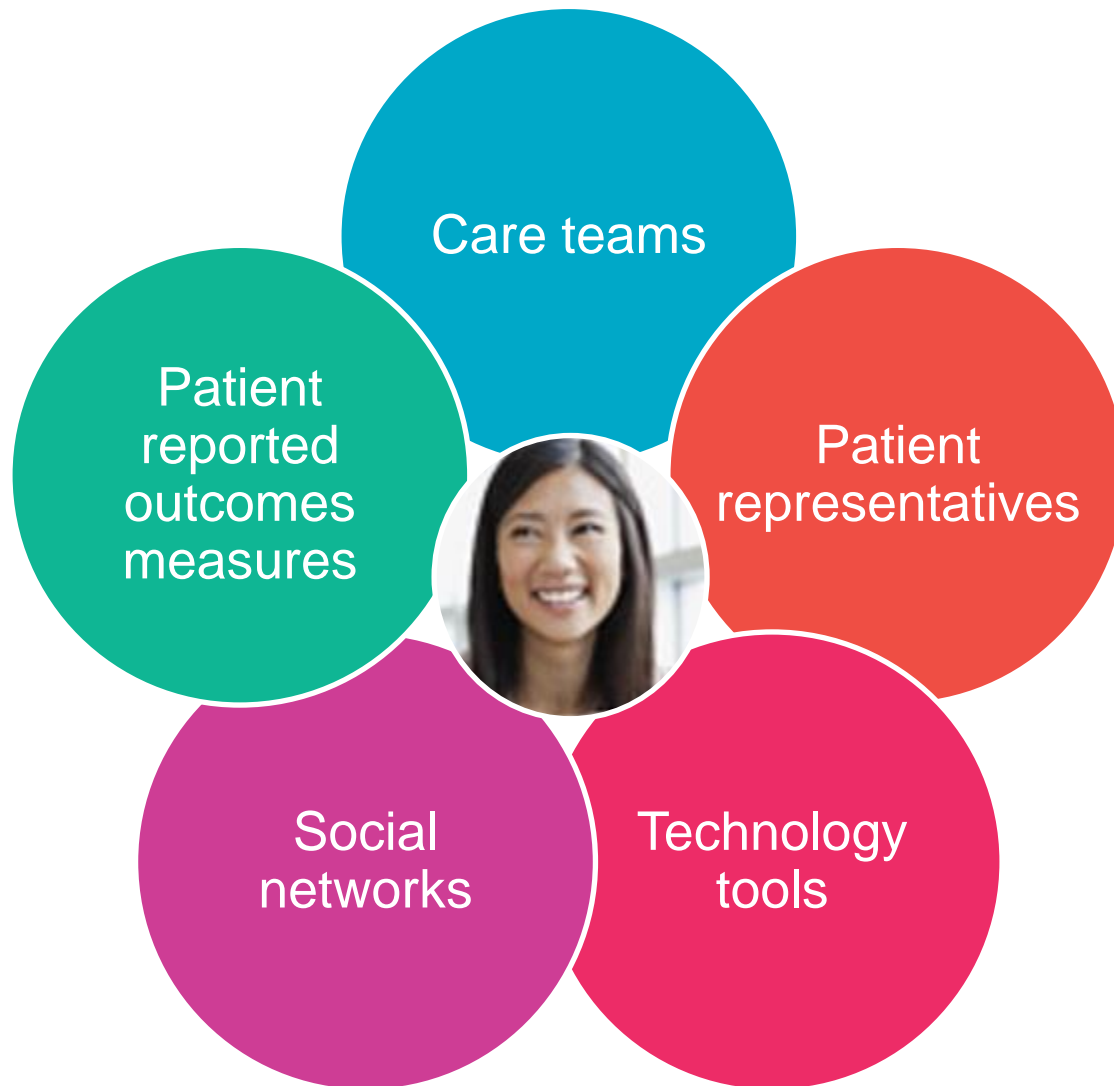# LEVELS OF INTERVENTIONS TO IMPROVE PATIENT-CENTEREDNESS

Organizational Level

- Structural, technology, teams and systems

Case Specific Level

- Methods, tools, and resources

ORGANIZATIONAL INTERVENTIONS

CARE SPECIFIC INTERVENTIONS

Motivational Interviewing

Patient Activation Measure® (PAM®)

