

Insights Report

April 2015 | Report 2 of 2



DAVID HARTIG

THE POWERFUL PATIENT

*Analysis and in-depth discussion from healthcare leaders
at the 2014 HealthLeaders Media Health IT and Quality Exchange*

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The Balancing Act of Patient Care Delivery and Capability



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Hospitals, health systems, and physicians are finding out that the patient-as-consumer is becoming increasingly relevant in the industry. And this consumer demand for more and quicker access not only to doctors but also to their own medical records is coming at a faster clip than health IT infrastructure can handle.

At the HealthLeaders Media Health IT and Quality Exchange held in late 2014 at The Lodge at Torrey Pines in La Jolla, California, clinical and IT leaders came together to discuss and debate how their own organizations are navigating the complex balancing act of keeping up with what patients want and what can be delivered.

IT tools such as portals, secure text messaging, and electronic medical records are providing almost equal parts relief and frustration. The growing pains are guiding leaders who are learning that IT is as much a part of a patient's experience as getting treated inside exam rooms.

Integrating the clinical and administrative aspects of healthcare is important, and so are attitudes. Some doctors are finding out their bedside manner really does matter. Patients' unlimited access to online information and provider choices is challenging the traditional views of where to get care. Retail clinic? Urgent care facility? Emergency room? Choices that can create a quandary for hospitals and health systems are considered a convenience by patients.

It's clear the rise in consumerism is corresponding with healthcare's tremendous and transformational change, which is adding to the challenges that leaders are facing. Still, the trends are complementary and can be addressed with a coordinated strategy.

The Patient as Consumer, and the Impact on Quality and the Bottom Line



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The Internet has changed the way people do many things, including the way they buy. Consumers now comparison-shop online, and customer reviews greatly influence their decisions. Paralleling the retail experience, healthcare consumers are starting to shop around, as well.

Numerous surveys show that Americans use the Internet to search for information about medical conditions, physicians, and healthcare facilities. Increasingly, consumer awareness is driving healthcare in the quality arena. Everyone wants the best outcome at the best value. This trend affects the bottom line at healthcare facilities.

How quality affects the bottom line

Tying quality directly to the bottom line has been a wake-up call for many healthcare facilities. Of course, professionals in the healthcare field all strive to deliver safe and effective patient care—this has always been of utmost concern. However, the direct tie to financials is new, and CFOs are greatly concerned about the impact to their already-stressed bottom lines. In Nuance's work with a wide variety of healthcare facilities, we've seen an increased awareness and quest for knowledge from the financial side of the business about what these quality measures are, and how they tie to a positive margin. In some healthcare centers, improved quality measures can mean millions of dollars more in revenue.

The essence of quality is that it's all about people, all about life—and that's why it's so critical. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) requires healthcare providers to publicly report data on how well they are meeting or exceeding patients' needs and expectations, and this information ties back into value-based purchasing. With lives, revenue, and reputation at risk, delivering high-quality care is not a task to be taken lightly by healthcare providers.

Savvy consumers seek out the best-quality healthcare

We're seeing that public awareness and availability of hospital performance data is becoming a game changer. The consumer focus is not only on organizations' accreditation or certifications; people are also looking at statistics on healthcare-acquired conditions, readmissions, infection rates, and complications. Websites and online tools such as Hospital Compare, Leapfrog, Healthgrades, and U.S. News & World Report offer a variety of information to help consumers make decisions.

In addition, the federal government, especially the Centers for Medicare & Medicaid Services, is tying quality very tightly to reimbursement as part of its value-based purchasing initiatives. This has been a major shift that started about two years ago. This year, the amount of CMS reimbursement at risk—which takes into account performance on certain core quality measures—jumped to 5.5%, and it will continue to increase over the next several years.

A deep dive into patient care through analytics

Leading organizations recognize the need to ensure strong quality metrics, HCAHPS scores, and public-facing ratings. Timely data and analysis on current practices give healthcare leaders the ability to positively impact patient care while patients are still at your facility. This enables a change in your go-forward methodology, which can not only improve your bottom line but actually deliver the whole crux of healthcare: safe, quality care to your patients.

