



Patient Engagement & The Primary Care Physician The Quest for the Holy Grail

*A Patient-Centered Strategy for
Engaging Patients*

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April 2012

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A better way to communicate with and engage your patients

Patient Engagement - The Quest For The Holy Grail

Patient engagement seems to be on everyone's mind these days and with good reason. Getting patients more involved in their care is critical to redesigning the way health care is organized and delivered. It is a goal of a number of major health care reform initiatives including Meaningful Use, Patient-Centered Medical Homes (PCMH), and Accountable Care Organizations (ACOs). Like so many things today, primary care physicians find themselves at ground zero in the quest for patient engagement. After all, the majority of people receive their health care from primary care physicians.



"Patient Engagement is the Achilles Heel of the Patient-Centered Medical Home."

Terry McGeeney, MD, TransforMED

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Why Patient Engagement?

The underlying premise of patient engagement is that by getting people more involved in their own health care, they will make more informed decisions resulting in better care, and in the long run, more affordable care.

A well-executed patient engagement strategy can increase visit productivity in primary care by "putting patients to work" before, during, and between office visits doing things their physicians used to do. Greater patient engagement can also lead to better patient outcomes and quality, lower utilization and cost, and increased satisfaction and loyalty.

Yet despite the benefits of patient engagement, it remains a challenging and elusive goal for health care providers. Patient engagement has been called "the Achilles Heel of the Patient-Centered Medical Home," and by extension, a potential threat to ACOs and Meaningful Use which depend upon the success of PCMH.

So what does patient engagement mean? Why is it so challenging for health care providers to achieve?

These are the questions this paper will try to answer. We will begin with a definition of patient engagement, including how providers and patients think about engagement. Next we will examine

A person is said to be “engaged” when they are involved in doing something in which they have a great interest.

The strength and duration of one’s engagement depends upon what the person is getting out of an activity.

three obstacles to patient engagement found in most primary care practices, including Patient-Centered Medical Homes. Then we will review a solution for overcoming the obstacles to patient engagement and close with a summary of take away lessons.

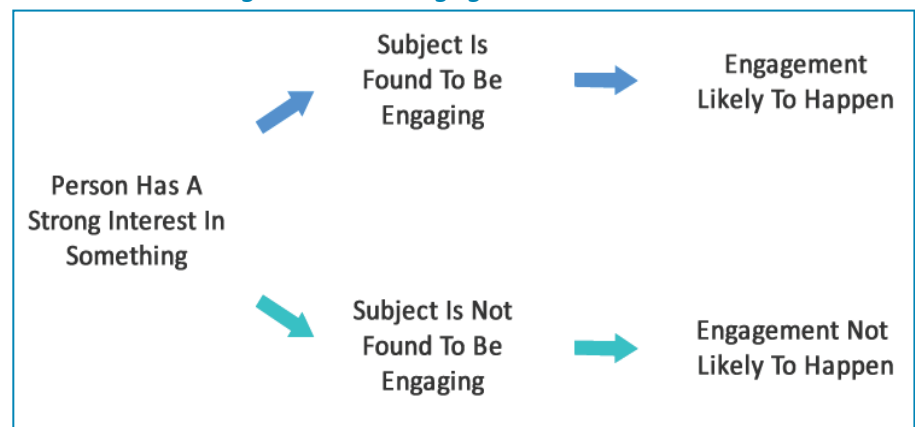
Patient Engagement - What Does It Mean?

According to Webster’s Dictionary, a person is said to be “engaged” when they are *involved in doing something in which they have a great interest*. Researchers Mollen and Wilson* theorize that the subject of one’s attention must possess the following traits for engagement to occur:

- **Provides Sustained Cognitive Involvement** – the subject must prompt sustained thinking.
- **Is Relevant and Provides Value** - the subject must be perceived as relevant and offering value/utility.
- **Affords a Satisfying Experience** - the subject of one’s attention must provide satisfaction, i.e., physically, intellectually, or emotionally.

The point is that engagement does not just happen. Engagement is a process. It is a process that occurs *when a person with a strong interest in a subject encounters a person or object capable of satisfying their interest*, e.g. possesses the “engaging traits” identified above.

Figure 1 - The Engagement Process



Absent a strong interest on the person’s part, or an “engaging” solution which addresses a person’s strong interest, engagement will not occur.

Providers tend to equate patient engagement with patient compliance.

Most people already consider themselves engaged in their health... just not in the same way that providers tend to define “being engaged.”

Let's Look At Engagement In A Health Care Context

Two Different Perspectives of Patient Engagement

The Physicians' Perspective

Given the absence of published research, we must rely on anecdotal evidence to arrive at the provider's perspective of patient engagement. As such, most providers, when pressed would probably define an engaged patient *as someone who is doing what they should be doing*, e.g., taking his or her medications as directed, eating healthy, being prepared for his or her visit, and so on.

It is not unreasonable to assume that providers often equate patient engagement with patient compliance given the common refrain heard from many primary care providers today:

“I spend most of my time trying to persuade patients to do what is best for them.”

