The Importance of Patient Engagement

I am writing an article on the importance of patient engagement, and would be interested in any insights you have around this topic, especially as it relates to compelling patients to take a more pro-active role in their own healthcare management. I'm looking for both ideas and real-life examples of how this is done in various ways, whether that includes simple strategies for communication, education, and motivation, or whether it might involve some level of technology (e.g. mobile, web, cloud-based, etc.) to facilitate the process.

If you'd like to be interviewed separately, I would be happy to set up a 30 - 60 minute call with you at your convenience, and I will have the opportunity to quote you and reference the innovative work that you and your team may be doing now. Of course all content will be shared with you beforehand for comment/edit prior to submission for publishing in the magazine.

Thanks in advance...

29 days ago

You, Sara Doyle, Gail Longardner and 18 others like this

Mark Dimor • Engagement between physician and patient is becoming the new black and it is up to the physician to lead the way. To a sense create that learning narrative with the patient.

The physician as a brand should look at that visit not as a one time event in a string of events. It is a way to build a brand platform based on patient needs and goals. It is the moment where the physician can determine not just blood pressure but pressure points for knowledge uptake and begin that healthcare narrative. What are the problems/goals/needs the patient wants? How can the physician become the author of a patient narrative? Does the patient leave with an Rx? Or do they leave with a continuum of care based on integration into the brand platform? "My physician is a great doctor but he is also doing more then caring for me, he hears me.'

http://bioc.net/blog/2012/5/9/the-office-visit-is-not-a-drive-by.html

29 days ago • Like

Charlie Garland • Mark - this is a great narrative on the doc-patient relationship. Thank you for adding this important perspective. It comes down very much to the doctor being willing to ask the patient both probing, and quite possibly uncomfortable, questions as a means of discovering vital, new information.

28 days ago • Like

Jason Reed • My doctors don't want to hear what I have say. They prove it by ignoring my health complaints. WTH is going on here?

28 days ago • Like

Mark Dimor • Jason sorry about your doctors turning a deaf ear on your thoughts. This is a continuum of early adopters to about as bright as a box of hair physicians. You and your needs should overlap if it doesnt then change needs to be made.

27 days ago • Like

Jason Reed • What I see is doctors under pressure to see as many patients as possible. For their corporate employers.

27 days ago • Like

Charlie Garland • Jason - with all due respect, you might want to find some new doctors. If a physician — or any medical professional, for that matter — is not acknowledging a patient's health complaints, then they are simply being negligent. You can always go to HealthGrades, Vitals, or even Yelp websites, for example, to get good recommendations to other doctors who have a far more advanced "bed side manner" and communication skills.
Tamzin Rosenwasser • Jason, you're right about doctors under pressure. They should secede from Medicare and Medicaid and “insurance” contracts. Then, medical insurance would return to true insurance. Doctors are also under pressure from patients who see ads on TV, or have a cosmetic problem—they come in and more or less demand that their doctor commit Medicare, Medicaid or insurance fraud.

Nobody but a lawyer is allowed to own a law firm, in order not to have the corporate third party conflict of interest. That should also be the case with medical practices. Also, medical practice is not a proper function of government.

Jason Reed • Negligent is right! I now go to an Endo institute 160 mi. away. It's a 12 hour day for me.

Here's another problem with corporate medicine. My insurance has thrice trashed my referrals, causing rescheduling. Did they really save money? I'm so disgusted with the direction healthcare has been going the last 35 years. Damned the share holders! I'm sick. I need the results of 2 tests. I need the remedy. How does making my condition worse save money?

Jason Reed • "medical practice is not a proper function of government."

Government is there to serve the people and their needs. 3% overhead insurance does that. Smaller government causes more corporate power. As we see. It's a myth that it would or could serve the people. Free capitalism has never worked, anywhere. The only models where people are prosperous and happy are in N. Europe. Why do we refuse to learn from them? Yes, I'm a Denmark socialist where minimum wage is $18.40 an hour. As a society, they have everything right.

Imagine if we could denounce greed as the illness it is and be like this...

http://www.tradingeconomics.com/denmark/wages

Jason Reed • It's not all bad...

http://blog.accepted.com/2013/05/19/doctors-wages-up-mostly/

Philippe Faurie • Patient engagement starts before becoming a "patient", while you are still a "healthy consumer". It might be a good idea to take some preventive care measures to prevent or delay the development of most common diseases. Doctors usually welcome their patient's interest in prevention, and then the dialog is open and made easier for when (and if) a disease develops. Now if you go to the "genetic" predisposition / exposure to develop some diseases, then, most likely, your doctor will show some discomfort, and will not go there too easily.

Courtney Coates Larned • I work for the company that recently launched CareSync, a family health record solution that is all about collaboration around healthcare to engage, and as a result, empower patients. We've done extensive research on the topic and might be able to help you as you write your article. We've had some amazing early adopter feedback from our engaged patients, and have seen the applications and services benefit people in ways we never intended. I would be happy to chat with you, or put you in touch with someone else in the organization who can help. Good luck!

Mark Dimor • Philippe I agree with your comment. The data seems clear that the largest single demographic using the web to find HC information are caregivers followed by the chronically ill, and the elderly. And they are following the general tenet of adult learning where adults will learn when they are seeking a solution to a problem.

It is important to note that there is a growing demographic of adults 20 to 34 who are searching for HC knowledge. Many are doing that for parents but many are seeking to do as you point out present ending up in the morass of our healthcare system. Please add to that the highest ranked attribute of SM as identified by physicians for patients if they were to use SM with patients would be education.

Kevin Pereau • From my own personal experience of leading a start up focused on engaging patients, employees and consumers I can share this...They are all engaging at levels we would never have imagined and they are doing so without their insurance carriers or Doctor's involvement. There are now 17,000+ healthcare apps and a cadre of biosensor and fitness tracking devices. Its safe to say that most were not developed by the carriers and only a smattering by Doctors. iTriage and Shape Up are great examples of Doctors
creating compelling solutions in this space. For me, the myth of "patients won't engage" has been completely discredited. We have never given the consumer choices like now and it has created the perfect confluence of technology, consumer curiosity and industry need. If you don't believe this, check out any company in the Rock Health portfolio.

