Harnessing the Power of Patients as Partners

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Today's Webinar

- Setting Context */ 5 min.*
- Examples */ 10-15 min.*
- How to Engage Patients as Partners */ 15 min.*
- Toolkit */ 10 min.*
- Reflection */ 10 min.*

Setting Context

The Evolution

Back in the day, healthcare organizations were built around the organizations' needs…

For awhile it worked well for patients...

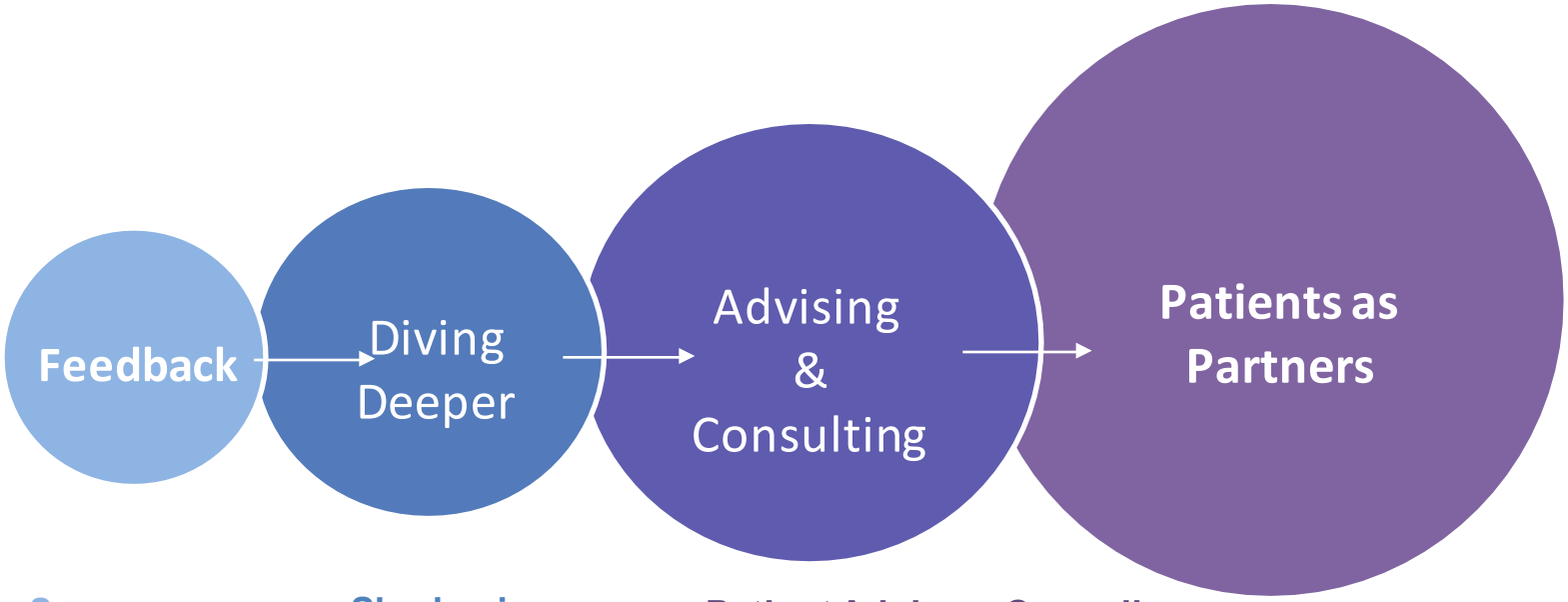
Now we need to build it around their needs, expectations, values going forward and treat them as customers that have many choices…

Partners vs. Patients

Creating value jointly with customers. Value is not created in the company and then exchanged with customers; rather, value is co-created by the company and the customers.

-Prahlad Ramaswamy

Evolution of Engaging with Patients as Partners



- Surveys
- Focus groups

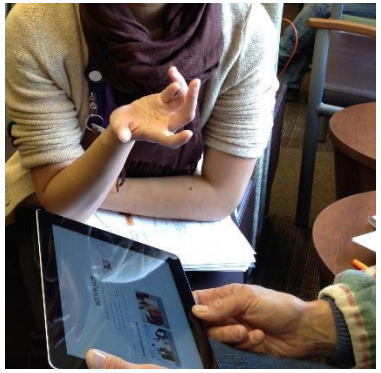
- Shadowing
- Interviews
- Journey Mapping

- Patient Advisory Councils
- Peer Navigators

- Co-design
  - Patients on project team
  - Creating value with us

Mindset: *Use this approach to actively listen and create solutions with patients at every touch point in their healthcare journey across improvement /innovation efforts.*

Why Partner with Patients?



