

The Patient of the Future

Physicians suggest. Patients ignore. Technology alone won't bring them together. But a new relationship just might.

A patient enters the waiting room and is greeted warmly by her personal navigator, who hands her a tablet-sized computer preloaded with her personal demographic information and health records. She answers a series of questions and the computer compiles a list of possible diagnoses for her physician.

In his office, the physician is reading an e-mail from a patient who has forwarded an interesting study about his particular medical condition. The physician forwards the study to the rest of the patient's care team, including the patient's acupuncturist.

In the exam room, a specialist and patient sit together in front of a computer—the physician is showing the patient which sites have the most reliable medical information that she can use to learn more about her recent diagnosis. Next door, a physician is talking to a patient who has unusual symptoms; the doctor consults her PDA, which is loaded with a decision-support application.

Down the hall, an employee e-mails to a prospective patient a detailed, itemized list comparing the costs of hip replacement surgery at a number of area hospitals.

And, by the way, everyone in the waiting room is fit and trim. Nobody smokes anymore. People with diabetes check their blood sugar regularly. Everyone shows up for their colonoscopy appointments. People are knowledgeable about their health, empowered to participate as partners in their care, and engaged enough to comply with their physicians' directives.

Scoff if you want, but in many ways the patient of the future is already here. Obstacles include the current reimbursement model and patients themselves. But physicians also deserve a large chunk of the blame. "I'm impressed how well the medical profession has inadvertently trained patients not to be engaged," says Ted Eytan, MD, medical director for delivery systems operations improvement at The Permanente Federation LLC in Washington, DC, which supports the Medical Groups of Kaiser Permanente. If you go to the doctor and you're sick, they'll ask, "Why did you wait so long?" And if patients aren't sick enough, they say, "You came in too soon." Whenever the patient comes in is the right time, Eytan says. We have to get patients comfortable with saying "I deserve more. I want to be healthy. I want to help manage my care and my health. I want to see every piece of data you have."

Technology connects patients and providers

In the future, patients will communicate with their doctors via e-mail, online chat room, Web portal, mobile device, remote monitoring technology (or some other method or medium that hasn't yet been invented), thus avoiding a long wait for a short appointment that might not have been necessary anyway.

Doctors don't get paid for phone or e-mail consultations, nor do they want to risk missing a diagnosis because they chatted online instead of face-to-face with a patient. Engage on a personal level? Physicians have five to 10 minutes to see a patient, listen to his or her complaints, make a clinical decision and move on to the next appointment.

There is an entire generation that has never known a world without computers—and their parents and grandparents are picking up their habits, chatting on their mobile phones, learning how to attach photos to e-mails, signing up for Facebook accounts, and looking up health information online in numbers too large to ignore. A huge portion of the population can't imagine life without Google or text messages. And they can't understand why healthcare hasn't embraced technology, too.

Neither can Art Papier, MD, a dermatologist who is on the faculty at the University of Rochester (NY). "If you ran the aviation system this way, some pilots would use all the modern navigation, and some pilots would put their finger out the window," says Papier, who is cofounder of Logical Images, a medical software company in Rochester, NY. "That's what we're tolerating in medicine."

What is one of the biggest barriers to technology such as decision-support tools? Doctors don't want to look dumb. If they have to look up information, they worry the patient will realize they are not omniscient after all.

In fact, the opposite is true, many argue. Obviously, physicians cannot read every study or know about every single new treatment option or medication. And today's patients are impressed by physicians who embrace technology. So looking up the answers doesn't make the doctor look dumb—it makes them look modern and tech-savvy.

"A whole bunch of improvements that have happened over the past 30 years with IT in other industries are going to evolve in healthcare and that will result in transformation as to how the whole process will work," says Dave deBronkart, an advocate for patient engagement and empowerment and communication as well as patient-caregiver collaboration.

Patients prefer providers who use Internet-based tools to augment care, according to Deloitte's 2009 survey of healthcare consumers. More than half (55%) want to communicate with their doctors via e-mail to exchange health information and get answers to questions, for example. And 68% are interested in remote monitoring devices that allow self-monitoring of their condition and electronic reporting of results to their physician. The figure was even higher for seniors (78%) and consumers with chronic conditions (75%).

