



Critical Conversations on the Changing Health Environment:

PATIENT AND COMMUNITY ENGAGEMENT

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A New Continuum of Engagement

New models of care, new reimbursement systems, new technological developments and new metrics of success are pushing health care from the volume-based first curve to the value-based second curve. Hospitals and other health care organizations now have increased incentives and capabilities for population health medicine and community outreach. At the same time, patients and their families are becoming more active participants in their care – both as health care consumers weighing cost and convenience and as members of the health care team, playing a critical role in their own treatment. **In this new environment, patient and community engagement become an integral part of the delivery of care.**

IN THE FALL OF 2015, the American Hospital Association (AHA) invited hospital and health system leaders in the Philadelphia and Atlanta metropolitan areas to join AHA executives in a Critical Conversation about patient engagement in a changing health care environment. Also attending were a selection of health care solution providers whose solutions have been exclusively endorsed by the AHA for proven excellence and contribution to hospital operations. AHA Solutions, Inc., a subsidiary of the AHA, sponsored the two Critical Conversation events. This report includes some of the highlights from those discussions.

Transformational Forces Unleashed

These health care leaders didn't need anyone to tell them that their industry is undergoing great change. When AHA Solutions Director and Critical Conversation facilitator Mary Longe asked them how many projects they were juggling at their hospitals ...

- Lee Erickson, associate chief medical officer at Penn Presbyterian Medical Center, answered, "Me personally? 12. The hospital? Hundreds."
- Pat Modafferi, vice president healthcare services at Einstein Montgomery Medical Center, said she oversees at least 20 current performance improvement projects at her facility in East Norriton, Penn.
- Rodney Southworth, chief financial officer, reported 37 initiatives at Hillside Children's Psychiatric Hospital in Atlanta.
- Geoffrey Cole, MD, executive director of ancillary services at Athens Regional Medical Center, said the new CEO at his facility had narrowed the system's priorities to just three goals: improving patient care and safety, boosting the health system's financials and becoming the employer of choice for the area. But, he admitted, each of these goals has many, many projects beneath it.

It's not just the Accountable Care Act that's behind these changes and initiatives, said Kathleen Wessel, vice president, business management for AHA Solutions. "A number of things are coming together and really impacting health care: consumerism, new collaborators, new patient flow designs, new metrics for success. People are coming into the system from various places – and sometimes they're not even coming into the hospital."

This change is leading to new definitions, new ways of interacting with patients and their families, and a broader vision of health care in general, as well as hospitals specifically. The emphasis on population health management means hospitals must attend to the health of patients not only when they're in the hospital or outpatient facility, but also when they are in the community and *before they even get sick*.

Managing this new, larger continuum of care – this continuum of *engagement* – requires a new approach to teamwork, community outreach and the delivery of health care in general. It takes clear communications at transitions; the secure but reliable exchange of information among members of the care team (including those outside the hospital or health system); and strong partnerships with patients, their families and the community at large.

Navigating from Volume to Value: 5 Strategies for Moving Forward

Right now, many hospitals have one foot in the new value-based world while still keeping the other in the fee-for-service world. Tim Steffl, chief operating & development officer of AHA Solutions, noted “part of the system is based on value and part is based on fee-for-service or episodic care.”

Although moving towards a value-based system with reimbursement based on outcomes should help put the patient at the center and keep communities healthier, many hospitals are still living in a hybrid world where they still make more money when people are in the hospital.