Discussion

Incorporating Technology to Deliver Better Patient Care and Experience

JACQUELINE FELLOWS

Healthcare reform has been and will continue to be a big driver of the transformational changes that are attempting to improve outcomes, cost, and quality while also defragmenting the care continuum. As part of the movement to a value-based reimbursement system, organizations are aligning with other care partners, physicians are fleeing private practice, and hospitals and health systems are merging with one another. This industry shake-up carries with it an undercurrent of potential culture clashes. Under normal circumstances, that could lead to years-long frustration among staff, but there is a sense of urgency in healthcare that is prompting leaders to drive culture change from the top down, with an increasing focus on doing what's right for patients.

Patient experience

As much as healthcare providers bemoan the federal government's HCAHPS survey as a misguided representation of how satisfied patients are with the care received at hospitals, the tool has helped drive a focus on the importance of patients' perceptions.

"I look at HCAHPS as just one sort of facet of the patient experience," says Sam Bagchi, MD, chief quality officer and chief medical informatics officer at Dallas-based Methodist Health System. "We are committed to trying to improve safety and quality as a driver of the patient experience."

In an aim to improve patient experience and get

higher HCAHPS scores, some hospitals have adjusted bedside routines to include more face time with patients. Whiteboards inside patient rooms that communicate next steps, the nurse's name, and other pertinent information are among the efforts to improve communication with patients.

Some systems have even taken cues from other industries, like retailers, to improve the overall experience patients have. Patient experience is a measure that is hard to capture. It's more than patient satisfaction; instead, it's about a patient's entire encounter with a hospital. That has

led to some hospitals to see patients as consumers, something not everyone agrees with, says Tiffany Berry, MD, chief experience officer at Dallas-based Baylor Scott & White Health, one of the largest nonprofit health systems in Texas with 46 hospitals.

"A lot of doctors bristle when you call people consumers," says Berry. "But there's a reality that patients and families do have choices about where they take their loved ones to seek care."

The list of choices continues to grow. In addition to the walk-in clinics inside local drugstores, urgent care centers are popping up in many places, and physicians are seeing patients via online visits. The rapid change, says Marcus Shipley, chief information officer for Trinity Health, a large nonprofit, Catholic health system based in Livonia, Michigan, with care sites across 21 states, means health systems have to change quickly, too.

TAKEAWAYS

- Patient experience
- Portal engagement
- Patient involvement

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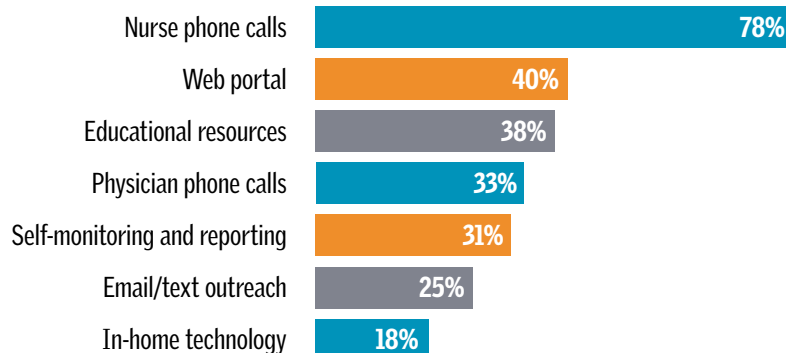
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INFRASTRUCTURE INVESTMENTS

What are the top three efforts you have found to be most effective at engaging patients in their own healthcare?



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Multi-response

SOURCE: HealthLeaders Media Intelligence Report, *The New Primary Care Model: A Patient-Centered Approach to Care Coordination*, April 2014.

"I like *consumer* versus *patient* because consumers want access," says Shipley.

Trinity Health, created in 2013 when Catholic Health East and Trinity Health merged, is focused on improving patient experience through being "people-centric." It's

not just about upping the ante on communicating, it's about the nuance of finding what individual patients need, says Shipley.

"They want communication and they want coordination through the complexity of this healthcare process," says Shipley. "If we think

"I look at HCAHPS as just one sort of facet of the patient experience."

