



CARE DELIVERY



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PEOPLE



PATIENTS

PATIENT ENGAGEMENT

WHY

Engage Patients In Care?

There is mounting evidence that patient involvement with shared decision making and self-care improves health care quality and outcomes at a lower cost.^{1,2,3,4,5,6,7,8} Engaging patients in their own care and treatment decisions is encouraged by the Agency for Healthcare Research and Quality (AHRQ),⁹ the Institute of Medicine (IOM),¹⁰ and patient-centered medical home recognition/accreditation organizations, including the National Committee for Quality Assurance,¹¹ The Joint Commission,¹² and the Accreditation Association for Ambulatory Health Care.¹³

Expectations around patient engagement are also embedded in national health care legislation as part of the Affordable Care Act (Section 3506).¹⁴ It is a required component of the Medicare Shared Savings Program and is under consideration for Center for Medicare and Medicaid (CMS) coverage.

Building a truly patient-centric health system requires active engagement of patients. It requires a system where patients make informed decisions based upon not only provider and care team expertise but also their own skills, capabilities, values and goals. A robust patient engagement process is at the heart of a health system that delivers on the Quadruple Aim.



PATIENT ENGAGEMENT

within the Value

Transformation Framework incorporates the patient perspective into governance, care system design, and individual care. This Action Guide draws upon research and the experience of high performing health care providers to offer proven strategies for patient engagement in individual care.

WHAT

Can Health Centers Do Differently When It Comes to Patient Engagement?

Patient engagement involves developing systems for patient-centric care. For this Action Guide, it incorporates two key concepts: shared decision-making and self-care.



- **Shared decision-making (SDM)** is when a health care provider and patient (including their family members or caregivers) work together to make a health care decision that is best for the patient. This decision-making process considers evidence-based information about available options, the provider's knowledge and experience, and the patient's values and preferences.¹⁵
- **Self-care** support is the assistance provided to patients, especially those with chronic conditions, that enables them to manage their health on a day-to-day basis.¹⁶



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Patient engagement ‘is not trying to get patients to act in spite of their motivations, or in spite of a set of behaviors that they’re not inclined to do – it’s about understanding human motivation more deeply, and then channeling it [to] enable patients to act in beneficial ways’¹⁷

A comprehensive patient engagement strategy relies on a team approach and ‘creating a culture of empathy in the practice that is palpable to patients.’¹⁸ Patients make choices based on how you make them feel, not just the quality of care provided. An organizational approach to shared decision-making and self-management strategies has been shown to positively affect patient and provider satisfaction.¹⁶



HOW

to Engage Patients in Care?

While there are many proven strategies for developing patient-centric systems, the first step begins with health center staff. Each member of the health care team should have accountability for patient engagement as part of their job role and task list (see *Care Teams Action Guide*). Patient engagement is everyone’s responsibility.

‘The process of sharing in the decision-making tasks involves developing a partnership based on empathy, exchanging information about the available options, deliberating while considering the potential consequences of each one, and making a decision by consensus.’¹⁹

CARE TEAM ACTION STEPS:

This Action Guide is designed to provide health centers with a list of actionable steps that can be taken to support and engage patients in meaningful partnerships with the health care team.

- STEP 1 Identify a Patient Engagement Lead:** although every team member should participate in patient engagement, designate and train one key member of the staff whose role it is to maintain an organizational focus on patient engagement and staff development in patient engagement skills and strategies.
- STEP 2 Establish Patient Engagement Metric(s):** create a reasonable process for surveying patients on their health care experiences, health care goals, and current self-care knowledge.
- STEP 3 Use Daily Huddles to Support Patient Engagement:** implement daily huddles that include pre-visit planning and anticipation of patient education and self-care needs or resources, with discussion about the ways that every team-member can help.