- Transform care in a way that truly matters to patients.
- Patients highly value sharing their stories and ideas with us
- Challenges ‘assuming’ and ‘knowing’ with humble inquiry
- Industry leading companies have been successfully leveraging customers as partners for decades to strengthen their loyalty and transform their business.

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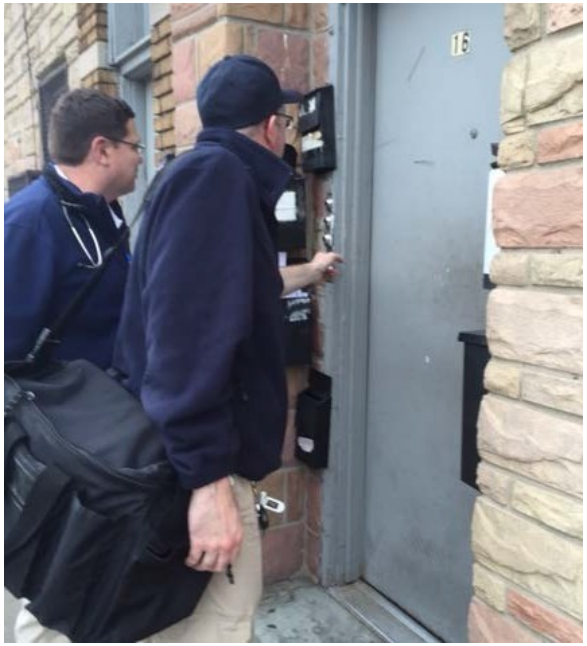
Example: **Paramedics as Healthcare Extenders**

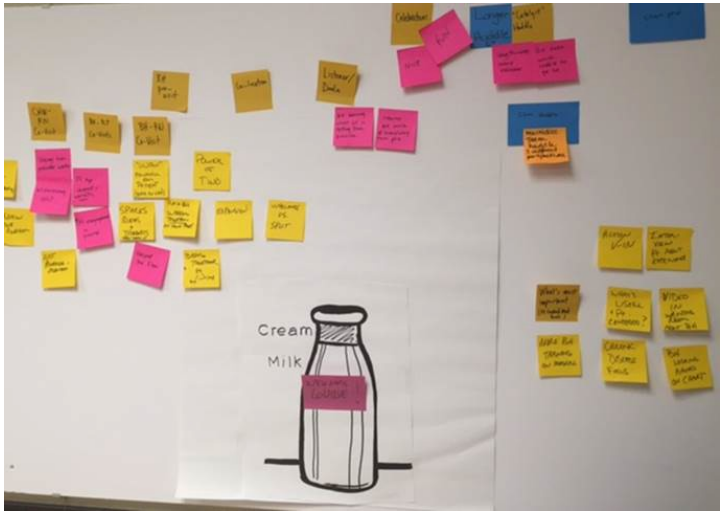


- **Project Type:** Care Team of Future / New Partnerships
- **Opportunity:** Give low income housing residents alternative resources to 911 when they need care
- **Innovation:** Using paramedics to extend education and in-home assessments, care, referrals
- **Status:** In ideation / prototype phase with patients

After having 30 real-time phone calls with patients they learned:

- Can't count on patients letting you into their home
- Call 911 for everything or call no one at all
- Patients do not know of other resources
- Co-design of a health fair at housing community to teach residents about alternative resources for care and offer opportunity for in-home assessment

Example: **Behavioral Health Integration**



- **Project Type:** Care Delivery Model /Role
- **Opportunity:** Ensure more patients have the opportunity for behavioral health services
- **Innovation:** Behavioral health role is authentic team member; participates in huddles, co-visits, etc.
- **Status:** Rapid experiments in progress

  Working toward a pilot

Learnings:

- *Increase of patient engagement in process*
- *Get to know one another*
- *Trust Respect Understanding*
- *"Wow!" Powerful for the patient*
- *Sparks ideas and thoughts*
- *We are now on the same page*
- *BH learning what the patient is getting from provider-not translated through the patient*
- *It informs BH's work*

Example: **Clinic Registration Forms**

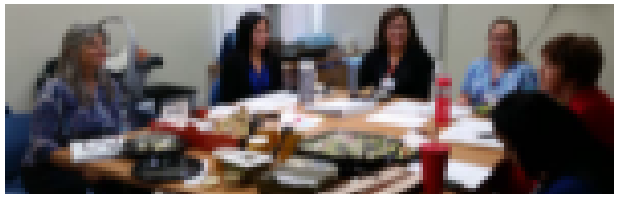
- **Project Type:** Information collection / capture
- **Opportunity:** Ensure patients can provide accurate information that can help them receive services
- **Innovation:** Provide patients with questions that they can confidently and comfortably answer
- **Status:** design/ prototype phase with patients