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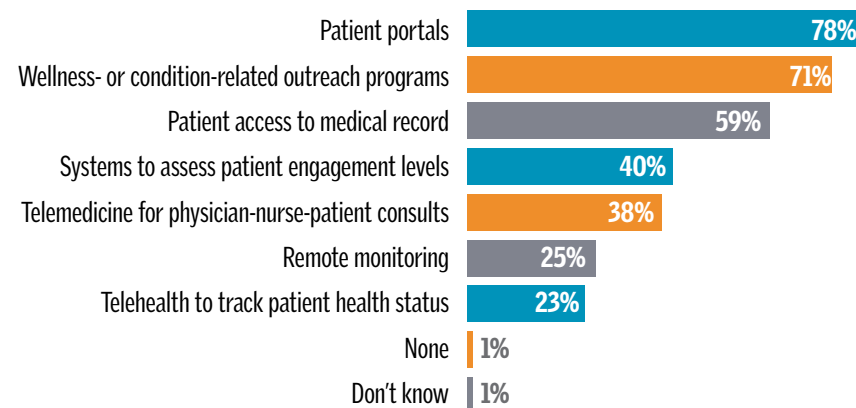
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PATIENT ENGAGEMENT INVESTMENTS

In which areas have you invested in patient engagement with the intent of supporting population health management?



Multi-response

SOURCE: HealthLeaders Media Intelligence Report, *Population Health: Are You as Ready as You Think You Are?*, October 2014.

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about the U.S. healthcare consumer from outside the chart and our approach to communication and how we deliver information, everything becomes different. Almost every other consumer-based industry has done this. We need to do this."

Portal engagement

Shipley also says that if patients have a better experience with a hospital or health system, they will be more engaged with their healthcare.

Technology is what connects the two concepts, says Shipley. Giving patients

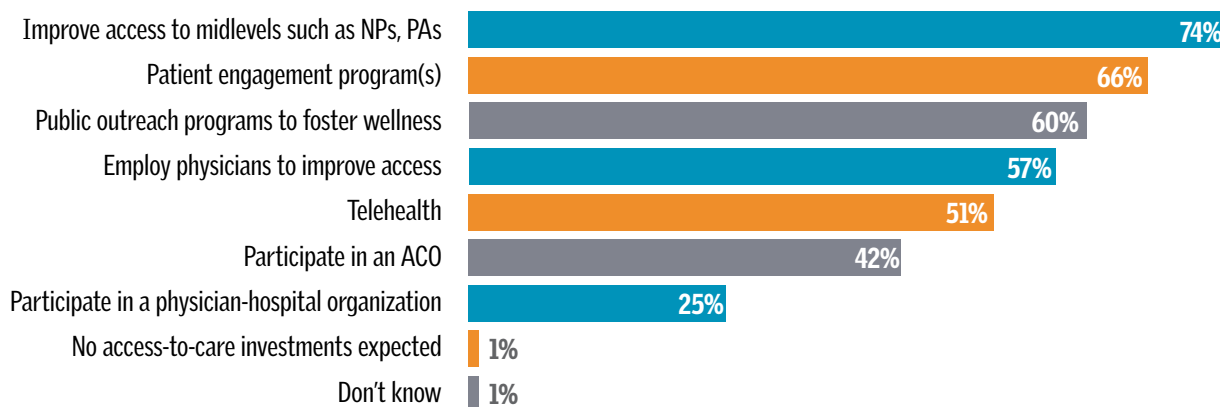


"A lot of doctors bristle when you call people consumers, but there's a reality that patients and families do have choices about where they take their loved ones to seek care."

TIFFANY BERRY, MD,
CHIEF PATIENT EXPERIENCE
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POPULATION HEALTH INVESTMENTS

Within three years, in which of the following areas do you expect to begin to invest or extend investments to improve access to care as part of your organization's population health strategy?



Multi-response

SOURCE: HealthLeaders Media Intelligence Report, *Population Health: Are You as Ready as You Think You Are?*, October 2014

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access to the medical record can also give them a sense of control that may transfers to taking control of their health.

"I think [patient engagement] starts outside the chart," he says. "At the end of the day, it's their data. It's not the hospital's data; it's not the physician's data. It's their data."

Health systems are not quite making the leap to giving patients full control of their data, but some are giving patients more access. For example, Mosaic Life Care, based in St. Joseph, Missouri, and formerly known as Heartland Health, uses OpenNotes, a Robert Wood Johnson Foundation initiative to foster better communication between physicians

and patients. It essentially gives patients access to their doctors' notes.

