



Top Ten Things You Need to Know About Engaging Patients

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About the Institute for Health Technology Transformation

The Institute engages multiple stakeholders:

- *Hospitals and other healthcare providers*
- *Clinical groups*
- *Academic and research institutions*
- *Healthcare information technology organizations*
- *Healthcare technology investors*
- *Health plans*
- *Consumer and patient groups*
- *Employers and purchasers*
- *Device manufacturers*
- *Private sector stakeholders*
- *Public sector stakeholders*

The Institute for Health Technology Transformation is the leading organization committed to bringing together private and public sector leaders fostering the growth and effective use of technology across the healthcare industry. Through collaborative efforts the Institute provides programs that drive innovation, educate, and provide a critical understanding of how technology applications, solutions and devices can improve the quality, safety and efficiency of healthcare.

The mission of the Institute for Health Technology Transformation: to drive improvement and the effective use of technology throughout the continuum of care through education and collaboration among multiple stakeholders.

Technology in-and-of itself will not solve the deep challenges facing our healthcare system nor will it alone ensure more accessible and higher quality care. Realizing the benefits of technology across the healthcare continuum is a complex, under-utilized and often misunderstood process. Stakeholder collaboration underscores the Institute's focus working to ensure technology has a transformative effect at all levels of the healthcare sector.

The Institute for Health Technology Transformation (iHT2) provides programs that drive innovation, educate, and provide a critical understanding of how technology applications, solutions and devices can improve the quality, safety and efficiency of healthcare. We do this through a number of vehicles including: educational workshops, access to industry thought leaders, peer reviewed research, high level conferences, webinars, focus groups, topic specific committees, and other unique initiatives allowing individuals and organizations access to resources that will enable them to leverage the full value of healthcare technology.

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I. Introduction

Top Ten Things You Need to Know About Engaging Patients

“like it or not, your patients are no longer listening ONLY to your physicians for their health advice.”

Healthcare organizations which provide high quality outcomes for patients will be the ones who prosper under new health reform models, such as Accountable Care Organizations (ACOs) and Patient-Centered Medical Home (PCMH). The trend toward patient-centered care is clear.

However, like it or not, your patients are no longer listening ONLY to your physicians for their health advice. The explosion of healthcare information on the Internet has led to a decline in the reliance of patients on their doctors only for information. According to the Pew Internet and American Life Project, 88% of American adults with internet access research health information online. 60% say internet info influenced a decision about how to manage a health condition.

Further, this internet healthcare interaction has matured. Going online no longer is a one-way stream of information from computer to patient, but has launched into the web 2.0 reality of social networking. Patients go online to find meaningful engagements with other patients and now - not so uncommonly - with their providers. Such a trend provides opportunity for providers to competitively distinguish themselves, and more importantly, to improve the patient experience and quite possibly their health outcomes.

The following is a compilation of what key health IT experts from across the U.S. think are the most important things you need to know about engaging patients in the digital age along with four key recommendations for practical action.

II. Your patients are already getting and using health information online - shouldn't they be getting more from you?

So where are your patients currently seeking information online? According to Alexa, a company that measures the popularity of websites, below are the 10 most popular health websites in the world. The Alexa traffic rank can be interpreted as the lower the rank the more popular the site. For instance, Google is #1 followed by Facebook (#2) and YouTube (#3) (Top sites, 2011).

Most Popular Health-Related Websites

| Rank | Website | Alexa Rank (World) | Alexa Rank (US) |
|------|---|--------------------|-----------------|
| 1 | National Institutes of Health (NIH) – PubMed and MedLinePlus | 434 | 183 |
| 2 | WebMD | 716 | 199 |
| 3 | Medicinenet.com | 1451 | 520 |
| 4 | Natural Health Information Articles and Health Newsletter by Dr. Joseph Mercola | 1530 | 474 |
| 5 | Mayoclinic.com | 1648 | 449 |
| 6 | WeightWatchers.com | 1748 | 364 |
| 7 | Drugs.com | 2533 | 723 |
| 8 | Men's Health | 2790 | 799 |
| 9 | AIDS Patent Database | 2924 | 769 |
| 10 | MedScape | 3306 | 1418 |

Source: (Top sites: health, 2011)

| The % of internet users who have looked online for information about... | |
|---|---|
| 66 | specific disease or medical problem |
| 56 | certain medical treatment or procedure |
| 44 | doctors or other health professionals |
| 36 | hospitals or other medical facilities |
| 33 | health insurance, including private insurance, Medicare or Medicaid |
| 29 | food safety or recalls |
| 24 | drug safety or recalls |
| 22 | environmental health hazards |
| 19 | pregnancy and childbirth |
| 17 | memory loss, dementia, or Alzheimer's |
| 16 | medical test results |
| 14 | how to manage chronic pain |
| 12 | long-term care for an elderly or disabled person |
| 7 | end-of-life decisions |
| 28 | another health topic not included in the survey |
| 80 | at least one of the above topics |

Source: Pew Research Center's Internet & American Life Project, August 9-September 13, 2010 Survey. N=3001 adults and the margin of error is +/- 3 percentage points for the full sample. Margins of error for sub-populations are higher.