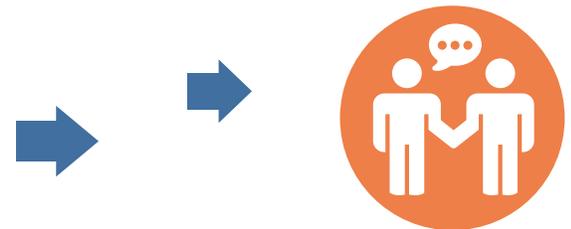
Navigating the no man’s land between health care’s first and second curves requires thoughtful planning and response. Most hospitals are using some combination of five predominant strategies:

1. **Partnering** – working with patients, families, community organizations and vendors in new ways
2. **Redefining** – reshaping their missions or structures to adapt to the changing environment

3. **Integrating** – finding other health systems with which to join forces
4. **Specialization** – carving out niche services to meet a clear community need
5. **Experimentation** – innovating new solutions and pushing the health care envelope

Several of the representatives who participated in the discussions in Atlanta and Philadelphia reported that their hospitals were actively looking to merge or develop new relationships with other health care organizations. All were looking at new ways to engage with patients, employees and their communities.

This much is clear: Very few hospitals can face all these challenges alone. Just as the health care team has emerged as the most efficient and effective way to care for patients, hospitals also need to team up with staff, community organizations, vendors – as well as patients, family and community members – to create a health care system that meets the unique needs of the populations they serve.



Changing Definitions

In this transition time between the first and second curves, everything is in flux. Even the words we use every day – such as hospital, patient and community – have evolving meanings and different meanings at different times and places.

You can drive into any city or town in the country, and when you see the white “H” on a blue background, you know there’s a hospital nearby. No matter where you are, the “H” represents care, but the “who, what, where and when” of delivering that care varies from hospital to hospital, community to community.

“Every community is different, every population is different and the needs are different, so the way Hospital A structures it is not the same as Hospital B, C or Z,” said Kathleen Wessel of AHA Solutions. “It’s not the same set of issues, or the community is not going to have the same set of resources.”

Each hospital also has its own way of defining and looking at community, too. A small specialty hospital may define its community quite narrowly. At a large

regional hospital, the word “community” may refer to a population spread over several counties and even across state borders.

And, as Mary Longe, AHA Solutions director, asked: “Is the word ‘patient’ appropriate when hospitals are engaging with individuals in their community in improving and protecting their health, even when they’re not in the active care of the hospital or its staff?” Does the term need to be expanded to encompass the increasing role of family and other informal caregivers in patient care?

Family is particularly important in psychiatric care, pointed out Rodney Southworth, CFO of Hillside Children’s Psychiatric Hospital in Atlanta: “We need the family involved, and we define the family as anyone who has a relationship with the patient.”

But a more realistic depiction of that “flow” today looks more like a web than a line, with more procedures taking place on an outpatient basis and patients entering at multiple points. Just a few years ago, Longe pointed out, hospitals saw themselves at the center of that

web. But now that's changing, too, as many patients interact with health care without even stepping foot in the hospital.

Once we talked of the continuum of care — outpatient, hospital, assisted living and skilled nursing care. Now we talk of a **continuum of engagement**, where the health care system interacts with people in the community in different ways and in varying degrees depending on their health status and other needs.

"The patient and the community are really the same, but we're still treating them differently," said Longe. "Communities are just larger groups of patients and their families. As health care professionals, we need to understand and employ consumer and customer engagement methods."

Focus on Readmissions: Beyond Four Walls

BOOSTING PATIENT SATISFACTION IN REAL TIME

How can hospitals improve patient satisfaction when they don't get feedback for 35 days after discharge? An increasing number of hospitals are instituting "real-time service recovery" programs that alert staff to problems during a hospital stay. Pat Modafferi reported that Einstein Montgomery has been using a system that asks patients quick questions three times each day. Questions include: **Is your room cleaned to your satisfaction? Do you understand your medication? Is the staff handling your pain adequately?** If a patient's answer indicates a problem, a nurse or other staff member comes to the room and addresses the situation.

In the world of value, efficiency is critical; financial viability depends on constant vigilance on expenses and waste. According to the consulting firm Oliver Wyman, the health care industry could cut as much as 40 percent of the \$3 trillion spent annually just by reducing waste and redundancy in the system. Medicare estimates that unnecessary readmissions alone cost the system more than \$17 billion a year. While the old fee-for-service system allowed the revenue from when a patient landed back in the hospital within 30 days, the Hospital Readmissions Reduction Program uses a combination of financial incentives and penalties to reverse that policy.