Mosaic Life Care uses a robust electronic medical record, and with OpenNotes, patients can view their entire record immediately after a

physician visit. Joe Boyce, MD, chief medical information officer for Mosaic Life Care, says when patients can see what is in their chart, they can spot errors, and it can spark important conversations. Boyce says sharing

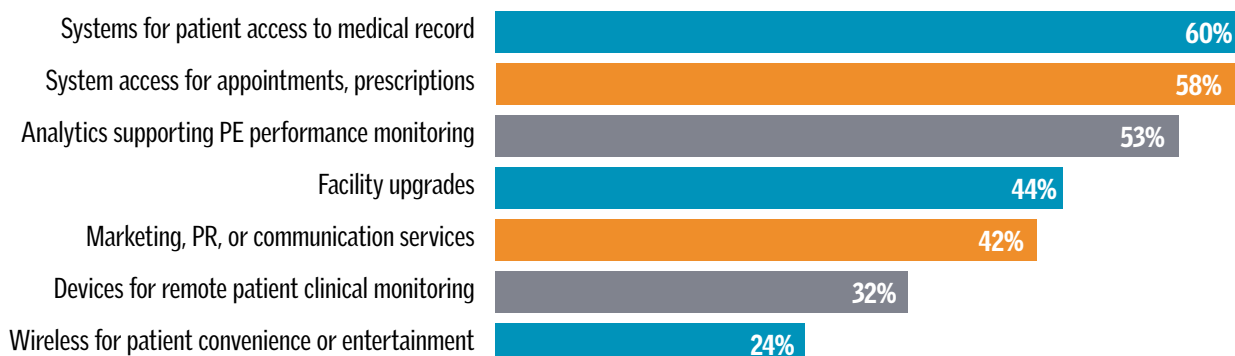
"If we think about the U.S. healthcare consumer from outside the chart and our approach to communication and how we deliver information, everything becomes different. Almost every other consumer-based industry has done this. We need to do this."

MARCUS SHIPLEY,
CHIEF INFORMATION OFFICER, CHE
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PATIENT EXPERIENCE INFRASTRUCTURE IMPROVEMENTS

On which of the following infrastructure elements do you expect your organization to focus, either as new activities or with additional emphasis, over the next three years for patient experience improvements?



Multi-Response

SOURCE: HealthLeaders Media Intelligence Report, *Patient Experience Transformation: Engaged Patients, Measurable Standards*, August 2014

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information with patients is the future.

"The way we communicate has changed so much," he says.

Mosaic Life Care is one of more than 30 organizations using OpenNotes as a way to improve communication and patient engagement. It also employs a patient portal, which is where most organizations are finding their footing in connecting with patients where they are, which is online. Some portals are basic information gathering interfaces. Boyce says Mosaic Life Care physicians use the portal to engage with patients.

Two weeks before an appointment, patients will receive a text message reminding them to review their medical information. The secure

messaging feature is something patients appreciate.

"The three things the patients always say: 'You ask me the same questions, give me a refill, you make me wait,' " says Boyce. "I can fix, to some extent, those three because

now I'm not making you wait when you come in. For example, since I got your text message [confirming the appointment], I can send you a text that says, 'Don't come in at 11:00 like I told you. Come in at 11:45 because we're running late.' It's things like that I see have a lot of potential."

"The three things the patients always say: 'You ask me the same questions, give me a refill, you make me wait.' "

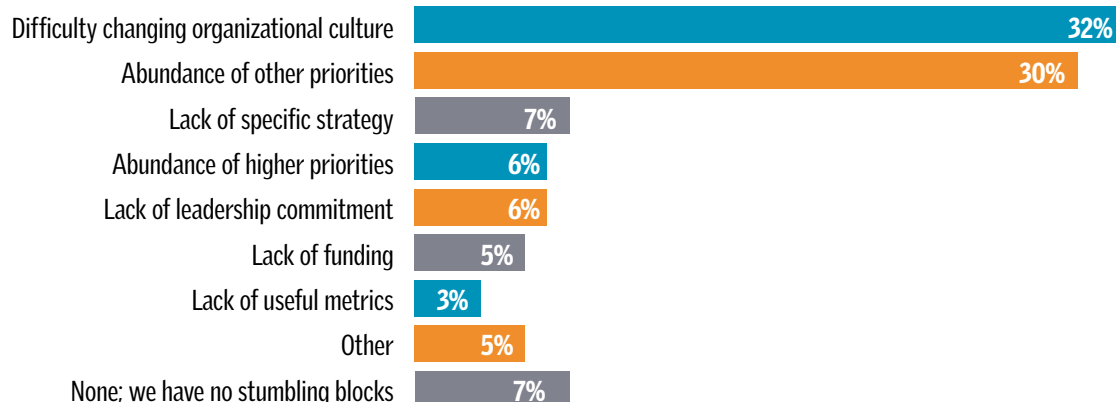
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PATIENT EXPERIENCE STUMBLING BLOCKS