Health websites have continued to grow more popular over time. In April 2007, WebMD was the top ranked health related site at 1,205 (Chen, 2007). Now, WebMD is the second most popular healthcare site at 716 worldwide (Top sites: health, 2011).

What type of information are your patients seeking? According to the Pew Research Center (2010), Chart to the left is the healthcare information your patients are likely looking for.

Patients are going online for information, and there are real advantages to joining them. Think of your online interactions with your patients as an extension of the in-person medical treatment you provide to them. For example, in a recent study by The Markle Foundation, 94 % said their patients at least sometimes forget or lose track of potentially important things they are told during

doctor visits (Survey says: physicians, patients agree on healthcare IT priorities, 2011). Sending reminders, instructions, and educational information about their diagnosis and treatment are opportunities to provide valuable support to your patients online.

Further, your hospital’s online presence and patient resources should be considered a “gold mine” for patient engagement and loyalty. According to a recent report from IMI Healthcare, 47% of patients feel that doctors who are open to online health tools are more desirable, 48% say they are caring and 37% even say they are cool! Even more importantly, 51% of patients think that doctors who are open to online health tools are likely to make better care decisions (Zarb, 2010). If you systematically and thoughtfully engage with your patients online, your hospital or health system will increasingly become relevant to your community.

III. Patients are looking to connect with others about healthcare - isn't it time for you to enter this dialogue in a meaningful way?

First, let’s make the distinction between health information Internet usage and social media. As we discussed in Item 1 on previous page, your patients are going online for health information in record numbers (88% of U.S. adults per Pew Internet Research). So, no matter what you do, your

patients are going to be online, looking for health information and researching their own diagnoses. Think of that as a “one way” flow of information: from you to your patients. That type of communication is comfortable, manageable, organized, and easy to control. And, no question, the quality of the information you provide to patients online can be an opportunity for differentiation.

Examples of websites that primarily serve one-way information:

- Healthline
- Medicinenet
- WebMD

Two way interactions between practitioner and patient online have been ongoing through email, text, and Skype, but those communications have issues such as security and reimbursement, and are limited in scalability. Engaging in social media with your patients is a totally different pursuit and can be a major brand builder. Yes, it’s conversational, messy, disorganized, and cannot be controlled. But, with increasing frequency, your patients want to be in this social online dialogue – with you and with others. They are looking to build relationships on the Internet for their own convenience, pleasure, education, and sense of community.

Examples of healthcare social media websites:

| Website | Healthcare Functionality | Alex Rank (World) | Alexa Rank (US) |
|----------------|--|-------------------|-----------------|
| Facebook | Healthcare organizations create profiles to post events, reviews, patient comments, pictures, and other information. (check out Emory Healthcare for an example) | 2 | 2 |
| Healthgrades | Healthcare ratings information, patient reviews of providers and practitioners. | 3,494 | 704 |
| ICYou | Healthcare videos posted by patients and providers. | 305,828 | 192,952 |
| Patientslikeme | Members share treatment and symptom information to track and learn from real-world outcomes | 39,083 | 14,876 |
| Twitter | Providers sending tweets of activities, advice, healthcare tips, and updates via tweeter feeds. Check out Children’s Hospital of Pittsburg of UPMC for an example. | 9 | 7 |

Source: (Alexa, 2011)

In a recent speech at the 2011 Texas Medical Association Winter Conference, Kevin Pho, MD made the following observation:

“Connecting with patients online is a physician imperative for the 21st century. Social media gives us a tremendous opportunity and a powerful tool with which to do so – not only to accomplish this goal but to preserve and strengthen our relationship with the patient.” (Pho, 2011)

Yet as with every technological step forward, there are concerns that need to be addressed when a provider gets involved with social networking. What does a provider do if one bad review is posted online? How does one control for the potential unexpected patient reaction to online communication? How will practitioner time spent on social networking be compensated?

Perhaps one of the greatest concerns is that patients are giving each other medical advice. No doubt, there is a significant amount of misinformation out there. But perhaps your patients are smarter than you think about sources. See this quote from Susannah Fox (Fox, 2010) at Pew Research:

“You might worry about people are giving each other medical advice. That’s got to be dangerous, right? So far, no. We’ve asked people in our surveys: Have you or someone you know been helped by health information found online? 60% of Internet users who go online for health say yes, which is up from 31% in 2006. We’ve also asked: Have you or someone you know been harmed? That’s a flat-liner at 3%.”