This Medicare initiative (which is also being adopted by some commercial insurers) is shifting the focus of hospitals to what happens when patients leave the hospital — when they move outside the four walls of the institution. Hospitals never want to see an avoidable readmission, and the penalties now at stake give them new motivation to partner with other organizations and make sure that patients have the resources and support they need to follow through with treatment plans.

Hospitals work hard to inform patients about their condition, treatment and post-discharge care needs, but even with patient education built in to the process from pre-admissions to discharge, people have trouble retaining information when sick, stressed or both. According to one survey, one in five Medicare patients don't understand their diagnosis/medications — something that could easily land a patient back in the hospital.

But, in the current system, a hospital only knows how a patient is doing if something goes wrong — and the patient ends up back in the hospital.

"We don't know what happens when people leave the hospital," explains Anastasia Behrens, sr. director of account management for Healthways, Inc. "There's no way to know if the patient goes back to their primary care physician — especially if their care was managed by a hospitalist or intensivist while in hospital. There's not a good connection to make sure the loop is closed."

Patients face a multitude of challenges to optimal recovery and follow-up care in the community, including lack of transportation, language barriers, mental health status or living conditions. Services addressing such





challenges might not fall into the traditional purview of the hospital, but ignoring them can have a direct effect on whether patients end up back in the hospital for an avoidable condition.

Hospitals are responding with innovative programs and partnerships to close that loop.

- Realizing that when patients pick up the medicines and take them, readmissions go down, Einstein Montgomery Medical Center in East Norriton, Penn., partnered with a nearby Walgreens pharmacy to set up a bedside prescription delivery program. Patients can order their medications, and the pharmacy delivers them to the hospital before discharge. If the patients later don't pick up their medications, Walgreens notifies the hospital, and a nurse follows up to determine the problem and work with the patients and their family members to find a solution.
- Abington Hospital in Philadelphia developed a very successful patient navigator program to help patients – especially those with complicated diagnoses – navigate the system and get the care they need. “They supply that human touch,” said Meg McGoldrick, president of Abington Health in Philadelphia. “The navigators know what the patients need and help fill in the gaps.”
- Penn Presbyterian, also based in Philadelphia, is training community members to act as community health workers to address the needs of “high utilizers,” or those who bounce back and forth between hospital and community. These care navigators do what it takes to help the patient get the care they need or recuperate smoothly at home – whether that means accompanying them to the doctor, procuring meals on wheels, or taking care of pet or house maintenance tasks.
- Delaware Psychiatric Center has trained peer

specialists who are then matched to patients newly diagnosed with similar conditions. Having someone to talk to and relate to is especially important with mental health issues, said Denise Jenkins, chief operating officer.

Language barriers add an extra layer of complexity to ensuring that patients follow discharge instructions. While most hospitals have staff who can speak Spanish and a few other languages, patients who speak less common languages or dialects encounter more barriers and may be at increased risk for readmission. Einstein’s Pat Modafferi reported that her hospital has received a three-year grant from the Pew Foundation to coordinate care for Asian patients by establishing a partnership with PanAsian Senior Services in Philadelphia. Multilingual nurses who speak up to six different Asian languages and dialects visit patients within 24 to 48 hours of discharge to translate prescription labels and reinforce discharge instructions in the patients’ own languages. They can also bring in other culturally competent social services, such as Asian meals on wheels or home health aides who also speak the patient’s language.

Einstein has also created different community and patient advocacy groups to address the needs of other specific populations. “We meet with different ethnic groups in the community to make sure we can meet their needs,” said Modafferi.

These types of programs can make a huge difference in patients’ recovery times and quality of life. “Patients are delighted with that care,” said McGoldrick, referring to the patient navigators at Abington Hospital. But, she wondered, is it really practical to have a patient navigator for every patient?

