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It's a Jungle Out There: How information therapy can tame the forces of pay for performance and consumer-directed care

Donald W. Kemper, MPH

Chairman and CEO,
Healthwise

Founding Chairman,
Information Therapy Commission

With thanks to Tracey Willnerd
for research and editorial assistance



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Contact Information:
Healthwise
2601 N. Bogus Basin Road
Boise, Idaho 83702
Phone: 1.800.706.9646
Fax: 1.208.345.1897
e-mail: twillnerd@healthwise.org
www.healthwise.org

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Executive Summary: It's a jungle out there for hospitals. Tame it.

Pay for performance (P4P) and consumer-directed health care (CDHC) are making hospital leaders nervous. Both trends are growing fast and casting shadows on the path toward hospital success. It's just not clear how—and how fast—to take action.

Pay-for-Performance promises more pay if hospitals can prove they provide quality care.

CDHC plans threaten the loss of market share if hospitals don't cater to the "new consumer."

Something new is needed to map a course through this new jungle.

That something is information therapy (Ix), a solution that brings new value to hospitals. Information therapy uses information prescriptions to align patient actions with P4P incentives and to engage patients in a new level of decision support and patient-centered care.¹

The P4P opportunity: Prescribing to patients self-management information and behavioral change aids can encourage and support patient adherence to and alignment with the care plans that yield financial success in pay-for-performance incentive plans.

The CDHC opportunity: The personalized delivery of information and decision aids to patients will strengthen the bond of trust between patient and provider and help consumers feel good about the value they get for their health care dollar. This level of information support is a necessary ingredient of all successful consumer-directed health care approaches.

This paper looks at 12 trailblazing information therapy applications that can point a hospital in the right direction. By using a more targeted, interactive, and continuous form of patient support to improve quality and satisfaction, hospitals can gain extra revenue and additional market share. Any of these 12 applications can help your hospital become a king in this new jungle.

New Forces Affecting Hospital Success

Hospitals are grappling with two separate and seemingly conflicting forces in the health care economy: pay for performance (P4P) and consumer-directed health care (CDHC).

These two new approaches come together under the concept of "managed consumerism,"² which calls for:

- Using provider incentives, like P4P, to control the cost and quality of provider-induced demand.
- Using consumer incentives, like a health savings account, to control the cost and appropriateness of consumer-sensitive demand.

Managed consumerism looks to be the driving force of health care economics in the coming decade. Major policy groups such as The Leapfrog Group, the Robert Wood Johnson Foundation, the California HealthCare Foundation, the Commonwealth Fund, the Centers for Medicare and Medicaid Services, and now some large employers are calling for the implementation of significant P4P incentives.³ For instance,

high-tech companies Intel, Cisco Systems, and Oracle are raising the bar for quality improvement through the introduction of significant P4P incentives.⁴ Hospitals are responding. They are agreeing to "voluntary" quality reporting.⁵ Some are engaging their medical staffs to improve their performance against the metrics measured by the reports. The financial incentives are only part of the motivation. No hospital wants the public to see its quality ranking fall below average on any measure.

At the same time, employer frenzy over consumer-directed health plans (CDHPs) has hospitals rethinking their strategies for price competitiveness, transparency, and relationship management with their patient base. In addition, hospitals are scrambling to respond to heightened consumer expectations for online convenience and service—much like they get from their banks, Expedia, eBay, and Amazon. Every hospital has at least one executive or board member who is asking, "If we don't respond to the consumerism trend, will we lose market share and be forced out in the move toward provider consolidation?"⁶

While the consumer and provider approaches of these two forces may seem at odds, the “managed consumerism” concept shows how they both are compatible and necessary in an economically balanced health care system.⁷ Hospitals, consumers, physicians, health plans, and employers must work with both forces to find success in the next decade of health care change.

The Greatest Untapped Resource

The greatest untapped resource in health care is the consumer.⁸ Particularly in chronic illness and overall health, what people do for themselves each day has as much or more impact on good health as what the professional care provider does for them. Tapping that resource and aligning patient efforts with the efforts of their provider is key to success in both P4P and CDHC plans.

Hospitals have generally reported good reputations with their patients. However, based on outcome reports of decision quality and patient adherence, when it comes to patient education, hospitals are clearly missing the mark.

