



PATIENT ENGAGEMENT: YOUR MOST IMPORTANT QI INITIATIVE

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SOCIAL DETERMINANTS OF HEALTH

UNDERSTANDING AND MEETING PEOPLE WHERE THEY ARE AT



BALLOON EXERCISE





INTERACTION OF SOCIAL DETERMINANTS



SDH IMPACT

- Infants more likely to have 5 or more routine preventive care visits by age 1 year (78% vs 67%, P , .01) and less likely to have visited the emergency department by age 6 months (37% vs 49.7%, P, .03)
- Intervention youth 70% less likely to be arrested for any offense and 60% less likely to have any criminal involvement when compared to control (youth hospitalized for violent injury)
- Infants more likely to have completed a lead test and developmental screen (both P , .001), and they more likely to have received a full set of well-infant visits by 14 months (42.0% vs 28.7%)
- Savings in urgent care cost (hospital admissions, emergency department visits, and unscheduled clinic visits) during a 2-month period ranged from \$57 to \$80 per child.

**How does addressing SDH fit in with your personal goals
or your organization's strategic goals?**



WHAT CAN YOU DO IF YOU WANT TO WORK ON SDH

- Systematically identify SDH (tools available)
- Partner with patients and community (tools available)
- Use data at individual, organization, community, and policy level to identify gaps and possible solutions



TECHNOLOGY AND TRADITION



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BUSINESS

IBM Has a Watson Dilemma



Big Blue promised its AI platform would be a big step forward in treating cancer. But after pouring billions into the project, the diagnosis is gloomy.



By *Daniela Hernandez* and *Ted Greenwald*

Aug. 11, 2018 12:19 a.m. ET



Can Watson cure cancer?



That's what International Business Machines Corp. asked soon after its artificial-intelligence system beat humans at the quiz show "Jeopardy!" in 2011. Watson could read documents quickly and find patterns in data. Could it match patient information with the latest in medical studies to deliver personalized treatment recommendations?



RETURNING TO OUR ROOTS

- Expanded care team
- Increasing uptake of non-Western medicine
- Telehealth



USE OF REGISTRIES

i2iTracks Today | iTeam Intelligence | Task Manager

Care Team Intelligence | Empanelment | Performance Measures | Care Coordination

Appointment Filter: Dr. Jonathan Smith, Dr. Phil Franklin, Dr. Bobby Jones, Dr. Tim Ellis

Care Team Huddle | Care Team Load | Care Team Performance

Appointments Scheduled For ...

Time	Provider	Resource	Type	Patient	Age	Sex	Language	Race	PCP	Acuity
8:00 AM	Dr. Jonathan Smith	Health Educator	Recheck	100 Miguel Smithson	56	M	English	White	Dr. Jonathan Jones Smith	2.38
D	<p>Reason: BP Check History (12 Mo.): No Shows: 3 Cancelled: 2 Visits: 6 ER: 1 Admits: 2 Last Visit DR: Dr. Markus Domingo Outstanding Referrals: 2</p> <p>Last BMI: 35.2 Weight Change (6 Mo.): +6 lbs Last BP: 180/130 Last PHQ: 4</p> <p>Last Colon Cancer Screening: 6/1/2014 Colonoscopy Smoker: No Framingham Risk Factor: 70% Last 3 A1c: 10.2, 9.5, 8.3</p> <p>Last 3 BP: 180/130, 170/140, 175/135 Last 2 LDL: 90, 100</p>									

PERSONALIZING MESSAGE AND METHODS TO CLOSE GAPS

APPOINTMENT

FOR: _____

DATE: _____ TIME: _____

LOCATION: _____

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE CONTACT US AS SOON AS POSSIBLE.



- “Tough love” / positive reinforcement
- Eye contact
- Family hierarchy / family members



Communicate with your doctor

Get answers to your medical questions from the comfort of your own home



Access your test results

No more waiting for a phone call or letter – view your results and your doctor’s comments within days



Request prescription refills

Send a refill request for any of your refillable medications



Manage your appointments

Schedule your next appointment, or view details of your past and upcoming appointments



New log in security measures

Read our [security verification tipsheet](#) for help logging in or for other questions about our security features.