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- STEP 4 Enhance Patient Communication Skills:** meet patients where they are, in their language, and at their level of understanding (use the “Ask-Tell-Ask” technique). Support patients in setting realistic expectations and identifying the steps needed to reach their goals.
- STEP 5 Provide Written Care Plan or Visit Summary:** provide every patient with a written visit summary or care plan after each visit.
- STEP 6 Use Patient Decision Aids:** provide patients with decision aids that are in a format and language appropriate for their culture, reading level and background.
- STEP 7 Train Staff in Patient Engagement:** clinicians and staff should be trained in techniques for communicating effectively with diverse patients, how shared decision-making works, and where to find online and print resources for patient education. Training should include cultural competency, with a focus on cultural differences with regard to health beliefs, screening and care.

STEP 1 Identify a Patient Engagement Lead. Designate and train a member of the staff whose role it is to maintain an organizational focus on patient engagement, including support for staff development in this area.

Action item: Identify a Patient Engagement staff lead.

STEP 2 Establish Patient Engagement Metric(s). Health care organizations focused on the Quadruple Aim need to establish at least one performance metric for the ‘patient experience’ goal. Studies show that shared decision-making improves patients’ satisfaction with, and involvement in, their health care.²⁰ At a minimum, health centers should establish a process for surveying patients on their experience and self-care knowledge at least annually. Results should be reviewed for themes and trends that drive future improvement efforts.

Action item: Administer a patient experience survey on a regular basis (and at least annually). Examples available at: [sample patient experience surveys](#). A patient’s level of motivation for engagement must be assessed, at least with observation and discussion, before taking steps forward.





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STEP 3

Use Daily Huddles to Support Patient Engagement. Implement daily huddles that include pre-visit planning, which allows for anticipation of care needs — freeing up some time during the visit for providers and staff to focus on building a collaborative partnership with patients. Care teams that participate in huddles report better teamwork and more supportive practice climates; provider huddlers reported greater self-efficacy for implementing patient-centered medical home changes.²¹ Add accountability for patient engagement to each team member’s task list. Patient engagement is everyone’s responsibility.



Action item: Deploy daily huddles that include pre-visit planning. Huddles should include a process for care teams to periodically assess the functioning of the team to ensure an environment of openness and trust that is critical to team effectiveness and improvement. See the *Leadership Action Guide* for steps supporting ‘psychological safety’ needed for effective team functioning. See also [sample huddle checklist and tools](#).

STEP 4

Enhance Patient Communication Skills: While successful health care organizations establish standards of care for patients, recommended care may not be realized if it is not in keeping with patients’ goals, priorities and knowledge. Care teams must become reflective listeners. Within the health center, a norm must be created, starting with providers, that it is okay for patients to ask questions and offer suggestions to improve their own care. Research has shown that provider’s communication style can influence patients to become more active in decision making.²² Providers can more effectively facilitate patient involvement by using partnership-building and supportive communication. Training in communication is often required and can be supported by identifying a staff person to serve as a Patient Engagement Lead (Action Step #1).



Action Items: As part of a patient engagement strategy, incorporate a tool that asks patients what they would like to accomplish at their patient visit. A [Pre-Appointment Questionnaire](#) can be used at check-in with follow-up by the care team.

Incorporate *Ask-Tell-Ask*.²³ First, ASK for permission to share information. If permission is given, provide information (e.g., TELL). Consider a patient’s language and culture. Share information in small bits at a time — using pictures or graphics and decision tools. Then, ASK if the patient understands. See [Ask-Tell-Ask Worksheet](#) and [1 minute ASK-TELL-ASK informational video](#). The last step, asking patients what they heard, is an approach for [Closing the Loop](#), or ‘teach back’.

Design patient visit processes to include patient goal setting and, where appropriate, the development of an action plan. Set realistic goals and recognize the progress may involve small, incremental changes over time.²⁴



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STEP 5 Provide Written Care Plan or Visit Summary. Provide every patient with a written visit summary or care plan after each visit, considering their goals and abilities. Where necessary, create an agreed upon action plan, including timeline.



