

## How to Improve Patient Engagement with Shared Decision Making

### Executive Summary:

- For the relational experience between patient and provider to be successful both must possess certain competencies
- Dr. Nedd, leader of Infusion Associates, makes sure his staff successfully engages patients
- Authors Bernabeo and Holmboe in the February 2013 issue of *Health Affairs* discuss these competencies
- A physical therapist whom I know shares her role in engaging patients

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The patient experience is very important in improving outcomes for the patient and has been demonstrated as important in driving down the cost of care. In my last newsletter I discussed the patient experience in terms of functional experience and relational experience. You may recall that the functional experience is related to the environment in which care is rendered and the relational experience is the interaction of patient and provider. This month, I will focus more on the competencies needed by patient and provider in order to optimize engagement, or the relational experience.

An effective engagement between provider and patient is necessary for best outcomes. Let me illustrate this with an example from a recent discussion that I had with Dr. Khan Nedd, owner and leader of Infusion Associates of Grand Rapids, MI. Infusion Associates is an independent infusion center for the treatment of a number of diseases, such as inflammatory bowel disease and MS. We were talking about patient compliance, which I see as influenced by engagement. Dr. Nedd stated that, “Compliance is a medical issue.” Further, “Compliance is a shared responsibility.” He went on to say that in order to successfully engage his patients, he and his staff must understand that engagement differs from patient to patient. Many things must be taken into account when engaging a patient, such as gender, race, age and education. Dr. Nedd as leader of Infusion Associates makes sure that his staff listens to patients. If a patient has a question at any time, the staff is to stop what they are doing and attend and listen to the patient. This has saved errors being made in some cases.

This patient-centered attitude of his staff helped save a patient recently, possibly from death. As Infusion Associates is the de facto medical home for many of the patients, Dr. Nedd and his Advanced Practice providers understand the medical conditions of their patients. A patient remarked to an advanced practice provider that he was experiencing some breathing difficulties. The provider, instead of suggesting that the patient go and see his referring physician soon or go to an emergency department, had Dr. Nedd come in and see the patient. Right away Dr. Nedd diagnosed the patient as having a pulmonary embolism and arranged for ambulance transfer to a hospital.

Dr. Nedd’s actions reflect the suggestions of authors Elizabeth Bernabeo and Eric S. Holmboe in the article *Patients, Providers, and Systems Need to Acquire a Specific Set of Competencies to Achieve Truly Patient-Centered Care*, found in the February, 2013 issue of [\*Health Affairs\*](#). The

article focuses primarily on engagement between provider and patient. The authors state that engagement can be seen on a continuum. On one extreme of the continuum is the clinician making all the decisions with little input from the patient. On the other extreme is the informed model, with patients making all the final decisions. In the middle of the continuum are intermediate models, including shared decision making. This model works best of the three in reaching the Triple Aim of healthcare. For this model to work patient and clinician both must possess certain competencies. For patients, these include:

- Articulate health problems, feelings, beliefs and expectations in an objective manner
- Share relevant information with the physician clearly and at appropriate time
- Access information
- Evaluate information
- Negotiate decisions with the physician, give feedback, resolve conflict, and agree on a care plan

For clinicians, competencies include:

- Develop a partnership with the patient
- Establish or review the patient's preferences for information about his/her health or treatment plan
- Identify choices and evaluate research evidence in relation to the patient
- Negotiate decisions with the patient, resolve conflict, agree on a care plan and execute it

In order to employ these competencies patient and clinician must develop a relationship built upon trust and respect.

Clinicians who are successful in engaging patients in a shared decision making process can financially succeed in a value-based reimbursement model. Patient experience survey scores will improve using this approach. This can then be used as leverage in negotiations with private payers. Under the MIPS reimbursement plans clinicians and provider groups can not only avoid future penalties but also reap rewards. Clinicians can also succeed with payers as the population metrics improve and as cost of care decreases.

Let me conclude with an example from a physical therapist who was my wife's therapist when she had knee replacement surgery. Recently the therapist and I were talking about patient engagement. She says that the first thing she does when meeting a patient for the first time is to assess the patient's readiness. After much experience over the years she understands very well that there are many factors which can impede success with PT. For instance, if she realizes the patient is depressed because he is not recovering as quickly as he thought would be possible or if the pain is more than he can handle, she will need to let the referring physician know about the problem so the problem can be addressed. In another instance, she stated that she has had patients come for PT for lower back pain who had no idea why they were there. She then takes the role of educator, helping the patient see the value of working together. The physical therapist sees her role not only as someone who guides the patient through physical activities but also as an educator and someone who works with the patient to achieve optimal outcomes based upon patient feedback and input.

If a provider truly wants to succeed in the new environment of value-based care it will be necessary for her to work hard at involving her patients in a shared decision making model. It is very important that decisions are shared; neither the patient or clinician should be the sole decision maker. This is especially important for patients with chronic diseases as patient and provider develop a long-term care plan. Successful clinicians will move higher in hitting the Triple Aim and be more successful financially.

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