Meaningful Use and Engaging Patients: Beyond Checking the Box

Contents

Introduction 2
Five key foundational capabilities to consider 3
Health Information Exchange Platform That Goes Beyond Meaningful Use 3
Proven Interoperability Without Forklift Upgrades 4
Comprehensive and Historical Patient Record 5
Effective Patient Identity Management Method 6
User-Friendly Patient Information Platform 7
Measures of Success 9
Summary 11
A Case Study in Patient Engagement 12
Introduction

The term “patient engagement” has become entrenched in the healthcare lexicon. Many have written about how important it will be to achieve the Institute for Healthcare Improvement’s Triple Aim — improved care, better health, and reduced healthcare costs. Others have written about the challenges of improving communications between physicians and patients.

As those topics are dissected, providers are moving forward with the implementation of patient portals and other initiatives. But, as a recent National eHealth Collaborative survey of members of the HIE Learning Network indicated, only 8 percent of providers surveyed said they have a “very clearly defined patient engagement strategy” (even though 53 percent of respondents said patient engagement is a high or very high priority).1 Based on this and other research, the industry appears to be at the stage in its transformation where knowing what needs to be done (engaging patients) does not yet mean knowing why it is important to do it, or knowing how to do it.

The benefits of achieving the Triple Aim — lower costs that help health systems’ bottom lines, and improved care quality that helps patients get better and stay healthy — largely address the why. This paper will focus on the how. Specifically, how providers can implement a health information technology strategy that will go beyond just “checking the box” of Meaningful Use patient engagement requirements, and instead leverage the power of technology to build a solid foundation for achieving longer-term patient engagement goals.

“Federal and private policy makers are insisting that healthcare providers get patients more involved in their own care, but that’s not going to happen without a careful analysis of your IT strategy…”2

— Paul Cerrato, Editor, InformationWeek Healthcare


How do you build this solid patient engagement technology strategy? There are five key foundational capabilities to consider:

Health Information Exchange Platform That Goes Beyond Meaningful Use

To successfully engage patients in their care, care delivery must be tightly aligned across physicians, payers, labs, pharmacies and others who support any given individual patient. Each member of the broader care team must be able to share relevant, accurate patient information with the others in a timely manner.

This is why the implementation of health information exchange technology, and participation with other providers in health information exchange (HIE), whether informal or formal, is important — not just to check the box of Meaningful Use, but to build a broader foundation on which to achieve the Triple Aim.

A successful technology strategy for patient engagement will include an HIE solution that:

- Helps leverage Meaningful Use requirements towards larger goals
- Aggregates clinical data messages into a community-accessible HIE
- Provides the foundational clinical data repository and secure communication infrastructure for both patient-centered medical homes and accountable care organizations
- Helps improve care coordination and connectivity across care teams
- Is provided by partners who participate in ONC Meaningful Use workgroups
- Offers secure messaging, online clinical visits, patient education materials, and other services to improve physician-patient communications
- Provides aggregated clinical data from its clinical data repository to feed business intelligence engines
The evolution of our current healthcare “silos” is based on the historical practice of healthcare as a “local” system. However, as we transform to new care delivery models such as patient-centered medical homes or accountable care organizations, and as industry consolidation continues, a critical need for true interoperability between existing discrete and separate EMRs or other technology will continue. How can you properly engage your patients when their information is locked in several different systems across the care continuum? How can you enable physicians to align with one another across these disparate systems?

To achieve the type of health information exchange that enables patient engagement, your technology strategy should include a partner who has:

- Established HIEs across the country through proven, standards-driven data exchange
- Employed a proven method for identifying patients and translating patient IDs across multiple systems without forcing a predefined patient ID structure
- Mapped clinical data into a format that can be used in existing systems and regular workflows
- Provided connectivity between vendors which enables you to utilize best-of-breed functionality versus a single vendor
- Enabled protection of your physicians’ existing technology investments
- Given providers control over which payers have access to your clinical data (some HIE vendors have been acquired by payers which could impact this control)
The first step in engaging a patient is knowing the patient. That means understanding him as a whole person, not just as a condition, disease, or treatment. And, physicians cannot begin to know their “whole” patients without reviewing that person’s longitudinal patient medical record.

A longitudinal patient record includes the patient’s medical history across care settings and time. It chronicles diseases, major and minor illnesses, as well as vital signs and diagnostic test data and gives the clinician a feel for what has previously happened to the patient. As a result, it may often give clues to current disease states. It can include several of these areas: surgical history, obstetric history, medications and medical allergies, family history, social history, and immunization history.

To enable physicians to take the first step in patient engagement, they must first consider the patient as a key member of the care team. Once that is established, the patient’s longitudinal patient record must be at the fingertips of the care team, easily accessible from one place, and able to be fed electronically to the EMR.