MyUnityPoint Username

Password

SIGN IN

Forgot Username? Forgot Password?

New User?

SIGN UP NOW

REQUEST PROXY ACCESS

SECURITY VERIFICATION TIPSHEET

Need help logging in?
Call MyUnityPoint Support:
(877) 224-4430
8 am - 5 pm CST Mon - Fri

MEASUREMENT TECHNIQUES

Input (“How are you doing”)

- Patient complaints
- Staff suggestions
- Your Board
- Secret shopper (calls or visits)
- Waiting room interviews

Measurement (PHQ-9)

- Patient experience
- Patient outcomes
- Patient preferences
- Staff satisfaction
- Stratification (patients, teams, SDH, etc)
- Reports that show if your outreach is working!!

MEASUREMENT

- Electronic patient engagement
 - E.g., patient portal uptake
- Health literacy
 - E.g., staff trained in teach-back
- Patient Activation Measures
- Medication Adherence instruments
- Self-rated health (5 point scale) & health confidence
- PCORI
- Homegrown or local payor measures



AHRQ'S PATIENT ENGAGEMENT STRATEGIES

- Teach Back
- Be Prepared To Be Engaged
- Medication Management
- Warm Handoff



The Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families

Prepared for:
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857
www.ahrq.gov

The Guide was developed for the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services. Led by the MedStar Health Research Institute, the project team included Project Patient Care, the MedStar Institute for Quality and Safety, the Clinical Directors Network, Consumers Advancing Patient Safety, the Iowa Healthcare Collaborative, the Prince George's County Department of Health, and Telligen Quality Innovation Network-Quality Improvement Organization.

April 2018

EXPERTS AND HUMAN BEINGS



WHAT CAN YOU DO IF YOU WANT TO REFINE PATIENT ENGAGEMENT METHODS

- Train ALL staff on MI and TeachBack
- Prioritize data and documentation efforts (tools available)
- Target disparities with holistic, patient-centered and patient generated solutions

How is your organization using technology or relationships to effectively engage patients?





LEVELS OF PATIENT ENGAGEMENT

TIME TO “LEVEL UP”



WELCOMING AND ACCESSIBLE ENVIRONMENT

- Patient perspective
- Opportunities for feedback
- Peer reviews → peer shadowing
- Patients complaints

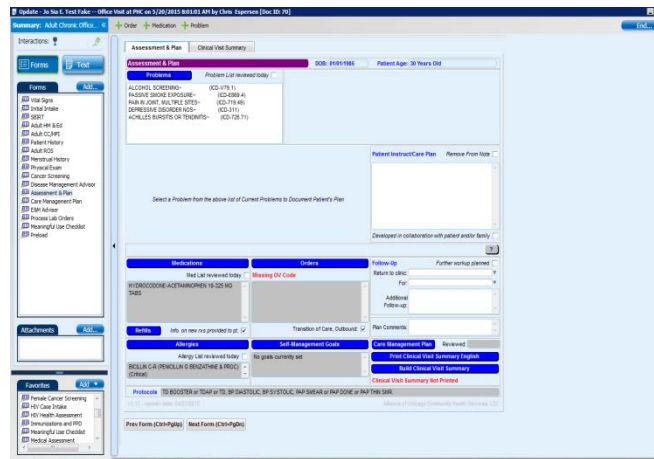
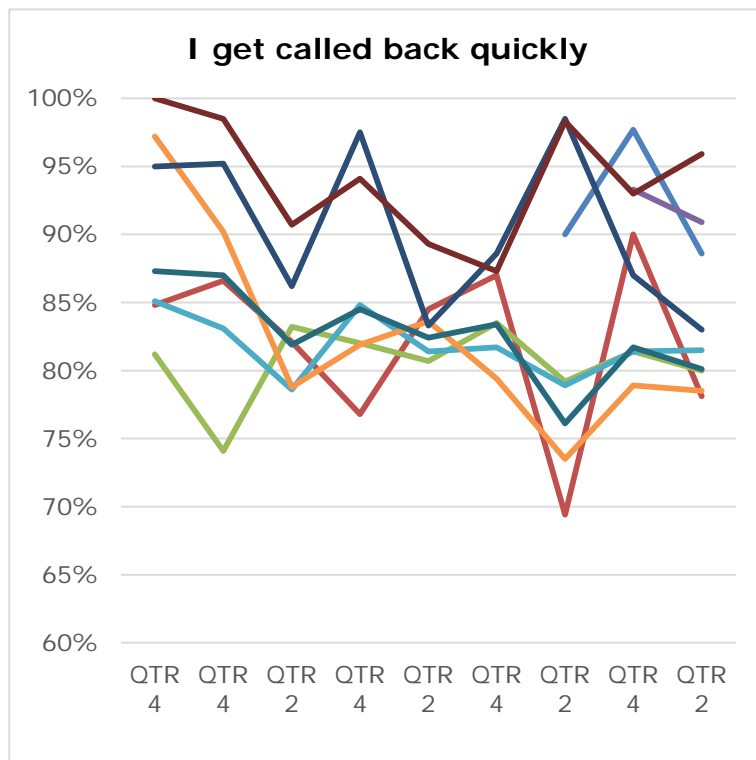


