KNOWLEDGE ◄►◄► **EXCHANGE**

Empowering Patient Engagement and Behavior Change to Improve Health and Reduce Disparities

Linking patients and providers at key decision-making points for better outcomes

Empowering Patient Engagement and Behavior Change to Improve Health and Reduce Disparities

Health systems have a unique opportunity to enhance patient communication and drive service-line adoption, referrals and financial stability while meeting population health goals. But challenges still present themselves when it comes to implementing and leveraging digital communication strategies and technologies to reach diverse patient populations. By taking a proactive approach to care, providers can provide crucial information needed at key decision-making times to enhance outcomes. This Knowledge Exchange ebook explores the opportunities, value and service-line implications for optimizing the patient health journey and how to leverage customized communication and education via digital technologies for improved patient-centric care. ●

9 WAYS
health system leaders are harmonizing their brand across touch points to optimize the patient journey

01 Allocating resources to develop a holistic customer relationship-management solution for integrated communications and make the patient portal easy and seamless on both the front and back ends to improve and streamline interactions.

02 Transitioning from an individual physician conversation and an office clinic to a health care system engaging with patients and their care.

03 Listening, leaning in and amplifying the voice of consumers to transform the patient journey to fit their needs.

04 Engaging with patients to build relationships, to meet them where they are and to ensure that follow-up care is occurring.

05 Using a health-equity strategy to reach patients in the community by taking coordination and touch points to a different level and working with them to identify social needs that impact their health care.

06 Learning the importance of amplifying the positive messages and specific comments about what staff are doing that connect with patients and families to fill their tank and decrease burnout.

07 Taking a strategic approach to understanding the consumer by generating insights from patient experience surveys and performing proactive market research through advanced analytics and qualitative research that's anthropological in nature.

08 Understanding that people consume information in different ways and developing new ways of connecting, including influencer strategies.

09 Leading with digital to increase reach, but not forgetting populations who don't have digital access and are unable to use digital tools and have different preferences.

Participants

Zach Chandler
*Executive Vice President
and Chief Strategy Officer*
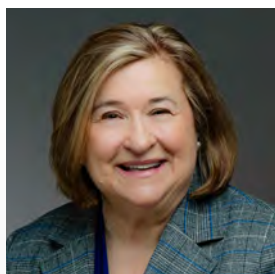Baptist Memorial Health
Care Corporation
Memphis, Tenn.