I would suggest that the real question at this point isn't "Can we get the patient to engage and be responsible" its become, "how can we connect with them and get them to share as well as how can we use what is in their pocket to monitor and track their health to influence them".

25 days ago  •  Like

Jeff Donnell  •  Glad to hear you are covering this topic. My firm has been working in electronic patient engagement for 10 years, and I have a great deal of experience in this area. For example, we have been working on an ONC funded challenge grant for last two years focused on making HE data available to patients with a PHR. Can share findings from this project, including some good data on engagement, improved clinical outcomes, etc., as well as findings from work w/many other clients. Happy to set up an interview. Also, check out www.impatientmovement.org - new initiative that was started by our firm, HealthVault and IHIT (IN state designated entity) to foster electronic patient engagement.

25 days ago  •  Like

Kevin Pereau  •  Could Jason and Tamzin go offline? Thanks guys.

This thread is purely about patient engagement which requires involving multiple stakeholders to solve a daunting problem. Its an interesting and challenging discussion. I am not sure how governments and political systems do much to drive a better doctor patient engagement. Lets see if we can get back on track here.

IMO, patient engagement begins way before we get to the hospital. Its an everyday lifestyle choice we make. Capturing information on what we do and then sharing it with our medical professionals in our time of need is the way we move the needle here. The emergence of SOLOMO in healthcare is presenting us all with the best opportunity we've ever had to better connect doctors and patients.

23 days ago  •  Like

Enric Macarulla  •  this topic don't be based on a simple fighting between citizens and governments or between patients and professionals. Roles are interexchangeable so this must be considered as a safer environment including all the stakeholders

23 days ago  •  Like

Soojin Jun  •  Jeff, I am working on a similar project as yours and I would love to talk to you. I will be in master of health informatics program and am working on setting this up before I start the research track. I will check your website.

22 days ago  •  Like

John Lynch  •  Kevin is certainly right about this not being about the "guv'mint. Not EVERYTHING is about politics. I also agree that in an ideal world patient engagement does begin with their lifestyle choices.

But we're not in an ideal world - and it's unlikely a majority of patients will ever meet this definition. That doesn't mean we shouldn't try, but those who might benefit most - seniors and poor patients with chronic diseases - are also least likely to embrace the innovative apps that could help them along. The threat of safety net hospitals closing under Obamacare and the ripple effects that will create for all hospitals could further impede progress with these high-need groups.

But Enric, I fail to see how these "roles are interexchangeable". Depending on which roles you're talking about, in the real world they're often adversarial - even between patients and (some of their) doctors.

The reason the VHA fares so much better than private medicine in deploying all its IT pursuits is its medical culture of embracing these technologies (it helps their docs don't have to pay for them). So while technology may indeed give us our best opportunity yet to connect doctors and patients, it's doctors - not patients - not wanting to embrace this role that may be the biggest obstacle. Many feel threatened by it.

It seems to me the market for all these supportive "engagement" technologies is the same "whole foods" market it's always been - although maybe, over time, there'll be positive ripple effects for all patients.

But I wouldn't hold my breath.

22 days ago  •  Like

Philippe Faurie  •  I find the government's Blue Button initiative very interesting when it comes to patient engagement. The patient (initially a veteran but now really anyone ) can download his ( her) medical record (through the Blue Button standard) and share this record with a doctor during the next encounter. The patient is the one connecting the dots between unconnected medical systems ( e.g. a hospital and a private, unrelated to that hospital, doctor). The patient engages with the doctor by providing invaluable medical information that would have otherwise remained unknown to the doc. A cheap but working
vision of HIEs where the patient is the center. Based on this initiative, some companies have developed Phone Apps that make this engagement easy to handle, for both patients and doctors.

Charlie Garland • @Kevin - thank you for your comment and contribution to this thread's supervision. I heartily agree that the side-discussion you referenced is quite off track/topic.

To your "IMO" point, I fully concur and would suggest going much further in general terms. The flux in the healthcare paradigm before us is being driven by multiple forces -- almost like a "perfect storm" of factors such as regulatory sea-changes, global competition, a chronically ill economy, and emergence of hyper-effective technology platforms. With all this happening, there is no way we can effectively envision managing healthcare in this society with the mindsets that we had over the past years or decades. We are suffering greatly from a lack of consciousness to "think outside the box" of the conventional wisdom that the majority has held around healthcare for many, many years. There need to be fundamental shifts in business, service, and financial models if we are to go forward with any chance of real success.

I would suggest starting with a conscious reminder to all (a virtual slap-in-the-face, if need be) to begin identifying and addressing the underlying assumptions that we all have about healthcare. For instance, an excellent point about WHEN patient engagement should begin...it must happen "way before we get to the hospital," yes. This is a great example of thinking outside the box...in a temporal dimension. This drives what we need to be pro-active...as opposed to the typical re-active mindset of the patient, as well as the care giver.

We need to think outside the box in the personal dimension also. WHO is responsible and accountable for ensuring patient education, adherence, lifestyle choices, etc.? To the extent that patients (and their families, support network) become engaged as being an active member of their healthcare team, this helps drive precisely that pro-active orientation I just mentioned. This can have profoundly positive impacts on outcome results.

There are many other dimensions where we need to challenge conventional, implicit assumptions...but I'll stop here (need to catch my breath ;)) Please feel free to respond in whatever way(s) you feel appropriate here...

Amy Ohm • Patient to Patient engagement is making a difference with adherence and providing a great opportunity to educate the patient based on what they are sharing about their condition with others. http://social.eyeforpharma.com/patients/social-networks-emotional-outlet-how-opportunity-talk-can-improve-patient-experience. I'd welcome the opportunity to share more about this topic in an interview. Thanks for bringing awareness to this very important topic.