This capability is not commonly offered today by all HIE vendors, so providers need to be sure that their vendor(s) demonstrate proven technology for a longitudinal patient record, and not just a cursory “snapshot” view of current patient data.
To create the comprehensive and historical patient record referred to above, patient records from disparate systems need to be properly linked. This presents a major challenge related to patient identity management. The challenge for providers in accurately identifying a patient across a wide system of physicians, hospitals, patients, and payers lies in unifying fragmented records that use different patient identifiers across disparate health information technologies and settings of care. The need for a patient identity management system that offers maximum flexibility and interoperability with existing EMRs through the health system is critical to solve this problem.

A common patient identity management solution is an Enterprise Master Patient Index (EMPI). This type of solution functions well within an organization, but it requires a large implementation and maintenance effort. Another drawback of an EMPI is that it forces disparate systems to adopt a new patient identification structure. This process is also costly and not always possible when dealing with outside organizations such as affiliated physicians and other health systems.

A new solution, Cross-Enterprise Master Patient Index (XMPI), employs a vendor-neutral vision that is a better fit for cross-organization identity management and is designed to access both clinical and financial data.

XMPI allows systems to utilize their existing patient IDs by maintaining a continually updated list of IDs for a given patient — within and outside of an organization — and applying that logic to the longitudinal record. Patient data, no matter where it originated or what ID is associated, is correctly matched to the right patient record. All data-sharing rights — within the practice, the organization, or across organizations — are managed through a configurable scoping solution, so that access to patient information is controlled and available only to those who need it, and only when necessary.

Because XMPI doesn’t require systems to adopt a specific patient identification structure, and it distributes the ongoing maintenance of patient identification to the network of end users, it is far less costly to deploy and maintain.

To complement your patient identity management solution, your organization should consider technology that accounts for:

- Leveraging configuration options for patient identity management at the demographic and identifier levels
- Patient consent management
- Terminology mapping
- Data aggregation
It is clear that Meaningful Use Stage 2, Stage 3 and other industry pressures will continue to focus on enabling patients to become partners with their providers. Because of these initiatives, access to patient portals will become pervasive and patients will likely have several with which to interact inside and across health systems (e.g., one for primary care provider, one for hospital, one for payer, etc.)

Although availability of patient portals will not be an issue, enabling patients to derive meaning from the tools at their disposal will be more challenging. Meaningful Use Stage 2 defines minimal technical requirements designed to drive patient engagement at a rate of five percent. The challenge is that the minimum Meaningful Use Stage 2 requirements aren’t enough to compel five percent of patients to actually view, download or transmit (VDT) their health information. In order to compel patients to change behavior, organizations must provide processes and tools that go beyond the Meaningful Use guidelines.

**Patient Online Tools:** The technology approach should be to provide patients with user-friendly online tools that lead to better outcomes and cost-efficient care, including secure messaging, PHR, understandable test results, prescription refills, and patient education. One example of a patient-centered platform is a tool that automatically notifies the patient when new information has been added to his or her record.

**Patient Consent:** The patient information platform should be designed around the patient (with the patient at the center) and focus on the ability to maximize the flexibility of patient access, while assuring user-friendly, but robust, consent procedures. This is a difficult balance and is not easily established. For example, the patient should be able to give consent for access to the caregiver as needed, but still have the ability to decline consent to certain providers or others.
**Patient Information Platform:** That said, with all of the disparate pockets of data and tools available to patients from setting to setting, it will be critical to also provide a single, user-friendly, interactive information platform where all of the patient’s data within the health system is neatly aggregated and organized. The platform should facilitate dialogue as opposed to just a one-way “pushing” of information to the patient. In addition to the providers, the patient must also have the capability to provide inputs into the information. The optimal type of platform would be across the breadth of an entire health information exchange versus a single entity.

**Beyond the tools:** In concert with those tools, organizations must also establish a strong offline foundation from which providers can greatly increase the accessibility and usability of their patient’s personal health information. This foundation will need to include significant changes in the offline processes and workflow, greatly improved communications between the care team and patients, and an increase in patient health literacy.

Of course, it is a foundational requirement that the patient information platform be based on solid HIPAA compliance and that it have built-in security elements, such that any messages between patient and provider or across the health information exchange will be totally secure.
Measures of Success

How does an organization measure or know that they’ve been successful in their patient engagement strategy?

Although a majority of providers see patient engagement as a high priority for their organizations, there is generally a lack of clarity in how to achieve it, and a lack of agreement on how to measure it. Today, there is a wide variation in how providers are defining and setting objectives for patient engagement (if they are at all), and this clearly impacts their measurement of it.