Strengths Model of Case Management (SMCM)

Social Determinants of Health (SDH)

Shared Decision Making and Patient Decision Aids (PDAs)

Health Literacy

Inclusiveness

MOTIVATIONAL INTERVIEWING (MI)

- MI is a patient-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence

- MI focuses on increasing the patient's "change talk" while diminishing patient resistance

- Examples of MI communications:
  - Open ended questions
  - Affirmations
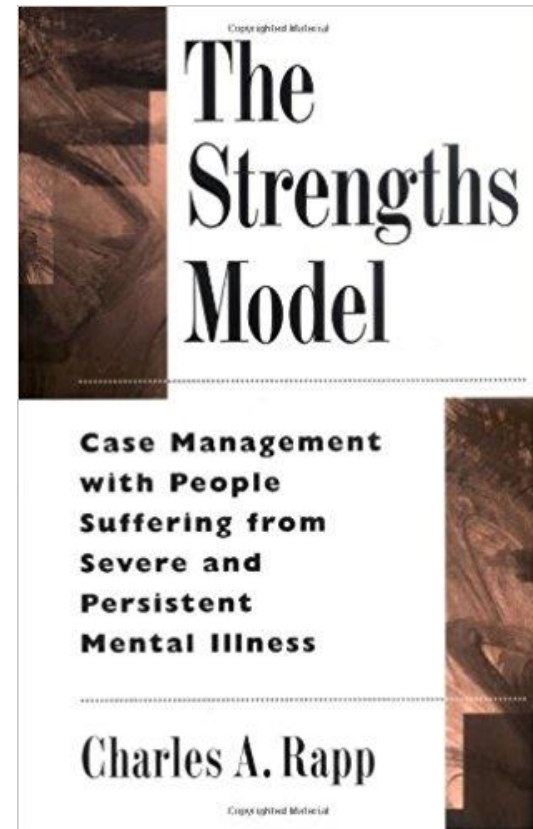 - Reflective statements
  - Summaries

PATIENT ACTIVATION MEASURE® (PAM®)

- PAM assesses the knowledge, skills and confidence integral for the patient to manage his/her own health and healthcare.

- PAM is used for staging the readiness or activation level of a participant.

Level 1	Level 2	Level 3	Level 4
Starting to take a role Individuals do not feel confident enough to play an active role in their own health. They are predisposed to be passive recipients of care.	**Building knowledge and confidence** Individuals lack confidence and an understanding of their health or recommended health regimen.	**Taking action** Individuals have the key facts and are beginning to take action but may lack confidence and the skill to support their behaviors.	**Maintaining behaviors** Individuals have adopted new behaviors but may not be able to maintain them in the face of stress or health crises.

Increasing Level of Activation

STRENGTHS MODEL OF CASE MANAGEMENT (SMCM)

- Aimed at supporting patients to recover, reclaim, and transform their lives by identifying, securing, and sustaining a range of internal and external resources

- SMCM focuses on four types of individual strengths:
  - Personal qualities and characteristics
  - Talents and skills
  - Environmental strengths
  - Interests and aptitudes

The Strengths Model

Case Management with People Suffering from Severe and Persistent Mental Illness

Charles A. Rapp

SOCIAL DETERMINANTS OF HEALTH (SDH)

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds				Quality of care
Support	Walkability	Higher education			

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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SHARED DECISION MAKING AND PATIENT DECISION AIDS (PDAS)

- Shared decision making is a process in which clinicians and patients work together to make decisions and select tests, treatments and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values

- PDAs help people understand choices they face; they describe where and why choice exists; and they provide information about options, including, where reasonable, the option of taking no action

Choosing Wisely®
An initiative of the ABIM Foundation

Washington State Health Care Authority

HEALTH LITERACY

- Health literacy is defined as the ability to read, understand, and act on basic medical information and instructions.

