

# Patient Engagement Affinity Group



*Kick-Off Event*

*April 26, 2017  
2:00-3:00 pm EDT*

Audio available by call-back feature  
OR by dialing (763)957-6300  
Meeting ID: 648 880 379

# Welcome



**Harold Bailey, MHA**  
Learning and Diffusion Group  
Center for Medicare & Medicaid  
Innovation



**Alicia Goroski, MPH**  
CJR Learning System Team  
The Lewin Group



**Hilarea Amthauer, MPH, BSN, RN**  
CJR Learning System Team  
The Lewin Group

# Webinar Agenda

- Welcome & Logistics
- Poll Questions
- Presentations
- Poll Questions
- Questions & Answers
- Announcements & Reminders

# Meeting Logistics & Norms

- All telephone lines are muted.
- We encourage comments and reactions via Chat following the presentation.
- Participate!
  - Chat
  - Polls
  - Post-Event Survey

# Reminders & Resources Available

- Closed Captioning is Available – use the Media Viewer or the link posted in Chat
- Chat to “All Participants”
  - If you are experiencing technical issues, chat to “All Panelists” and someone will assist you

Send to:

All Participants

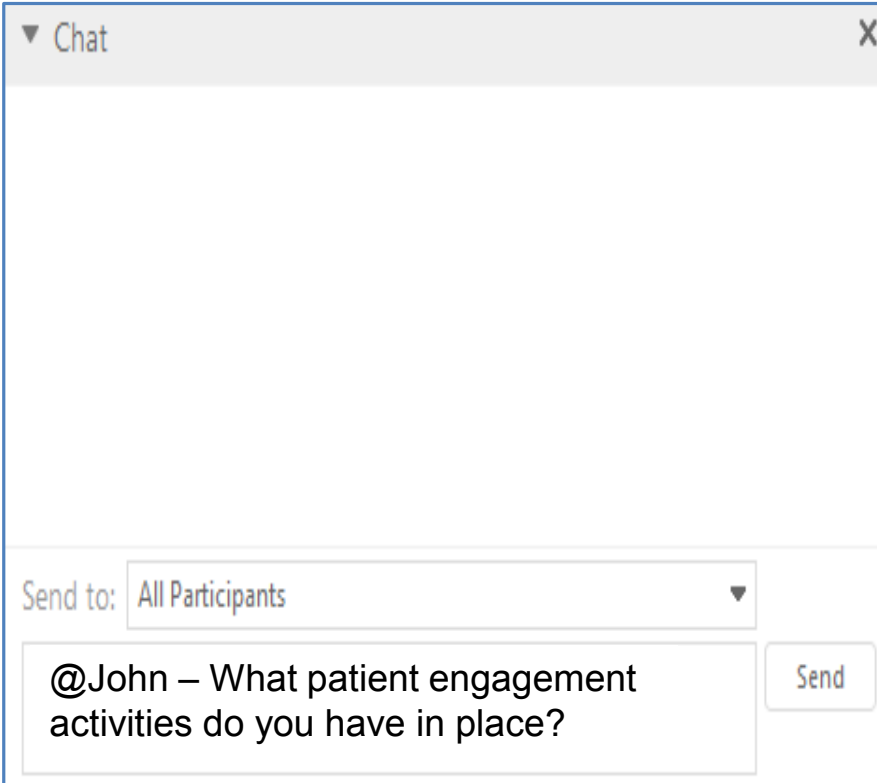


# Let's Test Out Group Chat

Please share in Chat now:

- Name
- Organization
- What you hope to learn about shared decision making

When asking/responding to a specific person use “@” to help keep conversations clear!



The screenshot shows a chat window titled "Chat" with a close button (X) in the top right corner. Below the title bar is a large empty text area for messages. At the bottom, there is a "Send to:" dropdown menu currently set to "All Participants". Below the dropdown is a text input field containing the message: "@John – What patient engagement activities do you have in place?". To the right of the input field is a "Send" button.

# Patient Engagement Affinity Group Goals

Convene on a monthly basis to:

- Share patient activation and engagement tools and resources.
- Discuss successful strategies and lessons learned.
- Learn from each other.