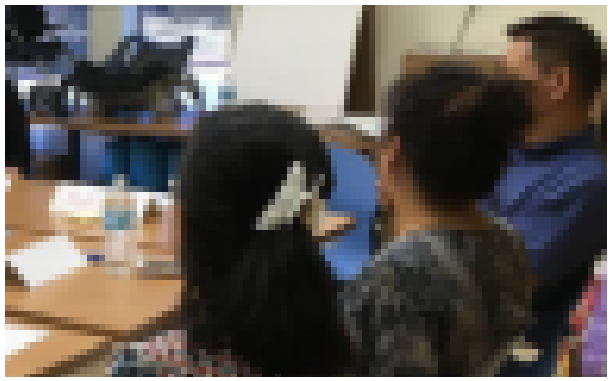
After running two co-design sessions with patients, some insights:

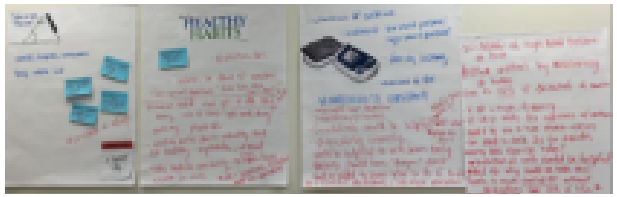
"It's not about the forms, I was left in the waiting room without knowing why or how long I would wait…they were not very caring." -patient

"It's not a super high cost thing to sit down with patients …the feedback was worth way more than the time we spent…We don't do enough of it. To see it from the eyes of the patient is so different." -catalyst

Example: **Patient Management of Hypertension**







"It's frustrating to wait so long for a visit just to take my blood pressure!" -patient

"I have low blood pressure but I don't really know what it means or what to do." -patient

- **Project Type:** Patient-driven care delivery
- **Opportunity:** Empowering patients to play a role in managing their hypertension outside of the clinic
- **Innovation: Patient driven,** in-home blood pressure monitoring experience
- **Status:** Planning pilot

Insights from co-design sessions with patients:

- Some patients already home monitoring BP or go to (CVS, Walmart) to get occasional reading.
- Self BP monitoring is being done, but inconsistent and not documented or shared with providers.
- Patients don't like coming in only to get their BP taken
- Confusion on BP readings; what they mean, what "normal" is after diagnosis.
- Patients concluded they could stop taking their medication when their BP reading was normal.

How Do I Do This?

Sampling

- **Who**
  - Defined patients; i.e., Medicare member 65+ yo.
  - Paneled at 'Clinic X'
  - Likely that patient is willing/ able to participate for project duration
  - Minimal to no cognitive impairment
  - Ability to communicate clearly, hold a conversation, speak in a group
  - Open to change and transformation
  - Able to identify care delivery that clinic is doing well and not so well
  - Available and willing to attend scheduled meetings
  - Available and willing to keep self-journal

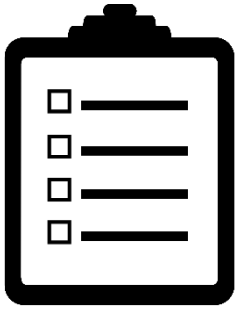
- **How many**
  - Ideal 4-6 of the same patients for duration of program/ project
  - At least 3-4 per phase if different patients
  - Have 'back-ups' so no one patient gets fatigued

Ethics

- **Consent**
  - Design consent to cover duration of project
  - Complete the consent process prior to engaging patients
  - Include language for video / audio capture as necessary
  - Include NDA if there will be proprietary/prototypical product involved

- **Incentives**
  - Thank you gifts: gift cards, groceries, vouchers, etc.
  - Amount can vary
  - Incentive plan; per engagement thank you

Activities



Designing the Engagement Structure

- Define when it will be valuable to bring in patients
- Determine best activities/ methods to use at each phase of work
- Define questions you need patients to answer before they engage
- Plan how to best ‘skill patients up’ to participate with comfort /confidence
- Create an engagement plan for short and long term that the full team including patients can reference.
- Estimate and communicate the amount of time; e.g., no longer than 1.5 hours per engagement
- PROVIDE FOOD / SNACKS to ensure success!

