national partnership for women & families
Because actions speak louder than words.
Patient and Family Engagement in ACOS and Medical Homes

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Overview

- Implementation of Accountable Care Act now underway

- New care models like medical homes and ACOs being developed and tested as promising approaches to improve health care delivery and payment

- Historically, consumers have not been engaged in the design of new health care delivery and payment models

- Consumer engagement typically conducted under the guise of “education” designed to convince or compel consumers to participate
~ Pervasive notion that if a system is built the “right way,” patients will embrace it

~ Disconnect between what patients say they want and what providers, payers, or policymakers think patients want

~ Success depends on asking patients and families what they most want and need

~ NPWF research - a truly patient-centered health care system must be designed with features that matter to patients:
  – “whole person” care
  – comprehensive communication and coordination
  – patient support and empowerment
  – ready access
“whole person” care

- Patients viewed as whole person rather than collection of body parts
- Clinicians take time to really know patients
- Clinicians understand the full range of factors affecting a patient’s ability to get and stay well
- Treatment recommendations align with patients’ values
coordination and communication

- Providers organized in teams
- A “go-to” person to answer questions, navigate the system, and help patients understand their condition and what they need to do
- Assistance choosing specialists and getting appointments in a timely manner
- Ensuring other providers have patient’s medical information ahead of time
- Help patients understand test results or treatment recommendations
- Ensuring smooth transitions between settings
patient support and empowerment

~ Expanding patients’ and caregivers’ capacity to manage health conditions more effectively

~ Patient partnership with clinicians - treatment options and care plans

~ Support for self-management - tools and services that help patients and caregivers better manage their conditions

~ Trust and respect – patient preferences, physical and emotional comfort, and privacy
ready access

~ Getting appointments promptly

~ Keeping office wait times brief; and having care team members available when needed

~ Accommodating needs that arise from limited physical mobility, cognitive impairment, language barriers, or cultural differences
tools and models

~ NP research explored how consumers react to the most prominent tools and strategies being tested today – including medical homes

~ Solutions that fared best - ones perceived as addressing most pressing challenges around coordination and communication—and especially patient desire for providers to talk to each other
health information technology

~ Patients see IT as a key tool for supporting more efficient and whole-person care, potential to reduce patient/caregiver burden

~ IT could help reduce medical errors caused by a fragmented focus on individual body parts
medical home

~ Concept well received, terminology a real problem

~ Team approach appealing - improved coordination and communication; having a “go-to” person who can answer questions and help navigate the system; focus on knowing and treating the whole person

~ Concerns about how this model is paid for – limitation on services or new fees
patient engagement

~ Defined as partnership and shared decision making with providers - resonates with consumers

~ A way to strengthen patient’s voice in deciding what is best for them
the bigger picture

~ Taken together all of these features outline what consumers see as key to a successful health care system

~ Without consumer input into the design, ongoing practice, and evaluation of new models, patients may reject new approaches such as medical homes and ACOs

~ Challenges
  – efforts to measure quality have focused predominantly on the clinical aspects of care, rather than on systematically measuring and improving patients’ experiences with care

  – indicative of a broader failure to recognize that experiential attributes can translate directly into improved clinical outcomes for patients, often at a lower cost
the bigger picture

~ Models designed without consumer input run the risk that patients not only will not embrace them, but also will perceive them as contrary to their best interests

  – Managed care backlash - assumption backfired in a profound way because of perceptions regarding limiting access to care

~ Some attributes of new models of primary care such as ACOs conjure up similar consumer concerns - generating potential for consumer backlash that would threaten the long-term scalability and sustainability of these approaches

~ True patient-centered care must be designed around what patients say is important to them. Unless patients’ needs and preferences are at the center of these changes reforms will be able to drive better care outcomes only in limited ways

~ Paradigm shift - recognizing that other stakeholders, including clinicians, don’t always understand the attributes of care that patients are seeking
next steps

~ Engaging Consumers
  - full partners in their care and in design of their care
  - a seat at the tables where policy decisions are made
  - participation on advisory bodies
  - part of decisions about what makes pilot projects successful and worthy of expansion
  - new skills and pathways for becoming informed and activated patients

~ Linking Payment To Patient-Centered Metrics
  - patient centered metrics
  - payment models assessed against measurable improvement in patients’ outcomes and functional status, patients’ experiences, care coordination, and resource use

~ Putting A Higher Priority On Patient Experience
  - patient-experience surveys – different from patient satisfaction
  - payment should reward these surveys and foster their use
conclusion

~ New models of care must be designed to fully address the challenges that patients themselves say most affect their health outcomes

~ If changes in payment and delivery are perceived as primarily benefiting health plans and providers, high probability that patients will see them as ineffective at best, and contrary to their interests at worst

~ Patients’ influence and needs should be considered as being just as important as those of providers and payers

~ The attributes of patient-centered care articulated by patients and consumers provide a clear path forward

~ If we build a truly patient-centered system in collaboration with consumers, they will embrace it, benefit from it, and help ensure its successes
thank you

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