Health Management Associates

Patient Engagement: Barriers and Opportunities

Million Hearts Learning Collaborative
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Kristina Ramos-Callan
Senior Consultant
HMA
kramoscallan@healthmanagement.com

❑Patient Engagement:

    ❑Key terms and elements

    ❑Grantee facilitated discussion: Bread for the City

    ❑Barriers/Facilitators of Patient Engagement

❑Questions/Next Steps

Patient Engagement: Barriers and Opportunities

What are your biggest barriers to patient engagement?

Examples include:
- Patient health literacy
- Communication
- Patient's Severity of illness/acuity of care needs
- Provider professional knowledge and attitudes
- Patient motivation, personal agency

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Patient Engagement* refers to interventions designed to increase activation and promote positive patient behaviors*

Patient Activation refers to a patient's knowledge, skills, ability, and willingness to manage his or her own health and care.*

Patient Agency refers to the perception of self, understanding of health conditions, and dependency on others.**

Patient Empowerment is the process through which people gain greater control over decisions and actions affecting their health. ***

*James, Julia. "Patient engagement." *Health Affairs* Health Policy Brief 14, no. 10.1377 (2013).
** Hunter, Judy, Margaret Franken, and Deborah Balmer. "Constructions of patient agency in healthcare settings: textual and patient perspectives." *Discourse, Context & Media* 7 (2015): 37-44.
*** Pittet, Didier, and Liam Donaldson. "Clean care is safer care: the first global challenge of the WHO World Alliance for Patient Safety." Infection Control & Hospital Epidemiology 26, no. 11 (2005): 891-894.

Million Hearts Learning Collaborative (MHLC) grantees have noted the following general types of barriers

- Digital health uptake by patients and providers
- Maintaining interest of patients through inconvenient workflows/processes
- Patient reticence to meet with new/different provider(s)
- Patients unreachable

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- Demographics
- Health literacy
- Cultural beliefs
- SDOH

Patients

- Patient's perception of their status or role relative to clinician

Self Perception

- Adoption of best practices
- Training and knowledge
- Personal comfort with delivering an intervention or health message

Provider Knowledge and Attitudes

Adapted from World Health Organization. "Patient engagement." (2016).

- What is Produce Rx and why is Bread for the City referring patients to it?
    - What led to your decision to use this program?

- What are some of the main successes and key challenges you've experienced?

- How has BFTC engaged patients in the program.
    - What were their reactions?

- Why do you think this is an effective engagement tool?

- How would or could you improve engagement in the program?
    - What would improvement look like?

Produce Rx

Allows medical professionals to prescribe fresh fruit and vegetables to patients experiencing diet-related chronic illnesses while providing additional support for patients living in poverty.

Food-as-medicine approach

- Eligible populations include Medicaid enrollees and Alliance enrollees (State funded population)

Program data:
Partner: Giant Grocery Stores
Enrollment goal: 50% of BFTC patients
Patients Targeted: 680
Patients Enrolled: 330

Photo: Produce Rx — DC Greens

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- Demographics
- Health literacy
- Cultural beliefs
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Patients

- Patient's perception of their status or role relative to clinician
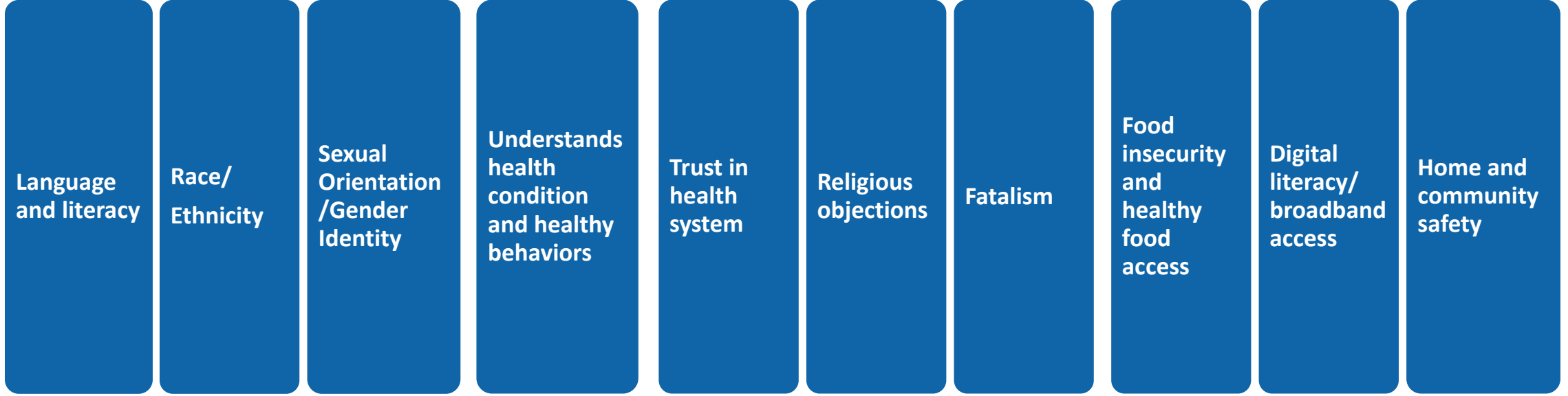
Self Perception