“MIKE”



- Further disparities
- Alternate techniques

PATIENT EXPERIENCE



Q	1. How is a client call documented?	2. How do we know what time a patient/client called?	3. How do we know how long it took to return a call?	4. Anything interesting about the process?
Q	A: Call comes in to clinic, client chart opened, select phone note, document caller, phone number and appropriate message is to providers we hold to them 2. In phone note with what was discussed, signed and dated. 3. A phone note is opened and call documented in there. 4. through a phone note 5. On a phone note 6. In a phone note 7. Phone note is opened and everything is documented in the note.	A: Ideally, when the call comes in, the client chart is accessed, a phone note is generated, and sent/hold to specified in the note 2. When documenting note hit button to sign it with time. 3. It is selected in the phone note 4. By selecting drop down box 5. When we put phone note in option for drop down on time 6. Click on time called when filling out phone note 7. We don't if we take a message from the voicemail only know if we take the call at that	A: We would know how long it took for a call to be returned by the date/time stamp on the message/document held to the team or	A: Messages are at times written, vs: forgotten et changes the time frame
Q	Through phone note-date, time, what call is about.	The time patient calls is written down and transferred onto phone note or a phone note is immediately created with time and date put in ___time placed__.	Time patient called is documented and time patient call is returned is documented. All calls have documented time on them.	Calls come in so quick on occasion h writing them down then going back to We (triage) take care of lot of calls that through.
Q	Through a phone note	You don't know a time if patient has to leave a message. If you answer the phone right away and start the phone note then, it is documented then. Otherwise you have no idea what time a patient calls.	Only if a phone note has been created the time of the initial call. Answering the phone immediately because another patient needs roomed.	I find it hard to take Spanish speaking because they usually hang up before has time to get to the phone to help, b language barrier they don't understand
Q	open phone notes. Refill Rx are sometimes also open. Some are still opening	In phone notes when the note was		The process is well set, but needs to CMA/Nurses need to use the "new" ca call returned. Make sure the phone sy working. Open phone notes for voice

PATIENT EMPOWERMENT

UPON RECOMMENDATION OF THE FACULTY

CONFERS UPON

[Student Name]

DIPLOMA

for successful completion of the Nurse Care Management program with High Honors
Congratulations on your outstanding achievements and future accomplishments

Presented on the ____ day of _____, 20__

Nurse Care Manager

Clinic Director

What are THREE actions you will prioritize, and which ONE will you do by Tuesday?



***“I've learned that people will forget what you said,
people will forget what you did,
but people will never forget how you made them feel.”***



THANK YOU!

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