



Ix Killer Apps, Health Disparities, and the Patient-Centered Medical Home

Speakers:

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Background:

Fernandopulle and Seidman shared insights and highlights from several presentations delivered at the 7th Annual Ix Conference related to the most effective Ix applications, their role in enabling the patient-centered medical home, and their relationship to health disparities.

I. Killer Apps

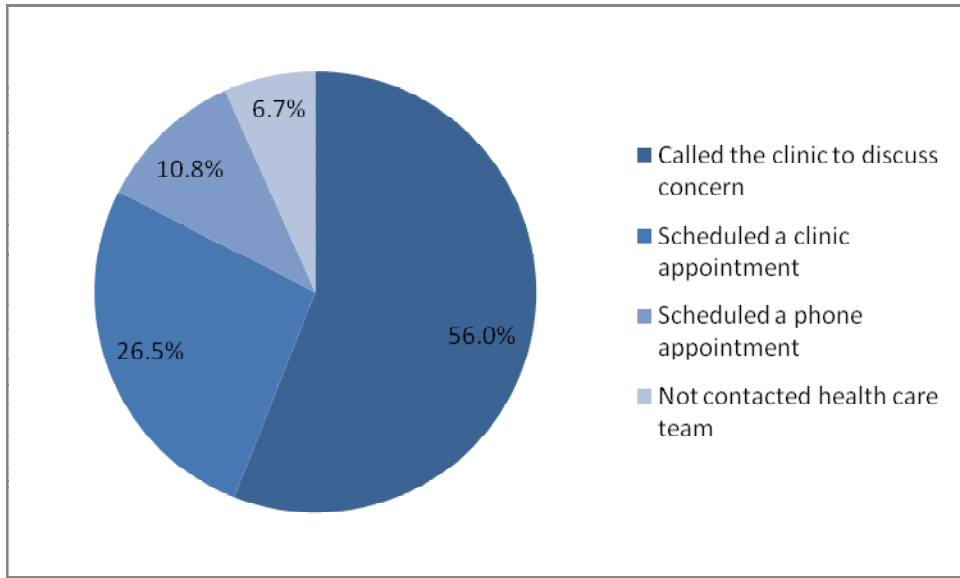
IxInsights from Group Health Cooperative

Insight #1: Group Health Cooperative (GHC) has five Ix “killer apps” that have substantially improved their members’ experience with care and/or the health plan.

- The electronic health record (EHR)
- Secure messaging/email
- Lab results (every result linked to health content)
- After-visit summaries (reinforce information exchanged during clinic visit)
- Integrated Health Profile (provides platform for visit and helps integrate information directly into EHR)

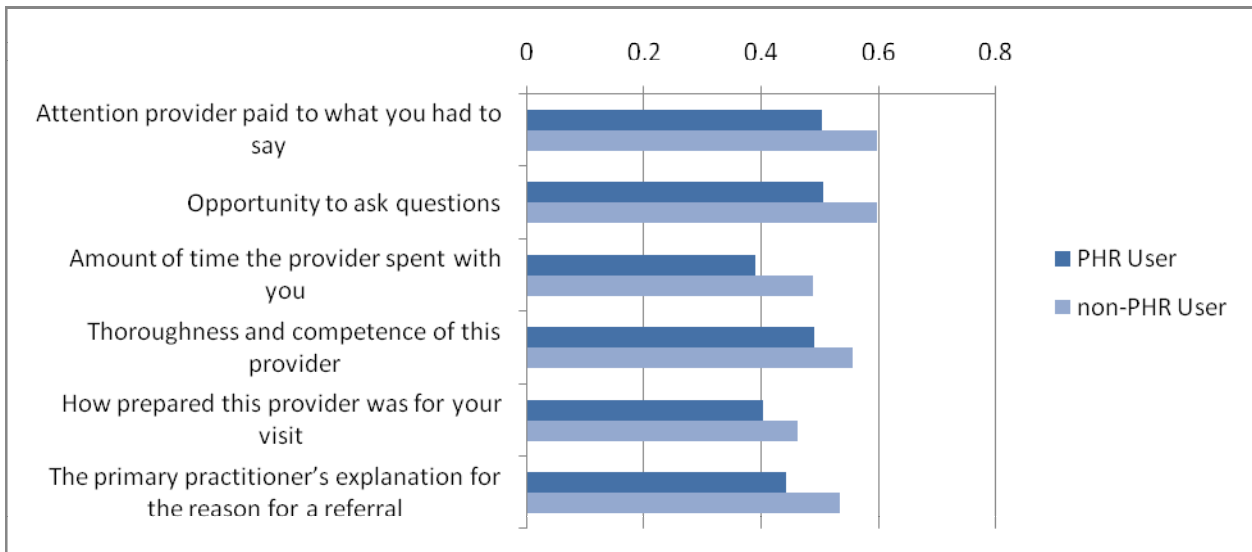
Insight #2: Secure messaging decreases the burden on the GHC health care delivery system. When GHC members were asked how they would have contacted their health care team if they had not used secure mail, members would have:

- Called the clinic to discuss concern (56%)
- Scheduled a clinic appointment (26.5%)
- Scheduled a phone appointment (10.8%)
- Not contacted health care team (6.7%)



Insight #3: GHC members utilizing their personal health record (PHR) are more satisfied with their care than those not using it. When compared to non-users, more MyGH users rated their providers as excellent along the following domains (non-PHR users, PHR users):

- Attention provider paid to what you had to say (50.4%, 59.7%)
- Opportunity to ask questions (50.5%, 59.7%)
- Amount of time the provider spent with you (38.9%, 48.7%)
- Thoroughness and competence of this provider (48.9%, 55.5%)
- How prepared this provider was for your visit (40.3%, 46.2%)
- The primary practitioner’s explanation for the reason for a referral (44.1%, 53.3%)



IxInsights from Massachusetts General Hospital (MGH)

Insight #4: When used, Shared Decision Making prescriptions improved workflow, saved time for physicians, and improved communication with patients.

- Save physicians time
- Important to Patient care
- Used on regular basis
- Utilized in half of office visits
- Most patients find videos/DVDs easier to understand than written material
- Patients have made more informed decisions after watching videos/DVDs

Insight #5: Because Shared Decision Making prescribing is not fully integrated into the care delivery process, more than a third of physicians forget to prescribe them.

- More than a third forget to prescribe
- Not yet fully integrated into the care delivery process

Insight #6: To improve information prescribing, MGH will make Shared Decision Making prescriptions available through a portal and self-prescription.

- make SDM Prescriptions available through portal
- make SDM Prescriptions available through self-prescription

II. Health Disparities

IxInsights from the Mississippi Institute for the Improvement of Geographical Minority Health

Insight #7: Disparities in health care originate from multiple sources and derive from patients, providers and health care systems*.

- Patient
 - Patient preferences
 - Treatment refusal
 - Care seeking behaviors and attitudes
 - Clinical appropriateness of care
- Provider
 - Bias
 - Clinical uncertainty
 - Beliefs/stereotypes about the behavior and/or health of minority patients
- Health Care Systems
 - Lack of interpretation and translation services
 - Time pressures on physicians
 - Geographic availability of health care institutions

- Changes in the financing and delivery of health care services

*Source: Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare, March 2002.

Insight #8: Successful Ix Apps will take into account varying degrees of health literacy on the part of consumers. Consumers vary in their ability to:

- Evaluate information for credibility and quality
- Analyze relative risks and benefits
- Calculate dosages
- Interpret test results
- Locate health information

IxInsights from the Institute for Family Health

Insight #9: For racial and ethnic minorities in New York, trust is the biggest obstacle to effective health care delivery. When asked about their experiences with the health care system, patients reported:

- Consistent distrust of medical providers
- Consistent disrespect by medical providers
- Bad communication on part of providers

Insight #10: If patient perspectives are incorporated into deployment strategies, EHR/PHRs can facilitate trust and respect between the patient and the clinician.

- Set up exam room to facilitate collaborative provider and patient use by reorienting furniture and computer equipment (e.g., sitting next to each other and having a shared view of the information and data)
- Patients should have access just like provider (e.g., both able to clearly see computer monitor)
- A printer, ideally located in the exam room, allows easy and quick printing of:
 - Informational graphs
 - Blood pressure
 - After-visit summary
 - Copies of progress notes
 - Medication lists
 - Problem lists
 - Upcoming appointments
 - Health education materials

IxInsights from Wellpoint/Anthem

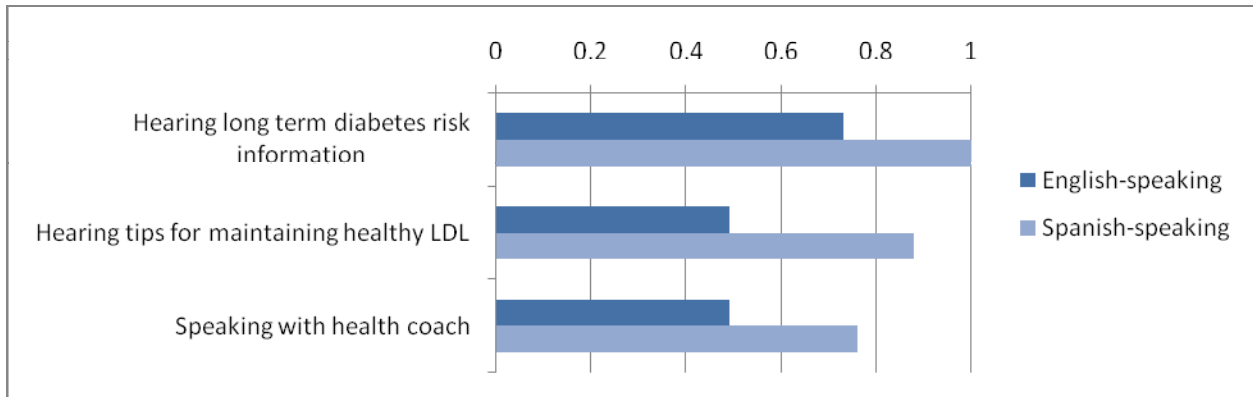
Insight #11: Automated health prevention phone calls using speech recognition technology can be an effective way to reach the Spanish-speaking population.