Deanna Pogorelc • Charlie, I wish you the best of luck writing just one article on this topic! It's a big one, and there is a lot of activity on the part of providers, private companies and the government in working toward the goal of engaging patients in their health proactively. The organization I work for hosted an executive conference on this topic last week - here are some links that might help get you started: http://medcitynews.com/tag/engage/

Charlie Garland • @John - you bring up good/fair points. But the bottom line is we don't need to live in an ideal world. And, as is the nature of things, there will always be some portion of the MD population that fears such a technology. The point is that all we really need to do here is "move the needle" a bit in the right direction. A few more percentage points of patient engagement/adherence could have profoundly positive impacts...especially when it comes to certain chronic conditions.

Just as an analogy, if we dropped the unemployment rate by 2 or 3%...what impact would that have on the national economy? Both you and I can do the math here...

Tatyana Kanzaveli • There are multiple aspects to patients engagements:
- managing treatment;
- access to clinical trials;
- managing depression;
- access to other patients, doctors, etc..

I would love to discuss with you my thoughts on this subject. Let's set up a time to chat!

Deb Purcell • Many good points made here on the importance and value of an engaged patient. At our organization, we are moving beyond the "if" and "why" to "how". In today's connected world, it is easy to become overwhelmed by the volume of messages coming at us. For physicians and patients alike, the challenge is increasingly getting the most relevant, motivating information to the intended recipient, when and how they are ready to
Follow Robert

Robert Gibbons • Just to add to Mark’s post, a large population is now faced with the realities of aging and they are the ones searching out HC options, answers, protocols online. I am on the data side of this discussion and work with a company based on the west coast that are experts at Big Data Analytics. I was brought on to help usher us into a new vertical: Healthcare. What I believe my experience has proven to me is that the answer to patient/doctor relationships is going to be the same that will play a key role in fixing healthcare in this country; productively using our data.

Faced with the simple question of why they do not spend more time with their patients, most doctors produce the same response, lack of time.

Charting, dictating, paperwork and more paperwork has created a barrier between our HC professionals and all of us. Just by managing this ever so slightly we have shown the results to be profound.

To use an example: Kaiser Permanente in CA is in the process of creating apps to connect with their patients. This is going to be the first step that many will follow in adapting to this new audience.

Though our technology has far surpassed our humanity, I still have a great deal of hope for what we can all accomplish with the marriage of technology and healthcare.

Follow Jason

Jason Reed • I told my doctor after a lot of study, I think I have LADA. He did a C-peptide while I had insulin injected. His receptionist SCREAMED at me, stop self diagnosing!!

Every ad on TV promotes self diagnosing. Ask your doctor.

It IS about politics because government favors big corporations. Big corporations treat people like dirt if you ask questions.

Follow Jeanette

Jeanette Nelson • @Tatyana - agree there are multiple dimensions to patient engagement.

I personally am a big fan of shared care plans and therefore a strong supporter of health information exchange. The National eHealth Collaborative (NeHC) has excellent related resources on their website including a patient engagement framework worth studying: http://www.nationalehealth.org/patient-engagement-framework

@Charlie - good luck with your article. Please share the link when available. I am writing a white paper about patient centric healthcare for which I would have the opportunity to quote you and reference your innovative work. Suggest you review NeHC's webinar schedule on above website. They offer excellent free webinars, often showcasing success stories.

Follow Fiona

Fiona Smythe • This is a really interesting thread. I’d like to add convenience as a factor that we’ve seen to be very important in maintaining engagement over time. This really echoes Robert’s comment, above. In our case, this is in the context of managing medications (we make mobile apps that pharmacies give to their patients to manage their medications and health), but I think this is true of many healthcare interactions.

On the technology side, we’ve done several things to make it more likely that people will ‘engage’:
1) taken a slow and inefficient process – filling or refilling prescriptions – and made it easy and quick;
2) centralized and made visible information which was not previously available – in this case a complete view into prescriptions and their status;
3) focused on providing a service that is useful, not just nice to have;
4) made the interface hyper-intuitive so that performing associated actions – like setting up reminders to take medications – takes very few keystrokes;
5) limited interactions to an as-needed or desired basis – when no prescriptions are active, the service is essentially dormant, so there is no user fatigue.

Given our area of focus, we think about engagement from the perspective of medication adherence, but these general principles probably apply across the board. We’ve seen very high continued user engagement as a result of this approach.

Removing those barriers which cause processes to be time-consuming or irritating is one of the real promises of health care technology, especially for patients who are coping with difficult or complex illnesses. (Obviously there are many others like providing connected information in a seamless manner, providing richer educational and other types of support, etc.) It seems obvious to say that making managing health care easier will boost engagement, but it really does seem to work.

Follow Kevin

Kevin Pereau • A couple of real world data points gleaned from a company I helped launch that focuses on patient engagement...

1. Its a myth that seniors won’t embrace new technologies like the apps we see on so many of today’s smart phones. This is the generation that invented the personal computer. They are already voting with their check books and proving this myth to be a straw man. There are over 17,000 apps and very few doctors or insurance companies that are driving
them. While a lot of us are sitting on our hands and saying "Why bother? Patients won't use the tools we provide", patients are downloading app after app to help the stay fit and manage chronic conditions.

2. I don't blame anyone for thinking that this potentially usurps the role of the doctor BUT IT SHOULD NEVER DO SO. Patients doing self diagnosis is incredibly foolish. Patients using devices, apps and platforms to capture and share information with their medical professionals is absolutely where this is going.

I have keynoted and done panel discussions at CES, mHealth, Health 2.0 and at MFA events. I can honestly say it is a rarity to meet the healthcare start up executive who designed his product so you would not need to see your doctor. Nearly all of us have a common goal and that is connecting you to your doctor in a more meaningful way. Any company not focused on that will fail.

It is only natural that wave 1.0 of these solutions will draw skepticism from the community. That said, the more doctors that weigh in to evaluate, the quicker we see ROI from this perfect storm of industry need, technology and consumer curiosity.

19 days ago • Like

Robert Gibbons • Fiona--

We just partnered up with a major healthcare governing body on the west coast to aide them in launching a series of mobile apps for their patients. We are aligning with them to help maximize their mobile customer intelligence. This is in my opinion a tremendous step forward in the right direction for healthcare in this country. With the ability of technology to quantify the scores of data we are already collecting in our institutions there is little we cannot measure and manage in hopes of better outcomes. I would love to hear more about the apps you and your company are building.

