• **News & Events**
  • Mobile Reception
    • [http://alabama.himsschapter.org/event/networking-reception-mobile](http://alabama.himsschapter.org/event/networking-reception-mobile)
  • Spring Conference Material
    • [http://alabama.himsschapter.org/event-archive](http://alabama.himsschapter.org/event-archive)
  • GC3 Registration
  • Future Webinars
    • Dates TBD

• **Today's Topic & Speaker**
  • Patient Engagement
  • Mazi Rasulnia, PhD
    • Co Founder, Pack Health LLC
Patient Engagement Strategies
May 24, 10:00am, CDT - 11:00am, CDT
Alabama HIMSS
Full Disclosure: I’ve got skin in this game

Mazi Rasulnia, PhD
President, Pack Health
mazi@packhealth.com

 PACK HEALTH

provides digital health coaching solutions to help people with chronic conditions affordably access the right care and develop the self-management skills needed to improve their well-being.
Agenda

• Background on challenges and context of patient engagement
• Components and barriers in engagement
• Measuring engagement
• Wrap up
Defining Patient Engagement

“Patient engagement results when patient/caregivers receive information and support that they need in order to fully participate in their care”
We’ve got **problems** to solve

**The 6,000 hour problem**
 Patients need guidance and health motivation beyond the hour a year they spend at the doctor’s office.

**Lost in translation**
 Research shows 40%-80% of information is lost, and 78% of patients don’t understand their treatment. \(^1,^2\)
We’ve got **problems** to solve

**Behavior is a big deal**
Health behaviors account for over 50% of outcomes. People need structured, systematic support to change.

**Loneliness is a predictor of risk**
2015 study by Brigham Young University researchers found that simply feeling lonely increases the risk of mortality by 26 percent.
## Gap between the drivers and investment

<table>
<thead>
<tr>
<th>What drives health (%)</th>
<th>Where we invest (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care</td>
<td>10</td>
</tr>
<tr>
<td>Genetics</td>
<td>20</td>
</tr>
<tr>
<td>Environment</td>
<td>20</td>
</tr>
<tr>
<td>Health behavior</td>
<td>50</td>
</tr>
</tbody>
</table>

|                      | 88                  |
|                      | 0                   |
|                      | 8                   |
|                      | 4                   |

Source: CDC, Univ of Cal at SFO, Institute for the Future

We underinvest in health behavior change

This is an opportunity!
## Key Components and Barriers to Engagement

<table>
<thead>
<tr>
<th>Key components of engagement solutions</th>
<th>Barriers to engaging patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make knowledge relevant</td>
<td>Patients get too much information at one time and feel overwhelmed</td>
</tr>
<tr>
<td>Motivate intrinsically</td>
<td>Patients are not willing or able to learn more on their own…connect patients with materials that they can access and understand easily.</td>
</tr>
<tr>
<td>Keep it personal</td>
<td>Technology only solutions can be intimidating to those who don’t use it regularly</td>
</tr>
<tr>
<td>Help develop easy triggers</td>
<td>Lack of integration / interoperability of actionable information</td>
</tr>
<tr>
<td>Build in feedback</td>
<td>Asking patients to pay for ongoing engagement doesn’t work</td>
</tr>
<tr>
<td>Initiate engage with trusted sources</td>
<td></td>
</tr>
<tr>
<td>Get quick wins</td>
<td></td>
</tr>
<tr>
<td>Build community/get caregiver involved</td>
<td></td>
</tr>
<tr>
<td>Keep it simple</td>
<td></td>
</tr>
</tbody>
</table>
Personal: Patients view engagement in terms of relationship (high-touch); often from their clinician

My healthcare provider…

People need people

Loneliness is as bad for your health as smoking a pack of cigarettes a day. ³

Presented at: HIMSS 2015, Three Perspectives of Patient Engagement: A National Study
Relevant: How to make engagement stick

- Congruence with needs
- Interactive
- Connecting to previous knowledge and experiences

People need to be engaged

Interactive, specific, bite-sized, delivered in response to specific needs.
Prior to 1942

LITERATURE SUMMARY

- Rely on personal doctors to provide medical care direction
- Prepared to seek information from and defer to their physician
- Frequent and longer visits due to clinical acuity and patient preferences around medical care
- Rigid definitions of good service—*the customer is always right!*
- Identify only physicians and nurses as health professionals
Phenotypes, Archetypes and Healthcare

Silent Generation: Physician Directs Me
Prior to 1943

Baby Boomers: Engage Me
1942-1960

Generation X: Educate Me
1961-1981

Millennials: Connect With Me
1982-2000

1942-1960
LITERATURE SUMMARY

- Values individual engagement in healthcare
- Seek counsel from and bring information to the physician, then research physician recommendations
- Identify only physicians and nurses as health professionals

- An interest in quality, as evidenced by their use of third-party comparisons or ratings as a means of self-directing to specialists and providers
- Many are involved in decision-making for their aging parents while simultaneously informing the health needs for their children