- *JAMA* reports that only 9% of decisions are rated as “informed decisions.”⁹
- A recent Mayo Clinic study found that only 1 in 4 of discharged patients was able to list all of his or her discharge medications, and only 1 in 7 was able to describe the common side effects of all of his or her medications.¹⁰
- Even more alarming, 6 out of 10 discharged patients were unable to name their diagnoses.¹¹

As a result of poor patient communication, significant opportunities are lost:

- Only 68% of heart attack patients continue to use aspirin regularly 12 months after discharge.¹²
- Only 18% of patients continue to use beta blockers 12 months after a PCI event (stents and angioplasty).¹³
- Randomized prospective trials show that up to 75% of all readmissions could be prevented by patient education, predischarge assessment, and domiciliary aftercare.¹⁴

In a sphere defined by managed consumerism, hospitals will have to improve in order to succeed.

Another real measure of success or failure will come in the form of HCAHPS reports. HCAHPS, also called the Patient

Experience of Care Survey, systematically asks patients about their specific experiences during a hospital stay.¹⁵ In early results, nearly 50% of patients reported not being given enough information during their hospital stay.¹⁶ Information therapy is needed to close that information gap.

Why Such Poor Results With Today’s Patient Education?

Wrong time, wrong place, wrong message, wrong media

Many hospitals provide discharge education to patients, including take-home handouts. Why then do patient education outcomes appear to be so marginal? Four reasons: wrong time, wrong place, wrong message, and wrong media.

Wrong Time:

At discharge, patients usually are still not feeling well. They may be anxious about going home. They have not yet faced the realities of continuing their care there. While discharge education is important, the real “teachable moment” for hospitals is after discharge. The patient or the caregiver is now in charge, and the problems and challenges of continuing care have become reality. Of course, they also need information during the hospital stay. When they know what to expect next, they can help prevent medical errors.

While discharge education is important, the real “teachable moment” for hospitals is after discharge.

Wrong Place:

Patient education is often more relevant when it is delivered in the home. The hospital is a controlled environment; the home is not. Within their own home, patients and their caregivers face the realities of wound care, medication management, and symptom monitoring. It is here that they need help to prioritize what is most important and to accommodate conditions that are less than perfect in the home environment. And they could use continuing guidance and support.

Wrong Message:

Without the opportunity to interact with the patient and caregiver at home, how is hospital staff to know what information or guidance the patient could use most? This lack of interaction increases the risk that one-time discharge information is not as good as it could be.

Wrong Media:

In this day of information technology and high personalization, oral instructions and generalized, mass-produced patient instructions are simply incomplete. Patient instructions are too often given using Stone Age, mouth-to-ear technology—and much is lost. Studies consistently show that most of what patients hear is forgotten instantly and much of what is remembered is wrong.¹⁷ We can do better.

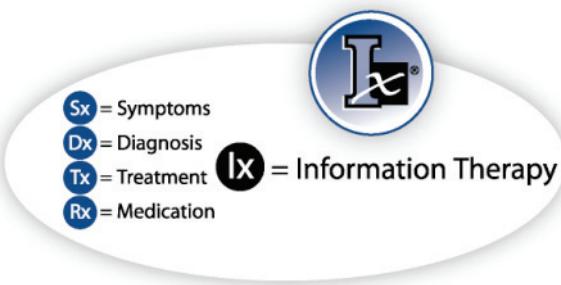
Information Therapy (Ix)

Right time, right place, right message, right media

Information therapy is relatively new to the patient education scene. It prescribes information to patients to help them manage each new “moment in care.” While it builds on the good work of existing patient instruction efforts, the Ix concept creates a new and expanded category of patient assistance designed to address the failings of the current approach.

Formally speaking, information therapy is the prescription:

- of specific, evidence-based medical information
- to a specific patient, caregiver, or consumer
- at just the right time
- to help him or her make a specific health decision or behavior change.¹⁸



How Information Therapy Works

Information therapy involves three components:

1. *Information triggers* predict the patient's moment in care.
2. The patient's *moment in care* defines the questions and decisions that the patient is likely to face.
3. The *information prescription* delivers targeted and tailored messaging and content to help answer the questions and support the decisions.

Information Triggers

Information triggers can include a combination of the following:

- Clinician judgments about a patient's condition.
- A patient's responses to questions about his or her condition.
- Known events such as discharge, a diagnosis, or the ordering of a test or medication.