18 days ago • Like

Tom Carter • Patient engagement is a process in which the patient should be provided the option of how and when communication happens and the type of communications vehicle they prefer. Examples of this are online web access, apps, email, SMS, phone and in person visit. Each patient has communications preferences and providing options allows for more efficient communication and overall satisfaction of engagement.

18 days ago • Like

John Kaegi • Charlie, with all due respect, patients can't just go out and find another physician who cares about their health conditions. If you want a physician who provides wellness and prevention in addition to urgent care -- GOOD LUCK! Even the AMA has stated that a doctor's role is not prevention, rather it is healing. I call them GLP's -- God-like Figures. If you want wellness today, go to a nurse practitioner.

18 days ago • Like

Brent Vaughan • At WellnessFX we have built a consumer facing patient engagement app that creates more proactive and empowered healthcare consumers. We serve up convenient direct-to-consumer diagnostic check-ups, consumer facing data visualizations and trending with integrated telemedicine. With thousands of users in multiple states, we have learned some interesting things about patient engagement and data sharing. We have found that is possible to engage users in consumer-directed health that creates measurable improvement without disintermediating existing the PCP relationship.

Feel free to check it out at www.wellnessfx.com and let me know if you would like to chat to learn more.

18 days ago • Like

Kevin Pereau • Its nice to see WellnessFX on this thread. They are a superb company and highly regarded in this space. If you don't have their app, you should download it now. They are an interesting firm that should be on everyone's radar.

17 days ago • Like

Charlie Garland • @Kevin - For the most part, I agree with what you're saying. However, there's an element of your second point that I (and many others) will definitely disagree with you on. For this to make sense, you may have to think outside the box (of the way healthcare is currently practiced).

Some of the roles that the doctor now plays are extremely inefficient -- not only for the delivery of their own services, but for the health of the patient. Let me be specific. If it takes a doctor to tell a patient that he needs to lose weight, and to spend time educating him as to the reasons why, the consequences if he doesn't, and the ways he might go about it -- and doctors very often will do this -- then that is a huge amount of patient education that could have been done in some other fashion (e.g. via web, administered and delivered by an admin, or better yet, by an intelligent automated system). What else could the doctor have done with that time he/she just dedicated to educating that patient? Just ask the doctor.

And that's just the benefit to the doctor! Now let's look at this from the POV of the patient. If the patient had been engaged/educated much earlier on (i.e. well before he/she became overweight in the first place), they would be enjoying a healthier lifestyle, including not just
lower weight, but less cardio strain, more exercise (likely), a better diet, greater hydration, less knee/back pain, and so on, and so forth. Better health for the patient, less work for the doctor, lower cost for the payer, longer lifespan for that patient's family, a more productive worker for his employer...the list goes on, and the benefits cascade. Every time the doctor has to get on the phone and explain something to the patient, that could have been explained by some other means, is a waste of that doctor's extraordinarily valuable and constrained time. I'm not blaming the doctor here; rather, I'm highlighting just one or two examples of resource inefficiency that different forms of "patient engagement" can address brilliantly -- yielding benefits in many dimensions, including healthier outcomes, less costly delivery, and greater efficiency (do more with less).

Ok, I'll stop ranting now ;)

17 days ago • Like

Jason Reed • I believe, if you can keep the elderly from dragging themselves to the doctors office, they’ll be all for it. On another note, my Endo told me why my health care has been so dismal. H1B visa for foreign doctors - Immigration, work visas and ... This guide deals with H-1B visas for foreign doctors and physicians who would like to work in the US. Before the Immigration Act of 1990, the only way for physicians to come to the US to engage in graduate medical training was to enter in J-1 status. workpermit.com/us/medical_h1b_foreign_doctors.htm More from workpermit.com

They come here. Do their 3 years and leave. Corporate loves cheap doctors. Share holders need to be taken out of medicine.

"Even the AMA has stated that a doctor's role is not prevention, rather it is healing."

I heard three doctors on the Robert Scott Bell show state that they are told in med school, forget about healing. This is about pharmaceuticals. As a study of naturopathy, you can imagine my dismay at this.

17 days ago • Like

Gina Becherer • Who is the intended audience? Engagement is a shared responsibility - patient and physician. Consider the fact that many patient's in spite of their doctors advice do not take care of themselves. For example they continue to smoke or their weight continues to escalate. With advancing age comes greater health risk. Patients are frustrated because their physician's don't spend enough time listening and communication and follow up from the doctors office is poor. Both parties have a role in the solution.

I am actually working on a process to help improve the delivery of care between physicians and patients. Hopefully I can get some traction. Comments in prior posts have been very helpful. Thanks

15 days ago • Like

John Kaegi • Charlie, your points seem logical, but make assumptions that aren't true. 80%- of Americans (see Transtheoretical model) will NOT act on information or doctor's advice. The assumption that overweight people would not be overweight had they had information in advance is simply not true. Providers cannot persuade people to change poor health habits. It takes a village, so to speak: incented patient, engaged provider, coaching, penalties for noncompliance and behavioral economics for sustaining change.

15 days ago • Like

Grefe Rosemary • I have spent many hours developing patient education programs for different healthcare environments. I have learned the following:
- tools should be unique to the patient, the same one doesn't work for everyone. In general theo, a tool should be written at a 5th grade level
- tools without an assessment of the starting point or an initial face-to-face encounter have the same impact statistically as no tools
- reinforcement & repetition are essential for the patient & the assessment of the instructor
- an objective measurement is a good starting point. Most patients are aware they are having an issue they do not like to be talked down to, just he facts please.
- chronic conditions are much more difficult for the patient. The frustration & mental fatigue associated with complying with all recommendations made when you suffer from a chronic condition or disease is so much harder than is acknowledged. Usually conflicting info has been given to the patient due to changes as more research is done or outcomes are known. If an accurate record of instructions & recommendations hasn't been maintained, the current caregiver may not realize this and address it. This is the responsibility of the professionals & their carrier.
- don't evaluate this need thru an area of health you have no problem with, instead, identify a particular healthcare matter that has plagued you or a loved one & apply what you feel is reasonable. If you wouldn't do it, neither would your patient.

