BUILDING PATIENT ENGAGEMENT SOLUTIONS THAT PUT THE PATIENT FIRST

Creating a smooth care journey

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Patient engagement solutions must put the patient first. In other words, they should create a positive first impression and ensure a smooth journey across care settings. Health care leaders convened to discuss how they overcame cultural and technical challenges to build integrated patient experiences that boosted the return on their investments. ●

KEY FINDINGS

1 Staffing shortages increase the field's reliance on technology to reach patients.

2 Self-service options can free staff time for higher-value touch points with clinicians while improving patient satisfaction and retention.

3 However, those digital solutions should be customized to patients and service lines; otherwise, they can create more friction.

4 Using patient feedback helps to develop successful technology solutions.
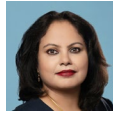
Jitendra Barmecha, M.D., MPH

/ CIO AND SENIOR VICE PRESIDENT, INFORMATION TECHNOLOGY AND CLINICAL ENGINEERING

SBH HEALTH SYSTEM | BRONX, N.Y.

Suja Chandrasekaran

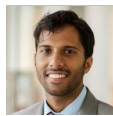/ SENIOR EXECUTIVE VICE PRESIDENT, CHIEF INFORMATION AND DIGITAL OFFICER

COMMONSPIRIT HEALTH | ENGLEWOOD, COLO.

Bonny Chen, M.D., MBA, FACEP, CPHIMS

/ VICE PRESIDENT AND CHIEF HEALTH INFORMATION OFFICER
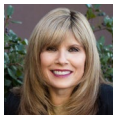
AMITA HEALTH | LISLE, ILL.

Hersh Goel, M.D.

/ CLINICAL AFFAIRS LEAD, PATIENT NAVIGATION

PHILIPS | CAMBRIDGE, MASS

Susan Herman, DNP MSN R.N. NEA-BC CENP

/ CHIEF NURSING OFFICER

MEMORIALCARE MILLER CHILDREN'S & WOMEN'S HOSPITAL LONG BEACH | CALIF.

David Pape

/ VICE PRESIDENT OF INFORMATION TECHNOLOGY

PALOMAR HEALTH | ESCONDIDO, CALIF.

Carol Perry, MSM, BSN, R.N., FACHE

/ SENIOR VICE PRESIDENT AND CHIEF NURSING OFFICER, ACUTE CARE OPERATIONS
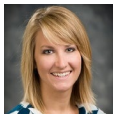
STORMONT VAIL HEALTH | TOPEKA, KAN.

Shehzad Saeed, M.D., FAAP, AGAF

/ ASSOCIATE CHIEF MEDICAL OFFICER

DAYTON CHILDREN'S HOSPITAL | OHIO

Renea Wilson, MSN, R.N., CEN

/ DIRECTOR OF PATIENT EXPERIENCE AND SPIRITUAL CARE

STORMONT VAIL HEALTH | TOPEKA, KAN.

MODERATOR **Suzanna Hoppszallern**

/ SENIOR EDITOR, CENTER FOR HEALTH INNOVATION

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MODERATOR *(Suzanna Hoppszallern, American Hospital Association):* H**ow are you using analytics, communication strategies, patient outreach and technologies to match volatility and the demand for services with staffing and other shortages at the population level?**

DAVID PAPE *(Palomar Health):* It's more about marketing at the moment. How do we attract patients? How do we consumerize the patient care experience? How do we provide for ease of digital access? That seems to be where everybody needs to go.

SUSAN HERMAN *(MemorialCare Miller Children's & Women's Hospital Long Beach):* We ramped up a centralized call center about the time the pandemic hit. Every month we closely monitor its analytics. COVID-19 hit and we eventually sent employees home. However, we're still able through technology to monitor their performances.

We also text patients in real time. When people were hesitant to visit our OB-GYN department, we started using Twistle, a technology used to communicate with our early discharged moms. This technology is being expanded to use with our pediatric, cardiac and neonatal intensive care units as well as the women's hospital.

SHEHZAD SAEED *(Dayton Children's Hospital):* From a patient experience and consumerism perspective, we ramped up our patient portal sign-up and pushed out text reminders along with questionnaires that focused on care gaps and appointment reminders.

We are also trying to use the same technologies to send out educational information to patients and families.

Staffing is a challenge, with staff receiving sign-on

bonuses at other institutions. We are trying to develop strategies to meet these challenges including offering retention bonuses in areas of high needs.

BONNY CHEN (*AMITA Health):* Our AdventHealth digital team set out to create a single application that could pool information between outpatient and inpatient providers and hospitals, because we have multiple electronic health records (EHRs). This portal can help patients message providers, pay bills and put the patient at the center.

We call this patient-centered approach 'care advocacy.' It is like a trusted friend, somebody who is with the patient throughout the care journey. We responded to patients 24 hours faster with this approach than we did with patient portal messages. Since starting this in November, we now have about 50,000 patients enrolled in our care advocacy program. We've increased telehealth visits by 2.8 times and increased primary care visits by 1.2 times using this model. And we've decreased no-show rates by 31%.

HERSH GOEL *(Philips):* Staffing challenges increase the need to use technology to reach patients. We've seen increased demand to text patients directly and to communicate beyond appointment reminders to include up-to-the-minute information. We're also successfully utilizing our texting platform to help increase uptake and usage of patient portals.