Response to “Retailization” of Health Care: Building Value and Establishing Connections

Up until now, health care has not experienced consumerism to the same degree as other services. The same people who price-shop for other services, grocery shop on Saturdays or haggle on the price of a car have rarely asked about health care costs or questioned the hours kept by doctors’ offices and other health care organizations.

But that’s changing.

Consumers are taking a more active role in their own care and covering more of its cost. Patients also have more choices for care than ever before, including grabbing a flu shot or seeing a provider at an urgent care storefront or at a retail location. Convenience and price point now play a larger role in health care decisions. Appointments six weeks out just aren’t going to fly in a world in which online retailers and brick-and-mortar supermarkets can deliver almost anything you can imagine within 24 hours.

As deductibles rise, health care has become a larger line item in many families’ household budgets. More families are making conscious decisions about when and where to get their care in order to maximize their health care dollars. This has major implications for patient flow as more hospitals report that they experience an end-of-the-year surge as patients work through their deductible and can now afford that non-urgent procedure that would have busted their budgets at the beginning of the year.

Hospitals that resist accommodating consumer preferences do so at the risk of lost revenue and lower patient satisfaction scores.

Adjusting to the “retailization” of health care requires a different skill set on the part of providers, said Bill Anderson, chief executive officer of MEDHOST, a Franklin, Tenn.-based company that offers enterprise and departmental software and consulting solutions. The company’s product line is based on the idea that the patient is becoming “the CEO of health care.”

“Providers who are going to succeed in this new era are the ones who understand how to build continuous value, how to build brand, and how to connect to consumers before they need medical care,” Anderson explained. “If you don’t connect with them prior to them needing care, you might not get the chance to make a sale when they do need it. It’s a whole new world for health care providers.”

Just as retailers have built loyalty by delivering what customers need when they need it, providers also need to find new ways to make health care easier to access. That means making care available to patients according to the patients’ schedule, not the providers’.

“We still don’t have patient-centered organizations,” said Lee Erickson, a family physician and associate chief medical officer at Philadelphia’s Penn Presbyterian Medical Center. “We have doctor-centered organizations. They’re still working to make [doctors like] me happy.”

Hospitals and practices are discovering that patient portals do much more than satisfy one of the requirements of Meaningful Use. Secure Web-based communication programs such as those included in most electronic health record packages encourage an ongoing dialogue between patients and providers to get medication refills, ask a quick question or determine whether a follow-up appointment is necessary. Portals can help establish the hospital and the practice as the go-to resource for health information, rather than a blind Internet search.

Some hospitals are building additional value into their portal systems by adding customer relationship management (CRM) systems that reach out to patients with targeted information. For example, the system might notify patients with COPD and other respiratory disorders about local air quality and advise them to stay indoors when levels are unhealthy. According to Lauren Douglass of YourCareUniverse, these CRM systems can sit on top of the patient portal so that they look like they come from the hospital and keep the hospital top of mind – building loyalty in the process. Douglass reported that her company is rolling out a new system that connects patients with live providers 24/7 via the portal – giving patients a way to ask questions and get guidance where and when they need it.

Patient flow products can help hospitals use resources more effectively and move patients more smoothly from emergency department to floor.



Technology Promise and Challenges

Technology companies are helping hospitals respond to these challenges with a host of applications and products to collect and analyze data and close the gap between patient and provider. Patients also have a huge number of tech options literally at their fingertips. In the last five years, the number of health care apps for smart phones has increased from about 6,000 in 2010 to 165,000 in 2015.

But this explosive growth causes its own challenges.

First, there's the sifting through the sheer volume of apps and products. "We are constantly on the lookout for proven, technology-driven innovations that support our members' consumer engagement goals," said Tim Steffl, chief operating & development officer for AHA Solutions.

Then there are the implementation challenges. IT departments at most hospitals are overloaded with electronic health record implementation, updates and transitions. They're grappling with interoperability, data capture and analysis.