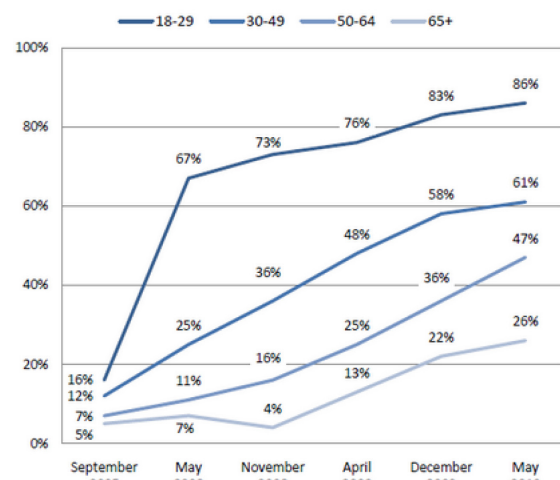
Pew Research Center’s Internet & American Life Project Surveys (2010). Social networking use continues to grow among older users. (Retrieved from Older Adults and Social Media, August 27, 2010.)

IV. It’s not just “young people” who want to engage with your hospital and physicians online - are your patient outreach efforts targeted based on solid segmentation research?

Social networking site usage grew 88 percent among Internet users aged 50-64 between April 2009 and May 2010 (Pew Research, August 27, 2010). As you can see from above, this is the highest growing age segment. And, research also shows that there is a “second degree” Internet usage phenomenon, with caregivers and family members going online on our elders’ behalf. One New York physician tells the story of an 82-year-old patient coming into his primary care practice. When the physician reviewed his file and asked him to confirm his medications, the patient responded that he knew they were correct in their health connectivity system because he used the system all the time – couldn’t the physician just access that and look? The physician did exactly that. Then, at the end of the appointment, when the physician started writing out a script, the patient said “I don’t do paper any more – could you just put it into the system and it will go directly to my pharmacy?” Patient expectations and demand are evolving and so must the way providers engage their patients.

Social networking use continues to grow among older users

The percentage of adult Internet users who use social networking sites in each age group



Source: Pew Research Center’s Internet & American Life Project Surveys, September 2005 - May, 2010. All surveys are of adults 18 and older.

V. Family caregivers can improve patient outcomes, but lack access to tools that can ease the burden of their work. Are you supporting them sufficiently with your services?

According to the national study Caregiving in the U.S. 2009, 29% of the U.S. adult population, or 66 million people, are caregivers, including 31% of all households. These caregivers provide an average of 20 hours of care per week. In total, family caregivers “provide an estimated \$375 billion worth of uncompensated care to loved ones annually (Naiditch & Weber-Raley, Caregiving in the U.S., 2009).”

Caregivers are already accessing information online for their loved ones. Pew research studies show that 84% of women and 75% of men conduct health research online for someone else. Further, tracking health care is a top priority for the sandwich generation: adults who are managing the care of their children and parents. A study by the California Healthcare Foundation found that when current non-users of personal health records (“PHRs”) considered what they would use such technology for, the second most prominent interest was tracking their child’s health record (at 63% of parents) and the sixth was managing their family info (at 57% of parents) (Undem, 2010).

A recent survey from United HealthCare on the e-Connected Family Caregiver highlighted the following top three technologies that caregivers believed would help them (Naiditch, e-connected family caregiver: bringing caregiving into the 21st century, 2011).

“Caregivers are in a position to both affect the patient’s quality of care and place of healthcare service. In short, caregivers are a significant source of your revenue, physician interaction, and activities.”

Based on this data, there is a strong desire for technological tools which can ease caregiving tasks, such as the burden of tracking information, coordinating care across family members, and ensuring medications are taken on schedule. Unfortunately, there is a divide between those who feel it would be helpful to performing their caregiving needs and those who would be able to try a solution if available. According to the study, by far the greatest barrier to the adoption of the above technologies was expense (Naiditch, e-connected family caregiver: bringing caregiving into the 21st century, 2011).

A key example of an online solution for caregiver is Univita.com, which offers one-stop shopping for caregivers with parents who live independently. Services include online assessments, concierge services, and communication portals across caregivers (Siegel, 2011). Other helpful websites include PHRs that allow for caregivers to have access to their family's medical information, such as Microsoft Healthvault, Dossia, RelayHealth, and Google Health (per NHIN).

Caregivers are in a position to both affect the patient's quality of care and place of healthcare service. In short, caregivers are a significant source of your revenue, physician interaction, and activities. Now, as programs for the elderly experience budget cuts, caregivers have fewer resources from the government and will need new solutions to fill in these gaps. Yet, communications to and from hospitals throughout the U.S. do not generally tend to focus on this segment. Targeting the caregiving space through technology is an opportunity to differentiate your practice, hospital or health system.

