



TOWER

Patient Experience Consulting Group

A TOWER Thought Leadership Whitepaper

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**Patient Engagement and Their Experience:
The Virtual Touch Points**

INTRODUCTION

Positively transforming the patient experience is complex; requires collaboration and an integrated approach across all touch points. Tower, a patient experience consulting group, has helped large, complex health care institutions to positively transform their patient care experience – as perceived by patients – on a consistent basis from pre-admission through post-treatment follow-up, across all departments and operations.



Worried Well Pre-Treatment Active Treatment Post-Treatment

Positive patient experiences come from having a patient-centered approach to care, which shifts the focus from a condition or diagnosis to *the patient*. This shift often results in significant improvements in clinical outcomes, cost savings and patient satisfaction. High performing hospitals put their patients firstⁱ and this creates a delivery system that is truly patient-centered with higher quality at greater efficiency and improved patient experiences.ⁱⁱ

A patient centered approach is about actively engaging and enlisting all participants in the care delivery process and building trusting relationships. The process begins by defining the patient experience system-wide and across all patient touch points - *physical and virtual*. It requires engagement of the patient and family, healthcare professionals and the organization to leverage technology and build upon what is working today – *processes, systems, knowledge, resources, and relationships* - to re-define the experience.

Taking a holistic systems view also helps ensure that technology solutions will be supported by improvements in management structures and processes; and that the operating culture is prepared for long-term transformation. A roadmap of business changes that connects top-down strategy with bottom-up implementation serves as a guide to the improvement process and helps ensure fit with patient needs and expectations.

A Beryl Institute reportⁱⁱⁱ defined the patient experience “as the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care”. It also demonstrated that actions by most organizations are primarily tactical, which pose challenges to achieving true systemic impact and lasting change. This highlights the need for organizations to think more strategically about their patient experience goals and to let this strategy influence their business objectives and decisions on the use of information technology.

ENGAGEMENT AND THE EXPERIENCE

Engagement helps consumers gain confidence in the healthcare system, take control over their health decisions and become more active partners in care processes. Today’s patients want better communications from their healthcare providers and their preferences to be respected, especially

during transitions in care. They have physical, emotional and personal needs and often rely upon support from family caregivers – all of which contributes to their health outcomes.

Healthcare organizations will need to understand consumer expectations and clarify goals across the care continuum to do what is best for the patients and their family members. Sometimes effective engagement will require adjusting consumer expectations; helping them to recognize appropriate care and understand that more is not always better.

Access to self-management tools can facilitate better lifestyle choices, increase treatment plan compliance, improve safety and contribute to good outcomes. But, engagement will also include creating opportunities help consumers enhance their encounters with physicians and other clinicians – for coaching when they are well, and to support more fluid delivery of care when it is actually needed.

Unfortunately, some patients with chronic conditions report that they don't clearly understand the warning signs and symptoms they should be monitoring after leaving a healthcare facility or know who to call when new symptoms arise or their condition worsens. But, engaged patients experience fewer medical errors, hospital readmissions and health consequences resulting from poor provider communication than their less involved peers.^{iv}

More engaged consumers, and a better experience with the healthcare system, requires a transformation in the way healthcare institutions and professionals serve their patients. The necessary change is being spurred by new policies, legislation and payment models designed to reduce costs while improving outcomes with both incentives and penalties. These efforts center around the idea that improved communication and engagement equals a better patient experience and real cost savings.

NEW POLICY, REGULATION AND PAYMENT MODELS: DRIVERS OF CHANGE

Any business knows that satisfied customers contribute to a better reputation in the community and increased loyalty. But, health care providers face additional drivers to engage and satisfy their consumers.

- In an effort to control insurance costs, employers and health plans have adopted policies and vehicles that create incentives, such as lower out-of-pocket costs and rewards, for those who adopt healthy lifestyles, avoid unhealthy behaviors and better manage their healthcare demands. This has contributed to more sophisticated and engaged consumers of healthcare services.
- Malpractice rates and defense costs can have a significant financial impact on the bottom line of any organization – both directly and indirectly. One policy change comes from risk managers and malpractice insurance carriers who have long recognized the direct link between ineffective communication, complaint management, poor patient satisfaction, malpractice claims and lawsuits. In an effort to reduce risk and lower costs, malpractice

carriers have begun to offer a discount on rates to those providers with good patient satisfaction scores.

