

Innovating to Improve the Patient Experience

A REPORT FROM HFMA'S 12TH ANNUAL THOUGHT LEADERSHIP RETREAT
FALL 2018

Harnessing innovations in data analytics, technology, and artificial intelligence to improve the patient experience and outcomes will require providers and health plans to embrace new approaches, say industry executives.

Advances in data analytics, technology, and artificial intelligence are driving innovation in health care. This innovation, in turn, is reshaping the patient experience, offering new forms of access to care, new clinical interventions and treatments, and new information on the quality and affordability of care.

While there are opportunities for significant improvements in the patient experience and in health outcomes, healthcare leaders increasingly see the potential for enormous disruption.

Those issues—and charting ways forward—were the focus of HFMA's 12th annual Thought Leadership Retreat in

October. The gathering, sponsored by Xtend Healthcare, brought together 100 thought leaders from across the healthcare industry to share ideas on ways that providers and health plans can identify and implement a range of innovations to improve the patient experience.

TOPICS ADDRESSED IN THIS REPORT INCLUDE:

- Providing a human touch in a digital world
- Utilizing behavioral science to more effectively engage patients and providers
- Transcending patient diagnosis with better care
- Innovating in patient access and experience

A Message from HFMA's President and CEO

DEAR COLLEAGUES:

Thank you for your interest in HFMA's 2018 Thought Leadership Retreat. This was the 12th time we convened leaders from throughout the healthcare industry to talk about current issues impacting us all. While these discussions are always thought-provoking, this year seemed especially lively as we turned our focus to the hot topics of intelligence, innovation, and the patient experience of care.

We were privileged to have prominent industry leaders representing the "Three Circles"—physicians and other practitioners, health plans, and hospitals and health systems—set the stage for our discussions as they presented on different aspects of the featured topics. These included presentations on the role of technology in physician-patient relationships; the use of behavioral economics to engage patients and providers more effectively; and the convergence of care design and computer science to improve health. Speakers also shared health plan innovations in patient access and experience and addressed the important link between compassionate care and a safe, high-quality patient experience.

The breakout sessions are always a highlight of this annual event. And this year was no exception as retreat participants convened in smaller—but still diverse—groups to discuss defining, measuring, and improving the patient experience. Participants also considered the impact of technology and innovation on that experience and then spent some time visualizing the ideal healthcare system of the future from a patient-centric focus. Not surprisingly, the discussions were spirited. They also revealed there's work yet to be done in order to get to where we want to be.

This report summarizes those presentations and discussions. Our thanks go to the Alliance of Community Health Plans, the American Association for Physician Leadership, and the American Organization of Nurse Executives for their partnership in convening the retreat. And finally, thank you to this year's sponsor, Xtend Healthcare, for their generous support.

Best regards,



Joseph J. Fifer, FHFMA, CPA

President and CEO

Healthcare Financial Management Association

BETTER PATIENT CONNECTIONS

The patient-clinician relationship remains at the core of health care, said Peter Angood, MD, FRCS, FACS, MCCM, CEO of the American Association for Physician Leadership (AAPL).

“Multi-professional or interprofessional team-based care is certainly evolving, it’s rapidly evolving, and there are all these other kinds of disciplines that are coming around that relationship—necessarily so,” Angood said. “But that patient-physician, patient-clinician relationship is what’s driving us in this free-market economy that’s so complex.”

However, a longstanding truth is that patients are suffering—and healthcare providers have a hard time accepting that. That suffering was learned firsthand by Christina Dempsey, MSN, CNOR, CENP, FAAN, chief nursing officer at Press Ganey, when she was diagnosed with breast cancer. The reality of patients’ suffering—including everything from physical pain, fear of the unknown, and lack of control over their care—creates an imperative for providers to return a sense of control whenever possible.

“We take away all control, so any control we can give back is a big deal,” Dempsey said. “And it’s stuff we forget there is even a choice about—which arm do you want your blood pressure taken from? Do you want ice in your water? Do you want to turn left or right when we go out to walk?”

Such efforts are part of the need to provide real caring that transcends diagnosis.

Sitting for even two minutes and getting to know something about each patient that has nothing to do with his or her diagnosis creates real connections—both for patients and their clinicians.

“It will totally change their experience if we know only one thing about them that has nothing to do with why they are here—it changes the caregiver’s experience, as well,” Dempsey said.