VI. Your patients trust you more than any other source for their personal health information. Are you leveraging that trust?

First, focusing on definitions, there is a difference between a PHR and a patient portal. According to a recent study by KLAS from November 2010, the difference between these two is that the PHR is a patient-controlled record and the portal is a provider-controlled record generated from the provider's EHR system. There are many in the industry who believe that, in the future, PHRs will converge with the patient portals that are provided by physicians and hospitals.

Will providers be the central source and point of control for patient health information? If so, how do they overcome the "tethered" nature of this arrangement, given many patients move or need flexibility to access their records regardless of their provider, payer, or geographic location. Although the specific end state of this information flow is uncertain, it is important to understand these patient preferences.

In a study by the California Healthcare Foundation (Undem, 2010), they highlighted the relative interest from patients in getting their personal

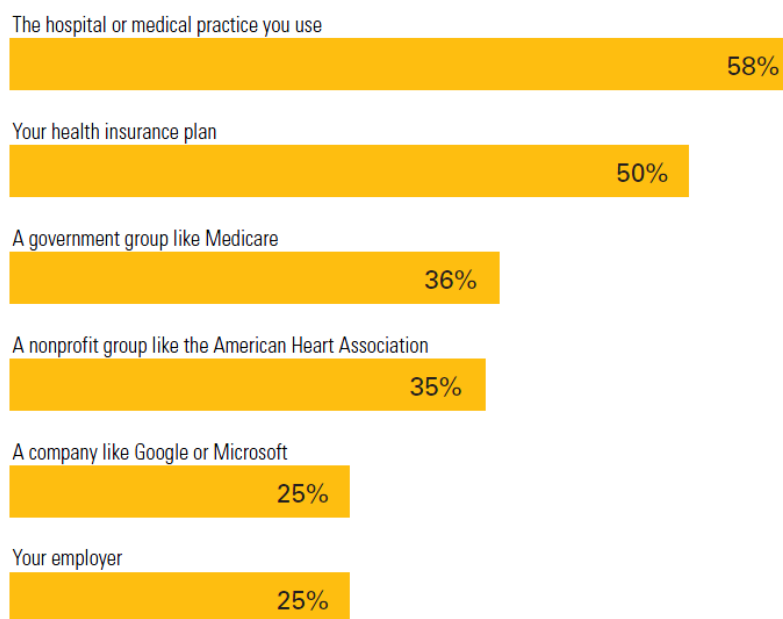
58% of adults without a PHR would be interested in using one if the PHR were offered by their hospital or medical practice”

health info from various sources. It was clear that patients trust their providers more than any other sources, including payers, employers, or other PHR websites. For example, 58% of adults without a PHR would be interested in using one if the PHR were offered by their hospital or medical practice (compared to 50% if offered by payer and only 25% by Google or Microsoft or their employer). These are clear indicators of the level of trust and confidence that patients put in their providers.

Non-Users’ Preferences Toward PHR Source

Would you be interested in using a PHR if it were from...

BASE: ADULTS WITHOUT A PHR (n=1,583)



Source: Lake Research Partners, national health IT consumer survey, 2009–2010.

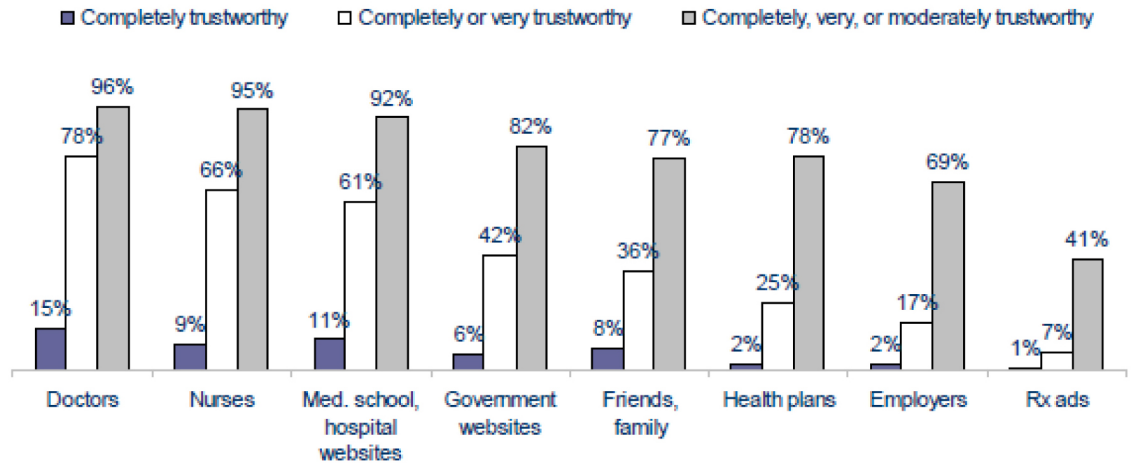
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Six of ten consumers (57 percent) want to access an online PHR connected to their doctor’s office.”