Even with all the data being generated and collected each day in hospitals and health care systems and by patients in the community, it can be difficult to access and analyze the information needed to make critical decisions. Even with a full-featured electronic health record, hospitals may have difficulty determining how many patients have come to the emergency department with chest pain or if patients have followed through with prescribed physical therapy after knee surgery.

Patient information flow is vital to ensuring optimal care both in the hospital and in the community, said Len Georgiou of RL Solutions, a software company focused on patient safety solutions. Real-time connectivity among different care providers — labs, pharmacy, radiology and hospital — can make it possible to anticipate problems rather than react to them.

Patient flow products can help hospitals use resources more effectively and move patients more smoothly from emergency department to floor. "In order to give really good customer service, it really goes back to your information. Hospitals need real-time actionable information about how many beds are available," said Bill Anderson of MEDHOST.

Telemedicine also holds great promise for bringing care to patients in their own homes. But as Lindsay Dymowski, president of Centennial Medical Center in Philadelphia, pointed out, some of the people who need this service the most don't have access to the technological infrastructure — i.e., computer and Internet connection — necessary to take advantage of it. "Even reaching patients by phone can be difficult because they are always switching cell phone plans to get a better deal."

Your Employees Are Your Community

Workforce issues are high on the priority list for many hospitals. More than ever before, delivering quality health care requires an adaptable and flexible workforce made of individuals who can work in teams and who have strong patient and consumer engagement skills.

At the same time, turnover rates in health care jobs are higher than in many other industries. According to a 2012/2013 study by PwC Saratoga that looked at the hospital sector, average first-year turnover rate is 28 percent nationally (compared to 21 percent among all industries), with some facilities reporting rates as high as 50 to 55 percent. This turnover comes at a high cost of hiring, re-training and lost productivity. It can also compromise patient and community engagement.

"Employees have a great impact not only on the engagement of your patients, but the engagement of your community. Because they are part of your community," said Joe O'Brien, national practice leader — hospital division, Interactive Health. "They're interacting with the community both inside and outside of the work environment."

Employee benefits such as health and wellness programs can play an important role in building loyalty and retaining employees, which can in turn help boost the health of the community at large. One hospital discovered that a loophole in the hospital's insurance program meant that employees weren't covered for the cost of diabetic supplies. By making a switch, they were able to solve this problem and offer the supplies for free. Another hospital offered free diabetic supplies to any employee who enrolled in a Diabetes Management Program — and found that absenteeism dropped significantly as a result.

Some hospitals have even chosen to offer their employee wellness programs to the community at large by developing their own insurance programs and rolling out preventive care programs to the wider community. Others have introduced the BlueZones program – based on Dan Buettner’s book that identifies habits associated with longevity. Hospitals have established walking trails on their campuses, offered weekly farmers’ markets in their lobbies, and transformed the hospital cafeteria into a gourmet eatery that attracts community members as well as employees with delicious, healthy foods. And good old-fashioned screenings still reveal untreated diabetes and high blood pressure, even among health care employees.

Wellness programs like these can help boost the morale of employees and instill a sense of pride. They also help connect the community with the hospital in new ways.

As it becomes increasingly important for patient and community engagement initiatives to incorporate innovative technologies and processes to reach deeper within, and more broadly outside, the hospital, health care providers will be on the lookout for solutions to support these goals. “Hospitals realize they can’t tackle these challenges alone,” said Steffl. “It’s vital that their teams network with others and identify the best vendor partners who can provide the solutions they need.”

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AHA Solutions, Inc. is a subsidiary of the American Hospital Association (AHA) dedicated to serving member hospitals by helping them identify optimal solutions to their most pressing market challenges. Through the AHA Endorsement, along with educational programs featuring peers and industry experts, AHA Solutions supports the decision-making process for hospitals looking for partners to help with clinical integration, information technology, talent management, cultural transformation, financial sustainability, patient flow and other key challenges.

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