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PATIENT LEVEL BARRIERS TO PATIENT ENGAGEMENT

Barriers

Demographics			Health Literacy	Cultural Experience			SDOH		
Language and literacy	Race/ Ethnicity	Sexual Orientation /Gender Identity	Understands health condition and healthy behaviors	Trust in health system	Religious objections	Fatalism	Food insecurity and healthy food access	Digital literacy/ broadband access	Home and community safety

Adapted from World Health Organization. "Patient engagement." (2016).

BARRIERS AND FACILITATORS TO ENGAGEMENT IN HEALTH INTERVENTIONS

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Theme	Subtheme	Barrier	Facilitator
Personal Agency and Motivation	Personal Motivation	Lack of motivation to understand or improve health	Motivation to understand and improve health
	Awareness and understanding	Unaware of or lacks understanding of how a health intervention could be helpful	Ability to understand health interventions, and personal health status and relationship between them
	Personal Agency (choice and control)	Alternative ways of documenting health information and managing illness	Ability to choose time and location of interaction with health intervention
			Ability to control personal health data
Personal Life and Values	Personal lifestyle	Busy lifestyle	Intervention fits with personal lifestyle
	Skills and equipment	Poor digital literacy	Good digital literacy
		Lack of access to equipment and to internet	Has or can afford computer or mobile device, network connectivity and a data plan
		Cost of health intervention	
	Privacy and security	Concern over the security and privacy of health information or interaction	Values the privacy and anonymity of health information or interaction

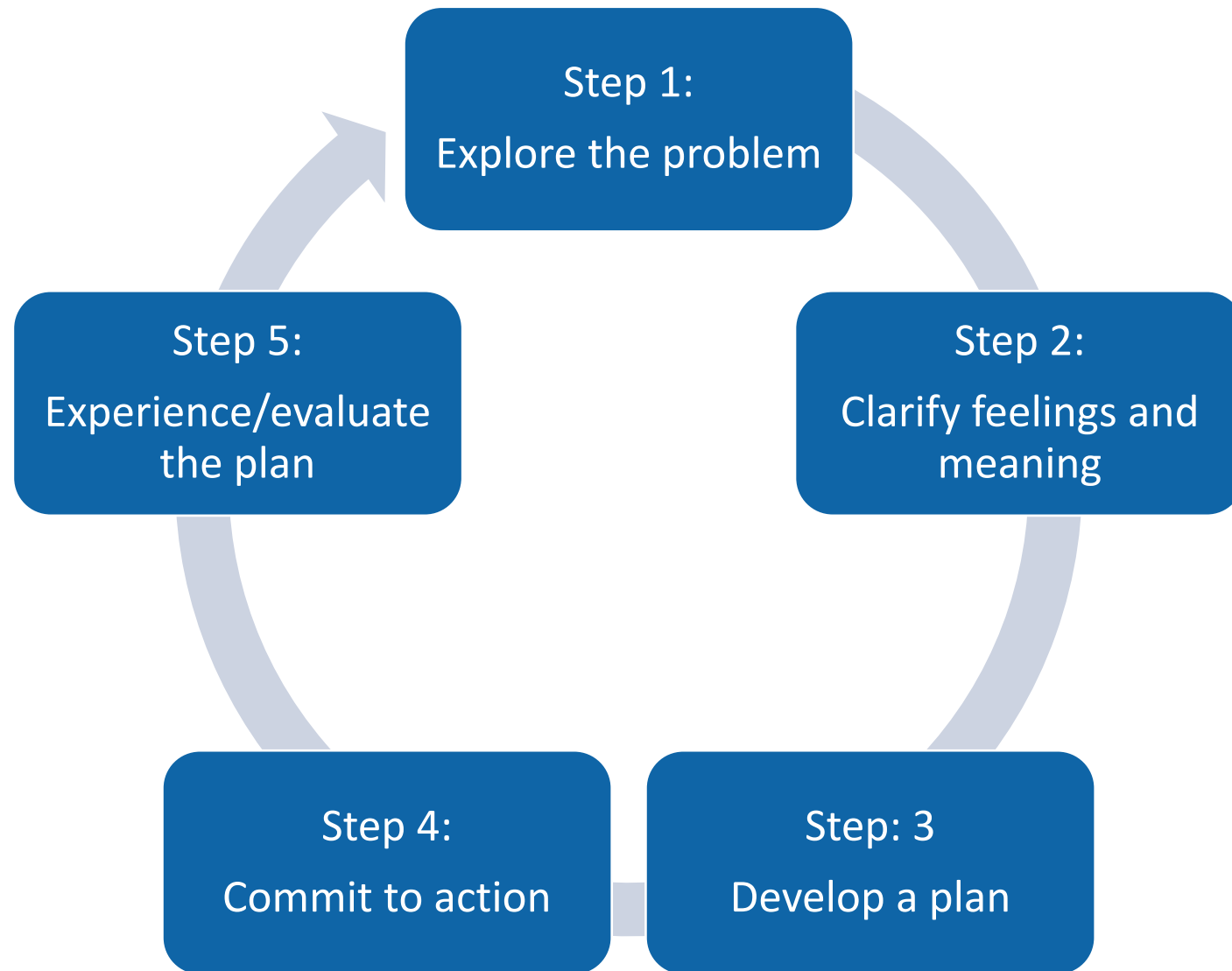| Theme	Subtheme	Barrier	Facilitator
Engagement and Recruitment Approach	Recruitment strategy	Difficulty understanding the recruitment message	Active promotion and engagement strategies
	Direct support	Lack of support from family members, friends or peers	Support from family members, friends or peers offline
	Personal advice	Lack of advice and recommendations from trusted sources	Recommended by family members, friends or peers
	Clinical endorsement	Lack of clinical endorsement and support for an intervention	Clinical accreditation and support
Quality of the Health Intervention	Positive health experience (quality of information or interaction)	Impersonal (poor quality information or interaction)	Open, honest interaction with healthcare provider (online and off)
	Negative health experience (quality of information or interaction)	Lack of trust in health information or interaction	Previous negative experience of health services
		Concern that digital health interaction could be abusive	Social support from peers online and off
	Usability of the intervention (digital, otherwise)	Complex registration process	Easy to enroll in and access/use