Per another study by Deloitte Center for Health Solutions (The Mobile Personal Health Record: Technology-Enabled Self-Care: 2010), approximately six of ten consumers (57 percent) want to access an online PHR connected to their doctor’s office.

Yet, according to the same study, only 26% of patients with PHRs today are getting them from

Most Trustworthy Sources for Health Information:



Source: (Darling, 2011)

their providers with the majority (51%) from their payers. Why? There is a lack of availability from providers who are mainly concerned about liability and data integrity. So, an opportunity exists for more practices, hospitals and health systems to take the lead in resolving these barriers and extending access of relevant patient health information to their patients.

By the way, patient access is also a Meaningful Use Stage 1 Requirement and a core capability for Patient Centered Medical Home and Accountable Care Organizations. The good news is that, in the KLAS study noted above, 87% of the providers interviewed stated they planned to implement a PHR in the next five years, mostly driven by ARRA and Meaningful Use (Darling, 2011).

VII. Your patients are MOBILE - and are already accessing and documenting health information wherever they are. Are you meeting them where they are?

Although the current rate of adoption of PHRs in general and mobile personal health applications is still low, it is expected to grow significantly over the next 5-10 years. The trends toward consumerism in healthcare, declining costs of mobile devices, Consumer Driven Health Plans (“CDHPs”),

and the shift of healthcare costs to employees are all factors in this growth. mPHRs are expected to have value in a variety of ways and especially in the areas of post-acute care, obstetrics, home care, obesity, asthma, and diabetes.

For instance, a woman can use the following smartphone applications to manage her and soon her infant's health:

| Stage | Application | Functionality | Cost |
|-------------------|---------------------------|--|--------|
| Conception | Pink Pad Pro | Period and ovulation trackers, reminders, health journal, & community forums. | \$1.99 |
| Pregnancy | BabyBump Pregnancy Pro | Daily & weekly info & images, community forums, appointment reminders, kick counter, contractions journal, birth planner, & picture journal. | \$3.99 |
| Birthing | iBirth Pregnancy App | Contraction timer & labor position videos. | \$1.99 |
| New Baby | Grow With Me | Trackers for feedings, sleep, immunizations, temperature, & growth. | \$2.99 |
| | Child Vaccine Record | Track childhood vaccinations. | \$4.99 |
| | Childhood Diseases | Descriptions, photos, and information on common childhood diseases. | \$4.99 |

Source: (iPhone app store, 2011)

According to the previously -referenced Deloitte study, here are the facts:

- 17 percent of cell phone owners of all ages (10 million adults) have used their cell phones to find health info. (29 percent of cell owners ages 18-29 have done such searches.)
- 9 percent of cell owners have software applications or “apps” on their phones that help them track or manage their health. (Some 15 percent of those ages 18-29 have such apps.)
- 50 percent of consumers want a personal monitoring device to alert and guide them to make improvements in their health or treat a condition.
- Younger cell phone users are the most likely to look up their health information on the go, but the drop-off point is closer to age 50, rather than age 30.

As a provider, there are a number of issues to consider in the rise of consumer health information technology. For instance, currently no widely accepted, single technical standard among both PHRs and electronic health records (EHRs) exists, limiting the usefulness of mPHRs to integrate data and movement through different care providers. Furthermore, only about one-third of doctor's offices use a basic EHR, further limiting both integration and portability.

Patient use of smartphone applications to track their health without the guidance of practitioners comes with concerns. For instance, easily accessible smartphone applications are currently unmonitored to ensure the health information and advice they give is accurate and follows best practices. Further, through such applications it is possible to easily track enormous amounts of personal data, but it can be unclear how such information leads to better healthcare outcomes. Finally, if patients start showing up to appointments with smartphones and tablets ready to show their practitioner data, is your organization prepared to accommodate and respond to such consumer demands?

VIII. There are certainly many concerns that come with patient engagement. But, are you taking advantage of the many strategies and tactics to protect the security of your hospital and the privacy of your patients?

No discussion of patient empowerment should occur without acknowledgment of the numerous well-founded concerns of healthcare professionals. Some major concerns around patient engagement tools include, but are certainly not limited to:

Privacy: A fundamental tenant of the US healthcare system is maintaining the confidentiality of a patient's medical information. Launching a patient engagement tool does add risk and complications to maintaining privacy. For instance, Children's Hospital Boston is currently negotiating how to keep adolescent's privacy regarding issues for which the parents should not have access (e.g., sexual history or use of birth control medications) while using a patient portal which may also be accessible by parents (Bourgeois, Taylor, Emans, Nigrin, & Mandl, 2008).