Matt Hollenkamp
*Vice President of Marketing
and Communications*
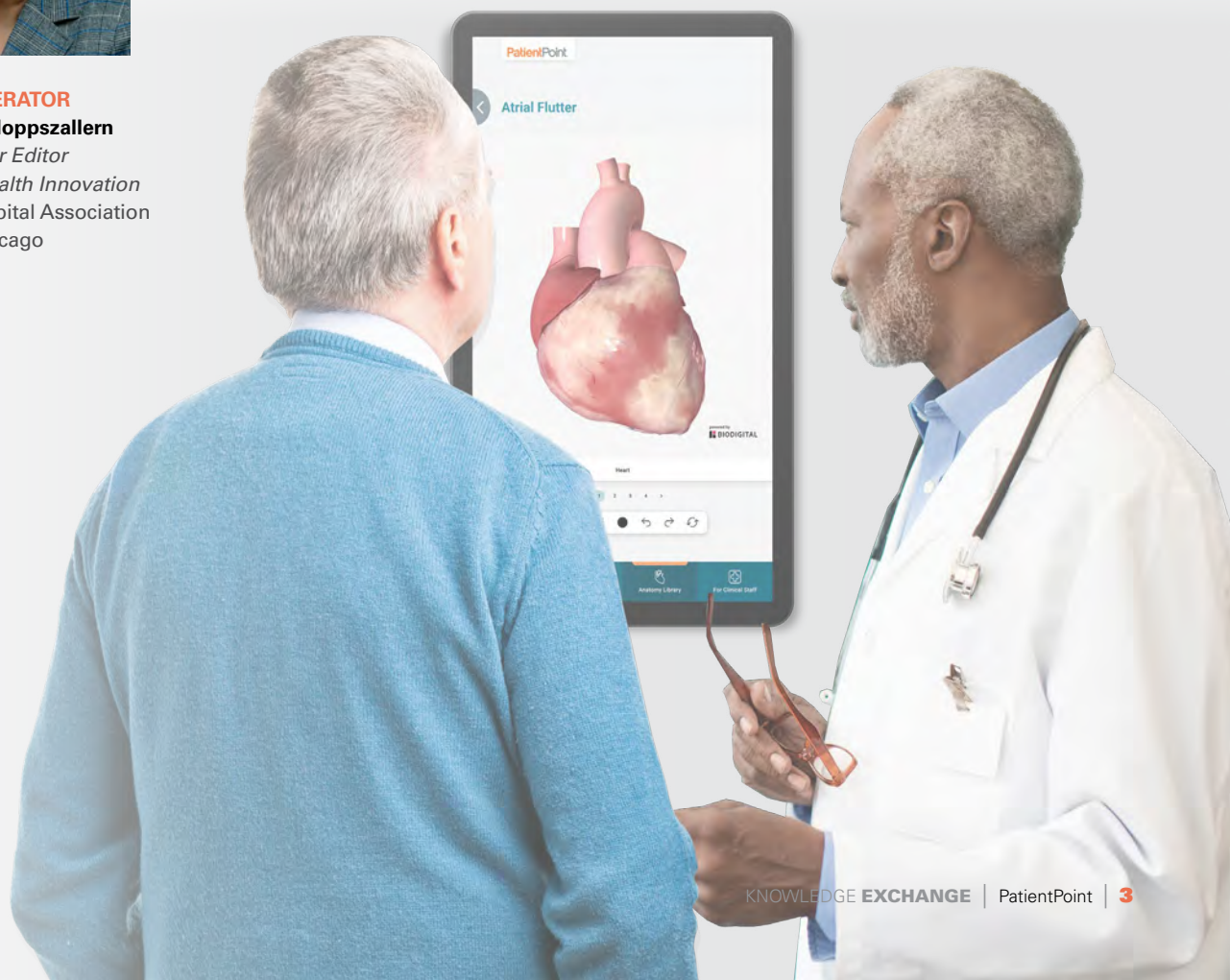St. Elizabeth Healthcare
Edgewood, Ky.

Chris Martini
Chief Provider Officer
PatientPoint
Warren, N.J.

Jackie Rouse, DrPH
*Area Vice President,
Community Health– Midwest*
Advocate Health
Oak Brook, Ill.

MODERATOR
Suzanna Hoppszallern
*Senior Editor
Center for Health Innovation*
American Hospital Association
Chicago

MODERATOR SUZANNA HOPPSZALLERN *(American Hospital Association):* **How is your organization harmonizing the health system's brand in communication and education at each patient touch point in the moment that health decisions need to be made to improve outcomes, referral patterns and care coordination?**

ZACH CHANDLER *(Baptist Memorial Health Care Corporation):* Our health system covers the states of Tennessee, Arkansas and Mississippi. When we look at engaging our patients digitally, this is an area that's evolving rapidly. We're transitioning as a health care provider from an individual conversation with the physician or their office, to communications with the health care system engaging with patients for their care and digital health care journey. What we are learning is that the more touch points and communications we have, particularly two-way communications, we're seeing exponential increases in engagement and follow-up care. This is being supported by phone calls, texts and back-and-forth digital communications.

Unfortunately, the data from years ago showed that many patients were falling through the cracks. Patients may come to the emergency department (ED), once every five years due to an event or they may come frequently, but the follow-up care needed to prevent and eliminate those ED visits was not taking place. Patients were not following up with their providers to have the cases scheduled. Today, we are leveraging technology to engage with patients and strengthening relationships. We are learning to meet them where they are and to ensure that follow-up care is occurring. How often we engage with patients is changing dramatically.

JACKIE ROUSE *(Advocate Health):* As area vice president for community health in the Midwest, part of the work that I do is listening to the voices of the commu-

nity. I'm responsible for doing the community health needs assessments and looking at how we can positively impact our community and our patients.

Rather than marketing, we take a different approach and use our health-equity strategy to reach patients in our community. We've expanded our capacity by developing a digital platform to address social health needs, and patients have access to an application where they can schedule appointments and communicate with their physicians and care providers.