INCLUSIVENESS

- Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs

- Foster a culture of inclusion regardless of a person's race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity, gender expression, political orientation, or veteran status

KEY ELEMENTS TO ACHIEVE PATIENT-CENTEREDNESS

Patients who self-manage with the education, tools, and resources

Patient-centered and evidence-based approach to care delivery

Understandable and empathetic communication with the patient
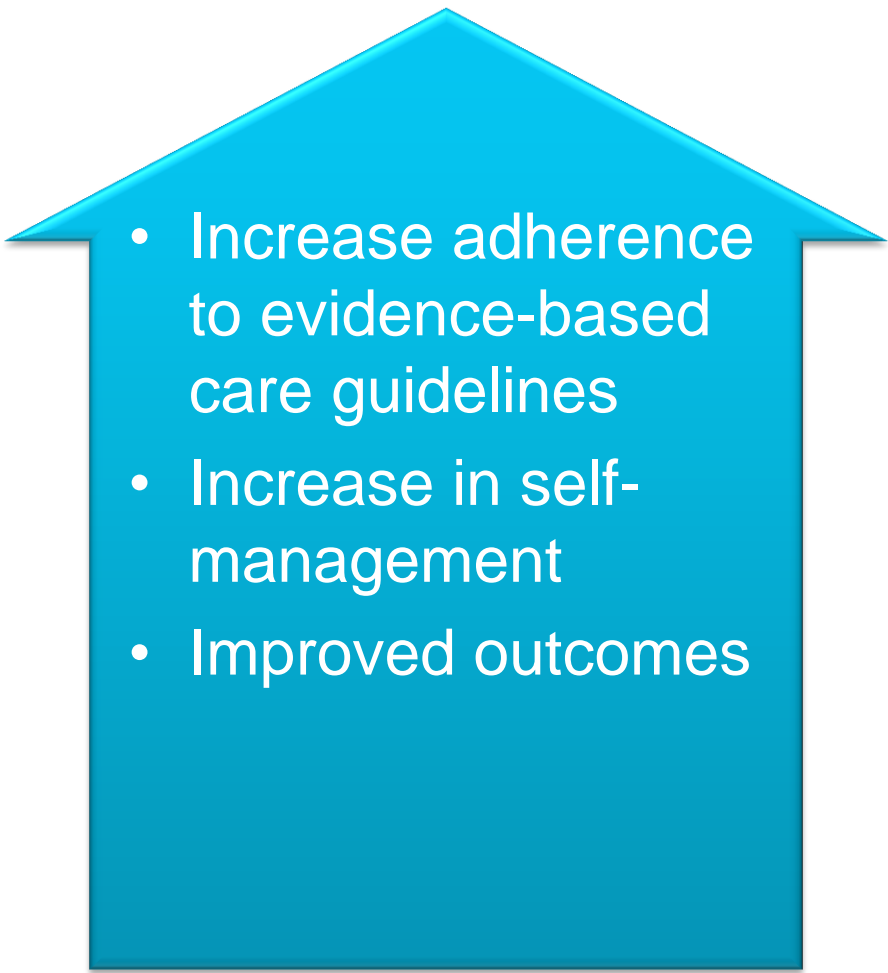
Integration and coordination
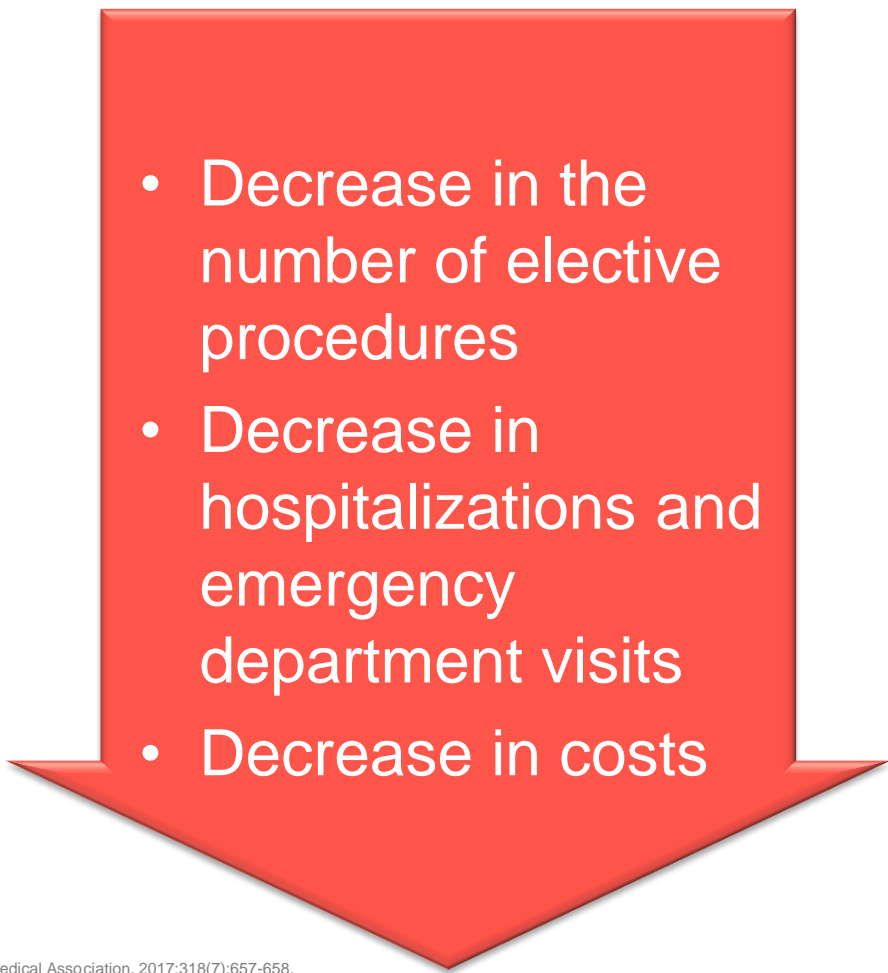
Timely access to necessary healthcare services

