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Patient Engagement Results in Better Health and Lower Costs

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Patient engagement and access to relevant data are essential to achieving the primary goals of the Affordable Care Act (ACA), which include better health and lower costs. Reducing emergency room visits and readmissions are critical to reducing the overall costs of healthcare and in theory, if an individual is involved in their own healthcare needs, has access to a primary care physician and current medical records the incident for admission to an emergency room should be extremely low. Achieving better health requires that the patient is armed with the right tools, technology and team.

The phrase “meaningful use” is critical to compliance with the ACA and involves data collection, advanced clinical processes and improved outcomes through “patient engagement.” Early results of patient engagement prototypes are demonstrating improved health for patients through better coordination of care and reduced costs in general.

In a recent study conducted by the Robert Wood Johnson Foundation, it was determined that when patients are not engaged in their own care, the costs for healthcare are approximately 21% higher than the cost for patients who are “highly engaged.”ⁱⁱ Providers are concluding that reducing the embedded costs within the system will not be achieved without patient involvement in the process.

The concept of patient engagement is essential to achieving the first stage of meaningful use. Stage I requires that providers are effectively using electronic health record (EHR) technology and employing the e-record of medical information to engage patients and their families in their care.ⁱⁱⁱ If the provider achieves the stated goals, they receive financial incentives through the Centers for Medicare and Medicaid Services (CMS) and according to the latest CMS data, more than 90% of hospitals and nearly 70% of physicians and other eligible professionals have been paid under the Medicare, Medicaid and Medicare Advantage portions of the EHR incentive payment program, most of which were under Stage 1 compliance.^{iv}

Stage 2 is focused on patient controlled data, sharing medical information across multiple platforms and electronic prescriptions. Achieving this stage will require innovation to create new patient engagement models. One model promoted by the U.S. Department of Health (HHS) is the Patient Centered Medical Home (PCMH) model. To encourage this model, HHS announced on August 26, 2014, that \$35.7 million in ACA funds would be distributed to 44 states, the District of Columbia, and Puerto Rico to support PCMHs through new construction and facility renovations.^v

The financial incentives for meaningful use compliance are changing how providers are conducting business. The new ICD-10 codes and the evaluation of medical information, particularly preventable readmissions and emergency room use has greatly influenced how healthcare is delivered and how the patient takes ownership in their own health. It is not a surprise that sustaining patient engagement has become a hot button topic and the early studies demonstrate that it is effective.

In a recent survey conducted by Technology Advice it was found that almost 40% of those individuals who have consulted with a primary care physician during the past twelve months had not receive instruction on how to establish an individual portal to follow test results. During this same period, only 9% of those responding to the survey indicated that their physicians had followed up with them after the initial visit through a portal and almost 48% indicated that they had not received any follow up by their primary care doctor. What is learned from the early results is that although some progress is being made toward a higher level of engagement, there is much to do in order to achieve a lifestyle change regarding health.^{vi}



Elder Services of Merrimack Valley in Lawrence, Massachusetts conducted a study with Medicare patients tracking patient engagement of those using a mobile app to assess readmission risk. The study concluded that the provider saved \$109 per patient per month and the 30-day readmissions were reduced by approximately 40% among high-risk patients.^{vii} “During each encounter, the coach uses a tablet-based application that provides suggested questions written in lay language based on the patient’s diagnoses, treatment, and risk profile,” according to the study, released in July by the federal Agency for Healthcare Research and Quality (AHRQ). If the answers indicate a decline in health status, the system sends a real-time alert to a nurse care coordinator who uses a different part of the system to help the patient and coach address the issue within 24 hours.”



Another recent example of how patient engagement programs have worked was found through a study at Greenwich Hospital, which is a part of Yale-New Haven Health System in Connecticut. The hospital implemented a “secure messaging system at its ambulatory surgery center to improve communication with family members during surgical procedures. The single most important item for our patients in that venue is information,” says Christine Beechner, the hospital’s vice president of patient and guest relations in an interview with Healthcare IT News on August 22, 2014.^{viii} Interestingly, the model used is similar to that used by the airline industry in notifying customers of the status of their flight. The hospital used telephone calls or text messages to provide alerts to the patient and family members from a “welcome message” to discharge to asking users to evaluate the system.