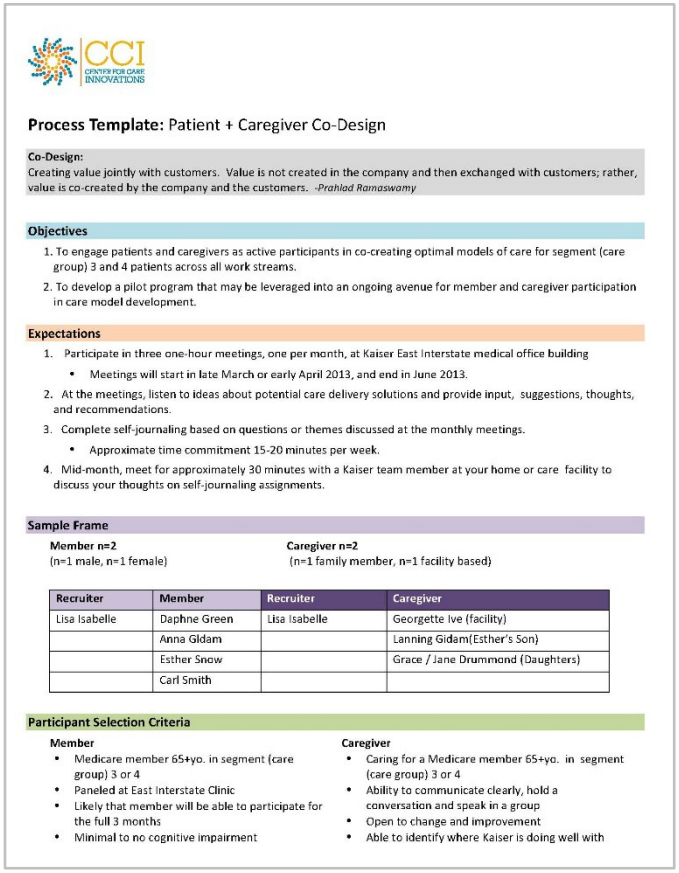
Tool Kit + Resources

Patient Partners for Project Duration

Co-design (in-person + virtual)

Discovery	Ideation	Do / Try	Impact
Value			
Understand experience **Define problems/ gaps** **Frame opportunities**	**Generate concepts** **Define / Prioritize Solutions** **Design ideal experience**	**Develop ideas** **Test ideas/ solutions** **Narrow solutions**	**Pilot 'super-users'** **Early adopters when operationalized**
Methods			
• Observations • Shadow • Interivews • In-home visits • Empathy Mapping • Journey Mapping	• Brainstorming • Storyboarding • Role Playing • Enactments	• Prototype • Rapid Experiments • PDSAs • Enactments • Simulations	• Pilot solution • Measurement • Change Package

Tool Kit



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Process Template: Patient + Caregiver Co-Design

Co-Design:
Creating value jointly with customers. Value is not created in the company and then exchanged with customers; rather, value is co-created by the company and the customers. *-Prahlad Ramaswamy*

Objectives

1. To engage patients and caregivers as active participants in co-creating optimal models of care for segment (care group) 3 and 4 patients across all work streams.
2. To develop a pilot program that may be leveraged into an ongoing avenue for member and caregiver participation in care model development.

Expectations

1. Participate in three one-hour meetings, one per month, at Kaiser East Interstate medical office building
   - Meetings will start in late March or early April 2013, and end in June 2013.
2. At the meetings, listen to ideas about potential care delivery solutions and provide input, suggestions, thoughts, and recommendations.
3. Complete self-journaling based on questions or themes discussed at the monthly meetings.
   - Approximate time commitment 15-20 minutes per week.
4. Mid-month, meet for approximately 30 minutes with a Kaiser team member at your home or care facility to discuss your thoughts on self-journaling assignments.

Sample Frame

Member n=2
(n=1 male, n=1 female)

Caregiver n=2
(n=1 family member, n=1 facility based)

Recruiter	Member	Recruiter	Caregiver
Lisa Isabelle	Daphne Green	Lisa Isabelle	Georgette Ive (facility)
	Anna Gldam		Lanning Gidam(Esther's Son)
	Esther Snow		Grace / Jane Drummond (Daughters)
	Carl Smith		

Participant Selection Criteria

Member
- Medicare member 65+yo. in segment (care group) 3 or 4
- Paneled at East Interstate Clinic
- Likely that member will be able to participate for the full 3 months
- Minimal to no cognitive impairment

Caregiver
- Caring for a Medicare member 65+yo. in segment (care group) 3 or 4
- Ability to communicate clearly, hold a conversation and speak in a group
- Open to change and improvement
- Able to identify where Kaiser is doing well with

Tools / Templates

- Recruit Script
- Welcome + FAQs
- Participant grid/ matrix
- Process Template; objectives, duration, goals, criteria
- Value + Methods Framework
- Logistics + Facilitation Template
- Idea/ Questions/ Results Template (for the team)
- Patient Partner Self-Journal Entries

Reflections

Reflections: Engaging Patients as Partners

- **1: Leverage** our patients as valuable assets and change agents to make the safety net better together
- **2: Engage** patients as ongoing partners with our project teams at the hospital and clinic level to co-design optimal healthcare delivery solutions.
- **3: Establish** longitudinal relationships with our patients to enable deep, meaningful, continuous engagement and input to transformation work.
- **4: Expand** traditional patient engagement behaviors with the use of virtual modalities

Questions?