Presented at: HIMSS 2016, Generational Factors in Patient Engagement, Session March 2, 2016, 8:30AM
Phenotypes, Archetypes and Healthcare

1961-1981
LITERATURE SUMMARY

- An interest in being engaged and educated
- Relatively healthy
- Notably curious and actively seek information
- Assume physicians and staff are knowledgeable

- More likely to switch physicians and hospitals based on their most recent experience, rather than their overall past experience
- Have more in common with the Millennials than Boomers
- Identify physicians, nurses, NPs, PAs, insurance companies and pharmacies as medical professionals

Presented at: HIMSS 2016, Generational Factors in Patient Engagement, Session March 2, 2016, 8:30AM
Phenotypes, Archetypes and Healthcare

1982-2000
LITERATURE SUMMARY

- Access the health system through PCPs, urgent care centers and OB/GYNs with higher likelihood to use OB/GYN as PCPs
- Low use of inpatient and outpatient services but when used, come through the ED or maternity

Presented at: HIMSS 2016, Generational Factors in Patient Engagement, Session March 2, 2016, 8:30AM
Adoption and Engagement must be **simple**

**For patients**
- Frictionless
- Familiar
- Easy

**For clinicians**
- 1-click
- Actionable
- Within workflow

*People don’t need (or want) logins or downloads*

95% of app downloads are abandoned within a month.
# Data Types and Tracking

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Tracking</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMR data</td>
<td>- Clinician notes and other data (e.g., CPOE) entered into the electronic medical record</td>
<td>- Reports from the EMR</td>
</tr>
<tr>
<td>Payer claims</td>
<td>- Payments, charges and eligibility data indicating total cost of care and costs paid for services to providers</td>
<td>- Integration and/or reporting from payers</td>
</tr>
<tr>
<td>Lab data</td>
<td>- Reports from labs indicating results of key tests ordered on patients</td>
<td>- Reporting from lab vendors</td>
</tr>
<tr>
<td>Pharmacy data</td>
<td>- Tracks data from pharmacies around patient medications</td>
<td>- Pharmacy claims feeds</td>
</tr>
<tr>
<td>Patient reported outcomes</td>
<td>- Tracks data specifically provided by patients on their own outcomes</td>
<td>- Validated scales asked directly of patients (no clinician interpretation)</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>- Tracks patient satisfaction with different providers</td>
<td>- Medicare tracks with CPHS</td>
</tr>
<tr>
<td>Internal metrics</td>
<td>- Tracking of any internal metric (e.g., staff satisfaction, clinic efficiency)</td>
<td>- Many systems shifting to Net Promoter Score (NPS)</td>
</tr>
<tr>
<td>Biometric data</td>
<td>- Data tracking aspects of daily life for patients (e.g., steps taken, hours of sleep)</td>
<td>- Tracking dependent on key success metric chosen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Journaling, patient report, wearables, Health Risk Assessments</td>
</tr>
</tbody>
</table>
Patient Reported Outcomes

"any report of the status of a patient's health condition that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else."
Sample PROs

- All conditions
- Cardiometabolic
- Autoimmune
- Respiratory
- Specialized

- Patient Health Questionnaire 2 (PHQ-2)
- Anxiety and Depression
- Godin Leisure-Time Exercise Questionnaire
- Physical Activity and Exercise
- Center for Adherence Support Evaluation (CASE)
- Adherence Index
- Medication Adherence
- Modified Medical Research Council Dyspnea Scale
- Symptoms (IPF)
- COPD Assessment Test (CAT)
- Symptoms
- Bladder control Self-Assessment Questionnaire (B-SAQ)
- Symptoms
- Psoriasis Symptom Assessment (Subscale of Skindex-29)
- Symptoms
- Crohn’s and Ulcerative Colitis Questionnaire (CUCQ-8)
- Symptoms and Quality of Life
- Kansas City Cardiomyopathy Questionnaire (KCCQ-12)
- Symptoms and Quality of Life
- Patient Activity Scale II (PAS II)
- Disease Activity and Functional Assessment (RA)
- Comprehensive Score for financial Toxicity (COST)
- Financial Wellbeing
- Perceived Stress Scale (PSS-4)
- Stress
- Health Self-Efficacy Scale
- Health Self-Efficacy
- Diabetes Distress Scale (DDS2)
- Diabetes-Related Emotional Distress
- Diabetes Distress Scale (DDS2)
- Diabetes-Related Emotional Distress
Case Study: **Type 2 Diabetes**

Across 1,520 patients diagnosed with Type 2 Diabetes were engaged in a digital coaching program for 90 days

**From baseline to the end of their first 90 days, we saw:**

- **Avg A1c Reduction**: 1.2 percentage pts
- **PROMIS (Mental)**: Up 10%
- **Foot exams**: Up 21%
- **Eye exams**: Up 21%
- **Medication Adherence**: Up 23%
- **Satisfaction**: NPS 76
Questions?

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President, Pack Health
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myPACK®
An all-digital engagement solution for select populations.

PACK®+
A complete health coaching service with dedicated Health Advisors and a digital platform.