- Health insurance and managed care plans also recognize the benefits of more engaged and satisfied patients and have adopted pay for performance programs that reward providers for patient satisfaction. Providers who have high satisfaction scores may also find these to be helpful during negotiation and contracting discussions on reimbursement rates with health insurance plans.
- The Accountable Care Act includes three programs that depend, in part, upon patient engagement. The first is CMS' Value Based Purchasing Program, which places a portion of reimbursement (1% of DRG in the first year) at risk and provides incentives to those hospitals who have high performance measures compared to others, or dramatic improvement in their scores. Outcome measures represent 70% of the incentives and patient experience, as determined by a hospital's HCAHPS scores, determine the remaining 30%.
- The second comes from Congress and President Obama identifying reductions in hospital readmissions as a source for reducing Medicare spending. It imposes a financial penalty of reduced Medicare payments beginning in FY 2013 for hospitals with excessive readmission rates (for any cause) within 30 days for select conditions. Over time, new conditions will be added and the amount of the penalties will increase; intensifying attention on discharge processes and self management tools.
- Third, Accountable Care Organizations create a new care delivery and payment model, especially for the chronically ill and those with complex needs. The goal is to coordinate care across providers and levels of care to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. This model will drive care away from more intensive and expensive settings to less costly *assisted living and home environments*.
- The Health Information Technology for Economic and Clinical Health (HITECH) Act includes an EHR Incentive Program with criteria for the meaningful use of certified technologies. The recently released notice of proposed rule-making (NPRM) for Stage 2 is more aggressive and includes new requirements.

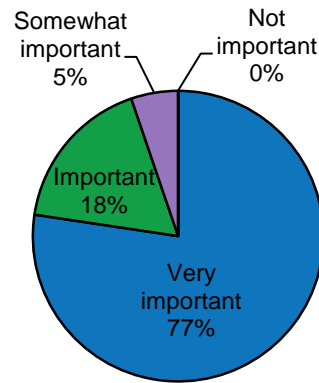
The new transitions of care objective requires more widespread use of health information exchange and the transmission of a summary of care record in 10% of all patient encounters. The criteria for engaging patients and their families emphasize provider education and engagement of patients in viewing and responding to their electronic health information.

- more than 50 % of all patients who are discharged from the inpatient or emergency department of an eligible hospital or CAH *have their information available online within 36 hours of discharge*
- more than 10% of all patients who are discharged from the inpatient or emergency department of an eligible hospital or CAH *view, download or transmit to a third party their information during the reporting period.*

- More than 10% of all unique patients admitted to the eligible hospital's or CAHs inpatient or emergency department *are provided patient specific education resources as identified by the Certified EHR technology*
- *A secure message was sent using the electronic messaging function of Certified EHR technology by more than 10% of unique patients seen during the EHR reporting period.*

In 2012, the National eHealth Collaborative asked stakeholders about the importance of patient/consumer engagement to transforming healthcare. The results demonstrate the seriousness of the issue, because none of the respondents said patient/consumer engagement was not important and 77% responded that it was **very important**^v.

How important is patient/consumer engagement to transforming healthcare?