# Webinar Dates

Wednesdays from 2:00 pm – 3:00 pm EDT

- **April 26, 2017** - 1. Engaging Patients and Their Families in Self Care and Decision Making Through Education
- **May 17, 2017** - 2. Engaging Patients and Their Families in the Most Appropriate Care: Managing Patient Expectations Based on Values and Preferences
- **June 14, 2017** - 3. Engaging Patients and Their Families in Optimizing Health Prior to Surgery
- **July 19, 2017** - Wrap up



# Introduction to the CJR Driver Diagram

Aim	Primary Driver (Change Concept)	Secondary Driver (Tactic)
<p>Through financial and quality accountability, increase the value of care by:</p> <ul style="list-style-type: none"> <li>• Decreasing cost of treatment</li> <li>• Maintaining or improving patients' experiences and outcomes</li> <li>• Positively impacting population health and health care market</li> </ul>	<p>Care redesign / evidence-informed care protocols</p>	Management of preexisting chronic conditions
		Standardization of patient care
		Identification, tracking, and customization of patient care
		Care coordination/care navigator/communication
	<p>Optimization of health care resources utilization</p>	Providers and partners engagement/ collaborative agreements/gainsharing/data/dashboards/workgroups
		Patient and family engagement/adherence to care plan
		Existing community and social services
		Model waivers
		Leadership engagement/institutional culture
	<p>Internal cost savings / financial incentives</p>	Cost and quality data collection and analysis/ identification of areas of care improvement and cost reduction
		Ongoing model management/infrastructure enhancement (including IT and communication infrastructure)
		Supply chain improvement/negotiation with vendors

# Introduction to the Patient Engagement Driver Diagram: Primary Driver #1

Aim	Primary Driver (Change Concept)	Potential Secondary Drivers (Tactic)	Example Process Measures	Example Outcome Measures
<p style="color: red; text-align: center;"><b>Patient and family engagement/adherence to care plan</b></p>	<p><b>1. Engaging Patients and Their Families in Self Care and Decision Making Through Education</b></p>	<p>Provide staff with appropriate tools to engage patient (Motivational Interviewing and shared decision making)</p>	<p># of patients that received shared decision making aids # of staff trained in motivational interviewing techniques</p>	<p># of unplanned readmissions Length of stay Cost savings Patient satisfaction scores</p>
		<p>Ask physicians to use teach back with patient</p>	<p># of times physicians used teach back with patient</p>	
		<p>Implement the use of a patient portal</p>	<p># of patients using patient portal</p>	
		<p>Designate staff to follow patients throughout the care continuum</p>	<p># of touch points care coordinator has with patient</p>	
		<p>Consider eliminating restricted visiting hours to encourage family interaction with clinical staff</p>	<p>Record # of visitors after typical visiting hours</p>	
		<p>Use appropriate health literacy materials</p>	<p># of patient education materials that meet health literacy guidelines for appropriate reading</p>	
		<p>Educate patients on options for post-acute care providers</p>	<p>Establish a preferred provider list</p>	
		<p>Others?</p>		

