



Effective Patient Engagement in the Modern World

How well connected are you to your patients?

BY TIMOTHY W. BODEN, CMPE

Copy-right © 2023 by American Association for Physician Leadership*. Reprinted with permission from *The Healthcare Administration Leadership and Management Journal, Volume 1 Issue 2, pages 93-94, American Association for Physician Leadership*, 800-562-8088, www.physicianleaders.org.*

Patient engagement has emerged as one of healthcare’s leading “buzz words”—hospitals and health systems, payers and government, physicians and consultants across the country are trying to figure out how to involve patients effectively in their own care.

Effective patient engagement in modern medicine calls for nothing less than a major paradigm shift in the way we deliver care and make medical decisions—and soon it will change the way we establish value and get paid for our services. The buzz word has substance.

Physicians and practice manag-

ers play a key role, perhaps *the* key role—in shaping the new care-delivery model. But admittedly, we’ve been resistant, even opposed to the change. Veteran physicians especially have demonstrated reluctance, and senior partners approaching retirement have little incentive to alter their personal practice styles.

Chasing a Definition

Like many industry buzz words, “patient engagement” seems to defy definition. The fact that the concept is still evolving makes it hard to pin down a universally accepted description, so for our purposes here, we offer the following: Patient engagement in healthcare refers to the active collaboration between patients and providers to design and manage plans for achieving desired outcomes.

On the surface, that may not

seem to represent a radical paradigm shift for patient care, but veteran physicians (and others involved in healthcare) will recognize that doctors’ roles must change significantly. Doctors—especially those who have embraced an authoritarian practice style—must be ready to move from the director (perhaps, “dictator”) role to that of advisor.

“Authority” means more than being unquestionably in charge of a situation. Doctors are the best trained and most highly educated persons on most care teams, and therefore must be recognized as authoritative. They know what they’re doing. They know what they’re talking about in most discussions about disease states and effective treatment options.

“Doctor’s orders” used to mean more than prescribed instructions for patient care and behavior. Not long ago, most patients would at least give lip-service to a physician’s instructions: “Well, you’re the doctor!” Physicians worried more about pa-

Continued on page 54

Patient Engagement (from page 53)

tient compliance than about patient collaboration. Hospital staff dutifully recorded non-compliant patients checking themselves out AMA (i.e., against medical advice), in the hope that the chart entry would reduce the hospital's liability if bad consequences ensued.

"I Get No Respect!"

You could probably write a doctoral thesis on the complex sociological forces behind the American physician's descent from the white-coat pedestal of yesteryear, but certainly the rise of the "information age" is a leading factor. Lay people have easy access to medical information once found only in academic libraries populated by physicians-in-training. It took a while for doctors to get used to patients showing up at the office with pages of information (and misinformation) printed from the Internet. Now patients simply open a browser on their smart phones! If "knowledge is power," there has been a serious power shift in the medical exam room.

When confronted by a patient who has clearly done his or her homework, the physician has fundamentally two choices:

1) He or she can be dismissive and ignore what the patient has already learned. Even worse, the doctor can belittle the patient for naïveté and lack of understanding.

2) Or the doctor can choose to encourage patients by listening carefully to the information they've acquired—even if the information is off the mark. Patients will be much more willing to accept correction, advice, and instructions from someone who treats them as intelligent adults. Engagement almost always results in better compliance.

Moving Toward Effective Engagement

How can we capitalize on today's emphasis on patient engagement? How can we move our medical practices from resistance to reluctant acceptance to embracing the concept? The folks at Athenahealth, a major medical management software provider, offer a five-step strategy toward successful engagement:¹

1) Define your vision for patient engagement. What would the ideal engaged patient look like? What will the office be like? How will physicians and clinical staff behave? What benefits do you anticipate?

2) Create a culture of engagement. Creating the culture starts in the previous step: The more people you involve in developing your vision, the more enthusiasm you'll see for doing what it takes to realize that vision. The creators of a vision have the strongest ownership stake

engagement activity. Track patient questions and complaints to identify problem areas. Look for ways to improve the patient experience.

It's a Two-Way Street

Patients' expectations have clearly changed, especially among younger, tech-savvy patients. Your patients who live a significant portion of their lives online can hardly fathom a medical practice without the typical services offered through a patient portal. Generation X and millennial patients

Provide patients with resources, tools and information to encourage their participation in their own care.

in it. As your project moves forward, make sure that implementation work is fairly distributed. Support will erode quickly if the workload is out of balance.

3) Employ the right technology and services. Recognize the importance of deploying a good patient portal with a full complement of technology and services. It must have the features that make it work seamlessly with your electronic health record system and management software. It must be user-friendly for both patients and staff. Needless to say, it must be HIPAA-compliant and support Meaningful Use mandates.

4) Empower patients to become collaborators. Provide patients with resources, tools and information to encourage their participation in their own care. Promote, demonstrate, and support portal use. For example, if a patient telephones the office with a request that could have been handled through the portal, seize the opportunity to walk the patient through the steps required at the portal and encourage him or her to try it next time.

5) Chart progress and adapt. Measure straightforward data such as how many patients sign up to use the portal, how many emails and text messages have been handled, and how often patients connect with your providers. If usage seems low, figure out more effective ways to promote

have grown up in an environment with ready access to professional-level medical information. They've been socialized to question and challenge authority—including "authoritative" knowledge. Professionals who resist will find themselves written off. Ironically, if you posture as a know-it-all, they might suspect you're hiding something. It actually hurts your credibility with them!

The best-run practices, the ones continuing to succeed despite the fresh challenges facing them, are characteristically well connected with their patients. And it's up to you, physician or administrator, to set the pace. Few patients will force the issue; they have to be invited and encouraged to join you at the table and become bona fide members of the care team. **PM**

Reference

¹ 5 elements of a successful patient engagement strategy. Athenahealth. February 2014; www.athenahealth.com/whitepapers/patient-engagement-strategies/.



Mr. Boden is a freelance journalist.