TECHNOLOGY AS A STRATEGY

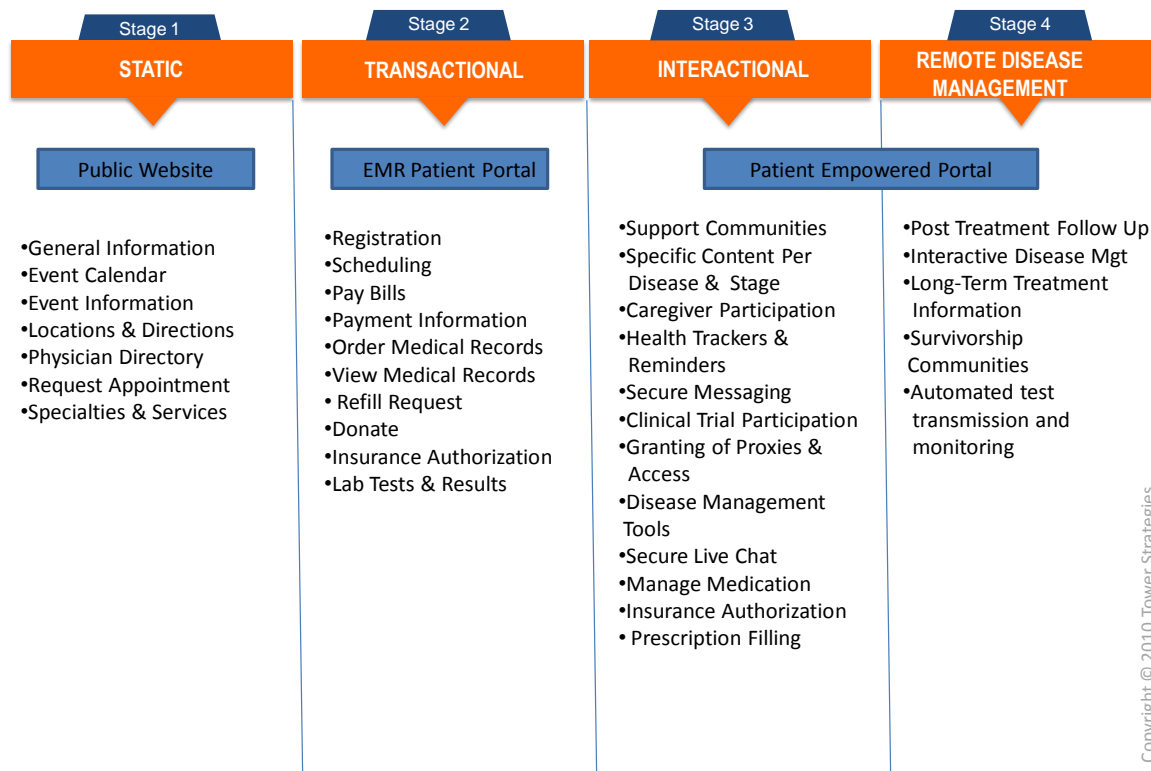
Patient-centered hospitals and health systems collect, analyze and act upon data that identifies what's important to patients and families during their stay and use that data to make meaningful change within the organization.^{vi} They also use this data to deliver personalized information to the patient; at the appropriate points in time.

Health information technologies facilitate more efficient data collection and care processes and when properly integrated, enhance the communication between the patient, doctor, hospital, and the processes that impact a patient's experience. They can create a seamless, consistent web experience and provide a different front end or user interface for patients and families, while allowing for a customizable back-end to support real world operations.

The value proposition is most evident in the management of individuals with chronic diseases. Information technology is becoming an especially important part of any strategy to improve chronic care; which takes place over longer spans of time and involves multiple providers and healthcare settings. This presents a tremendous opportunity for healthcare organizations to engage consumers and their family care givers with user-friendly care coordination tools and resources, especially during transition points. Technologies are also available to help providers identify and better support less activated patients with targeted outreach.

Hospitals are often viewed as the trusted source of health information in a community, so it makes sense for them to assume a key role in helping to lead, guide and support consumers as they navigate the Internet looking for the health information and tools they want and need. Today's hospitals are moving away from static websites toward adoption of transactional, interational and remote treatment and monitoring e-tools.

Charting the Customer Experience Maturity Model



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It is important to identify the right technology and vendors for solutions that address the issues, fit the institution, and leverage existing technologies and in-house resources. Specific technologies with widespread use that help establish a comprehensive virtual patient engagement and experience strategy across the continuum of care include:

- Portals – User friendly access to information and technologies and platforms that are controlled by the healthcare provider. Capabilities to integrate disparate information systems to present personalized self-service communication and interaction tools for consumers and patients.
- Personal Health Record (PHR) – Access is managed and controlled by the individual, creating an opportunity for integration of a broader set of tools, such as devices, apps for data collection that are specific to the needs of the individual and cut across time, all of their providers and care settings.
- Customer Relationship Management (CRM) – Mechanism for viewing customer online activity and storing personalization information that will drive user preferences and content delivery to the online visitor.
- Personalization – The collection and storage of data about session based preferences and content delivery based upon user search criteria and navigation preferences.