SAEED: We serve many millennial-aged families and, as we sought to gather patient feedback, we expected that they would respond well to texting. We're finding that they respond better to email and other modalities. Interestingly, the Net Promoter scores, the metric we use to measure patient experience, differ among email, text and other modalities.

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> — Hersh Goel —
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SUJA CHANDRASEKARAN *(CommonSpirit Health):* We are working across nine business units toward an integrated delivery network, standardizing patient data to make the patient journey as seamless as possible.

We are also measuring the patient experience through text-based feedback and Press Ganey scores. We scaled traditional virtual health ambulatory models significantly during the pandemic and, while we're fighting to keep that as a key modality, we're also taking virtual health into acute care. After having started with a basic virtual screen, we integrated it robustly into our EHR platforms and employee digital workspace to enrich both the provider and the patient experiences. We continue enhancing our virtual health platforms across the care continuum — community engagement, ambulatory, acute and post-acute. When a patient enters our waiting room virtually and then sees a physician, they are followed through their whole journey across digital and/or physical platforms. We place a compelling focus on human experiences as we scale our digital journey.

JITENDRA BARMECHA *(SBH Health System):* We are a safety net, nonprofit organization that cares for a heavily underserved population. We had virtual care challenges on both the provider and patient sides. Our patient portal was utilized less than 10% prior to last year.

The patient portal's video communication solution was cumbersome. Our providers used about 10 different solutions, which were not integrated with our EHR. And on the patient side, we had huge issues with broadband connectivity.

We use workarounds for video language interpretation services. Our vendor is not fully integrated, and around 80% of our patients speak Spanish.

For the past year, patients need COVID-19 testing clearance before they undergo any procedure, which added another layer of complexity.

We have enhanced virtual care capabilities in our emergency department and now we are looking into inpatient or acute care. There are some shortages of specialty services, especially telepsychiatry and some of the consultative services, so we are looking into how we can integrate them into our workflows.

RENEA WILSON *(Stormont Vail Health):* We are increasing our technology support as needed to help reach all our patients, especially considering staff shortages. We are also reviewing if our current technology has the ability to use devices for one or even two-way texting, pictures and videos allowing us the ability to communicate with families during visitor restrictions.

Access has continued to be an issue for our patients. We serve 14 counties and are a hub for many outreach organizations. Accommodating patients who are located hours away is challenging. We continue to use our patient satisfaction scores to help guide us.

MODERATOR: Is anybody doing any customization of patient engagement for specific conditions or service lines?

CHEN: I don't know that this is a customization per se, but during this user experience journey, we convened focus groups. We were able to define what we call the high-impact chronic consumer — someone between the ages of 35 and 54 who has a complex, chronic condition and endures daily discomfort.

These consumers will invest in their health and are open-minded in their approach to health care. They have the greatest need for our ecosystem and are the best early adopters for new technology. This was the group with whom we started the care advocacy program. We scaled up from there.

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SAEED: We have different survey pods for different care settings, and we ask specific questions based on the care setting. We also use customized scorecards and looked at patient- and parent feedback based on those scorecards. For example, we send a customized questionnaire to our digital health patient population and another to our in-person patient population. In the early part of the pandemic, the response rates and scores varied significantly between these modalities. We are converting some of the feedback into visual tools to help different service lines focus their activities and action plans on the biggest opportunities.

CHANDRASEKARAN: For human centricity to be effective and efficient, it must be customized. OB/GYN journeys are different from other service-line or care type journeys. A primary care journey is different from a specialist journey. Digital health must be high touch to succeed. But for high touch to be efficient and productive, automation with technology and data foundations must play a role.

When used effectively, tech and data enable personalized, high-touch digital health. Otherwise, high-touch, personalized health care can add to health care costs. We are customizing patient journeys and their variations; we start from patients' core journeys and then begin variating or constructing completely new journeys.

GOEL: As Suja mentioned, the holy grail is being able to understand individual patient characteristics and how they vary across the digital engagement pathway.

One approach we've taken is to design a core pathway that can be modified and customized. You don't want to ask people to sign up for the patient portal if they've already signed up. So, how can you obtain, parse and make sense of those data so that you only send them to patients who haven't signed up? I think this formula-driven capability and increased customization over time is key.

PAPE: We're not a development shop. It may get to that in the future. Our portal is not mature from a technological standpoint so we're working hard to get there right now. The bad news is that we didn't invest in it in the past; the good news is that now we have a new lease and focus.

MODERATOR: We've seen a rapid increase in sophistication and digital patient-management solutions during the pandemic. How do we make sure that technology enablers enhance the patient experience and support the care team?

WILSON: We're all getting better at including our patients in some of those discussions. I've seen some organizations use e-advisers to incorporate patient feedback, so we know what their needs and pressure points are. Having a collaborative interaction with our community is essential when we're developing technology.

CAROL PERRY *(Stormont Vail Health):* We have virtual nursing. You can hit a button and if your face-to-face nurse is not available, then you will be connected to a virtual nurse. Having a virtual nurse know your patient experience expectations and being able to see where a patient's meds are, for example, have been crucial. Virtual nursing is not available in all service areas, but it's been incredibly beneficial. We used it on our COVID-19 unit because we couldn't enter and exit rooms as quickly.

GOEL: It's important that industry and health care institutions truly partner. Instead of simply adding technology for its own sake, they should have a shared understanding of the problem they're trying to solve. Being able to iterate quickly is also key. The pandemic has shown us that we must understand needs more quickly to solve those problems.

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