Such small steps can dramatically affect patients’ perceptions of their care experience, which can affect their survey results, their adherence to treatment plans, and their outcomes. The effect is seen in research findings that patients who perceive a reliably better experience have lower readmission rates, shorter lengths of stay, higher safety scores, and lower rates of hospital-acquired infections.

“Your goal has to be to optimize the experience of the people who come to you for care and the experience of the people who take care of them,” Dempsey said. “When that’s the goal, the percentile ranks, the scores, the reimbursement come as a natural consequence.”

But getting clinicians to contribute to improvements in the patient experience is becoming increasingly challenging as technological advances move more training from patients to “high-tech mannequins” that don’t get angry, scared, or upset.

In addition to training staff to improve their patient interactions (e.g., sitting down when talking to a patient in a bed), healthcare organizations need to train clinicians to clearly communicate the care they are providing and that they are coordinating with the other clinicians caring for that patient.

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“Their biggest fear is that we don’t have our act together and aren’t talking to each other, and they are going to fall through the cracks,” Dempsey said. “We need to show them that we are talking to each other. Because it makes them feel safe.”

Another part of communication improvement is including patients in care discussions when clinicians are gathered in their rooms.

“Sometimes that team talks in code and the patient doesn’t understand what’s going on, and as a patient you’re like, ‘Uh oh, that didn’t sound good,’” said Mike Morris, president and CEO of Xtend Healthcare.

“Loop in the patient as part of that teamwork.”

IMPROVING CARE DELIVERY WITH TECHNOLOGY

Technology can help address many areas where health care falls short for consumers.

For instance, technology is needed to address the core difficulty of admitted patients not knowing the status of their treatment, said Jason Wolf, PhD, CPXP, president of the Beryl Institute. He shared the story of one hospital patient who had to call the nurse’s station to find out that she was about to be discharged.

One of the largest challenges in medicine and human physiology is that conditions and treatments are so complex that physicians are unable to predict what will happen to their patients, said Marshall Ruffin, MD, MPH, MBA, CPE, FACPE, the CEO of Progknowse, Inc. That is why machine learning holds so much promise in health care, even as its use has lagged most other economic sectors.

“These technologies are permitting us to have extraordinary abilities to predict the future, and with those technologies we can manage populations much better than today,” Ruffin said.

The insights provided by such technology can improve the physician-patient relationship by offering more accurate data to use in discussions, a better understanding of options, and the ability to address unrealistic expectations.

“It can help patients and clinicians come to a common understanding of what they need to do,” Ruffin said.

Some providers already are amassing the millions of patient records needed to build the equations, but for reasons of scale, consortiums will be needed to hire the data scientists who will utilize the data.

“The computers aren’t going to replace us, but we will be much more accurate in doing what we do,” Ruffin said.

A key area where coming technological disruptors will likely succeed is in their capacity to measure the patient experience through comprehensive tools, instead of the episodic type of measurement that is available now, said Thomas Risse, CFO of Select Health, the health plan arm of Intermountain Healthcare.

“Providers tend to say, ‘But our [Consumer Assessment of Healthcare Providers and Systems] score is in the 90th percentile,’ or, ‘We were top-accredited in [the Joint Commission],’ and those are the areas where we have blind spots,” Risse said.

Another key to successful use of technology will be training staff to discuss with patients the ways that the technology is being used to improve their care, said Mary Beth Kingston, RN, president of the board of directors of the American Organization of Nurse Executives (AONE).