- Business Intelligence – Historical, current and predictive views of activities on the web tied to actual service utilization. Includes use of metrics and reporting from called services and dashboards for specific activities and operational processes.
- Social Media – Engaging and entertaining tools that make use of multimedia for education and support. Particularly effective addressing health literacy needs and hard to engage individuals. The multi-directional nature of social media communications lends itself to the need for closing the loop on full engagement with documented patient response.
- Mobile Devices and Apps – Engage those on the move or who rely on mobile for their only access to the Internet.
- Telehealth – Includes patient encounters and communications using videoconferencing and remote monitoring technologies, which have been proven beneficial with chronic conditions or after acute care episodes and during recovery periods. These technologies are especially useful for assessment and follow-up encounters with patients who live out of the area or experience travel challenges..

While access alone to these technologies can contribute to a virtual strategy, having engaging technologies that motivate more widespread use with multi-directional communication and multimedia functionality is something very different. The planning process for a truly comprehensive patient engagement and experience strategy will need to include detailed functional requirements for key applications, as well as, capabilities for identifying and managing online complaints and managing responses.

A strategy that attends to appropriate interfaces, ease of navigation and sign-on and personalized views will contribute to more engaged consumers. Functionality that tracks patient understanding, facilitates auditing and documentation and creates a record of self-management activities and interventions will contribute to improved clinical and business processes.

... THE RISE OF THE E-PATIENT

The drivers of change and technologies describe in this paper have given rise to the e-Patient^{vii} and the emergence of the virtual experience. This creates new opportunities to re-envision and transform care processes by leveraging information technologies.

Each healthcare institution is unique – with its own culture, values, structure, and processes. As a result, engaging top-level executives, as well as, 'patient facing' staff and care providers will be critical to:

According to Dr. Tom Ferguson, e-Patients are citizens with health concerns who use the Internet as a health resource, studying up on their own diseases (and those of friends and family members), finding better treatment centers and insisting on better care, providing other patients with invaluable medical assistance and support and increasingly serving as important collaborators and advisors for their clinicians.

- identifying the barriers to more productive use of the web to solidify, integrate and enhance clinical and business processes
- developing strategies that fit with the unique characteristics of the organization
- transformation to patient-centered and information rich environments
- maximizing capital and human investments

The success of efforts will be measured by institutional growth, competitive advantage and patient satisfaction metrics. But, the true measure of success will ultimately come down to whether our patients believe they have been treated compassionately as individuals and supported with the tools they need to make better healthcare decisions.

About Tower:

[Tower](#) is a highly-experienced consulting group exclusively dedicated to positively transforming patient experiences within leading, complex medical institutions on a consistent basis across the entire range of patient touch points. We engage top-level executives responsible for the operations of the enterprise as well as 'patient-facing' staff and care providers and other enterprise participants – to significantly enhance operational processes, better utilize technology and change the organizational culture – in order to achieve long-term transformation of patient experiences.

We do this without any agenda in terms of technology or vendors. Unlike many other consultants, we connect strategy from the top-down with hands-on implementation from the bottom-up to achieve our client institutions' objectives.

For additional information visit <http://towerstrategies.com> or contact Christina Thielst, Vice President, at cthielst@towerstrategies.com or (805) 845-2450.



ⁱ [Transforming Health Care: The Role of Health IT](#), Bipartisan Policy Center Task Force on Delivery System Reform and Health IT, January 2012.

ⁱⁱ Cliff, B., The Evolution of Patient-Centered Care, *Journal of Healthcare Management*, Vol 57, No 2, March/April 2012.

ⁱⁱⁱ [The State of Patient Experience in American Hospitals](#), The Beryl Institute, Spring 2011.

^{iv} [Beyond 50.09 Chronic Care: A Call to Action for Health Reform](#), AARP, 2009.

^v [Stakeholder Survey](#), National eHealth Collaborative, 2012.

^{vi} [Defining, Measuring and Sustaining a Patient-Centered Culture](#): Key Attributes for Developing a Patient-Centered Culture, Hospitals & Health Networks, November 2011.

^{vii} Ferguson, T.. "[e-Patients: How They can Help Us Heal Healthcare](#)", Society for Participatory Medicine, 2007.