Security: As patient engagement tools must be hosted online, security of information is complicated. The US government is working to help increase security of sending healthcare information across the web through such initiatives as the "Direct Project" (Welcome to the direct project's implementation group home page (wiki), 2011).

Integrity of the Medical Record: Sharing parts of the medical record is one way to engage the patient and fuel better conversations between physicians and patients. Yet, physicians are concerned that sharing medical records with patients will change their ability to include opinions on sensitive issues such as suspected alcohol abuse or suspicions of cancer.

Liability: As patients post or transmit health information to physicians, it is unclear how liable the healthcare center is for acting on the information. For instance, if a patient sends an email to their physicians indicating suicidal thoughts that is not read immediately, can the patient's family hold the healthcare center liable for collecting health information and not acting upon it in a timely manner?

Increasing disparities in healthcare: A recent study assessing disparities in PHR adoption found that blacks and Hispanics were less likely to adopt PHRs than whites. Further, those with lower incomes were less likely to adopt the PHR than those with higher incomes (Yamin, et al., 2011). In adopting patient empowerment tools that utilize technology, there is always a concern of offering services that are not equally accessible to everyone

Payment: If practitioners spend more time interacting with the patients online, how are they going to be compensated for that effort? Most payment models have yet to catch up with this component of the digital age.

There are no silver bullets to address these concerns that can be generalized to the entire healthcare system. Each organization will have to adjust solutions to their own dynamic patient populations, concerns, and laws.

Yet, lack of one uniform, complete solution does not mean one should either shy away from using technology to engage patients, or not attempt to find answers. Patients want these tools, and many patients are willing to display flexibility to address these concerns in return for more access to their physician and/or better information. For instance, despite the fact that 48% of Americans are concerned about the privacy of medical records, 64% said that the benefits of EMRs outweigh privacy concerns (Kolly, 2011).

“The Direct Project develops specifications for a secure, scalable, standards-based way to establish universal health addressing and transport for participants (including providers, laboratories, hospitals, pharmacies and patients) to send encrypted health information directly to known, trusted recipients over the Internet.”

- <http://wiki.directproject.org/>

Further, healthcare organizations are on the lookout for solutions. Massachusetts General Hospital is investigating the above concerns through their Ambulatory Practice of the Future (“APF”). This initiative is currently a testing ground for new HIT solutions in ambulatory care, specifically focused on patient engagement.

For instance, APF patients have access to a patient portal where they can read their physician’s notes and track their health. While issues such as privacy, liability, and integrity of the medical record are not yet fully answered, through this sandbox MGH is going to find out what happens (Judge, 2011).

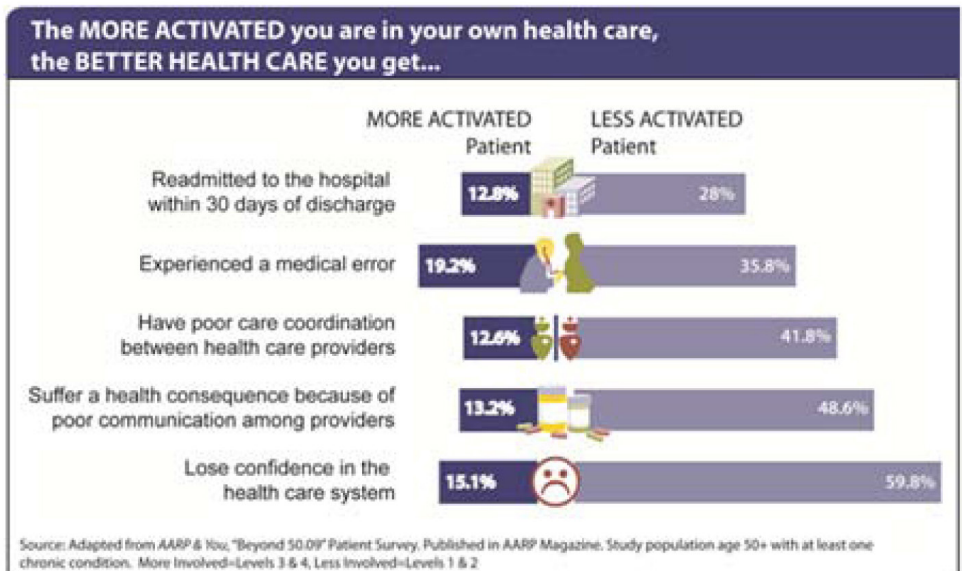
IX. Patient engagement improves health outcomes and it doesn’t have to be expensive. Are you taking advantage of the variety of inexpensive tools available to you?