# Introduction to the Patient Engagement Driver Diagram: Primary Driver #2 and #3

Aim	Primary Driver (Change Concept)	Potential Secondary Drivers (Tactic)	Example Process Measures	Example Outcome Measures
<p style="color: red; text-align: center;">Patient and family engagement/adherence to care plan</p>	<p style="text-align: center;">2. Engaging Patients and Their Families in the Most Appropriate Care: Managing Patient Expectations Based on Values and Preferences</p>	<p style="text-align: center;">Use risk assessment tool to determine appropriate care</p>	<p style="text-align: center;"># of times risk assessment tool used # of patients in different categories</p>	<p style="text-align: center;"># of unplanned readmissions Length of stay Cost savings Patient satisfaction scores</p>
		<p style="text-align: center;">Develop process maps/decision tree</p>	<p style="text-align: center;"># of SOP implemented</p>	
		<p style="text-align: center;">Use EHR to track patient throughout the episode</p>		
		<p style="text-align: center;">Allow time in patient rounds or nurse bedside report to ask patient plan of care (ambulation goals, discharge date and disposition)</p>	<p style="text-align: center;"># of times patients participated in rounds or nurse bedside report</p>	
		<p style="text-align: center;">Encourage early ambulation</p>	<p style="text-align: center;"># of times patient ambulated daily/distance</p>	
		<p style="text-align: center;">Institute pre-operative class to set expectations and plan of care with patients</p>	<p style="text-align: center;"># of patients attending pre-operative class</p>	
		<p style="text-align: center;">Implement the Patient Activation Measure (PAM) to better interactions between patients and staff</p>	<p style="text-align: center;"># of PAMs completed # of staff who know PAM score for patient</p>	
		<p style="text-align: center;">Others</p>		
	<p style="text-align: center;">3. Engaging Patients and Their Families in Optimizing Health Prior to Surgery</p>	<p style="text-align: center;">Encourage smoking cessation programs using available resources (Quitline)</p>	<p style="text-align: center;"># of Quitline referrals</p>	<p style="text-align: center;"># of unplanned readmissions Length of stay Cost savings Patient satisfaction scores</p>
		<p style="text-align: center;">Encourage weight loss and healthy diet using available resources</p>	<p style="text-align: center;"># of referrals to weight loss programs # of dietary consults</p>	
		<p style="text-align: center;">Provide staff with appropriate tools to engage patient (Motivational Interviewing and shared decision making)</p>	<p style="text-align: center;"># of staff trained in Motivational Interviewing # of times shared decision making used</p>	
		<p style="text-align: center;">Others</p>		

# Patient Engagement Action Workgroup

Mondays from 2:00 pm – 3:00 pm on:

- May 8, 2017
- June 5, 2017
- July 10, 2017
- August 7, 2017

[Register Here](#)

# Poll Question 1

**Will you participate in the action group? *[select one option]***

- Yes
- No
- Maybe

# Question to Consider

What techniques can I use to increase engagement and activation when I am interacting with CJR patients?

# Poll Question 2

**Are you willing to share patient strategies that you are using to optimize their health prior to surgery? *[select one option]***

- Yes
- No
- I am not sure



# Patient Engagement Affinity Group Webinar

**Dominick L. Frosch, PhD**

Chief Care Delivery Evaluation Officer, Palo Alto Medical Foundation

Senior Scientist, Palo Alto Medical Foundation Research Institute

**Glyn Elwyn, MD, MSc, FRCGP, PhD**

Professor, Dartmouth Institute for Health Policy and Practice





# Competing Financial Interests

## Glyn Elwyn

**In the past** Consultant to Emmi Solutions, producer of patient decision aids, Adviser to Healthwise, Foundation for Informed Medical Decision Making, National Quality Forum, USA.

**At present** Option Grid <sup>TM</sup> patient decision aids, produced by EBSCO Health (Dynamed Plus).



# Goals of the Webinar

- Overview of shared decision making - how it differs from patient education or case management
- How might shared decision making be incorporated into total joint replacement and elective orthopedic procedures
- Discuss importance of collecting patient reported outcomes (which is a requirement in CJR) and how this relates to shared decision making



# Shared Decision Making



# Helping a person develop an informed preference



# Shared decision making

An approach where physicians and patients make decisions **together**, using the best available **evidence** about the likely benefits and harms of each option, and where patients are supported to arrive at informed preferences.

Elwyn G, Frosch D, et al. Shared decision making: a model for clinical practice. *J Gen Internal Medicine* 2012;**10**:1361–7.



# Shared decision making (cont.)

- **Is not patient education** - although helping people understand the choices that exists is a key component.
- **Is not case management** - although it takes a team approach to agree options offered and support decision making.