15 days ago • Like

David Clymer • In a consumer facing space like MyMedLab.com, patient engagement isn't just a goal, its a requirement and without it, you don't survive. Which has been the case I would guess for more than 100 of our competitors over the last 10 years. The truth is that startups that focus their attention on the end user had better be patient or have deep pockets if they want to succeed.
Waiting for the collective consumer to see your value is an endurance contest that most won't survive. They give up and pivot to a B2B model either from the lack of traction at the end user level or because they are not growing at the pace their money thinks they should. The allure of big numbers at the employer level seems like the logical choice.

The problem is that now their "client" isn't the end user but an HR director that is not exactly the forward thinking revolutionary that they need to lead a message of behavior change. Instead its a guy looking for the solution that "appears to be new" without really changing too much. They temper the potential of change across the entire group.

The truth is that even the best of the HR crowd typically fail to engage more than few for a very short time when the employer or insurer is directing the change. No one wants to be told what to do. They want options, information and guidance but in the end, THEY want to be the one choosing the path.

If you don't believe me, just take a look at telemedicine. With all its promise of a streamline connection to medical answers and services, as an industry it can't break more than a measly 2% rate of engagement. We've watched very smart people with large sums of money go nowhere.

MyMedLab's nearly 50,000 members have joined our community one person at a time. Our commitment to them is to listen and use their feedback to refine the process for everyone else. Our users understand that we work for them and they own what they build and they decide who to share it with. We're here to put the best pieces in front of them and let them decide what's a fit.

The only way to really engage the end user is put them in charge, give them the tools, and help them track how their health changes over a lifetime. That is what we do. Stay tuned, we're just warming up.

David Clymer, CEO
MyMedLab

Terrance Malloy • Charlie
We are developing health monitors inside computer mice with some interesting patient engagement tools.
Please feel free to contact me
tmalloy@mdmouse.com

Jason Reed • Bad food, bad health. You can't just say lose weight and expect it without confronting the real problem.

Jeanette Nelson • John,
It does take a village! Agree that incented patient, engaged provider, coaching, penalties for noncompliance and behavioral economics are key to sustained change. Great compressed list.

When patients choose to ignore symptoms, doctor orders or be "silently sick," the last person in the village seen by the patient is in best position to intervene. Often, the pharmacist is the last person. Pharmacy reimbursement for medication therapy management (MTM) is growing but is typically reserved for patients identified as high risk. In 2011, less than 3% of pharmacies had more than 10 MTM eligible beneficiaries filling scripts in their stores (PharmMD 2011 MTM Industry Report). In order to change their workflow, pharmacists need more critical mass to support MTM and to be proficient at it.

Martha Forlines • Figuring out each patient's motivation to use (or not use) all these wonderful tools is a critical first step. They can take a simple online instrument or the doctor's staff can use it manually during a visit to determine what solution will work with each patient. One size does not fit all, so the solution has to be tailored to the patient in order to get optimal engagement and compliance with their plan of care.

Caroline Caufield • I'd like to make a distinction between consumer engagement and patient engagement. Many of the great tools and websites mentioned above are geared towards the general consumer and are wellness focused. Clearly, these are needed in order to create/maintain a healthy population. A consumer becomes a patient when they enter the health system to deal with a specific health issue. Patient engagement must be supported during the entire continuum of care, not just when they interact with a physician. For example, when in an acute care setting, is it an established procedure that each of the providers that interact with the patient explain exactly what and why they are giving a certain medication, ordering a specific test, etc. before it is given. Patient engagement must be supported at the systems level in all types of healthcare settings.

With regard to the patients ability and readiness to engage, if you aren't already familiar with it, you may want to look into Judith Hibbard's work regarding how a patient's view of their own ability to become engaged can be modified and how it impacts outcomes.
Lisa Sams MSN, RNC • Charlie, I am interested in knowing where your article will appear.

Thanks Charlie. It would be hard to disagree with your restated position with one exception. The “assumption” that adult learning is a metaphor for patient engagement is flawed. Both the PATH database (PATH Institute) and the Transtheoretical model (Prochaska) have shown that people hold their values about their own health as firmly as their moral values. In other words, they are unlikely to change their health values as easily as they are to seek adult learning.

I am completely with you on the idea of reducing the pressure on physicians by finding ways to engage patients, but in reality, it won’t happen without an outside stimulus. I am completely with you on the idea of reducing the pressure on physicians by finding ways to engage patients, but in reality, it won’t happen without an outside stimulus. I am completely with you on the idea of reducing the pressure on physicians by finding ways to engage patients, but in reality, it won’t happen without an outside stimulus. I am completely with you on the idea of reducing the pressure on physicians by finding ways to engage patients, but in reality, it won’t happen without an outside stimulus. I am completely with you on the idea of reducing the pressure on physicians by finding ways to engage patients, but in reality, it won’t happen without an outside stimulus.

We have subsequently created a unique continuing medical education program "The Power of the Patient Narrative: Shared Understanding" that has been accredited by the College of Family Physicians.

Let me explain. Of course I agree that in such a dynamic, we will never achieve 100% compliance with physicians’ recommendations. As @Mark points out, adult learning/education is an excellent metaphor for this aspect of patient engaged healthcare. But like any natural, imperfect process...we don’t need to, nor should we expect to, achieve the ideal. Rather, the realistic expectation is that we diligently “moe the needle” to make incremental improvements over time, and collectively those improvements can add up to a tremendous impact.

Can we place full responsibility upon the patient for his/her own health? Of course not. But should we at least try to maximize the methods through which we attempt to persuade that individual to assume more of a pro-active posture – thus, taking onerous pressures off of the already overburdened MDs and RNs we have available? Absolutely.

We don’t live in a static world – anything but. And the rate(s) of change are accelerating themselves. Take disruptive technology as merely one factor driving (or at least allowing) for profoundly new, different, and potentially more effective ways of engaging a patient. To quote an 80% failure rate in obesity may be factual, but it loses relevance when new variables such as mHealth are introduced. Does this make sense?