Patients can shift from being engaged to being empowered when they

1) understand their role in their care
2) acquire sufficient knowledge to be able to engage with their healthcare provider
3) acquire skills to manage their care in their social and community context
4) feel supported in their care

Million Hearts Resources:

Supporting Your Patients with High Blood Pressure Visit Checklist (hhs.gov)

Hypertension Control Change Package (hhs.gov) (Table 4 – Individual patient supports)

Step 1: Explore the problem

Step 2: Clarify feelings and meaning

Step: 3 Develop a plan

Step 4: Commit to action

Step 5: Experience/evaluate the plan

Martha M. Funnell, Robert M. Anderson; Empowerment and Self-Management of Diabetes. Clin Diabetes 1 July 2004; 22 (3): 123–127. https://doi.org/10.2337/diaclin.22.3.123

- Use communication techniques that foster patient's own activation in care and understanding of condition
    - [Teach Back](#) (Agency for Healthcare Research and Quality, 2020)
    - [Ask me 3](#) (IHI, 2022)
    - [Improving Oral Communication to Promote Health Literacy](#) (Center for Health Care Strategies, 2013)
    - [Patient Communication: Jargon-Free Medical Terms - Health Literacy for Interprofessional Education (IPE) eToolkit - LibGuides at Pacific University](#) (Pacific University of Oregon Library, 2022)

- Understand the patient's individual context through SDOH screening and conversation about their needs and priorities
    - SDOH screening tools ([PRAPARE](#)); case management discussions

- Consider patient experience measures in context of patient engagement
    - CAHPS, satisfaction surveys, qualitative feedback on clinic operations (e.g., availability, wait times, accessibility)

- Organizational culture and workflows that support training, adaptation, and flexibility.
    - Train all members of the care team to reinforce the intervention
    - Identify, consider, and test potential adaptations to make the intervention acceptable and sustainable

- Flatten patient/provider hierarchies
    - Support patients as partners in their care

- What barriers has your site faced?

- What facilitators do/will you use?

- What do/will you do to encourage empowerment?

- What's an idea from today that you will take back to try at your site?

We are here to help you !

✓ For 1:1 site specific coaching, contact an HMA team member.

✓ To access previously recorded sessions and tools, visit https://livingwell.dc.gov/page/million-hearts-providers or see the technical assistance inventory document sent via email.

January and 2023

- Facilitated Discussions with Grantees to share lessons learned, barriers encountered, and promising or best practices.
  - *January - Patient Engagement Part 2: Motivational Interviewing*
  - *February – Sustainability*
  - *March-June, TBD*

Save the Date: Tobacco Treatment Specialist Virtual Training Program on March 6th to 9th
Health centers are invited to participate in a comprehensive 4-Day live virtual Tobacco Treatment Specialist Training held March 6th to March 9th, 2023. Sponsored by DCPCA and led by the Memorial Sloan Kettering Cancer Center (MSK), this training is designed to train multidisciplinary clinicians who work in various healthcare and community settings including primary care, behavioral health, addictions and rehabilitation settings, public housing, oncology settings, specialty medical care such e.g., pulmonary medicine, cardiology, oncology), and worksite wellness settings. Be on the lookout for registration details! For more information, please contact Jonathan Perry at jperry@dcpca.org.