“The good news about using technology as a way to engage with your patients is that it is relatively inexpensive compared to many other marketing media.”

Researchers are currently linking patient health outcomes to patient engagement and it is becoming apparent that low cost tools are worth their already inexpensive weight in gold. For instance, according to Judith Hibbard, DrPH, researchers are consistently finding that patients with the knowledge, skill, confidence to manage their health and healthcare are more likely to engage in more:

- *Preventive behaviors*
- *Healthy behaviors*
- *Disease specific self-management behaviors*
- *Health information seeking behaviors*
(Hibbard, 2010)

And such behavior improves health outcomes. According to a study conducted by the AARP, the more activated a patient, the less likely they were to experience a negative health outcome such as readmittance to the hospital or a medical error.



Source (Hibbard, 2010)

The good news about using technology as a way to engage with your patients is that it is relatively inexpensive compared to many other marketing media. In a recent presentation, Lee Aase, Director of the Center for Social Media at Mayo Clinic, specified that the total cost for the Mayo Clinic Facebook, YouTube and Twitter was \$0.00 and the annual cost for a customized blog was \$75 (Aase, 2011).

Usage of simple, inexpensive tools focused on engaging the patient can heighten the patient experience and result in better patient outcomes. Further, it is by virtue of their pervasiveness and cost effectiveness that they are quickly becoming a necessity and one of the few ubiquitous and inexpensive means of communicating.

X. Don't think of patient engagement as just another ROI business case. Are you placing too many barriers on your team's creative patient engagement efforts?

The benefit of patient engagement tools to the financial bottom line is not a straightforward calculation. For a tool like using Twitter to publish events and encourage discussions with patients,

“Patient engagement tools from a Twitter feed to a more extensive implementation of the medical home care model can address those emotional demands, maintain loyalty, and ultimately benefit an organization financially.”

one can likely calculate a few direct savings such as not having to design, print, and mail postcards with the same information. Yet, for the most part, patient engagement tools do not replace a current service at a lower cost or allow you directly to charge for the service. The benefits to the bottom line are often much softer and therefore harder to quantify. But financial benefits exist, and patient engagement tools can have a dramatic affect on your organization.

Key benefits to patient engagement tools include, but are not limited to:

- 1. Retaining patient loyalty.*
- 2. Attracting new patients.*
- 3. Improving health outcomes.*
- 4. Improving employee retention rates.*
- 5. Attracting more qualified employees.*
- 6. Improving your healthcare organization's reputation.*

In a recent article by the Gallup Management Journal (Robison, 2010), the author discussed how providing excellent medical care and an optimal patient experience (nice lobbies, outreach classes) is not enough to engage patients. Consumers of healthcare are looking to have their emotional needs supported as well, particularly in the highly stressful experiences they face while obtaining care. Patient engagement tools from a Twitter feed to a more extensive implementation of the medical home care model can address those emotional demands, maintain loyalty, and ultimately benefit an organization financially.

Also of interest, according to Gallup's research (Robison, 2010), “patient engagement consistently predicts hospital performance on an array of crucial business outcomes, including EBITA per adjusted admission and net revenue per adjusted admission.”

XI. Changing payment models means that patient engagement is no longer an “option”. Are you still discussing its priority?

Across the country, hospitals and physicians are considering the impact of the Patient Centered Medical Home and Accountable Care Organizations (ACOs) to their delivery of care. Under ACO models, payment structure is expected to be enacted changing the payment incentive from fee for service to creating the best patient outcomes for the lowest cost.

In anticipation of the ACO models, payers are proposing new risk-sharing agreements with their affiliated healthcare organizations. For instance, in January 2009, Blue Cross Blue Shield of Massachusetts (BCBSMA) launched a payment arrangement called the “Alternative Quality Contract” (ACQ). The contract is a global payment arrangement that focuses on linking payments to achieving quality goals (Bean & Kane, 2011) .

Healthcare organizations must react strategically to this changing landscape in payment models, particularly in accordance with risk sharing. From the healthcare administrator’s perspective, one component that cannot be ignored in this equation is patient engagement, because it is the trigger to having patients employ preventative care. Patient’s must be activated and that means more than just asking practitioners to lecture more on smoking cessation, dieting, and medication compliance during the patient visit.

The most economical, pervasive, and accessible way of engaging patients is by using technology because it offers new solutions to old problems. Through numerous examples, healthcare centers have seen a change in the way their physicians and patients interact, and the benefits abound. In planning the strategic direction of your healthcare center to succeed under new payment models, it will become even more important to utilize technology to engage your patients.

“In planning the strategic direction of your healthcare center to succeed under new payment models, it will become even more important to utilize technology to engage your patients.”