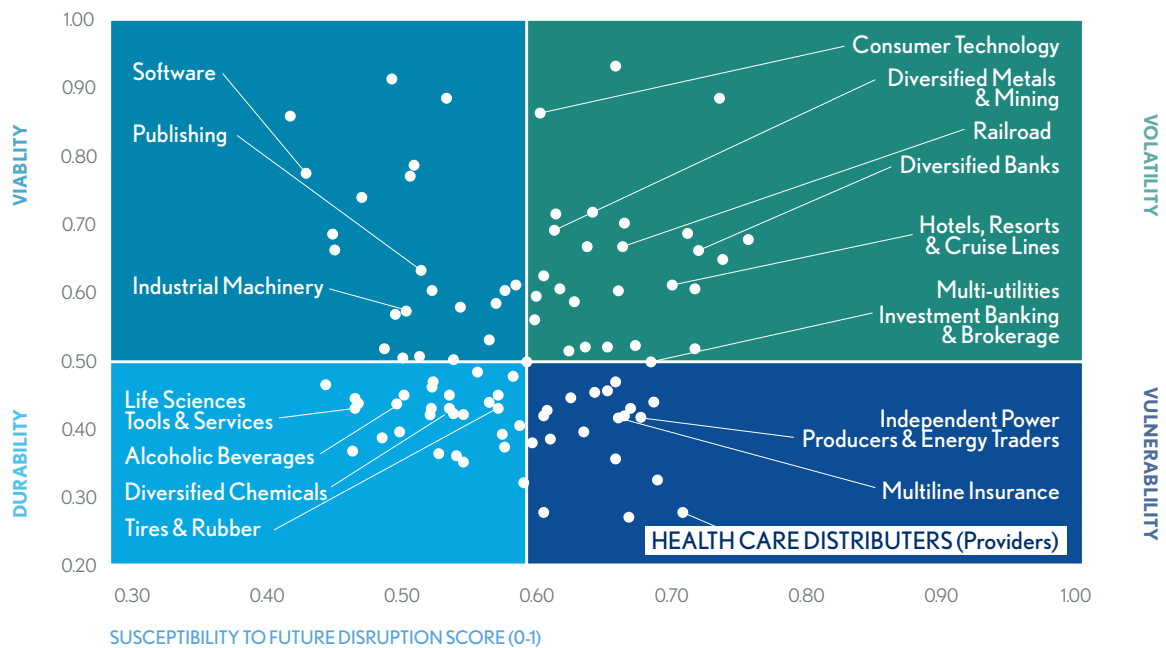
Discussing how entering data into an electronic health record (EHR) improves a clinician’s ability to care for the patient can create bridges between clinicians and patients, while facing away from the patient to silently enter data can create a barrier, Kingston said.

“The complaint that we all have of the physician sitting there and staring at his laptop, instead of interacting with the patient, is one of those

unexpected and unintended consequences that are occurring right now,” Angood said.

However, when practices use the right approaches and investments, they can improve the patient environment, said Angood, citing the experience of an orthopedics practice that used EHR scribes and coders to allow physicians to focus on the patient and provide positive experiences.

Upcoming questions about technology include whether predictive analytics will affect health plan or provider decisions to accept financial risk.



FOUR STATES OF DISRUPTION: How Susceptible Is Your Industry?

Source: Accenture Research's Disruptability Index, September 2017

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Instead, Risse saw increased use of predictive analytics as giving providers a better understanding of the risk they are taking with a given group of patients and of how to target specific efforts to improve clinical outcomes.

“When we talk about coordinating care, it’s very expensive to have a care coordinator for every single patient, so who needs extensive care coordination, who needs a phone call, etc.?” Kingston said. “I saw data analytics in terms of the patient experience in that way.”

Health care also is seen as increasingly ripe for technological disruption, said Angood. For example, the industry was found to be the most vulnerable for disruption by the 2017 Accenture Research Disruptability Index.

“We’ve got the right personnel in the workforce, we’ve got the right motives in the workforce, but we have increased the complexity of the industry and we have increased the complexity further with technology,” Angood said.

Industry leaders need to address the increasing technology-related physician frustration and burnout by embracing clinicians’ altruism, tapping into it, and staying focused on the patient-clinician relationship, Angood said.

HOW CMS IS IMPACTING THE HEALTHCARE SECTOR

Also affecting clinician burnout—and the ability of clinicians to connect with patients—are increasingly complex federal compliance requirements.

Melanie Combs-Dyer, acting deputy director of the Center for Program Integrity at the Centers for Medicare & Medicaid Services (CMS), said the Trump administration has made reducing provider paperwork requirements an explicit goal and already reduced some regulatory requirements as part of that effort.

For instance, the Patients Over Paperwork initiative aims to eliminate regulations that “might not make sense anymore,” Combs-Dyer said. “We think that those are getting in the way of doctors actually taking care of patients.”

A related effort aims to simplify regulatory requirements that will continue. As part of that effort, CMS has started to combine provider documentation requirements, which had been spread among many domains, into one online provider documentation manual.

In the future, CMS wants to provide an alternative way for providers to access federal coverage information, Combs-Dyer said.

“We think it would be really nice if we could have our computers talk to the providers’ EHR; skip the website, don’t make the provider write in the EHR over here and then swivel around to type in www.whatever to find the rules over there,” Combs-Dyer said.