Many of the data elements for the triggers can come from electronic medical records, claims reporting, or other computerized information about the patient and his or her clinical experience. Examples include:

- ICD9/10 codes (International Classification of Diseases) that identify a diagnosis, cause of injury, or treatment.
- CPT (Current Procedural Terminology) codes that identify medical tests, surgeries, and other procedures.
- SNOMED-CT and various other structured languages often used in medical records.
- Drug codes, test codes, date codes, etc.

Moments in Care

A “moment in care” defines the medical situation that the patient is in or about to enter. Identifying the moment in care also suggests the questions that the patient might have and the decisions that the patient is likely facing with his or her doctor. Each time a patient receives a new diagnosis, enters or leaves a treatment encounter, or is prescribed a new medication or test, the moment in care changes.

Moments in care can be complex. The complexity of care must be considered in order for the information to be presented simply and with the most important things for patients to know and do at that particular time.

Information Prescriptions

The information prescription is the content that answers the patient's questions or supports the patient's decisions in his or her current moment in care. Prescription-strength information must generally meet all of the following criteria:

- Decision-focused
- Evidence-based and complete
- In-depth review by experts
- No commercial influence
- Referenced and up-to-date
- Quality accredited
- Easy to use

Information prescriptions must be given in "the right dose." Faced with too much information, the patient can become overwhelmed and shut down. The key is to address a few issues the patient can recognize as important. Other keys to success include the tone, style, and "author" of the message. The trust established through the messaging will have a huge impact on the engagement in and usefulness of the information prescribed.

To support information therapy, consumer health information must be developed with the moment in care in mind and implanted with rich metadata (information about the information). The right pieces of information can then be easily matched to the patient once the moment in care is identified.

The same sequence of triggers, to moments in care, to information prescriptions works across all aspects of health care and can revolutionize the role of the patient within the continuum of care.

Twelve Ix Applications: An Information Therapy Strategy for Hospitals

Hospitals hoping to gain advantage in the P4P and CDHC jungle would do well to begin planning and implementing broad-based information therapy strategies. The following table presents a list of 12 broad-purpose information therapy applications that are matrixed against the area of hospital interests likely to benefit the most from their application. In addition, a general area of hospital operations is added to the table. The "operations" benefits relate to either substantial cost reduction or revenue enhancement opportunities coming out of the application. While all applications provide some direct or indirect benefits to all three areas of interest, the bold checkmarks indicate the area of interest likely to benefit the most from the application.

Information Therapy Applications to Aid Hospital Success

| | P4P | CDHC | Operations |
|--|-----|------|------------|
| 1. Patient Instructions with Web Links | ✓ | ✓ | ✓ |
| 2. Pre-Test Prep, Post-Test Results, and Explanations | ✓ | ✓ | ✓ |
| 3. Ix Prescriptions Within Visit Summaries | ✓ | ✓ | ✓ |
| 4. Visit Prep/Surgical Prep | ✓ | ✓ | ✓ |
| 5. Chronic Disease Self-Management Plans | ✓ | ✓ | ✓ |
| 6. Personal Wellness and Prevention Plans | ✓ | ✓ | ✓ |
| 7. Informed Consent + Decision Quality | ✓ | ✓ | ✓ |
| 8. Hospital Stay Success Guide | ✓ | ✓ | ✓ |
| 9. Decision Aids for Treatment Decisions | ✓ | ✓ | ✓ |
| 10. Phases of Post-Discharge Recovery | ✓ | ✓ | ✓ |
| 11. Decision Aids and Instructions for New Medications | ✓ | ✓ | ✓ |
| 12. Aids for Adherence to Long-Term Medications | ✓ | ✓ | ✓ |

Twelve Information Therapy Applications

1. Patient instructions with Web links

Hospital information therapy begins with high-quality, up-to-date patient instructions. These are the printed take-home education instructions handed to patients after care. While the current delivery method for patient instructions is quite limited, these instructions do provide a base for growing a hospital's information therapy program. Basic information therapy programs should, at a minimum, be able to relate to the patient's specific moment in care and also connect to deeper information on the hospital's Web site relevant to the patient's needs. In this way, patients have in hand the information they need today, as well as the online detail they may need in the days, weeks, or months to come.

2. Pre-test prep, post-test results, and explanations

The efficiency and impact of medical testing could be greatly improved by proper preparation before the test and the patient's thorough understanding of the results after the test.

With an information therapy system in place, hospitals can send separate information prescriptions before and after every scheduled medical test. Before a test, the patient would receive information about the purpose of the test and how to prepare so that the results of the test will be accurate. (Clear, precise instructions for proper preparation can often prevent the need for retesting later.) After the testing, the results would be presented together with an explanation of their implications for treatment decisions. Practitioners should be able to control delivery of results should they wish to present them to the patient in person or on the phone before releasing them to the patient.