**OK**

**So How?**



# Three talk model of shared decision making





**Team talk** Explain the intention to collaborate and support deliberation

**Option talk** Compare alternatives

**Decision talk** Elicit preferences and integrate into subsequent actions

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**OK**

**So Why?**

**Dominick L. Frosch, PhD**

# Shared decisions: better outcomes?

Satisfied patients



Better informed patients



Better adherence



Better decision quality



Lower costs



Less complaints

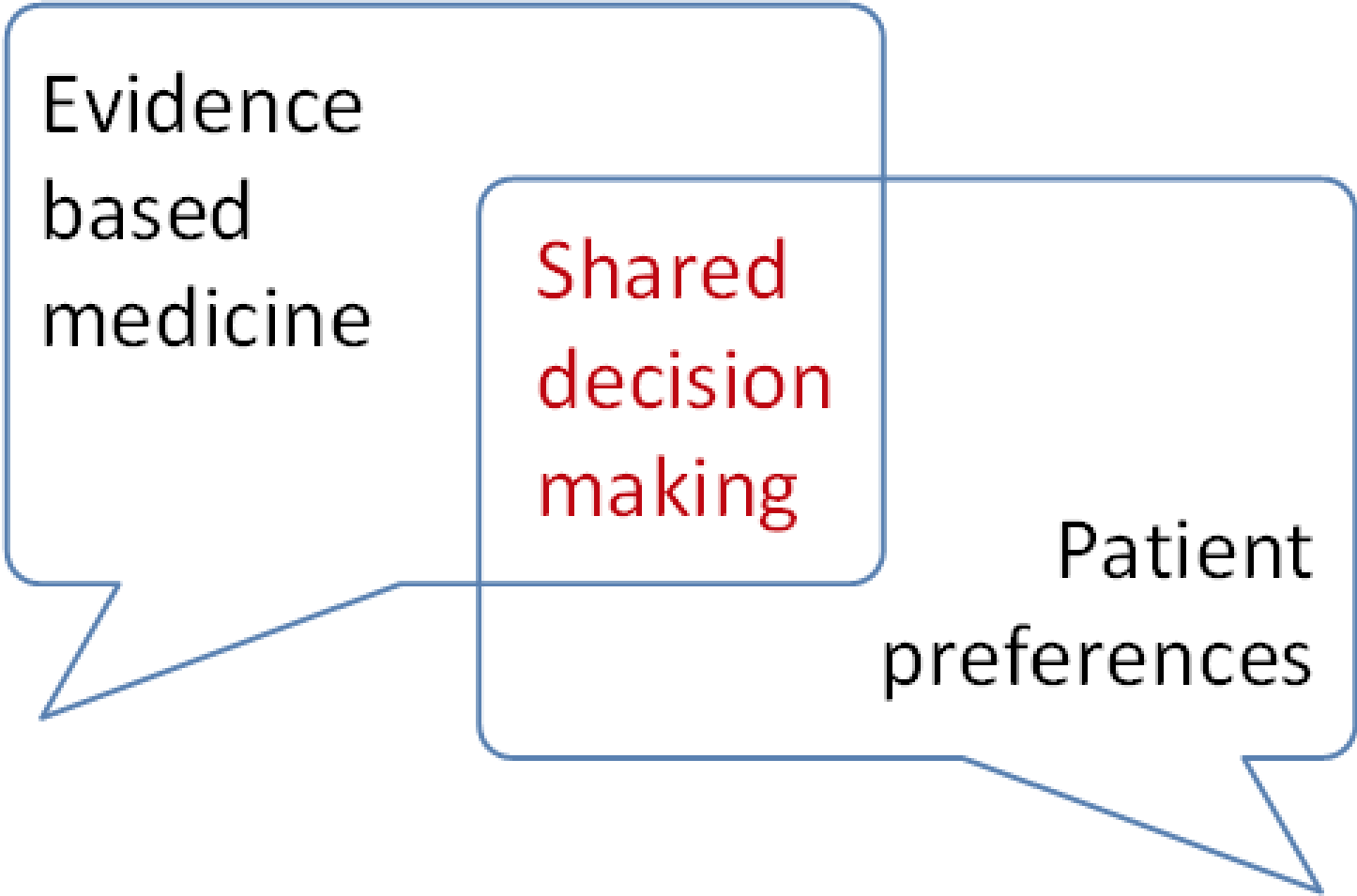


Less litigation



Shay LA *et al* Where is the evidence? **A systematic review of shared decision making outcomes.** *Med Decis Mak* 2015;**35**:114–31.

Stacey, D. *et al.*, 2017. **Decision aids for people facing health treatment or screening decisions.** *The Cochrane database of systematic reviews*, 4, p.CD001431.



# Patient decision aids



Compare reasonable options

Accurate risk information

Designed for **patients** to understand

# Patient decision aids



## **Strong evidence**

Increase knowledge

Accurate risk perceptions

Preference-congruent decisions

## **Weak evidence**

Reduce cost

Improve adherence

Better communication

# Systematic Review



Stacey, D. et al., 2017. **Decision aids for people facing health treatment or screening decisions.** *The Cochrane database of systematic reviews*, 4, p.CD001431. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/28402085> [Accessed April 16, 2017].