BETTER UNDERSTANDING PATIENTS, PROVIDERS

As Wolf noted, innovation does not always mean technology.

“It’s about doing what we do better in ways that matter for the people we serve; and they will tell us if we are innovating,” Wolf said.

Part of that type of innovation is better understanding patients and consumers. But people are predictably irrational, said David Asch, MD, executive director of the Penn Medicine Center for Health Care Innovation.

Behavioral nudges are not used effectively or purposely in health care. For instance, the insurance system of copayments, coinsurance, and deductibles is too complex for patients to understand, so insurance policies are not encouraging patients to maximize needed care and minimize unneeded care.

THE PROVIDER DOCUMENTATION MANUAL The “Web Way” to Find Documentation Requirements

Illustration of coming CMS plans to consolidate provider payment requirements.

Source: CMS



LONG-TERM PROJECT
FIRST CHAPTER IN 2018



ALL COVERAGE AND PAYMENT
DOCUMENTATION REQUIREMENTS
WILL BE IN ONE PLACE

Each topic will have a Self-Audit Checklist so
that you know what is required



REFERENCE AND EASILY FIND OTHER
ONLINE RESOURCES:

- Local Coverage Determinations (LCDs)
- National Coverage Determinations (NCDs)
- CMS Manual Instructions
- Links to Clinical Templates

Behavioral approaches that have shown potential in health care include incentivizing desired daily actions by patients, such as taking needed medications or vital sign measurements, by offering a chance at a reward for each action. For instance, using technology to remotely monitor medical compliance and notifying patients that each successful self-administration has entered them in a daily lottery drawing provides the brain with the ongoing incentive to take desired actions, Asch said.

Similarly, providers can harness powerful feelings of regret by ensuring patients know what reward they could miss out on if they don't adhere to daily medication schedules.

Likewise, clinicians can be successfully incentivized to adhere to certain treatment guidelines or to focus on certain conditions. But the best results have been found when both the patient and clinician are rewarded for meeting certain metrics.

While financial incentives can be costly and even backfire, social supports may be more effective in conveying health benefits. But prescribing social support is beyond the ability of clinicians, so healthcare organizations need to partner with community organizations that offer peer mentors, with whom chronic disease patients can partner and to whom they can feel accountable on a personal level.

“We have seen amazingly powerful results from using peer support instead of financial incentives,” Asch said.

Another key to improving the patient experience is better coordination among care teams. A key component of better coordination is physicians' willingness to shift their view of themselves as captains

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– David Asch, MD, executive director, Penn Medicine Center for Health Care Innovation

by engaging in team-based training with nurses, said James Gregory Jolissaint, MD, MS, CPE, FAAPL, chair of the board of directors of AAPL.

“You need to make team-based care a central part of your mission in order to get buy-in from older physicians,” said Jolissaint, who also is vice president for the Military and Veterans Health Program at Trinity Health.

AONE’s Kingston has seen teamwork increasingly instilled in clinician education, but that approach is not always available once clinicians enter the healthcare workforce.

“That is one of the things we have to get down—both the communication among team members, the collaboration; and who is doing what—and have that be very clear. All of that contributes to the patient experience,” Kingston said.

Efforts to provide interdisciplinary training in the healthcare workplace include an AAPL initiative that incorporates not only physicians but other key clinical staff like senior dietitians and nurses.

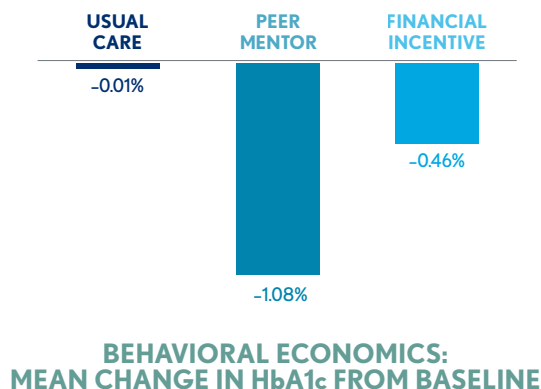
Another emerging challenge is finding ways to improve communication among a healthcare workforce that is increasingly dispersed among sites of care, instead of centrally located at a hospital, said Kingston.

Health plans and providers also must understand that patients view their health experience not as a transaction but as starting from their selection of a plan and continuing across all care they receive from a provider.