One recent IT development has sprung from the nation's obsession with cell phones and applications. Mobile health, or m-health, allows patients and physicians to perform a variety of healthcare-related tasks. Phones and PDAs can collect community and clinical health data and deliver it to physicians, researchers, and patients. They can help track the spread infectious diseases such as swine flu and the rates of conditions such as diabetes. Patient monitoring devices emit real-time vital signs to caregivers.

The beauty of m-health is that it can reach almost every American. For example, studies show Latinos don't use the Web as often as other demographics, Eytan says. But they do use cell phones. "The engaged patient will include every American," not just engineers and others who are technologically adept.

Access to EHRs creates engaged patients

Empowered and engaged consumer-patients are armed with customized information about their unique health conditions gleaned from a variety of sources. They have easy, inexpensive, and portable electronic access to their personal health records that they can easily share with whomever they choose.

Physicians argue that electronic health records are too complicated, too expensive, and too time-consuming to implement and maintain. Especially with online records, there's too great a risk that privacy of personal health information will be breached.

Eighty years ago, physicians were similarly skeptical of the telephone, Eytan says. Professional organizations warned physicians they wouldn't get paid for taking phone calls and that patients would call them nonstop.

And while many Americans are satisfied with the status quo, Eytan says there will soon come a day when they will demand access to their personal health records. Kaiser Permanente now has 3 million people on a PHR and that number is growing. The tipping point will come when those health records ambassadors, as Eytan calls them, move to other states and demand that healthcare providers and insurers offer PHRs.

"The major change that's going to happen is about people getting their hands on their own medical data and their data traveling with them, rather than being bottled up inside a particular hospital," deBronkart says.

"These cognitive tools," Papier says, "will actually give the physician more time to do a more thorough exam." It could also curtail overreliance on testing. "These technologies are here today. It's not a meaningful use debate for five years from now."

Bob Stone, cofounder of Nashville-based Healthways Inc., warns not to believe that any one interface with patients will work.

"One thing we have learned in our business is there is no single silver bullet for establishing intimacy and sustaining engagement with the population," Stone says. "Everybody is different. Everybody has different comfort levels in terms of how they want to interact with caregivers. Some people love the phone. Some people hate the phone. Some people like snail mail. And as the population continues to age we will find more people who prefer e-mail or some form of social media."

Physicians and patients become collaborative partners

Patients come to appointments with Internet printouts tucked under their arms or stored on their PDAs. And instead of bristling at that, the clinician of the future will praise the patient of the future for doing his or her homework. Patients and physicians will build relationships and engage on a more personal level than is now the standard.

They drive many physicians crazy: know-it-all patients who come in to those five- to 10-minute appointments armed with a stack of Internet printouts trying to tell them how to do their jobs.

"We still hear about people whose doctor tells them, 'Look, who has the medical degree here?' And I understand that. Some patients are idiots," deBronkart says.

But the best way to improve medicine is to make it more collaborative, he adds. "It may be that this new form of relationship is not nearly as burdensome as people might reasonably anticipate," deBronkart says. "The reality is that there is an enormous flood of new information being published. It's just more than anyone can keep up with."

Paul Keckley, executive director of the Deloitte Center for Health Solutions in Washington, DC, agrees. "We continue to find that most consumers want information that they can't readily get from their hospitals and doctors." And they don't just want a photocopied handout with diagrams of exercises that ease general back pain. They want information that is personalized and customized, based on their own risk factors, preferences, and the exact nature of their back pain.

Ken Davis, MD, doesn't wait for his patients to come to him with their research—he helps them gather it. At the end of an appointment, the Monroe, TX-based physician brings his patient out into the hallway to a computer with Internet access. He shows her how to use MedScape and gives her a quick tutorial on how to find more information about the diagnosis. Taking a few minutes to do that saves him time, he says. A patient will come to the next appointment better informed and ready to work in partnership with the physician.

"You can engage patients with technology instead of it being a barrier," Davis says. "You can use technology to your advantage or you can get real upset because the patient went ahead and got a second opinion from the Internet. Doctors just have to get over themselves."

Patients actually start taking care of themselves

With wellness coaching from their team of caregivers, patients make lifestyle changes—they quit smoking, exercise more, and make healthy food choices. They check their blood pressure and show up for their colonoscopy appointments and monitor their glucose levels.