Accountability and financial alignment

Proactive population health management of physical health, behavioral health, and social determinants of health

WHAT HAPPENS WHEN PATIENT EXPERIENCE AND ENGAGEMENT ARE IMPROVED

- Increase adherence to evidence-based care guidelines
- Increase in self-management
- Improved outcomes

- Decrease in the number of elective procedures
- Decrease in hospitalizations and emergency department visits
- Decrease in costs

Stacey D, Legare F, Lewis KB. Patient decision aids to engage adults in treatment of screening decisions. Journal of the American Medical Association. 2017;318(7):657-658.

Reistroffer, C, Hearld, LR, Szychowski, JM. An Examination of the Relationship Between Care Management With Coaching for Activation and Patient Outcomes. American Journal of Managed Care. 2017;23(2):123-128

Hibbard, JH, Greene, J, Sacks, RM, Overton, V, Parrotta, C. Improving Population Health Management Strategies: Identifying Patients Who Are More Likely to Be Users of Avoidable Costly Care and Those More Likely to Develop a New Chronic Disease. Health Services Research. August 2017. 52(4):1297-1309.

Arterburn, D, et al. Introducing Decision Aids At Group Health Was Linked To Sharply Lower Hip And Knee Surgery Rates And Costs. Health Affairs. 2012; 31(9): 2094–2104

WHAT IS NOT ENOUGH

Safe is not enough

Luxurious waiting rooms are not enough

Patient web portals are not enough

Colorful brochures are not enough

Apps are not enough

Necessary but not sufficient!

QUOTES TO PONDER

We have really good data that show when you take patients and you really inform them about their choices, patients make more frugal choices. They pick more efficient choices than the health care system does.

Donald M. Berwick, MD, MPP
Former Administrator for CMS
Former President & CEO of the Institute
for Healthcare Improvement

You have to understand what are patients worried about, what are their fears, what are they trying to do? If we don't engage with them that way, it doesn't matter what technology we use.

Roy Rosin, MBA
Chief Innovation Officer, Penn Medicine

Transformation requires sustained change in individual behavior, team interactions, and operations design.

Richard Bohmer, MB, ChB, MPH
Senior Visiting Fellow, Nuffield Trust
Faculty Member, Harvard Business School

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