“Compared to usual care across a wide variety of decision contexts, people exposed to decision aids feel more knowledgeable, better informed, and clearer about their values, and they probably have a more active role in decision making and more accurate risk perceptions. There is growing evidence that decision aids may improve values-congruent choices”

# A common sentiment about shared decision making

“We already do that all the time.”





# Reality Check



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**VOICES**  
Life, Interrupted:  
Keeping Cancer at  
Bay



**DOCTOR AND  
PATIENT**  
Afraid to Speak Up  
at the Doctor's  
Office

Search Well

AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY

## HealthAffairs

SHARED DECISION MAKING

By Dominick L. Frosch, Suepatra G. May, Katharine A.S. Rendle, Caroline Tietbohl, and Glyn Elwyn

### Authoritarian Physicians And Patients' Fear Of Being Labeled 'Difficult' Among Key Obstacles To Shared Decision Making

DOI: 10.1377/hlthaff.2011.0576  
HEALTH AFFAIRS 31,  
NO. 5 (2012): 1030-1038  
©2012 Project HOPE—  
The People-to-People Health  
Foundation, Inc.

Forbes

Real Time  
+5 posts this hour

Most Popular  
Celebrity 100 Homes

Lists  
The World's Billionaires

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70

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**Gergana Koleva**, Contributor

I write about the intersection of consumer fraud, bioethics and health

+ Follow (10)

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PHARMA & HEALTHCARE | 5/29/2012 @ 5:44PM | 1,096 views

### Authoritarian Doctors, Timid Patients, and a Health Care Gridlock



Thomas Barwick/Getty Images

- FACEBOOK
- TWITTER
- LINKEDIN
- SHARE
- E-MAIL

A friend of mine, a brilliant and accomplished academic in her 70s who once specialized in history and literature, recently phoned to ask for medical advice after being discharged from the hospital for what sounded like a mini-stroke. Ever eager to learn something new, she pressed me on "the latest research" and asked what doctors around the country were



# Conforming to Socially Sanctioned Roles

“If I were to do that, I would think ... **Is the guy going to be pissed at me for not doing what he wanted?** ... is it going to come out in some other way that’s going to lower the quality of my treatment? ... **Will he do what I want but resent it, and be detrimental to my quality of care.**”

Male, Age 64

Frosch, May, Rendle, Tietbohl & Elwyn, 2012; Health Affairs



**OK**

**What about joints?**

**Glen Elwyn, MD, MSc, FRCGP, PhD**



**Ravi, B. et al., 2012. The changing demographics of total joint arthroplasty recipients in the United States and Ontario from 2001 to 2007. *Best Practice & Research Clinical Rheumatology*, 26(5), pp.637–647**

The utilisation of **primary hip and knee arthroplasty** has increased **substantially in both the US and Ontario in the period from 2001 to 2007**. This increase has been predominantly in **knee replacements**. The demographics of joint replacement recipients has become **younger**, with substantial increases in the prevalence of patients <60 years old amongst TJA recipients, and significant increases in the incidence of TJA in these age groups in the general population, in both the US and Ontario.

**Message:** More joint replacement, in younger people, with less functional loss.



## **Who, when, and why total joint replacement surgery?**

**The patient's perspective** Hawker GA Curr Opin Rheumatol. 2006 Sep;18(5):526-30.

Research shows that **patients' willingness to consider total joint replacement varies by sex, race/ethnicity, and socioeconomic status as a result of systematic differences in knowledge and beliefs about the procedure..** Among those undergoing total joint replacement, **up to 30% experience a suboptimal outcome or are dissatisfied with results.** Early work suggests that patients' expectations and self-efficacy are important potential predictors of postoperative outcome.

**Message: Beliefs, expectations, preferences predict uptake and outcomes.**

# Elective joint surgery



**Where there is over-treatment**, shared decision making may reduce procedure rate - e.g. knee replacement in USA

**Why?** People fail to anticipate the recovery time, the operative risk, likely post-op experience, pain and function.

**Message** Using patient decision aids will lead to more informed decision making, and to likely less procedures in areas of high utilization, with all the associated outcomes.