Of all the predictions about the patient of the future, this one is perhaps the most difficult to believe. Anybody who walks down the street today can see that people aren't interested in making lifestyle changes—they just want doctors to prescribe a pill to cure what ails them, even if what ails them is that they eat too much and don't exercise enough.

And when physicians talk about wellness, there's always that person in the room—usually a specialist—who says we can't make money if people are well, Davis says.

Physicians are paid to diagnose and treat sick patients, not to keep people healthy.

"Healthcare reform begins at home," Davis says. "Patients have to be empowered and they need to be expected to take some responsibility."

But it doesn't work when physicians just wag their fingers and lecture patients, or pretend not to notice that their patient weighs 300 pounds, or mention halfheartedly that he or she should quit smoking.

It's like a waltz, Davis likes to say. You have to know when to lead and when to follow.

Change can come, but slowly, Stone warns.

"Getting societal pressure on changing behavior is not hard to do, but the benefits don't inure overnight," Stone says. "It takes time, but we have seen it in the last 15 years in smoking patterns. I don't think the reduction in smoking has gone down because those people who wanted to smoke suddenly got religion."

In the future, however, employers, health insurers, and government agencies will give people cold, hard cash for healthy behaviors.

Quit smoking, lose weight, join a gym, run a marathon? Ka-ching! There will be incentives for doctors, too, making the whole "I don't get paid to keep people well" argument moot.

Consumerism goes from fad to trend—to reality

The patient of the future demands to know how much each appointment, test, outpatient procedure, or hospital stay will cost them—down to the very last prescription pill. And they use price and quality data to make decisions about where they go for care.

The conventional wisdom is that patients don't understand quality data and they don't care what their treatment costs. And why should they? After all, either insurance pays for their healthcare or they use the emergency room as their primary source for care.

But the idea that patients will become engaged, informed consumers is here to stay, says Keckley. But are medical professionals and the healthcare industry in general prepared?

"No," Keckley says. "For the most part physicians especially are suspicious of this concept of consumerism."

But patients do want to know what their healthcare will cost—and they don't just want a doctor's bill or a hospital bill; they want to know what the total costs are, from drugs to devices, Keckley says. Healthcare reform will also affect this, swelling the numbers of people who have individual policies, which already stands at about 18 million. Many will choose high-deductible plans. Insurance companies and employers will drive change, too. They're saying to providers "you must provide this info," Keckley says.

"This is the beginning of a change," Keckley says. "It's at the bottom of that S curve, but it's a significant, sustainable trend, and increased numbers of end users will reflect these behaviors. It will grow ... We're past the novelty stage of this, and we're probably moving past early adopters. We're into early majority."

Indeed, a full 94% of respondents to Deloitte's consumer study said they believe that healthcare costs are a threat to their personal financial security.

"We're at a point where people on the street are voting with their pocketbooks and they're voting with their feet. It may not be the majority today that through their own behavior and their own purchases are forcing doctors and hospitals to behave differently, but I think that's generational," Keckley says.

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The Partnership of Physician and Patient

When Dave deBronkart was diagnosed with stage four kidney cancer in January 2007, he turned to the Internet. "I've always been an online guy, so of course I Googled my butt off," he says. What he found: "Outlook is grim. Prognosis is bleak." But then his doctor told him about an online chat room for kidney cancer patients on the cancer-support site Acor.org, where the patient community provided vital validation about Interleukin, a treatment he already had researched. The potentially toxic cancer treatment is decidedly not for everyone. But deBronkart's doctor said he was qualified for the treatment and he followed his doctor's advice, which he says shrunk his tumors—and saved his life.

Since then, he's become an online advocate for patient engagement and empowerment, and is known to many as e-Patient Dave.

The "e" in e-patient represents a number of descriptors: equipped, enabled, empowered, engaged.

Effective e-patients are involved in their own health in a number of ways, deBronkart says:

- They look at their medical records online
- They may share medical records with family and friends who know medicine
- They use e-mail to correspond with their doctors
- They are active partners with the various physicians involved in their care
- They're often active in patient communities
- They may become active researchers

deBronkart works late into the night—long after knocking off work at his day job as a software marketer—spreading his patient empowerment message in chat rooms, on blogs, via Twitter, and in other forums. "My message has simplified. I just believe that patients have every right to know what their options are and they have a fundamental right to pursue those options," he says. "My point here is not that doctors can't do the job—it's that patients can help. We actually have the ability to contribute and help in this economically difficult industry."

deBronkart is not angry at the healthcare system; he believes in partnerships between physicians and patients. "I got superb treatment," he says. "I'm an example of somebody who became a patient empowerment advocate without being shafted by the system."

