

Patient experience drives accountable care movement



By Jean Fasching, vice president of business development, CMI, Atlanta, jfasching@cmiresearch.com; and Laura Winn Johnson, qualitative manager, CMI, Atlanta, ljohnson@cmiresearch.com

Passage of the Patient Protection and Affordable Care Act of 2010 (ACA) is driving a transition to payment models that reward provider performance and enhance coordination of patient care. It necessitates a change in how healthcare institutions measure success, the roads they take to reach their final destination and who controls the steering wheel.

Meaningful reform requires managing patient expectations and finding answers to questions about defining quality, what patients should expect from the healthcare system and what different roles are, according to experts.

The accountable care organization (ACO) mandate in the ACA puts organizations with fewer than 10 physicians under pressure to understand their role while systems with multiple clinics and/or hospitals are deploying new strategies, such as medical home models and patient motivational interviewing, to make the vision of accountable care a reality. In the absence of clearly defined rules, that vision is still open to interpretation.

One thing is clearly understood by organizations of all sizes: Accountable care is intended to make patient experience and engagement the primary drivers of healthcare delivery. In fact, its success depends on a provider's ability to understand patient experience, manage expectations and engage patients in managing their health. ACOs will be charged with:

- Improving the health of populations
- Improving the experience of care
- Reducing per capita costs of care

The Centers for Medicare & Medicaid Services (CMS) requires an ACO to "demonstrate it meets patient-centeredness criteria." CMS criteria are expected to be released in early 2011.

To meet the goals of accountable care, organizations will move away from silo measurements to holistic, longitudinal patient outcomes and experience measurements. This new approach puts patients and patient care teams at the center of quality assessment and examines the patient experience over time.

Companies that recognize the need to convey information gleaned from patients into meaningful changes in the delivery of care will improve patient experience, impact participation and eventually improve health outcomes.

"From our perspective, ACO is more of a journey than an end state," says Jeff Gartland, vice president of business development for RelayHealth, a provider of Web-based communication services that connect hospitals, pharmacies, health plans, doctors and patients. "It's our mutual responsibility (as stakeholders) to drive toward population management. Accountable care is that risk shift."

To get to this place, organizations will analyze claims data to understand the cost of patient care, develop appropriate care coordination and clinical pathways, and create a predictive model to change risky behavior.

Patient experience becomes critical during the care coordination phase, when patient engagement and care model innovation occur. This phase is a window of opportunity for provider organizations to connect with patients through ethnographic study or observation of their daily lives.

“Some people in the market separate the patient-centered medical home (PCMH) concept from the ACO model, but realistically they are two sides of the same coin,” Gartland says. “PCMH is the micro view of how care is coordinated in the larger system of an ACO model. The combination is how you get the level of patient engagement, which will cut down on healthcare costs.”

In other words, when patients become active participants in the management of their care, outcomes improve, patient satisfaction increases and care teams become more efficient.

The Midwest Independent Practice Association (MIPA) calls the medical home a patient experience touch point during its journey toward accountable care. The association's primary care clinics are in the process of becoming medical homes.

“The large corporate or hospital-centered organizations were forming ACOs, and we wanted to give independent providers an alternative,” says Victoria Champeau, MIPA executive director. “The core [members] are the independent, primary care medical homes surrounded by specialists we work with on a frequent basis, and then — only on a vendor basis — the hospitals and facilities.”

In the evolution of accountable care, the medical home is the relationship between the clinic and patient, says Champeau. “An ACO is the relationship between an interrelated, interconnected, interdependent group of clinics with the patient.”

Deliverables

Managing patient expectations is a primary challenge to achieving accountable care, says Mike Stein, administrator for the New Richmond Clinic, a semirural independent primary care clinic in western Wisconsin. He refers to the three ACO mandates (improving the health of populations, improving the experience of care and reducing per capita costs of care) as a Rubik's Cube.

“To solve the puzzle you must understand and move all the sides,” Stein says. “At the group level, ACO-driven patient engagement is often discussed in terms of convincing a patient to do something to improve an outcome and the subsequent challenges that presents.

The cold hard fact is that ... you have patient expectations colliding with the drive to provide quality care in a cost-effective manner while patients are demanding greater access,” he continues. “You can have two, but all three are difficult to achieve at the same time.”

Stein, a veteran of Wisconsin's medical home movement, says providers must invest in the new model today, though they will not recognize savings for 10 to 12 years.

“We've invested significant resources in developing a medical home, but insurance companies are struggling to reimburse these costs without an immediate quantifiable return,” he says.

At the heart of the problem is the question of how to measure a nonevent or a healthier patient. For example, if a diabetic's leg is saved through intervention and patient-provider partnerships in a medical home, how will a system be rewarded for that investment?

Programs that work

Fairview Health Services, a network of seven hospitals, 36 primary care clinics and 55 specialty clinics in Minneapolis, initiated patient engagement programs to foster a patient's willingness to make healthy lifestyles changes, such as smoking cessation.

“We want to get the patient involved in evolving our model,” says Dave Moen, MD, executive medical director of care model innovation and network development.

“Healthcare has been stuck in a 1950s chassis of delivery for the last 50 years. People feel stuck and victimized by the system. We believe that the best solutions lie in the minds of patients and clinicians.”

Fairview taps patient research to understand not only how patients interact with the healthcare system, but also how they experience their condition throughout every aspect of their lives. For example, the system conducted a study of women with ovarian cancer to understand what happens in between provider visits.

“Patients spend 99.9 percent of their time not with us. We want to understand what life

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is like for them ... when they are not with us," Moen says.

The patient experience

To get a 360-degree view of the patient's experience, providers are turning to clinical and market research tools, which are uncharted territory for some. Researchers employ a number of tools, including:


- Ethnography (physical observation of others or guided self-observation)
- Guided observations
- In-depth interviews
- Immediate feedback — interviews and daily debriefs
- Care team insights

Combined, these techniques provide a longitudinal view of the patient's life. Health-related decisions involve complex, personal decisions or occurrences that develop over long periods of time. Traditional research approaches can be employed with tremendous success when combined with a comprehensive observational strategy. But when used in isolation, they give only one snapshot of the patient's experience. Observing patients over time gives providers a personal understanding of a patient's daily life. Video diary entries, digital blogs and photo collages allow researchers to see things that are not physically evident, such as attitudes, decision processes, perceptions and motivations.

This approach goes well beyond what anyone could relate in one sitting. It provides patients with a process and stimulus for recognizing and observing

behaviors and attitudes that are most critical to their experience.

To achieve the full promise of accountable care, a provider's journey begins with patient experience.

Organizations will undergo a shift in the way they view delivery models. For accountable care to succeed, the patient must be in the driver's seat. 

Join the discussion: Send us your thoughts on the theory that patient care drives ACOs. We hope to hear from you at mgma.com/connexion or connexion@mgma.com.

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