3. Rx prescriptions within visit summaries

As discussed above, much of the information and advice exchanged in a doctor-patient consultation is lost because of poor communication, poor memory, and poor recording. Hospitals that have implemented electronic medical records can use the visit summary features of their EMRs to better deliver, document, and maintain that important information link. In most cases, the summary should include:

- A list of the diagnoses covered and links to more in-depth information about each diagnosis, located on the hospital Web site, for example.
- Vital signs recorded and links to charts showing the patient's changes over time.

- A list of prescribed medications, what they do, and how to take them.
- A list of the medical tests ordered and how the findings will impact future care.
- Self-care instructions to help patients effectively manage their own health.

4. Visit prep/surgical prep

Information prescriptions in advance of scheduled office visits or surgeries can have a big impact on cost, quality, and satisfaction measures of value to all three areas of hospital interest. Visit prep messages lower costs by reducing no-shows or repeat visits because the patient was not prepared. They can also make the visit shorter and more efficient in three ways.

- Patients are better prepared to present key aspects of their history and symptoms in an organized way.
- Patients are better prepared to ask key questions during the limited time of the visit.
- Preparation can also deliver practical tips like how to dress and where to park that prevent problems and result in greater operational efficiency. Tips that reduce the anxiety and hassle of a hospital or clinic visit can improve both the work flow and the outcomes of care.

Computer-aided visit prep can also scan the patient's record for immunization and preventive services that may be due and suggest that they be provided during the planned visit to save both time and money. Reminders of services for which P4P plans have measurable indicators may be particularly helpful.

Because the visit prep experience may well be a new and positive one for the patient, the hospital will further earn the patient's loyalty.

5. Chronic disease self-management plans

Every person with a significant chronic disease would benefit from a basic self-management plan that covers routine home care, symptom monitoring, and emergency response guidelines. Few patients have them. Helping patients develop self-management action plans for long-term conditions has proven particularly effective for people with asthma, diabetes, congestive heart failure, chronic back pain, and arthritis.¹⁹

After establishing an online interactive self-management plan for a patient, the hospital can maintain ongoing contact regarding his or her need for services. The patient will value the service, which may result in significant advances in the P4P indicators related to chronic disease management.

6. Personal wellness and prevention plans

People don't come with operating manuals. Each year, every patient registered with the hospital's portal should receive an opportunity to develop or update his or her prevention and wellness plan based on age, gender, diagnosed conditions, and other factors identified through self-assessment or the electronic medical record. The plan will provide priority-based recommendations for preventive care and health behavior changes. It will also provide decision guides to help patients make an informed decision about which of the tests or behavior changes they plan to pursue. The personalized prevention prescription service will not only build loyalty on the CDHC side, it also will contribute to improved P4P scores and should generate hospital revenue for its preventive services.

7. Informed consent + decision quality

It's the law: patients must sign informed consent forms. Everyone does that. But it is also the law that the patient must be well-informed before accepting major medical treatments. Interactive information prescriptions sent to patients scheduled for a particular surgery can inform and protect the patient while documenting the communication. Hospitals that have implemented informed consent information therapy programs can point to case after case in which the information led to avoiding serious and costly errors.²⁰ Of course, patients appreciate being able to make a truly informed decision.

8. Hospital stay success guide

Patients scheduled for elective surgery or hospital testing often have plenty of time to prepare for a hospital stay. They would welcome a friendly note from the hospital, along with helpful hints developed specifically for people entering the hospital for the same reason. While many hospitals offer a basic guide, few personalize the information to match the patient's condition and connect the guide with more extensive information on the hospital's Web site. A good success guide could cover a wealth of information that would relieve anxiety and

make the stay more successful for the patient and family, such as:

- What to bring to the hospital (clothes, medical records, phone numbers, etc.).
- Expected length of hospital stay for the surgery or procedure.
- A list of tests routinely done for the scheduled procedure with links to more information.
- A list of medications routinely prescribed for this procedure (with links).
- A guide to relevant information on the hospital's Web site.
- A guide to chaplain, nutritionist, and other hospital services.
- Discharge readiness—things the hospital looks for before sending a patient home.
- Discharge preparation and considerations for help at home.
- Patient rights and responsibilities.