—Gienna Shaw

Activation Level Influences health outcomes, costs

Patients who are "activated" in their health are more apt to stay current with their medications, be engaged during medical encounters, seek out health information, and are more likely to eat healthy foods, exercise, and get preventive care.

But fewer than half of U.S. adults are actually activated in their health, which can affect the success or failure of chronic disease programs and consumer-driven health plans, studies show.

Knowing that higher activation leads to better health, Judith H. Hibbard, DrPh, professor of health policy at the University of Oregon's department of planning, public policy, and management, designed the patient activation measure (PAM) to assess a person's knowledge, skill, and confidence in managing his or her health.

The PAM asks respondents about their beliefs, knowledge, and confidence in several health behaviors. Based on the responses, each person is given an activation score of 0 to 100 and placed into one of four activation levels, which reflects whether the person will obtain preventive care, maintain good diet and exercise practices, use self-management behaviors, and seek health information.

With the activation level, healthcare providers, health plans, and wellness coaches are able to know how to approach the individual and create a plan to improve the person's wellness. For instance, it doesn't make sense to ask a person at the lower activation levels to run two miles a day. That will actually alienate him. Instead, ask that person to walk around the block a few times a week or park further from the mall entrance in order to get exercise.

"Pounding people over the head doesn't work," says Hibbard. "Understanding the person and meeting them where they are is the key and also having a standardized approach for supporting patients, and finally having a way to track progress."

A recent study of LifeMasters Supported SelfCare Inc. members, which was led by Hibbard, found that coaching to patient activation levels through motivational interviewing techniques actually improves disease management outcomes in the areas of reduced hospital and emergency room utilization. The study found that those who received coaching with the PAM experienced a 33% decline in hospital admissions and a 22% decrease in emergency room visits over a six-month period.

But using the PAM doesn't mean simply finding the activation level and then handing the results to nurse coaches or healthcare providers to begin intervention. Mary Jane Osmick, MD, vice president and medical director at LifeMasters in Irvine, CA, says they need to understand patients' "pre-behaviors," and how to integrate the activation levels with tailored interventions. Not all healthcare professionals are comfortable with the tools, while some easily integrate the PAM into their health coaching.

"We see that some healthcare professionals immediately see value in understanding the activation levels. It helps understand the person . . . Some people are just better at understanding motivational interviewing than others," says Osmick.

Inspiring those at the lower end of the PAM is not easy, but Hibbard says there are two small steps that can help spark a person's belief in himself and activate him in his healthcare:

- Find out what the person wants to target first, which will help the person feel a level of control. For instance, a person who is a smoker, obese, and diabetic may first want to cut back on the junk food. The healthcare professional may rather the person focus on smoking cessation, but it's better to start with what the individual wants, and then nudge him to the next issue.
- Break down lifestyle changes into easy-to-accomplish, smaller tasks so the person can succeed. One example is asking a person who needs to improve her diet to start eating one high-fiber, low-fat meal once per week.

Hibbard says the PAM taps into an "underlying construct" that goes beyond the health arena. Much like how a person's self-esteem influences parts of an individual's life, a person's activation level also goes beyond health.

"I think physicians who understand and are skilled at this are actually more efficient, especially with chronic disease patients, because they are able to fully leverage the most important resource on their team—the patient. So they get better results," says Hibbard.

—Les Masterson

Four levels of activation

The patient activation measure (PAM) includes a 13-item scale that asks respondents about their beliefs, knowledge, and confidence in a number of health behaviors. The resulting score, or activation level, influences the approach to engagement.

PAM's four activation levels are:

- Level 1 (lowest level): People are passive and may not feel confident enough to play an active role in their health.
- Level 2: People may lack basic knowledge and confidence in their ability to manage their health.
- Level 3: People appear to take some action but may still lack confidence and skill to support necessary behaviors.
- Level 4: People support their health, but may not be able to maintain behaviors because of life stressors.

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