XII. Four Recommendations for Practical Action:

“Walking the talk” means investing resources, including your personal time, on initiatives whose sole aim is patient engagement or experience.

1. *Recognize the potential and limits of Patient Engagement*
2. *Set a single principal objective for each project (see below for ideas)*
3. *Research what is already known about your objective*
4. *Focus on what is known to be effective*
5. *Remember – it’s more than just feedback*

| Potential objectives for patient and public engagement |
|---|
| • To understand health needs |
| • To understand the health and social care needs of minority groups |
| • To assist with the development of local ethical frameworks to inform priority-setting and resource allocation |
| • To determine local views on specific proposals for investment and reconfiguration |
| • To determine the level of need for chronic disease support |
| • To monitor and benchmark the quality of patients' experience in local providers |
| • To describe and monitor patients' experience of specific care pathways |
| • To monitor patients' experience of community services |
| • To monitor patients' experience of GP and other primary care services |
| • To monitor quality of care in specific wards or departments |
| • To ensure representation from 'seldom heard' groups in feedback on patient experience |
| • To measure health outcomes for specific procedures or care pathways |
| • To monitor patients' experience of choice of provider |
| • To improve the quality of patient experience in provider organisations |
| • To obtain an overview of all sources of patient feedback |
| • To improve patient engagement in treatment decisions and promote personalisation |
| • To communicate with local people, key stakeholders and providers |
| • To provide information to support patients' health choices |
| • To build health literacy |

(Source: Five Steps to Engaging Patients, Don Redding Picker institute, Aug 4, 2008)

A. “Walk the talk” on patient experience and engagement as a top priority; set specific patient engagement objectives.

“Walking the talk” means investing resources, including your personal time, on initiatives whose sole aim is patient engagement or experience. This will require leadership to make tough decisions on the appropriate levels of investment and prioritization.

Dr. Bridget Duffy, former Chief Experience Officer at Cleveland Clinic and now CEO at Experia-Health has suggested four key steps to improved patient experience:

- *Make patient experience your top priority*
- *Focus on optimizing the employee experience as well*
- *Map the gaps in the human experience*
- *Link your patient experience strategy with your quality and safety efforts*

Although her focus is on patient experience rather than engagement, these principles are a good starting point.

Setting specific patient engagement objectives and executing on those objectives is critical. As a summary perspective on key elements to patient engagement, in a recent article, Don Redding of the Picker Institute Europe gives tips on how to make a success of patient and public engagement:

“Get engaged yourself. Learn from others. There are many wonderful success stories related to social media in the industry”

B. Champion your hospital’s social media strategy; assure mobility as a key component

This means communicating throughout your organization that you consider social media a key element of your overall patient engagement and satisfaction strategy. Get engaged yourself. Learn from others. There are many wonderful success stories related to social media in the industry. We have highlighted ten success stories in the Appendix to this document which are grouped into three categories:

- *Proactive outreach*
- *Concierge services*
- *Live event coverage*

If you read just one, choose number seven! (Source: “10 Hospital Social Media Success Stories”, www.LaunchYourMovement.com)

Also, here is a great example of creative use of youtube to highlight your patient’s compliments about your hospital. http://www.youtube.com/watch?v=PyGKZhr9gfl&feature=channel_video_title

C. Include caregivers and all patient demographics in your patient engagement efforts; do not make assumptions about your audiences unless based on research

“Caregivers are in a key decision making role and likely will be attracted to an organization that both tailors their care to the patient and provides resources and tools to help ease their burden as well.”

This is a key place of competitive differentiation for your healthcare center. Caregivers are in a key decision making role and likely will be attracted to an organization that both tailors their care to the patient and provides resources and tools to help ease their burden as well.

Physicians who can educate family caregivers of tools already available at low cost will be valued. At the same time, any education must disclose full information about the potential security risks, and people must be aware of privacy implications in pursuing such tools.

D. Consider HIT solutions that already incorporate PHRs, PHPs, or patient portals

“As you move forward with healthcare EHR and other healthcare IT decisions, make patient access and engagement a key decision criteria”

Currently there is a plethora of health information technology applications for the consumer. As you move forward with healthcare EHR and other healthcare IT decisions, make patient access and engagement a key decision criteria. Does the tool you are considering have robust abilities for the patient to communicate and exchange information with their care team, including physicians and specialists? Does the patient have wellness applications? Is the tool easy for patients to use and interface with, regardless of their location (mobility)? Can the tool be used by the patient regardless of if they change physicians or insurance companies?

There is no doubt that the healthcare system in the U.S. is experiencing significant challenges. But there is cause for optimism as well. When hospitals and health systems prioritize and support the fundamental principle of accepting their patients as “partners” in the management of their health and wellness, we will all benefit. We look forward to a day when patient engagement in the health process is institutionalized and taken for granted!

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