Action item: Provide or enhance existing written care plans or visit summaries offered to patients after each visit that incorporate realistic patient goals. Use a written [Action Plan](#). Use decision aids with instructions for patients on how to use the patient portal (ensure the patient portal is up-to-date with necessary resources).

STEP 6 Use Patient Decision Aids. Decision aids help patients feel more engaged in decisions regarding care and increase satisfaction with care.^{15,25} Provide patients with decision aids in a format and language appropriate for their culture, reading level and background. Explore the [Make It Your Own](#) website for customizable tools.



Action item: Create or use existing patient decision aids for each target group that lists the minimum set of care services and areas of clinical focus such as diabetes management, heart health, asthma, or smoking cessation (see *Care Teams Action Guide*, Step #1). Provide this decision aid (e.g., at check-in) so that it serves as both an informational tool for patients and a prompt for the care team.

STEP 7 Train Staff in Patient Engagement. Building a patient-centric model of care requires a culture based in teamwork, comprehensive care, open communication and continuous learning. Training should include cultural competency and an understanding of cultural health beliefs, prevention and care. Clinicians and staff should be trained in techniques for communicating effectively with diverse patients and how shared decision-making works. Training should include the use of decision aids and where to access credible online patient education tools or referral sources.



Action item: Schedule training for the care team in shared decision making, including a free webinar from [AHRQ's SHARE Approach](#), a five-step process for shared decision making. CME/CE credits are available. Offer training in cultural competency, communication skills, and patient aid resources to all staff members. Training should occur regularly and be measured as part of annual performance reviews. If your organization has chosen to offer IHI's Open School to staff, training can include the 'Introduction to Patient-Centered Care' course.