“One of the biggest challenges we have as an industry is that we have specialized to the point where we’re not thinking of the way the individual comes through our system and across our system, from an experience perspective—and we’re not even surveying them on that because we only want to know your health plan experience, or we only want to know your hospital experience, or we only want to know your clinic experience,” Xtend Healthcare’s Morris said.

Attendees also acknowledged that their patient experience measures—and related employee incentives—are largely limited to the clinical environment and do not extend to financial interactions.

“If we really irritate them with our billing and collection process, maybe all of the good clinicians have done—from an experience perspective—goes up in smoke,” said Joseph J. Fifer, FHFMA, CPA, president and CEO of HFMA. “We need to think more broadly as an industry about the entire patient experience.”



Source: Long Ja, et al. *Annals of Internal Medicine*. 2012

HEALTH PLAN, PROVIDER EFFORTS TO IMPROVE PATIENT EXPERIENCE

The healthcare sector has a long way to go to successfully use technology to improve the patient experience, said Farzad Mostashari,

Presentations delivered during the 2018 HFMA Thought Leadership Retreat

Staying Connected: The Human Touch in a Digital World

Marshall Ruffin, MD, MPH, MBA, CPE, FACPE, CEO, Progknowse, Inc.

Jason Wolf, PhD, CPXP, president, Beryl Institute

Peter Angood, MD, FRCS, FACS, MCCM, CEO, American Association of Physician Leadership

The Current CMS Landscape

Melanie Combs-Dyer, acting deputy director, Center for Program Integrity, Centers for Medicare & Medicaid Services

Using Behavioral Economics to Engage Patients and Providers Toward Better Care

David Asch, MD, MBA, executive director, Penn Medicine Center for Health Care Innovation

The Convergence of Care Design and Computer Science to Improve Care

Farzad Mostashari, MD, co-founder and CEO, Aledade

The Link Between Compassionate Care and Safety, Quality, and Experience

Christina Dempsey, MSN, CNOR, CENP, FAAN, chief nursing officer, Press Ganey

Health Plan Innovations in Patient Access & Experience

Mary Anne Jones, senior vice president, finance and operations, Priority Health, and senior vice president, Priority Advantage, Priority Health

Beth Monsrud, CFO, UCare

Thomas Risse, CFO, Select Health/Intermountain Healthcare, and a representative of the Alliance of Community Health Plans

Julie Barnes, JD, consultant, Digital Health

Where Do We Go from Here? Panel Closing Summary

Joseph J. Fifer, FHFMA, CPA, president and CEO, HFMA

Thomas Risse, CFO, Select Health/Intermountain Healthcare

Mary Beth Kingston, RN, president of the board of directors of the American Organization of Nurse Executives

James Gregory Jolissaint, MD, MS, CPE, FAAPL, chair of the board of directors of AAPL

MD, co-founder and CEO of Aledade and former leader of the Office of the National Coordinator for Health Information Technology. For instance, Mostashari said, many providers did not use the spread of EHRs to improve care. Rather, the technology went to improving coding to generate more revenue.

To drive real change in healthcare outcomes, payers need to change the financial incentives. For instance, providers need to receive larger payments for keeping patients out of hospitals than they do for those who are hospitalized.

“We are getting to that point—always more slowly than you think,” Mostashari said.

Another innovation that could greatly improve patients’ experiences and health outcomes is the harnessing of artificial intelligence to better predict no-show rates, which are a massive cost for practices.

And from a population health standpoint, analytics has made it clear that providers can save the most lives by focusing on controlling hypertension.

“That should be the topline goal of every healthcare organization,” Mostashari said.

Among innovations being built into the value-based payment initiatives of Priority Health’s Medicare Advantage plan is the elimination of prior authorization for providers that agree to put in place specific practice processes.

Key takeaways from speakers at HFMA's 2018 Thought Leadership Retreat:

The reality of patients' suffering—including everything from physical pain, fear of the unknown, and lack of control over their care—creates an imperative for providers to return a sense of control whenever possible, said **Christina Dempsey**, MSN, CNOR, CENP, FAAN, chief nursing officer at Press Ganey.

The insights provided by machine learning can improve the physician-patient relationship by offering more accurate data to use in discussions, a better understanding of options, and the ability to address unrealistic expectations, **Marshall Ruffin**, MD, MPH, MBA, CPE, FACPE, the CEO of Progknowse, Inc.