Conversely, *an unengaged patient is someone who is not doing what they should be doing*. Given medication non-compliance rates of 30%-70%, this means that, from the provider's perspective, most patients are not as engaged in their care as they should be.

Note - Under health care reform, physicians are expected to expand their definition of patient engagement to include the patient use of health information technologies such as electronic medical records, patient web portals, and online decision support tools.

The Patients' Perspective

Most people already consider themselves to be engaged in their own health and health care and the research supports this claim. The Pew Institute for example tells us that 80% of US adults have gone online looking for health information. In 2010, USA Today told us that 96% of people say they regularly wash their hands to avoid the spread of illness, and in 2011, Consumer Reports found that 90% of adults say they watch what they eat.

A physician's willingness and ability to bridge the differences they have with a patient is a key determinant of how "engaging" they are.

There is nothing "engaging" about your doctor appearing to ignore you or suggesting that what you have to say about your own health is not important.

But it doesn't end there. Almost 40% of US adults visit alternative and complementary medicine providers. 25% of adults say they track their own health data online, and the list goes on.

In truth each of us defines health differently. We each aspire to our own health goals and we are constantly engaged in activities we believe will enable us to achieve *our* desired health state. Most people, in other words, already consider themselves engaged in their health and health care...just not in the same way as that their physician tend to define "being engaged."

Why Is Patient Engagement So Hard?

To answer this question, we first need to recognize the obstacles which prevent most physicians from effectively engaging their patients. These obstacles include the following:

- Physicians and patients don't share the same perspectives
- Physicians' lack of time during the visit
- The way physicians communicate with patients

Obstacle #1 - Physicians and Patients Don't Share the Same Perspectives

Differences in the perspectives of physicians and patients extend beyond how they define an engaged patient. Patients and physicians often differ on:

- the reasons for the office visit
- the severity of the patient's presenting concerns
- the cause of a patient's medical condition
- how to diagnose and treat the patient's condition
- the role of prescription medications
- the role of the patient in decision-making

The nature and extent of these differences, and whether the physician and patient find a way to identify and bridge these differences, are determinants of patient engagement.

Patients know that the physician's time is precious, and in consideration, frequently hold back information and questions they would otherwise have shared or asked if there were more time.

The vast majority of physicians today still communicate with patients using a physician-directed style.

Reality Check

How “engaging” would you find an important conversation with someone who:

1. Does not seek to understand your opinion
2. Tries to impose their perspectives on you
3. Does not attempt to resolve differences of opinion

Obstacle #2 - Physicians’ Lack of Time During The Visit

Primary care physicians today are under intense pressure to get more done in less time...often without additional reimbursement. For patients, a physician’s lack of time manifests itself in a variety of behaviors including ignoring what the patient has to say, not having reviewed the patient’s chart before the visit, interrupting the patient, failing to solicit an/or acknowledge the patient’s input, and so on.

Patients believe that their physician’s time is valuable, and to their own detriment, frequently *hold back* information they would have shared and questions they would have asked had there been more time.

Reality Check

How “engaging” would you find a conversation with someone who:

1. Did not seem to know the reason for your conversation
2. Did not appear “present” in the conversation
3. Ignored or dismissed information you attempted to share
4. Seemed in a hurry to leave

Obstacle #3 - The Way Physicians Communicate With Their Patients

Physician-patient communications has been the subject of research for the last 30 years. If there is one thing that researchers over the years have agreed upon, it is the fact that physicians don’t do a very good job when it comes to communicating with patients. For years, poor physician-patient communications has been linked to sub-optimal outcomes, more frequent medical errors, more malpractice claims, greater patient non-compliance, and lower

*A physician-directed communication style would **not** be considered “engaging” by most people.*

Without effective physician-patient communications there can be no engagement.

The more a provider is able to tailor what they say and do to the patient the more engaging he or she becomes.

satisfaction and loyalty. Poor communication skills are at the top of the list of complaints patients have about their physicians.

Much of the problem has to do with the failure of most physicians to adopt a patient-centered communication style as recommended by the Institute of Medicine in *Crossing the Quality Chasm*.

The majority of primary care physicians employ what is referred to as a physician-directed communication style. This style focuses on biomedical issues, e.g., “the disease a person has,” to the exclusion of psychosocial issues the patient might have. Also referred to as a paternalistic communication style, physicians who employ this approach dominate visit talk time, use closed-ended questions to keep patient answers brief, and make most health decisions on the patient’s behalf.

A patient-center communication style is just the opposite. This style focuses more on the provider “understanding the person behind the disease,” beginning with their health beliefs, concerns, and expectations. Patient-centered communication is associated with open-ended questions, discussion of psychosocial as well as biomedical issues, shared decision making, empathy, and support. A patient-centered communication style is associated with more patient engagement, i.e., more questions, more information sharing, more physician-patient agreement, and greater compliance.

Reality Check

How “engaging” would you find a conversation with someone who:

- 1. Dominates the conversation*
- 2. Limits your ability to speak*
- 3. Makes no effort to solicit your input*
- 4. Seems to jump to conclusions without all the facts*

To be sure, primary care physicians today are under tremendous pressure.