- Demographic groups differ in their access and preference to technology tools such as the internet and cell phones.

- Cell phone-based approaches have shown promise among the Spanish-speaking population.

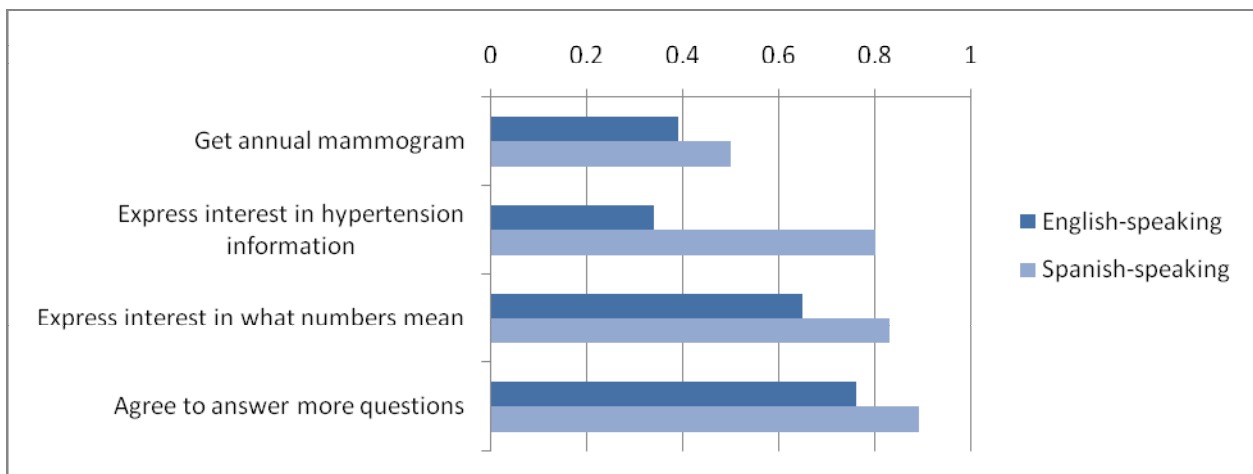
Insight #12: The Spanish-speaking population is especially thirsty for medical knowledge. Compared to English-speaking patients, Spanish-speaking patients are more interested in (English, Spanish-speaking):

- Hearing long term diabetes risk information (73%, 100%)
- Hearing tips for maintaining healthy LDL (49%, 88%)
- Speaking with a health coach (49%, 76%)



Insight #13: Spanish-speaking members are more receptive to hearing and sharing health information. Compared to English-speaking patients, Spanish-speaking patients are more likely to (English, Spanish-speaking):

- Get annual mammogram (39%, 50%)
- Express interest in hypertension information (34%, 80%)
- Express interest in what numbers mean (65%, 83%)
- Agree to answer more questions (76%, 89%)