Driver	Secondary Drivers	Process Measures	Outcome Measures
<b>Engaging Patients</b>	Provide staff with tools to engage patients	% of patients that received tools	Patient satisfaction
	Accomplish shared decision making	Measure patient experience of shared decision making, e.g. CollaboRATE	Experience of shared decision making
	Ask physicians to use teach back	% of encounters where teach back is used	Decisions offered versus decisions made
	Use a patient portal	% of patients using portal	Costs
	Track patients	% inefficient use of time	% readmission
	Monitor health literacy of tools	Evaluate tool quality	Burnout
	Clear follow up plans	% variation from plan	Staff morale



# How might shared decision making be incorporated into elective orthopedic procedures?

- 1. Introduce options** to patients early, as management choices first discussed, with good information - knowledge tools, e.g. tools such as Option Grids.
- 2. Assess team and clinician attitudes and skills** to shared decision making and use of patient tools in encounters - measure / feedback / monitor.
- 3. Evaluate options offered versus decisions made.**
- 4. Measure patient experience** of shared decision making.



# What can a Health System do?



collabo**RATE**<sup>TM</sup>

Thinking about the appointment you have just had ...

## 1. How much effort was made to help you understand your health issues?

0 1 2 3 4 5 6 7 8 9  
No effort at all Every effort was made

## 2. How much effort was made to listen to the things that matter most to you about your health issues?

0 1 2 3 4 5 6 7 8 9  
No effort at all Every effort was made

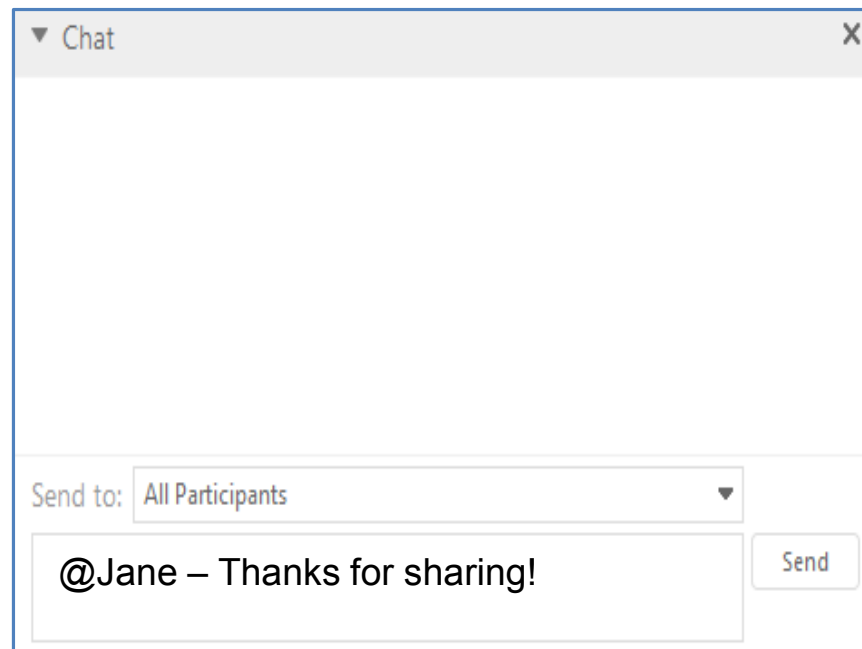
## 3. How much effort was made to include what matters most to you in choosing what to do next?

0 1 2 3 4 5 6 7 8 9  
No effort at all Every effort was made

# Reactions, Insights & Questions

## Tell us using Chat!

- Let us know what you heard today that you would be able to use with your CJR patients.
- How are you incorporating shared decision making into your CJR implementation?
- What questions do you have for our presenters?



The screenshot shows a chat window titled "Chat" with a close button (X) in the top right corner. Below the title bar is a large empty text area for messages. At the bottom of the window, there is a "Send to:" dropdown menu currently set to "All Participants". Below the dropdown is a text input field containing the message "@Jane – Thanks for sharing!". To the right of the input field is a "Send" button.