Patients may end up in our ED because for weeks they haven't received the right kind of nutrition or they're homeless. We are taking coordination and patient touch points to a different level by working with patients to identify social needs that impact their health care. At touch points in our EDs or primary care settings, community health staff work with our patients to coordinate their care and social health needs.

MATT HOLLENKAMP *(St. Elizabeth Healthcare):* At St. Elizabeth, our emphasis is on understanding the patient and taking a strategic approach to how we learn about the consumer. Organizationally, we spend a great deal of time learning directly from our patients' experiences, but we are also performing proactive market research in various ways to gain a deeper sense of our consumers' and patients' needs and barriers to their care. We can never spend enough time on that. I also believe the most important strategy in marketing is targeting, so we're very focused on digital where we can customize and pinpoint communications precisely to the right audience at the right time. We go to market thinking digitally and knowing that digital assets are critical to gaining new insights and communicating to specific audiences about the access they need for our services.

JACKIE ROUSE | ADVOCATE HEALTH

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There is also never a substitute for creativity. Creativity is a high bar — so we're always pushing ourselves to communicate messaging that's simple, compelling and connects with the brand in an insightful and memorable way. Recently, we've leaned into the earned media space differently to use influencers to help us engage people in a more authentic and targeted way.

CHRIS MARTINI *(PatientPoint):* We've found with specific communication to all patients within the system that you can further educate them before they see their physicians. This helps to retain them within the system with deliberate messaging that sparks discussion between the health care professional and the patient at the time of care. We've seen a 20% increase in colonoscopy screenings, a 45% increase in mammograms and a 28% increase in flu vaccinations. Simply reminding patients before their appointments can be impactful, and they're prepared to have that discussion and then follow through.

ROUSE: In looking at the logistics and layout within the physician's office, we're considering physician or provider efficiencies to ensure that any clinics are reworked according to a new workplace design. Our sites have experienced a metamorphosis of available tools for clinicians; even the workstations are set up for more efficient workflow. We're integrating our advanced practice clinicians as partners with the doctors to move people in more quickly. Patients want things to go smoothly and quickly.

In addition to digital tools, we're launching a diabetes prevention program. In the clinic, when a provider sees that a patient is prediabetic, the A1C is flagged in the patient portal for our community health team. Then we enroll them in a class to teach them how to manage and even prevent their diabetes if they're prediabetic. We use similar platforms and strategies with our medical groups in primary care settings.

MODERATOR: **What obstacles still need to be overcome to carry out effective patient engagement and retention strategies?**

CHANDLER: One of our strategic plan initiatives is to listen to our customers better. As an organization, we need to be motivated and driven by the desire to be the most empathetic organization that we can be. If we are truly empathetic to our patients and customers, then we are self-motivated to implement the changes to better engage with them on their life and health journeys.

This is transforming the patient journey. We must look at their current journeys with our system and start to redesign or build new journeys that really fit them and their needs. But it starts with listening. You can't listen enough to their needs. It's not just hearing that voice but, as leaders, we must amplify the voice of the customer to instigate the change that needs to take place.

HOLLENKAMP: We're pushing ourselves to have learning plans in place for our top challenges. An example of proactive research to helping us overcome a patient obstacle is around second opinions and what drives them — the why behind them, where they're influenced in the service continuum and with providers. From this we will plot a patient's journey to their care seeking to better understand the obstacles along the way and what we in marketing and communications can do to support them to overcome those obstacles. That helps us to understand the care pathway in a different way and serve our patients better.

> **CHRIS MARTINI** | PATIENTPOINT
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Our patient portal is where patients can access their providers, schedule appointments and monitor their own health. We put a lot of resources into driving people to the portal on the front end and making sure the back end is seamless. There's always room for improvement in this digitally led experience for patients whether it's ease in scheduling or finding what you need faster.

ROUSE: As we become more digital, we have vulnerable populations that are unable to use our digital strategies or technology and need more assistance. Many of our low-income seniors are vulnerable. Our seniors couldn't even get on an app and register for their COVID-19 tests or their vaccinations. A team of community health workers went to a congregation to help them get on the platform, assign them email addresses and register. We must consider how we're going to continue to engage and retain those patients.

With younger people, we had to convert to text messages because that is how they communicate.