Please don’t stop playing the contrarian, however. This is how we all learn. I welcome any challenge of assumptions, conventional wisdom, and so forth. Thank you...

Mark Dimor • Martha agree with your point to identify patients motivation or as I am more prone to thinking what are the problems patients are seeking to solve as in adult learning.

It is the patient who is driving a need to know and learn because the www is allowing them in real time to seek solutions to problems they have, classic adult learning. To assume physicians who are struggling to keep up with an ever increasing work load and diminishing returns will jump into social media as a solution without first understanding what is happening is as likely as Mitt Romney is to have a cup of coffee. So we must look at strategies that engage both physician and patients and make that amazing unit of learning (patient & physician) work harder and produce better results. In a word use a strategy to show the physician what’s in it for them. From a post by myself http://tiny.cc/143vyw

13 days ago • Like

Zal Press • We published a whitepaper “On a New Frontier of Patient Engagement; Promoting Collaboration One Story at a Time”. It documents the impact of patient narrative in all forms, written, video, and live performance on patient empowerment. You’re welcome to download the paper here http://patientcommando.com/resources/patient-engagement-whitepaper/

We have subsequently created a unique continuing medical education program "The Power of the Patient Narrative: Shared Understanding" that has been accredited by the College of Family Physicians.

13 days ago • Like

Rebecca Temple • The Dept of Health and Aging, Australia funded the design and implementation of a quantitative measure, called the Health Education Impact Questionnaire (HeiQ). The HeiQ objectively assesses the effectiveness of chronic disease self-management programs being run across the country and across all disease states by healthcare professionals, health educators, nurses and CDMS program leaders to empower patients. The results are benchmarked and the programs that participate have the option to network with one another, to share program ideas and ultimately engage patients in the management of their own health. The research was undertaken by The University of Melbourne, Department of Medicine, Centre for Rheumatic Diseases, Victoria.

13 days ago • Like

Charlie Garland • @John K. - thank you for confronting a possible assumption (i.e. one of the major killers of innovation). You are making an excellent point, but you might also be making an assumption about my assumptions! :) Let me explain. Of course I agree that in such a dynamic, we will never achieve 100% compliance with physicians’ recommendations. As @Mark points out, adult learning/education is an excellent metaphor for this aspect of patient engaged healthcare. But like any natural, imperfect process...we don't need to, nor should we expect to, achieve the ideal. Rather, the realistic expectation is that we diligently “moe the needle” to make incremental improvements over time, and collectively those improvements can add up to a tremendous impact.

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13 days ago • Like

John Kaege • Thanks Charlie. It would be hard to disagree with your restated position with one exception. The “assumption” that adult learning is a metaphor for patient engagement is flawed. Both the PATH database (PATH Institute) and the Transtheoretical model (Prochaska) have shown that people hold their values about their own health as firmly as their moral values. In other words, they are unlikely to change their health values as easily as they are to seek adult learning.

I am completely with you on the idea of reducing the pressure on physicians by finding ways to engage patients, but in reality, it won’t happen without an outside stimulus. So far, the best stimulus has been shown to be economic — loss avoidance (as opposed to the less influential incentives approach). See VAL Health research on loss avoidance and its amazing ability to engage previously ambivalent people in changing their health behaviors. Thank you...

12 days ago • Like
Patient engagement is the mantra in healthcare but lacks a clear definition. A recent conference, Engage, looked at the issue through technology lens. Tech offers tools to facilitate "engagement" but patients and clinicians alike know it is really about listening, seeking to understand and working together for best outcomes. These behaviors lead to Shared Decision Making, which is defined and recognized by most clinicians. Sadly increasing demands and regulation are actually hampering the very behaviors intended in the new law.

David Brooks • @Charlie, happy to discuss this offline. I've got lots and lots of opinions on the subject of patient/consumer engagement, but like most people, they are based almost entirely on assumptions.

David Lee Scher, MD • @Kevin, Your point about the potential of medical apps is correct. The reality is quite different. Yes there are over 40,000 health/medical apps. However there are few which have demonstrated any efficacy. There are few which meet safety and privacy specifications proposed (yet not yet passed legislatively). To ask that an app demonstrate that it does what it says it does I don't think is asking too much. As was stated previously, there is a huge difference between the health/fitness apps which are consumer-facing and medical apps which are provider and patient-facing. Agreed that apps will neither meet nor more importantly desire to invest in meeting. I would also submit that Seniors are NOT as mobile (technologically) as was suggested above. the Pew Internet Mobile Health Survey of 2012 found that only 11% of people over 65 own smartphones and 9% of cell phone owners over 65 years old use their phones to look for health or medical information online. Only 11% of that age group uses text messaging for health and 10% use health apps. http://www.pewinternet.org/Reports/2012/Mobile-Health/Key-Findings.aspx

Thomas Mc Hugh • Charlie,

One of the most important aspects for patient engagement is ensuring that they understand their medical test results.

Medical results are often heavily numerical in nature and the ordinary person cannot be expected to understand or use them to make choices to improve their health. The burden of communicating and explaining results falls on the physician who is already faced with severe time constraints.

Engaging, patient friendly reports written in plain language with simple icons can empower patients with knowledge and lifestyle recommendations. For abnormal results they may seek further advice from their physician.

For some brief articles, website & video links to thought leaders in this area look at the first few posts on: http://fullhealthmedical.blogspot.ie/

I hope this is helpful.

Best Regards,

Thomas.

Grefe Rosemary • I recently attended a lecture given by a researcher showing the impact of the introduction of RNA accentuators prenatally. She was able to show the development of asthma in mice when the pregnant mothers were subjected to constant cigarette smoke exposure. If this concept is carried out many of the rapidly increasing populations in diseases related to obesity and diet could be tracked to the genetic triggering occurring during gestation. In other words, the responsibility for the number of patients with obesity, hypertension, diabetes, etc. could be shifted to the food industry and the agents used within the past 30 years or so they were not used before. Just something to think about. I know you are going to say that not everyone is affected. This is true of most genetically based diseases. There must be a pre-disposition to the disease that is manifested when the system is stressed.