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Mary Anne Jones, senior vice president of finance and operations at Priority Health, said that although many coming disruptions are expected to occur outside traditional healthcare settings, their telehealth service is a way that Priority Health is trying to address patient access concerns in ways that advance traditional provider organizations.

Beth Monsrud, CFO of UCare, credited the use of community-based health workers to engage chronically ill immigrant enrollees with not only increasing their screening rates but also improving the plan's star ratings.

Also, the insurer created a one-stop shop for enrollees to get help with understanding their plans, addressing bills, and other needs, said **Mary Anne Jones**, senior vice president of finance and operations at Priority Health.

Technology also has helped Priority Health on its provider side, Spectrum Health, with its 2015 creation of the MedNow virtual health service. The service connects patients with physicians via videoconferencing on a computer or through a smartphone or tablet app. They have access to a low-cost consult for minor medical conditions such as a cough, rash, or fever.

Spectrum's health plans have expanded the telehealth program's availability from those seeking care through Spectrum providers to any provider treating a plan enrollee.

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Beth Monsrud, CFO of UCare, described the growing use of analytics for high-cost, high-need, dual-eligible enrollees. The analytics not only determined those enrollees fell into four different categories, it indicated what the health needs were of the different groups and how to best reach them.

“I even see it here locally, when they think nurse rounding is going to solve patient satisfaction, but that’s just one piece of patient satisfaction.”

—James Gregory Jolissaint, MD, MS, CPE, FAAPL, chair of the board of directors of AAPL

For instance, the health plan knew to launch multilingual screening programs for immigrant enrollees because they had 15 percent higher diabetes rates and were otherwise rarely screened for chronic disease.

The use of community-based health workers to engage those enrollees was credited with not only increasing their screening rates but also improving the plan’s star ratings.

Intermountain Healthcare’s coming transparency innovations include the development of an MRI pricing app for providers that sometimes will include lower-cost MRI providers outside the health system, said Risse of Intermountain.

Priority Health added a feature last year to its price transparency tool that compares the cost of a drug at various pharmacies and suggests lower-cost drugs with similar efficacy that patients could discuss with their physicians.

Consumers are increasingly giving their business to organizations that offer a range of options, so patient satisfaction hinges on all areas of the patient experience, said Jolissaint.

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DESIGNING AN IDEAL HEALTHCARE SYSTEM

Asked to pick a word to describe the state of patient experience in health care, conference attendees offered a range of negative terms. Although that was discouraging at first glance, Fifer also saw attendees’ viewpoints as encouraging.

“Broadly speaking, where our industry has come in the last year or two is to a much deeper recognition of consumerism and what we need to do,” Fifer said.

Group discussions among meeting attendees explored emerging approaches and potential future solutions to overhaul the patient experience. Among needed changes, according to attendees, is better communication across a patient’s lifetime.

“At some point in time we’re going to start talking about end-of-life decisions because you might develop cancer at the age of 55 or 60, and that’s not the first time to have that conversation,” Jolissaint said. “We’ve got to learn how to have difficult conversations.”

Other health system improvements will come from changes in the way pain is treated. Instead of immediately offering narcotics, clinicians need to be trained to talk to their patients about their pain, what goals the patient is aiming to achieve, and what patients want to get out of their care, Jolissaint said.

Providers and health plans also need to start talking to each other and to patients and enrollees about the total cost of care, Fifer said.

Major impacts on cost will come from an increasing focus on behavioral health services, said Kingston.

“Behavioral health care impacts the total cost of care tremendously—and we don’t integrate it with physical care, so it is a separate agenda,” Kingston said.

OUR SPONSOR

HFMA would like to thank our sponsor, Xtend Healthcare, for supporting the 12th Annual Thought Leadership Retreat. The two-day event brought together a diverse group of industry leaders to discuss challenges and solutions to improve healthcare delivery.



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With 38,000 members, the Healthcare Financial Management Association (HFMA) is the nation's premier membership organization for healthcare finance leaders. HFMA builds and supports coalitions with other healthcare associations and industry groups to achieve consensus on solutions for the challenges the U.S. healthcare system faces today. Working with a broad cross-section of stakeholders, HFMA identifies gaps throughout the healthcare delivery system and bridges them through the establishment and sharing of knowledge and best practices. It helps healthcare stakeholders achieve optimal results by creating and providing education, analysis, and practical tools and solutions. HFMA's mission is to lead the financial management of health care.

PUBLISHED BY:

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