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Although thousands of users of the messaging system responded to an evaluation question about the program, the technology the hospital used did not integrate with its EHR system, which was a critical pitfall in that it does not satisfy a Stage 2 meaningful use objective. However, as the VP noted in the article, “patient engagement is so much more than engaging with the medical record.”

In the aforementioned study conducted by AHRQ, it was determined that adding features to promote population health could assist in sustaining the gains from engaging individual patients. This was confirmed in a July report from the Atlanta-based consulting firm Meditology Services and according to this report, population health and patient engagement should be integrated as part of a wide-ranging IT strategy. Notably, that report says, well-implemented technology helps clinicians practice more efficiently while also keeping patients informed of their own health status.^{ix}

There are many patient engagement models being adopted by providers; however, it appears that certain factors will be sustainable over time, including (i) consumer/patient-focused; (ii) treat the lifecycle of medical care from preventative to urgent; and (iii) be built around the primary care physician that includes a team approach and value-added strategies. Although Stage 2 requires an EHR system, other useful customer service perks will be patient notices for annual tests, lab report results, 24/7 call centers and other options via the use of technology that enable a higher degree of interaction between patients and their primary care physician and/or health coach. From the patients’ perspective, they will receive personalized and customized care with a “human touch” that is provided by a medical professional. If implemented diligently and in compliance with the ACA mandates, patients will perceive themselves as more in control of their healthcare and providers will continue to receive government incentives.

The market will dictate innovative technology and methods for quantifying and qualifying patient engagement programs. This is new ground for creative solutions as evidenced by the fact that only 10% of hospitals surveyed in an American Hospital Association study had effective systems in place that even allowed patients to view, download and transmit EHR information.^x In this brave new world of healthcare, patient engagement, effective communication and action based upon relevant data will continue to control the course of success.

END NOTES

ⁱ "Meaningful Use Criteria and How to Attain Meaningful Use." HealthIT.gov. Available at: www.healthit.gov/providers-professionals/how-attain-meaningful-use

ⁱⁱ Versel, Neil. "Models of Patient Engagement Emerge." Healthcare IT News. 22 Aug. 2014. Available at: www.healthcareitnews.com/news/models-patient-engagement-emerge

ⁱⁱⁱ "Meaningful Use Criteria and How to Attain Meaningful Use." HealthIT.gov. Available at: www.healthit.gov/providers-professionals/how-attain-meaningful-use

^{iv} Conn, Joseph. "Few hospitals, docs at Stage 2 meaningful use, CMS official says." ModernHealthcare.com. 6 May 2014. Available at: www.modernhealthcare.com/article/20140506/NEWS/305069946

^v "The Affordable Care Act supports patient-centered medical homes in health centers." HHS.gov. 26 Aug. 2014. Available at: www.hhs.gov/news/press/2014pres/08/20140826a.html

^{vi} Graham, Cameron. "Study: How Patients Want to Communicate with Their Physician." TechnologyAdvice.com. 13 Aug. 2014. Available at: www.technologyadvice.com/medical/blog/study-patient-portal-communication-2014/

^{vii} Versel, Neil. "Medicare, MU spark new patient engagement tactics." mHealth News. 22 Aug. 2014. Available at: www.mhealthnews.com/news/medicare-mu-spark-new-patient-engagement-tactics

^{viii} Versel, Neil. "Models of Patient Engagement Emerge." Healthcare IT News. 22 Aug. 2014. Available at: www.healthcareitnews.com/news/models-patient-engagement-emerge

^{ix} Ibid. Available at: www.healthcareitnews.com/news/models-patient-engagement-emerge

^x Conn, Joseph. "Few hospitals, docs at Stage 2 meaningful use, CMS official says." ModernHealthcare.com. 6 May 2014. Available at: www.modernhealthcare.com/article/20140506/NEWS/305069946



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