Improving Affordability by Better Engaging Patients
Established in 1995, MHQP is an independent coalition of key stakeholder groups in Massachusetts working to improve the quality of patient care experiences through collaboration.

MHQP
Board of Directors

Physician Council
Established 2002

Health Plan Council
Established 2008

Consumer Health Council
Established 2011
Together for Good Measure

- MHQP helps Massachusetts provider organizations, health plans and policy makers improve the quality of patient care experiences by:
  - Measuring and publicly reporting non-biased, trusted and comparable patient experience data
  - Sharing tools, guidelines and best practices to help support improvement efforts
  - Catalyzing collaboration to find breakthrough solutions to shared challenges.

- MHQP’s work is driven by and organized around the principle that the challenges facing healthcare can only be solved through collaboration and innovation across key stakeholder groups – including patients, whom we believe are the most underutilized resources in the healthcare system.
MHQP Patient Engagement Roundtable on Affordability:

“Can we increase affordability with better patient engagement?”
Conceptual Framework: Patient Engagement & its relationship to Affordability & System Costs

**Provider Characteristics**
- Demographics
- Pt self management beliefs/behaviors
- Training in Shared Decision Making
- Pt centered care
- Relational skills

**Family & Community Characteristics**
- Infrastructure
- Resources
- Support

**Trust**
- Support
- Knowledge
- Communication

**Patient Characteristics**
- Social support
- Health/disease burden
- Living situation/stressors

**Capacity**
- *Access*: health care information
- Gender, age, race, income, education, language
- Values, motivation
- Religion
- Social determinants
- Quality of life

**Health Literacy**
- Health competence
- Confidence
- Self determination

**Health Literacy**

**Patient Activation**
- Start to take a role
- Increasing knowledge & confidence
- Taking action
- Maintaining behaviors

**Behavior Change: Patient Engagement**
- Shared decision making
- Self-management skills
- Shopping around
- Overcoming barriers

**NHRI Domains of Affordability**
- Health
  - Health Status
  - Medication adherence
  - Readmission
- Waste
  - Healthcare Utilization
- Price

**System Costs/Value**

**CONTEXT**: plan design, policies, technology, availability of care management, *Transparency*

*Barriers that routinely prevent patients from engaging in the health care system to obtain high value, affordable care.*
**Barriers to Affordability**

- **Barriers** exist that *routinely* prevent patients from engaging with the healthcare system to obtain high value affordable care. We believe we must address these issues in order to help patients be agents for affordability:
  - **Trust** in the healthcare system (providers, plans, system, and information)
  - **Health literacy** about our own conditions, about navigating the system, about our health benefits eligibility and coverage, about best value providers
  - **Capacity** to balance competing priorities and/or having limited energy, time, and/or resources
  - **Access** to providers, to choice of treatments, to generic drugs, to information
  - **Transparency** of health quality and costs information.
Trust

- Trust in the healthcare system (providers, plans, system, and information)
  - “Trust between patient and provider is essential – and lost in complexity of the system.”
  - “Trust is a cognitive short cut for information gathering.”
  - “When providers and patients talk about costs, it leads to distrust and anger.”
  - “We need time to have the conversation – time for the patient to be able to process the information given and pause for the provider to make a connection with the patient.”
  - “We trust clinicians too much – patients are so confused by the system then need to turn to someone.”
**Health Literacy**

- *Health literacy* about our own conditions, about navigating the system, about our health benefits eligibility and coverage, about best value providers

  - “We blame patients for lack of literacy – the blame should be on the complicated, non intuitive system we have created.”

  - “Complexity, capacity and literacy all go together - the less complex things are the less need for literacy.”

  - “Barriers for literacy include training for teach backs, also capacity for the team to have time to do this.”

  - “We need to focus on financial health literacy – there is a lack of action oriented knowledge at the right time.”

  - “We need differentiated learning for literacy – some populations have cognitive decline as they age, different from young adults; 15% of whom are on individual learning education plans.”
Capacity

- **Capacity** to balance competing priorities and/or having limited energy, time, and/or resources

  - “When patients’ capacity is low, it drives up healthcare costs.”
  
  - “Stress limits your cognitive capacity to process information.”
  
  - “Providers also have capacity issues because of competing priorities.”
  
  - “Physicians are confronted every day with: does this patient have the capacity to make decision about themselves – what’s the capacity risk assessment about whether they are safe at home – this is an enormous population.”
Access to providers, to choice of treatments, to generic drugs, to information

- “The traditional model of the patient-doctor encounter in the office is an access barrier … we really have to get to virtual care models that are sustainable and supported.”

- “We should define access [as] not just [getting] access to the service to begin with, but also how you continuously engage with and communicate with it and what the experience is, everything else stems from there.”

- “People I work with in the communities I’m very familiar with, they don’t have access to transportation.”

- “We need to explore other ways of trying to get things done because relying on these conversations that are incredibly complex for long periods of time in a doctor’s office just doesn’t work very well.”
**Transparency** of health quality and costs information

- Transparency should be fluid and continuous.”

- “Docs are not trained to talk about costs – there is still a stigma. But we have to talk about costs, because affordability is a factor in managing health.”

- “Transparency barriers fall into two categories 1) we don’t have the information; 2) we know the answers but [are] maliciously not sharing them.”

- “Cost transparency is about political will.”

- “Nobody understands economic transparency – not even providers understand it.”
Some Takeaways

There is an opportunity to collaborate with patients to find out what the patient values and what they are willing to pay for.

The cost of care overwhelms every discussion and gets us further away from what we want to be doing as physicians and what patients want to be thinking about.

Costs are not intuitive. Example: A colonoscopy costs more in outpatient setting than in the hospital because of anesthesia – patients have no way to know ahead of time.

All the system “solutions” break down the patient/doctor relationship foundation. We need to focus on a solution that will benefit the patient.

There needs to be a drastic change in commitment towards simplification, starting from square one.

Need to focus on financial health literacy – there is a lack of action oriented knowledge at the right time.

We should develop principles for changes we can all agree to.

The MA Connector was successful with a literacy push – developed videos, comic books, all kinds of materials and they worked.

There are risks of having patients practice cost control without having a dialogue between providers, social workers and patients about the “right” way to ration.
Call to Action

Acknowledge the barriers we have created that *routinely* prevent patients from engaging with the healthcare system to obtain high value affordable care.

- Better understand barriers to patient/provider engagement and work to promote “co-production” of health.
- Increase patient access to care by integrating digital and community care into existing practices without destabilizing the patient/provider relationship.
- Simplify healthcare and system information to promote patient understanding of healthcare benefits, health financial information, and health systems.
MHQP’s Next Steps

- MHQP will be conducting a state-wide pilot survey of patients to **measure barriers to patient engagement** currently under-measured, including:
  - patient health insurance literacy
  - patient trust of their providers
  - patient capacity
  - patient-provider collaboration
  - patient enablement, and
  - patient perceptions of provider empathy.

- Survey results will allow us to gather baseline data from patients about these under measured concepts and help us target future interventions.
For more information

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