As an example of definitions and measurements of patient engagement, a recent survey by the National eHealth Collaborative highlighted the following top five definitions, all of which could be measured via patient surveys:

- Patient uses educational material and online resources to learn about better health or his or her health conditions
- Patient uses tools and resources to manage his or her medical record and other health data
- Patient feels comfortable challenging doctor when something doesn’t seem right or when explanations are not clear
- Patient feels comfortable discussing health issues and questions with doctor or nurse face-to-face
- Patient communicates with doctor about changes in health status in a timely way
In another research-oriented approach, Dr. Judith H. Hibbard developed a measure for patient engagement called the Patient Activation Measure (PAM). This developmental model of activation would require providers to survey their patients on a variety of criteria to determine how engaged their patients are. This measure has good psychometric properties indicating that it can be used at the individual patient level to tailor intervention and assess changes. In this approach, activation appears to involve four stages:

1. Believing the patient role is important
2. Having the confidence and knowledge necessary to take action
3. Taking action to maintain and improve one’s health
4. Staying the course even under stress

However, because of the relative newness of the concept of patient engagement in the industry, most organizations are still grappling with setting patient engagement objectives. Instead of determining how to measure patient engagement success, they continue to measure patient satisfaction and/or patient experience. It is likely there will continue to be a period of exploration and experimentation with patient engagement objectives and measures over the next several years.
Summary

In summary, the five foundational technology pillars for a successful patient engagement strategy are:

1. **Health Information Exchange Platform That Goes Beyond Meaningful Use**
2. **Proven Interoperability Without Forklift Upgrades**
3. **Comprehensive and Historical Patient Record**
4. **Effective Patient Identity Management Method**
5. **User-Friendly Patient Information Platform**

With a health information technology strategy that encompasses these five elements, providers will be well positioned to leverage the assets of their platforms for a successful longer term patient engagement approach, and a stronger foundation for future care delivery transformation impacts.
A Case Study in Patient Engagement

Many providers have been piloting patient engagement projects, and one major provider has implemented a patient-centered care model while leveraging the full capabilities of a user-friendly patient information platform to move toward longer-term patient engagement goals.

Patient-Centered Medical Home is a team-based, patient-centered model aimed at transforming the delivery of primary care, and is based on the premise that the best healthcare begins with a strong primary care foundation. In 2009, the Department of Defense (DOD) Military Health System, which provides healthcare to military personnel, retirees and their families, began implementation of a patient-centered medical home model, starting with the National Naval Medical Center. The three key goals of this new model were to:

- Institute an integrated, patient-centered primary care model to sustain high-quality healthcare; focus on prevention and wellness
- Proactively promote care management, quality outcomes, active patient involvement and care-team coordination
- Replicate across multiple military treatment facilities, if successful

To enable this care transformation, DOD selected a robust patient information technology platform that facilitated:

- HIPAA-compliant portal for patients and care teams to view, download and transmit/share (VDT) medical information
- Secure messaging and analytical tools that improve care coordination, prevention and quality outcomes
- Patient educational materials
- Ability to send and document personal health information (e.g., blood glucose, blood pressure or weight) for chronic care management
- Broadcast messages that promote health goals, give reminders, share policies and medication recalls, etc.
With the patient information portal, military service personnel, retirees and their families can contact their primary care clinic to request prescription renewals, request appointments and referrals, get guidance from their medical team by email, consult with their medical team regarding non-urgent health matters, avoid unnecessary office visits and telephone calls, and access valuable health information online. The Patient-Centered Medical Home technical solution, powered by RelayHealth, brings a healthcare team to the patient, wherever they are, any time of day, allowing them to safely send a message to a doctor or nurse from the comfort and privacy of home.

The additional communications capabilities have had a positive impact on care delivery and patient engagement.

“Our patients feel they have an increased level of access to (doctors and nurses),” said Dr. John Marshall, Internal Medicine Clinic, Tripler Army Medical Center. “They don’t have to wait for a certain clinic or office to open in order to call, or wait on hold when they do call; they can send us a message in the middle of the night.”

The new system makes communication more efficient for doctors and nurses as well because patients referred to civilian providers can link their military and civilian health records through Blue Button technology.

“Secure messaging has been shown to significantly increase patient satisfaction and save time for the medical staff and the patient,” said Col. (Dr.) Markham Brown, deputy chief of the medical staff, 59th Medical Wing, Joint Base San Antonio-Lackland, Texas. “Giving patients the ability to communicate with their entire healthcare team creates efficiencies in process and ultimately allows for more complete care.”

The opinions expressed do not represent an endorsement by or the views of the United States Air Force, the Department of Defense, or the United States Government.

3 Pacific Regional Medical Command. “Secure messaging system connects patients, health care team 24/7.” Retrieved on 14 December 2012 from http://www.army.mil/article/77831/Secure_messaging_system_connects_patients__health_care_team_24_7/. Please note that while patients can send messages in the middle of the night the care team may not respond immediately.