We've been pushing toward digital media on all platforms and have done away with any kind of paper. What are your thoughts on how that works with patient engagement? How do you mitigate the need for something that is tangible and touchable?

HOLLENKAMP: It's a balance for us. We have moved to more digital assets, but we still make a fair number of flyers, because people want to see the provider and physical structure.

MARTINI: We used to be in 65,000 exam rooms with educational pamphlets, and we've now fully digitized that. We still have physicians and patients who come back and say, 'Can I get that flyer? Where did that go?'

MODERATOR: How are you integrating provider and staff communication strategies to improve personalized interactions and collaboration across the care continuum and access to health services?

CHANDLER: It's cultural change. It's a long-term objective and strategy that doesn't happen overnight. Looking back historically, defined sets of questions from HCAHPs and customer experience surveys, or feedback from patient floors and focus groups gave us one set of answers. However, we realized that a lot more was being said online that we weren't hearing in those traditional surveys.

This caused us to lean in and prompt people. It's been amazing. Once we started prompting people for feedback online where it may have been 10 or 100 responses, we're now seeing thousands of responses. Now that we're receiving that information, how do we share it across the organization and organize it so that we have focused initiatives for change? We have to amplify the voice of our customers.

ROUSE: Our team members are excited about health equity and how we make care more equitable for all our patients. They're all on board and it's a strategy across the organization that we are championing. With the community health arm, we collaborate with our clinicians to bring public health practice into play and improve our patient outcomes.

MODERATOR: How are you implementing health literacy and community outreach initiatives to reach population health goals, and what roadblocks and successes have you encountered?

MATT HOLLENKAMP | ST. ELIZABETH HEALTHCARE
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ROUSE: We reach patients in our community with our mobile units. We have an assessment built into our electronic health record that asks patients about their social needs. Do you have food? Do you have housing? Transportation is always a key issue.

Our organization is looking at how we assess patients in all settings. Not all clinics are set up to ask these questions. The Centers for Medicare & Medicaid Services is going to require providers to conduct screenings and assessments and coordinate care and social needs in the community. We've just implemented a feature on the electronic platform so that when patients come to a primary care setting, they use a virtual screen touch point and answer those questions themselves as part of their registration process.

MARTINI: The PatientPoint Foundation is working in South Chicago right now and its sole purpose is health equity. It is working within churches to educate parishioners close to the need, and we have our devices up in some of those churches to help them be comfortable.

CHANDLER: Today patients come in for an annual wellness exam, and it's 15 minutes. But when we talk about social determinants of health and someone's functionality in the world, that's a different type of exam. Our social workers and case managers shouldn't have to get to know the patients when they're inpatients or in the ED. To know patients, their support networks and their social determinants of health will require additional financial support and systems allowing for us to get to know our patients better before, during and even after visits. We must have a never-ending appetite to learn more about our patients and their life journeys that impact their health.

MARTINI: Since 2022, we've conducted a yearly patient confidence survey to understand what the patient is feeling before seeing their physician. This year's survey results indicated that patient anxiety is up, but patients feel better informed, and they say they're getting more of their information from their physician versus Google or social media. Trust is going up, but their anxiety is increasing as well. It creates a channel to better educate and inform the patient to reduce anxiety levels.

CHANDLER: I would echo Chris' point about patients' emotions and feelings. Our tendency in health care is to check the box of what's technical and what was done, e.g., did we refer the patient for follow-up? What we are having to learn is hearing and measuring their emotional status as they navigate their health care journey. Are they experiencing positive or negative emotions? These emotions are driving their decision whether to engage with the health system. The factual information is not what's driving their engagement. More often, it's their emotional response to the experiences they are having with our system.

As we learn how to listen to the negative messages to create transformation, we're also in the early stages of learning the importance of amplifying the positive messages. Most health care providers go into the field because it's important to them emotionally to be able to make a positive impact on a patient, family or the system. Being able to share specific comments and kudos with your staff about how they are connecting with patients and families increases staff motivation and retention while decreasing burnout. It is a tremendous joy to share with staff the positive feedback from our patients and their families about the care and service we were able to provide to them. ●

ZACH CHANDLER | BAPTIST MEMORIAL HEALTH CARE CORPORATION
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