Tamzin Rosenwasser • BYE, Kevin Pereau, John Lynch and Jason Reed. Talk among yourselves. You can have your own echo chamber. It's true that I do have other things to do. TR

Mark Dimor • John I agree with your reference that adults hold their health values near and dear. But I would also point out that when a serious illness (not obesity etc.) but cancer, CHF, COPD, etc. strikes either the patient or the caregiver swings into action to
learn because it is a problem they want to solve as it relates to their health values. I would further present that those with health values who are already active learners will continue and want to use what they’ve learned to engage with the HCP. Those who don’t won’t. But there is a large and fertile middle ground that can be moved to active learning if prompted by the HCP when faced with illness but are stuck in some limbo. In my mind and from data such as PEW etc. healthcare is complex and the uptake of knowledge and the engagement in learning resides on a convoluted continuum where our best hope is to harness the lowest hanging fruit (which is happening now) and moving to the next most difficult audience. One size, one app, one message does not fit all.

Mark Dimor • Just a general comment about this topic and the commenters, this is one of the better if not best discussions I have seen and participated in on LinkedIn. I know I have learned a bunch all of which I have been reflecting on and considering. That cannot be said of other discussions and groups which are mostly self-servicing and rapid. Thank you all for the quality of content and the smartness of presenting it.

Charlie Garland • @John - thank you for some valuable references… and for continuing to push back and challenge. Refining a common understanding usually requires an iterative, gradual refinement, so I definitely welcome your pushing the envelope. You obviously have deep insights and access to worthwhile evidence here.

David Lawton RN, BSN, MSN, PhD • Charlie,
I have worked on this issue for over 25 years and just recently discovered new thinking (from my perspective) which I believe may significantly improve our success in this area. It involves simplicity in technology, hands on assistance when I needed and wanted financial motivation. The data sets are limited to only what the patient wants and needs and controls by provider and payer are eliminated. Let me know if you want to discuss further.
David

John Kaegi • Mark, thanks for your observation. I’m sure you’re correct that many patients who become seriously ill with cancer or heart failure will finally swing into action, perhaps on their own volition or because a HCP forces the issue with them. From a macro-health view, however, we know that over 75% of all healthcare costs come from 5 chronic diseases and cancer isn’t one of them. As terrible as cancer is, it is not one of the diseases that drives up medical costs. Of course, many obese people will end up with cancer, so there is a little overlap in those stats. The problem is that according to validated research, over 80% of Americans will not engage in health behavior change, even when informed that they are facing the prospect of chronic disease or cancer. It isn’t until after they are in a health crisis that most patients act. That’s the issue I’m attacking. My work is designed to get more people engaged in their own health management long before it becomes a crisis. Only then will we make serious headway reducing the incidence of chronic disease and lower healthcare cost trends. Of course, it is critical that we also engage patients after they become seriously ill, but I want to prevent that from occurring in the first place. Make sense?

Kevin Pereau • @David Lee. I concur. Its not too much to ask that mHealth demonstrate that they work. I describe where we are today as mHealth 1.0. A lot of really bright people totally un-accepting of the long held myth that people just won’t use online tools to better manage their health and then share that data with their medical professionals have developed a LOT of apps and solutions. Many will fail. The Euro solutions will have trouble understanding our market. There will be consolidation. There will be attrition. That said, the leader who emerge will do so because they have addressed privacy concerns and embraced doctor engagement from the get go. Charlie raised the point earlier, look at how much time doctors waste answering questions about wellness that detract him or her from helping someone with a condition. What if getting educated, engaged, and committed to better choices happened before you got to your doctor and you could bring that all with you. I showed my doctor what I used and he was amazed. It benchmarked my health real-time and time based it back to exercise and nutrition choices I was making at the time. My blood pressure, weight, BMI and body fat all charted and aligned to my lifestyle choices. Nothing to download or subscribe to from the doctor side, just a comprehensive look at who I am, what I do and how it affects me. If that sounds like it might be interesting to the delivery side folks, it should. It was designed by hospitals, doctors, fitness clubs and corp wellness firms. Integrated an holistic is where mHealth is going. Its going to be a fun ride.

Mark Dimor • John you are accurate and spot on with your analysis. I cannot agree more about the percent of Americans who will not engage in changing healthcare behavior.

I see this issue and problem as part of a stepwise progress if you will. The outcome we want is change in behavior but before that I would present that we should be identifying who are active learners who are passive and why? Are there specific attributes to those who are owning their healthcare vs. those who don't and what can we do to move the one with closest identified behaviors to active learners to own their healthcare footprint. And
this has to be done without giving the HCP more busy work with no added income.

The physician cannot conquer obesity and by the time the patient is in their practice they have been though a pediatrician who may or may not have intervened but with a family that reinforced the problem as not being a problem day in and day out. How can the HCP become a surrogate for the patients and turn the obesity track into a health track. Not sure I can answer that. What I do believe we can do is determine what patients want to learn and why and how and where. That can become part of their EMR and used to rank how the HCP interacts with them and when to engage them with others in some type of social media to reinforce learning and experiences. I hope this is making some sense. We need how patients want to learn and why before we can engage them in their healthcare.

David Lee Scher, MD • Mark, you are correct. Behaviorists need to penetrate the healthcare space. It is starting in the realm of some digital health tools but needs to integrate with all aspects of the care continuum. Understanding patients’ attitudes towards HOW they best interact with providers is key. There will be differences based on cultural, age, gender, and even among patient communities of different disease states. We cannot legislate health whether it be by outlawing sugar, cigarettes, or declaring obesity a disease. We have learned via campaigns re: seatbelt safety, cigarette cessation that it takes generations and education to change behavior.

Joy Burkhard • Another suggestion: patient satisfaction surveys or focus groups - a hired focus group leader (or a doc if well liked who wants to get closer to meeting his/her patient needs) taking 3-4 patients out to lunch to do a candid and open focus group is powerful.

