

Turn the Switch On: Activate Your Patient

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Patient engagement and activation seem to be buzzwords in this ever-changing health care landscape. I have often wondered what role I have played in patient activation and what makes some of my patients engage in their care while others seem not to care one bit. In my practice, it has been about simplicity.

Most of us who have been practicing medicine for a few years can identify the point when we realized that increasing the medication dosage was not the answer for the patient whose A1C was skyrocketing.

My “aha” moment came with Patricia. Patricia was the type of patient our Accountable Care Organizations (ACOs) would target today—multiple co-morbidities, non-compliance with treatment plans, life getting in the way of better health. Much later she shared with me that during that difficult time in her life, she was living with her daughter who had an obsessive-compulsive streak. Quarters were cramped, so Patricia spent most of her day in a chair, which meant she did not get any exercise. Furthermore, she had no say in her food choices and barely made it to the pharmacy to get her medications. During one of our visits, I—a young attending high on medical knowledge and enthusiasm but low on practicality—presented a litany of horrific things that could happen with uncontrolled diabetes. Patricia put me in my place when she noted, “Doctor, I am not taking all these 14 medications. It’s either that or starve.” I was taken aback; in my naiveté, I had not stopped to ask her why she did not take her medications. Patricia did not look like the kind of person who needed a social worker. She was well

dressed and had the outward appearance of someone’s fun grandmother who was always ready with a joke.

What followed was a tango that lasted several years. Patricia determined who led the dance. During a particularly low period after surgery for bowel obstruction, multiple flares of chronic obstructive pulmonary disease, and her experimentation with naturopathic medications, I referred her for pulmonary rehabilitation. It was during this period that Patricia actually learned about her body and took charge of her care. She was transformed into an activated patient and would come to appointments with lists of questions. We watched her A1C drop to a 7, and today she can walk for 30 minutes without breaking a sweat.

As a busy practitioner, it is hard to spend time with every non-compliant patient to find out what his/her personal switch is. I have sat in on many meetings—national, regional, and local—where we physicians bemoan the fact that we are responsible for patients who “choose not to take their medications” and how that is not fair. I had to listen and initially privately agree, in the early days of devising a population health strategy, to the worst-case scenario of discharging our patients who were non-compliant.

As we worked hard on identifying these patients, we felt that as a clinic we did not have the resources to address these ills. Yet as we dug deeper, we realized that we do not leverage our teams.

Most of our clinics and certainly all of our hospitals have staff trained in eliciting the social history. As we move toward population-based

health (i.e. being responsible for the health of patients that your registry has assigned to your practice), we should consider devising systems to diagnose and treat the social determinants of health that cause uncontrolled disease. Today we have the ability to engage systems to help activate our patients—community-based organizations for the solo practitioners and smaller practices, ACOs, and hospitals. Most communities have chronic disease management seminars, and some Pharma companies provide educational sessions for patients (without selling their product). Additionally, the local YMCA and public library are great resources, and last but not least the Internet offers a great deal of valuable information, if appropriately filtered.

“Patient activation” refers to a patient’s knowledge, skills, ability, and willingness to manage his/her own health and care. “Patient engagement” is broader, combining patient activation with interventions designed to increase activation and promote positive patient behaviors, such as compliance and prevention.¹

What is in it for us as practicing physicians? Why should we care? Studies have shown that activated patients rate their primary care physicians higher in satisfaction surveys than patients who are not activated. Activated patients also have lower costs than those who are not.² Soon our individual reimbursement will be linked to patient satisfaction; developing and utilizing these systems will help the bottom line.

Before I started researching this topic, if you had asked me what an activated patient was, I would have

continued on page 2

FROM THE EDITOR

continued from page 1

described the patients who come to me with a WebMD printout of their presumed medical condition—like my patient with multiple sclerosis who claimed that she had sarcoidosis when all she had was a cold that I refused to treat with an antibiotic. When I realized that WebMD provided the only information they had, I helped them identify reliable information on the Internet and schedule follow-up appointments to answer questions.

As always, I am amazed by how much medicine I have learned from my patients. I can safely say that anecdotal evidence has been validated. Engaging patients in partnerships improves their overall health and makes me a better doctor—CAHPS scores and all. So if you are like me, resist the monologue, and listen to your patient. Ask the right questions and then find the best partners in your system of care to help you help your patients.

In conclusion, I want to share a letter written to one of our doctors. Dr Manch is a busy hepatologist in our practice who consistently receives very high patient satisfaction ratings. He knows when to put the pen or keyboard down, face the patient, and really listen. When asked to comment on the letter presented below, he said, “To me this is more

a validation of how we work together, not who I am. I like her comment about ‘not on a computer taking notes,’ which is really an indictment of how most physicians have to use their EMR.”

He made my mother (and me) feel so cared for, peaceful, and stronger than we have since mid-November. He is truly a remarkable, kind, caring, patient, and all-around magic human being. I could tell that my mother really felt good while meeting with him. During her appointment, she spoke more directly, freely, and openly than she ever does. Typically, when we go to appointments, she turns to me and asks that I do most of the talking and explaining. Doctors are usually very fast paced, speaking swiftly and wanting answers at a rapid-fire pace. My mother is capable of speaking, but she does so at a moderate pace.... She is always worried that someone will not understand her either because of her “Japanese accent” or because she has somehow misunderstood what is being discussed. Today was very different.... There was time and space for a conversation, and my mother actually did a lot of talking! Honestly, that is not usually the case, and it is only because Dr. Manch was so calm and sensed

the pace that worked for my mother to really converse with him. He looked her (and me) in the eyes when speaking and listening...not on a computer taking notes or looking down at notes and just talking out loud. Not just speaking clinically. He really spoke “with” us.... He spoke with caring, a little humor now and then, and with an energy of hope. Such a significant difference in the human, compassionate relationship! The possible options were clearly presented with a chance to ask and have questions answered. The next step for my mom feels very “doable,” positive, and hopeful—not just scary, being left in some strange, insecure state of shocked limbo, waiting to know what, if anything, can be done.

References

1. Health policy brief. Health Affairs, February 14, 2013. Available at http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=86
2. Greene J, Hibbard JH, Sacks R, Overton V. When seeing the same physician, highly activated patients have better care experiences than less activated patients. Health Affairs 2013; 32(7):1295-1305.

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