What is the biggest stumbling block to creating an effective patient experience program at your organization?



Multi-Response

SOURCE: HealthLeaders Media Intelligence Report, *Patient Experience Transformation: Engaged Patients, Measurable Standards*, August 2014

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MemorialCare Health System, a six-hospital system with sites in Los Angeles and Orange County, California, is another organization that uses pre-visit questionnaires and secure text messaging to communicate with patients. Harris Stutman, MD, chief medical information officer, says both are “big winners,” and physicians don’t resist the move toward text messaging because they’ve learned over time that it saves time.

“Not only does it start to engage the patient but when they get to the doctor’s office, the doctor already has much of the information they need,” says Stutman. “Neither the patient nor doctor is confronted with redundant paper forms. It’s so much more efficient and the patient is more engaged.”

Physician resistance to patient portals is still a hurdle for systems that are just beginning to use them. Early adopters, such as Penn Medicine, an organization made up of more than 2,000 physicians that provides

services to several large area hospitals in and around Philadelphia, helped doctors accept portals by talking to patients first.

“You have to educate the patient,” says Michael Restuccia, vice president

“Not only does it start to engage the patient but when they get to the doctor’s office, the doctor already has much of the information they need.”

HARRIS STUTMAN, MD,
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and chief information officer for Penn Medicine. "There was concern as to whether they had the adaptability, the ability to even understand what a portal was. At this point, we have 250,000 patients on our patient portal."

Some physicians believe that giving patients more access means more emails, more paperwork, and more strain on an already busy day. But, it's helped make visits move smoother, and can be an edge in a competitive market.

"Doctors love it, the front desk loves it, and most importantly, the patients love it," says Restuccia. "It's really helping our business because our competitors don't have this capability."

Patient involvement

Technology wasn't always so intertwined with the patient's experience, but now it's a core part that organizations value and view as more than an infrastructure support.

Bagchi says patients' needs are considered first at Methodist Health in Dallas, which also created an opportunity for departments to work together.

"Early on, we branded our informatics department in a way that framed patients in the center," says Bagchi. "I knew that was the only way to break loose of the natural antagonisms. We were able to get the high ground on what informatics

meant for patients and we've run with that."

Another way that health systems are engaging patients is appointing them to patient and family advisory boards. Cambridge (Massachusetts) Health Alliance, a three-hospital system that is a safety-net hospital for northern Boston, has used this strategy for 16 years, says Assaad Sayah, MD, chief medical officer.

"They are very engaged, and we pay a lot of attention to them," says Sayah. "A lot of our work is just keeping your fingers on the pulse of the community and making sure that people are represented."

Sayah says having patient voices to convey what is important to them enables leadership to have a better understanding of the unique needs of the population.

Lee Memorial Health System, based in Fort Myers, Florida, with four acute care hospitals and two specialty hospitals, also is acting to find out what matters to patients. Scott Nygaard, MD, chief medical officer for physician services and network development, says the organization has been focused on patient experience, and it's looking closely to find a way to engage patients in a more formal way.

"I think this year we're saying it's time to bring patients to the table and ask them what they think in terms of some of our groups and committees," says Nygaard. "It's really a mind-set of putting ourselves in the patients' shoes and trying to experience it from a patient perspective."

Jacqueline Fellows is senior editor for physicians and service lines for HealthLeaders Media. She may be contacted at jfellows@healthleadersmedia.com

"A lot of our work is just keeping your fingers on the pulse of the community and making sure that people are represented."

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