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References

- Arterburn, D., Wellman, R., Westbrook, E., Rutter, C., Ross, T., McCulloch, D., Handley, M., Jung, C. (2012). *Introducing Decision Aids at Group Health was Linked to Sharply Lower Hip and Knee Surgery Rates and Costs*. *Health Affairs*. 31(9), 2094-2104.
- Bodenheimer T., Lorig, K., Holman, H., Grumbach, K. (2002). *Patient Self-Management of Chronic Disease in Primary Care*. *Journal of the American Medical Association*. 288(19), 2469-2475.
- Carman, K.I., Dardess, P., Mauzer, M.E., Workman, T., Ganachari, D., Pathak-Sen, E. *A Roadmap for Patient and Family Engagement in Healthcare Practice and Research*. Palo Alto, CA. Prepared by the American Institutes for Research under a grant from the Gordon and Betty Moore Foundation. Accessed August 20, 2017 at <http://www.air.org/project/roadmap-guides-patient-and-family-engagement-healthcare>.
- Clever, S.L., Ford, D.E., Rubenstein, L.V., Rost, K.M., Meredith, L.S., Sherbourne, C.D., Wang, N.Y., Arbelaez, J.J., Cooper, L.A. (2006). *Primary Care Patients' Involvement in Decision-Making is Associated with Improvement in Depression*. *Medical Care*. 44(5), 398-405.
- Naik, A.D., Kallen, M.A., Walder A., Street, R.L., Jr. (2008). *Improving Hypertension Control in Diabetes Mellitus: the Effects of Collaborative and Proactive Health Communication*. *Circulation*. 117(11), 1361-8.
- Schoen, C., Guterman, S., Shih, A., Lau, J., Kasimow, S., Gauthier, A., Davis, K. (2007). *Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending*. The Commonwealth Fund. Commission on a High Performance System. Washington, DC: The Commonwealth Fund.
- Veroff, D., Marr, A., Wennberg, D.E. (2011). *Enhanced Support for Shared Decision Making Reduced Costs of Care for Patients with Preference-Sensitive Conditions*. *Health Affairs*. 32, 285-293.
- Wilson, S.R., Strub, P., Buist, A.S., Knowles, S.B., Lavori, P.W., Lapidus, J., Vollmer, W.M. *Better Outcomes of Asthma Treatment (BOAT) Study Group. (2010). Shared Treatment Decision Making Improves Adherence and Outcomes in Poorly Controlled Asthma*. *American Journal of Respiratory and Critical Care Medicine*. 181(6), 566-77.
- Agency for Healthcare Research and Quality. (2002). *Expanding Patient-Centered Care to Empower Patients and Assist Providers*. *Research in Action*. May(5). Rockville, MD: AHRQ, US Department of Health and Human Services.
- Institute of Medicine. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press.
- National Committee for Quality Assurance (NCQA). (2016). *Building an Organizational Response to Health Disparities. A Practice Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities, and Sexual and Gender Minorities*. Washington, DC: NCQA.
- The Joint Commission. (2010). *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*. Oakbrook Terrace, IL: The Joint Commission.
- Accreditation Association for Ambulatory Healthcare, *Accreditation Programs, Community Health Centers*. (August 20, 2017). Retrieved from: <http://www.aaahc.org/en/accreditation/FQCHCs/>.
- Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 (2010).
- Agency for Healthcare Research and Quality, *Programs, Improving Primary Care Practice, Self-Management Support*. (August 20, 2017). Retrieved from: <https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/index.html>.
- Agency for Healthcare Research and Quality, *Shared Decision Making Toolkit, SHARE Approach Curriculum Tools*. (August 20, 2017). Retrieved from: <https://www.ahrq.gov/professionals/prevention-chronic-care/improve/self-mgmt/self/index.html>.
- Chang, S. (2017). *Hardwiring Patient Engagement to Deliver Better Health*. Presentation at NEJM Catalyst event at Kaiser Permanente Southern California, April 13, 2017.
- AMA *STEPSforward health coaching* <https://www.stepsforward.org/modules/health-coaching>.
- Mayo Clinic Shared Decision Making National Resource Center, *Shared Decision Making Philosophy*. (August 20, 2017). Retrieved from: <http://shareddecisions.mayoclinic.org/decision-aid-information/decision-aids-for-chronic-disease/>.
- Swanson, K.A., Bastani, R., Rubenstein, L.V., Meredith, L.S., Ford, D.E. (2007). *Effect of Mental Health Care and Shared Decision Making on Patient Satisfaction in a Community Sample of Patients with Depression*. *Medical Care Research and Review*. 64(4), 416-30.
- Rodriguez, H.P., Meredith, L.S., Hamilton, A.B., Yano, E.M., Rubenstein, L.V. (2015). *Huddle Up!: The Adoption and Use of Structured Team Communication for VA Medical Home Implementation*. *Health Care Manager Review*. 40(4), 286-99.
- Street, Jr., R.L., Gordeon, H.S., Ward, M.M., Krupat, E., Kravitz, R.I. (2005). *Patient Participation in Medical Consultations: Why Some Patients Are More Involved Than Others*. *Medical Care*. 43, 960-969.
- American Medical Association, *STEPSforward, Health Coaching, Ask-Tell-Ask Sample Dialogue*. (August 20, 2017). Retrieved at: <https://www.stepsforward.org/modules/health-coaching>.
- Schaefer, J., Miller, D., Goldstein, M., Simmons, L. (2009). *Partnering in Self-Management Support: A Toolkit for Clinicians*. Cambridge, MA: Institute for Healthcare Improvement. Available at: www.IHI.org.
- Stacey, D., Légaré, F., Col, N.F., Bennett, C.L., Barry, M.J., Eden, K.B., Holmes-Rovner, H., Llewellyn-Thomas, H., Lyddiatt, A., Thomson, R., Trevena, L., Wu, J.H. (2014). *Decision Aids for People Facing Treatment or Screening Decisions*. *Cochrane Database Systematic Reviews*. Jan 28(1).