But the obstacles identified here are not new and have been with us for over 30 years; physicians are no more “engaging” today than they were then. It is just that today we are waking up to the

A patient-centered communication style is associated with greater patient engagement, i.e., more questions, more information sharing, more physician-patient agreement, greater compliance, and so on.

Patients need to be taught how to make the most of their time with the physician...simply taking in a list of questions is not enough.

benefits of actually getting patients more involved in their own health care and how it is delivered.

So What Is The Solution?

Just as the challenge of engaging patients has been with us for 30 plus years, so has the answer. The path to patient engagement begins *by improving the way physicians communicate with their patients.*

Hundreds of studies over the last 30 years have demonstrated that physicians that have adopted a patient-centered communication style report greater patient engagement as evidenced by:

- more patient talk time
- more information sharing
- more information seeking via questions
- greater involvement in self care
- greater self care efficacy
- better adherence
- lower utilization and cost
- better patient satisfaction

What Makes Patient-Centered Communication So Engaging?

Here are some of the “engaging traits” possessed by physicians with strong patient-centered communication skills:

Patient-Centered Communication Is Relevant and Affords Value/Utility

- providers are able to tailor what they say and do to individual patients based upon their health beliefs, fears, experiences, expectations, and preferences
- patients are able to tell their story
- patients feel heard and understood
- patient get to share *their* health priorities
- patients are made to feel like a productive member of the health team

Unless the physician invites patients to participate, solicits their perspective, and acknowledges that perspective...patient disengagement rather than engagement is likely to occur.

The ability to effectively engage patients in their own care is a fundamental requirement of Meaningful Use, the Medical Home, and Accountable Care Organizations.

Patient-Centered Communications Are Cognitively Involved

- patients are called upon to make informed decisions
- patients are called upon to prioritize things
- patients are expected to be prepared for the visit
- patients are asked their opinions

Patient-Centered Communications Is Satisfying

- patients feel heard and understood
- patients feel like they are important
- patients feel like they are making a contribution
- patient fears and concerns are addressed

Important Take Aways

- The ability to effectively engage patients in their own care is a fundamental requirement of Meaningful Use, the Medical Home, and Accountable Care Organizations.
- Primary care physicians need to address the following three obstacles to patient engagement found in most practices, including Patient-Centered Medical Homes:
 - 1) Physicians and patients don't share the same perspectives
 - 2) Physician's lack of time during the visit
 - 3) The way physicians communicate with patients
- Physicians and patients tend to have very different perspectives on how to define engagement. By virtue of being a patient, people are already engaged in their health to one degree or another by the time they walk into the physician's office. Physicians, from their perspective, may see this same patient as unengaged and proceed to interact with them during the visit as if they were unengaged.
- Patients that consult physicians are already engaged in their health. The nature and level of their engagement is determined by the unique set of concerns, beliefs, experiences, and

Engagement is a two-sided affair.

When it comes to engaging patients, the role of the provider is to understand the patient's health perspective...not impose their perspective upon the patient.

expectations that constitute their health perspective.

- Engagement is a two-sided affair. The patient may be engaged enough to make and keep their doctor's appointment, but unless the physician invites them to participate, solicits their perspective, and acknowledges that perspective, patient engagement is not likely to occur.
- The physician or provider's role is not to try and force his or her perspective upon the patient. Rather, the physician's role is to seek to understand the patient's health perspective, discuss where the patient's perspective may be on or off target, and offer the patient access to interventions and tools to facilitate a deeper level of engagement.
- The ability of EMRs, Web Portals, SMS text messaging, and online decision-support tools to engage patients, like the office visit, is dependent upon the degree to which they are perceived by patients as being:
 - Relevant and offer value/utility
 - Provides a satisfying user experience
 - Is cognitively involved but does not ask the patient to do more than they are willing or able to do

Sources

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About The Author

Stephen Wilkins, MPH, is a thought leader in the field of consumer health behavior, patient engagement and physician-patient communications. His work was recognized in 2011 with an invitation as an e-patient scholar to Medicine 2.0 at Stanford Medical School, Palo Alto, CA and appointment to the e-patient planning committee for Stanford's Medicine X conference in 2012. Author of the blog **Mind the Gap**, his work has appeared in the Wall Street Journal, USA Today, KevinMD.com, Hospital Impact and Better Health. He is a published author having written a Chapter on "Medical Home and Disease Management" in AIS' 2011 Disease Management and Wellness in the Post-Reform Era. He is also a frequent contributor to Medical Home News.

Mr. Wilkins is the Principal and Founder of Smart Health Messaging.

About Smart Health Messaging

Smart Health Messaging is committed to revolutionizing the way physicians and patients communicate and engage with one another before, during, and between office visits. Through our research, thought leadership, and innovative communication and engagement solutions, our goal is to help build strong physician-patient relationships capable of achieving and sustaining:

- Greater patient engagement
- Better health outcomes
- More productive visits
- Safer and higher quality visits
- Increased patient and provider satisfaction

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