III. Patient-Centered Medical Home

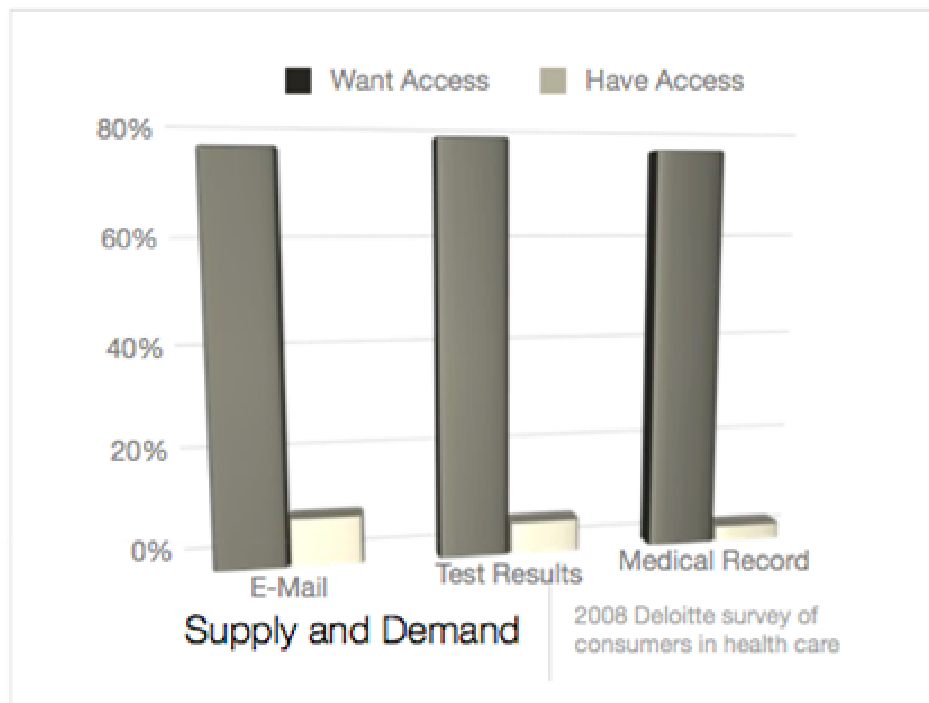
IxInsights from the American College of Physicians

Insight #14: Before testing the efficacy of the medical home model, better definition of what qualifies as a medical home is required. NCQA has drafted accreditation standards to determine the extent to which a practice conforms to the “medical home” model. Components that are measured fall into 9 main categories.

- Access & Communication
- Patient Tracking & Registry Functions
- Care Management
- Patient Self-Management Support
- Electronic Prescribing
- Test Tracking
- Referral Tracking
- Performance Reporting & Improvement
- Advanced Electronic Communication

IxInsights from Group Health Cooperative

Insight #15: Email, Test Results, and Medical Records are applications consumers want, but most cannot yet access. Demand far exceeds supply for email, test results, and medical records.



IxInsights from Kaiser Permanente

Insight #16: In order to improve health and patient experience, we need to influence decision behavior, thoughts, and feelings. Positive outcomes are supported by:

- Content
- Confidence
- Connection

...which in turn, support:

- Change decisions and behaviors
- Change thoughts and feelings

...to influence:

- Health outcomes
- Cost outcomes
- Satisfaction outcomes

Insight #17: Supporting behavior change involves targeting core thoughts and feelings. Psychological characteristics, such as the following, support successful positive behavior change.

- Confidence
- Self-efficacy
- Coherence
- Control
- Hardiness
- Optimism
- Happiness
- Connectedness
- Pleasure

Insight #18: Supporting behavior change involves targeting core psychosocial skills.

- Accessing information
- Problem-solving
- Behavior change
- Relaxation and imagery
- Cognitive restructuring
- Managing moods and emotions
- Communicating
- Time management
- Sleeping well

Insight #19: To make a difference in health care provision and quality, we need to recognize that 80% of health care is self-care.

- “Dr. Mom” (the moms of the world - arguably the true primary care providers)
- “Dr. Google” (a term referring to the growing numbers of consumers seeking health information online)
- Deciding whether to take medicine
- Deciding whether to exercise

Insight #20: Addressing core thoughts, feelings, and psychosocial skills through “self care workshops” is cost effective.

- Improves health behaviors, self-efficacy, and health status
- Cost effective from reductions in hospital days, ED, and physician visits
- Outcomes are long-lasting and robust (2+ years)
- Replicable
- Confidence predicts health outcomes better than behavior change

Insight #21: Providing general coping skills education for heterogeneous conditions complements disease-specific information. Good practices for general coping skills education include:

- Involving patients in design process
- Modeling effective behavior is more effective than “save and rescue”
- Understanding there is no significant difference in participants’ outcome with lay vs. professional leaders
- Recognizing that people benefit from the process of helping other people

IxInsights from Valley Medical Center

Insight #22: In order for Ix to be effective, patients’ safety and physiological needs must be met first. According to Maslow’s Hierarchy, primary physical needs must be met before higher level needs. Needs are generally met in the following order:

- Physiological needs
- Safety needs
- Social needs
- Esteem needs
- Self Actualization

Insight #23: Time management is essential to motivation management.

- Consistent with Maslow’s Hierarchy, basic needs must be met before more “advanced needs.”
- In order for patients to be able to meet health goals, they must be motivated.
- Helping patients figure out how to meet their health goals while meeting competing needs is critical

Insight #24: The shared care plan is a killer app for chronic and complex medical conditions. A shared care plan should:

- Have very clear and achievable goals
- Be patient-directed
- Address exercise, sleep, and diet
- Fit into a busy life

Additional Resources

For more detailed information on the 7th Annual Ix Conference, please visit <http://www.ixcenter.org/events/conference08/index.cfm> and/or <http://www.ixcenter.org/events/conference08/materials08.cfm>.

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