# Poll Question 3

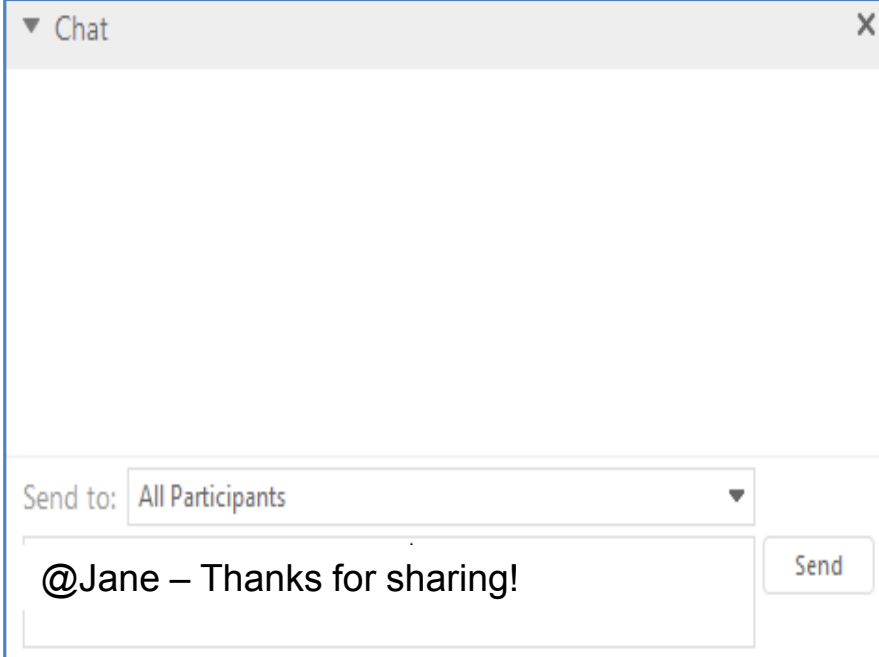
**What tools/resources does your hospital use to engage patients and their families in self-care and decision-making? *[select all that apply]***

- Motivational interviewing
- Shared-decision making
- Teach back
- Patient portals
- Care navigator/coordinator
- Appropriate health literacy materials
- Patient advisory council
- Patient volunteers/advisors who work directly with CJR patients
- Pre-education class
- Other (please specify in chat)

# Reactions, Insights & Questions

## Tell us using Chat!

- Let us know what you heard today that you would be able to use with your CJR patients.
- How are you incorporating shared decision making into your CJR implementation?
- What questions do you have for our presenters?



▼ Chat X

Send to: All Participants ▼

@Jane – Thanks for sharing!

Send



# Announcements & Reminders

# Continue Discussion on CJR Connect

- You have been added to your own private group on CJR Connect called “Patient Engagement Affinity Group”
- To post a comment or share a resource:
  - Go to the “Groups” tab on CJR Connect
  - Click on “Patient Engagement Affinity Group”
  - Post your comment in the group
- Or, just respond to others
- To request a CJR Connect account, go to:  
<https://app.innovation.cms.gov/CJRConnect/CommunityLogin>  
and click “New User? Click Here”

# Upcoming Patient Engagement Events

<b>Patient Engagement Affinity Group Session Two</b>	<b>May 17, 2017 2-3pm EDT <a href="#">Register Here</a></b>
<b>Patient Engagement Affinity Group Session Three</b>	<b>June 14, 2017 2-3pm EDT <a href="#">Register Here</a></b>
<b>Patient Engagement Affinity Group Session Four</b>	<b>July 19, 2017 2-3pm EDT <a href="#">Register Here</a></b>

If you have any questions, send an email to [LS-CJR@lewin.com](mailto:LS-CJR@lewin.com)

# Reminders

- [Register Here](#) for the Patient Engagement Action Workgroup by May 7, 2017
  - *Meeting by telephone: May 8, June 5, July 10 and August 7 from 2-3 pm EDT*
- If you have questions related to the Affinity or Action Group, send them to [LS-CJR@Lewin.com](mailto:LS-CJR@Lewin.com)
- If you have any programmatic questions, send them to [CJRSupport@cms.hhs.gov](mailto:CJRSupport@cms.hhs.gov)
- *Please take a few minutes to complete the Post-Event Survey*