9. Decision aids for treatment decisions

Consumer decision aids are self-administered information tools that prepare patients for making informed decisions about medical treatments. The foundation of consumer-directed health care is based on the idea that informed consumers will make better health care decisions than consumers in paternalistic systems of care. Many of the top CDHC plans recognize this by offering decision-support resources to their members.

Hospitals that want to improve patient loyalty and provide incentive to employer and community partners can take decision support to the next level by providing online decision-support services as a part of their information therapy program. While some may argue that better-informed decisions might lead to fewer hospital procedures, no hospital wants to base its financial security on providing unnecessary services. The full-service information therapy program must be well aligned with an institution's mission to serve patients—always in the patient's best interest.

10. Phases of post-discharge recovery

For every major surgical procedure, there is a set of generally predictable stages of recovery. Information of use and value on day 1 after discharge differs greatly from what the patient or caregiver may need on day 2, 3, or 4—or for that matter, weeks 2, 3, or 4. Information

therapy systems can allow the hospital or clinician on the day of discharge to trigger a series of information prescriptions for delivery to patients at just about the time they are expected to need the information.

This proactive service not only provides great loyalty-building convenience but also helps to prevent readmissions resulting from self-management failures.

11. Decision aids and instructions for new medications

Far more medication prescriptions are written each year than are filled.²¹ Fulfillment rates are affected by patients' concern about cost, convenience, and belief that it will make a difference. Information about the medicine can provide patients with why and how to take the drug, and if and when to call about symptoms, side effects, or other indicators. The messages can state the reason for the medication and the expected benefits and risks it might bring, but also highlight any reasons why the drug might not be right for the patient.

12. Aids for adherence to long-term medications

Even though more than 90% of heart patients are prescribed beta blockers at time of discharge, most stop refilling their prescriptions within the first year after discharge.²² So why do heart patients stop taking beta blockers?

Why do diabetes patients go off their insulin? And why do asthma patients fall back so easily into episodic cycles of crises and recovery?

The answers are complex—but often, not remembering the purpose and importance of the drug plays a big role in the consumer decision. In each case, however, PBM data could identify who might be slipping out of the prescribed routine. Interactive information therapy messages to the patient can provide significant help—first in helping the patient to overcome the cost, knowledge, or inconvenience barriers to adherence and then by supporting an informed decision.

Technology Required: Web, print, or phone—it's all information therapy . . .

Although the most basic information therapy applications require nothing more than a computer and printer, hospitals wishing to develop robust Ix capabilities will need technology investments in three areas:

- Computers and printers within the work flow of the doctor-patient engagement.
- Real-time access to information about the patient—sufficient to identify a moment in care.
- A secure patient portal through which to deliver and store information for the patient.

Hospitals that are already implementing electronic medical records or computerized order entry systems may already have much of the technology foundation they need. Of course, to put it all to use would also require a concerted effort to learn the e-mail addresses of hospital patients. While any single aspect of information therapy can be delivered by phone, by mail, or in person, the cost-effectiveness of Web-based communication makes the overall Ix approach economically feasible.

Information therapy need not be limited to paper or the Web. Creative applications can and should involve and integrate a broad array of communication channels to support better-informed and more involved patients. Expect to see Ix applications in each of the following areas before long:

- Internet access during hospitalization (becoming more mainstream).
- Videos delivered by CD, DVD, tape, or Web.
- Nurse call center—phone calls to follow up on self-management plans.
- Automated phone calls upon discharge with key reminders and queries regarding help needed.
- Virtual coaches that mimic a person-to-person conversation.

Regardless of the medium, the concept remains simple—get the right information to the right person at the right time to help support decisions and behavioral change. Each hospital should look to its own resources, interests, and patient populations to prioritize implementation strategies.

It Only Seems Like a Jungle

The consumer-directed care and the pay-for-performance environment may seem like a jungle for hospitals at first. However, with a focus on “managed consumerism” and an information therapy toolset, it can become your hospital’s greatest opportunity. Hospital success in the coming decades will require increasingly competitive attention to cost management, quality improvement, and consumer loyalty. Information therapy provides new tools that integrate all three areas of concern with efforts to tap the resource of the consumer as a recognized and coordinated member of the health care team.

Hospital leaders who implement information therapy applications early will create a “wow” factor in consumer relations even while reducing costs and positioning for the P4P incentives of high-quality care. With all that on your side, who wouldn’t feel as if they were “king of the jungle”?

Notes

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