Mark Dimor • I wrote a post regarding learning as key to change in healthcare.

"...how can we analyze current patient files within a provider system (I would submit that is being done), and take subsets of that data to identify areas where learning would yield the greatest improvement in patient care, and finally how do we identify (think set top box) who would be the most active learners and least active? How can using data as they did in the Obama campaign improve patient physician engagement?"

The full post is here:


George Southey • Interesting thread, clearly thought provoking.

A possible perspective might arise from provider approach to their practice. A specialist perspective might be focussed on their area of interest. If a patient doesn’t share the same sense of priority as the provider then there might be a lack of engagement.

An approach in primary care is to view the service as relationship based (as opposed to a focus on disease). The provider patient relationship varies, but in a patient centric philosophy, the relationship would hold itself accountable to the expectations of the population served.

We are attempting to measure our patient centric relationship and are surveying our patients on both their expectations (of the relationship) and their satisfaction with our services. The focus is an ongoing commitment to access, knowledge and trust. Access is to medical services and information, knowledge refers to our knowledge of patient health status, and trust refers to a commitment to provide certain services (medical services, information management, care coordination and patient advocacy).

When patient relationship expectations are the same as provider relationship expectations we expect engagement and outcomes to be high quality.

In the background we are also tracking more traditional outcomes (rates of preventive services, disease oriented outcomes in chronic disease, access measures, and use of hospital services). While this project is in its early days, it looks like the reinforcement of the relationship alone can result in significant high quality care at reduced cost. Patient satisfaction is high in our surveys and might be an indicator of engagement.

John Kaegi • Mark, I wholeheartedly agree. It really does "take a village." Have you looked into the stages of change readiness that the transtheoretical model (developed by Dr. James O. Prochaska)? A few questions added to any ordinary HRA can also detect readiness to change (which might be a surrogate for "identifying who are active learners and are passive and why"). It is one thing to know the risk factors for a person, but not much help without understanding their mental attitude and values toward health behavior change.

Grefe Rosemary • I would like to see the same level of focus and discussion on the patient experience with their insurance provider. Many of the frustrations and complaints
that are made about our healthcare industry are due to the constraints put on the system by the carriers. Wait times, return visits, less than expected care, all are due in part to the requirements healthcare providers must meet to see the patients covered by a specific provider and have the provider reimburse them for there time, facility, equipment, supplies, staff, filing, and expertise. I feel if the patient was educated as well on their coverage and where the money was spent they would learn valuable information too.

5 days ago • Like

Bernadette Dagg • People want to be treated as human beings not as robots - there are many reasons why people are not ready or unable to accept responsibility for their health - putting aside mental health issues - finding a professional that is authentic in the scheme of things is like finding a needle in a haystack - I know many physicians that still smoke - despite the evidence ....

5 days ago • Like

Charlie Garland • @Mark/David/George/John - thanks for additional insights here. I believe you are on (one of) the right track(s) with this latest burst of commentary. What I'm learning is part of the issue here is how the patient is being viewed by the HCP community. Let's take a step back and think about this for a minute. Here's an opportunity to "think outside the box" of the conventional perspective of the patient.

What I mean by this is that to the extent HCP's view the patient as just a patient...and not as a human being...there will always be a bias toward merely the health-related conditions that are most relevant to the clinician, etc. The philosophy behind patient-centered care (if I'm inferring appropriately) is to take off one's physician/nurse glasses and see the patient as a person. Think outside of your box...and inside his/her. What is going on in their life? What is their environment like...at work, at home, at play, by themselves? What resources do they have around them, through which (or whom) greater value might be created?

One thing this reveals is the enlightenment of any and all members of their support system (e.g. family, friends, co-workers). Not everyone will have equal value in "righting the ship" so to speak; as Mark aptly points out, some of those family members may share similarly poor health-habits. They may, in fact, be "enablers" of the patient's sub-optimal choices. However, there are certainly some who will be able to see that patient's behaviors, realize the impacts those behavioral choices have on his/her health, and then be both motivated and willing to at least try to influence them toward better decisions. This is the idea behind those dramatic "interventions" we all know about, but of course those are extreme measures that are typically strategies of last resort.

Among the questions we must ask is not simply how...but how ELSE...to modify the patient's behavior? The direct method (e.g. conventional patient healthcare education and literacy) may work in some cases, but as it clearly won't work in all...then asking what else, (through) who else, when else, and why else...might help to identify different alternatives to achieve the eventual goal.

The above is an example of "dimensional inquiry" that is a core component of a new method for innovative thinking. I don't want to elaborate on this too deeply here, but it is an approach to healthcare innovation that's part of my current research.

5 days ago • Like

Dr. Glenda Clare (LION) • Charlie.
I recently interviewed Dr. Natasha N. Deonarain for my radio show. She is the author of "The 7 Principles of Health". I believe she is an internist. She could be a good person for you to interview.

5 days ago • Like

George Southey • All true comments Charlie. This reflects the reality that the large majority of factors which influence an individual’s health are outside medicine (the social determinants health is a big chunk).

A medical practice certainly can advise and influence issues in the medical determinants but we likely have no authority to influence issues in the social determinants (education, employment, stable social political environment etc.) but that should not stop us from awareness and understanding of these factors. Sharing the journey with our patients means that if and when an opportunity arises, there is an accessible, knowledgeable and trusting relationship where the opportunity has the chance of germinating.

A particularly wonderful observation comes from hearing that an event in the past shaped a patient’s future in a positive manner and we were unaware of the profound influence until someone told us years later. This is just a reflection that a successful relationship exerts its real power sometimes in ways which are hard to realize at the time. The lesson (for me) is to trust in the engaged relationship. Good things will happen.

4 days ago • Like

John Kaegi • Charlie, thanks for keeping us to the dimensional inquiry method, which helps us focus on the issues. Dr. Jerome Grossman, the late chairman of the Harvard-Kennedy School Healthcare Delivery Policy "think tank" used a similar approach and all participants checked their politics and biases at the door going into the meetings.

I credit that think tank for shaping many of my views that self engagement is the cornerstone to wellness, which is the blueprint for solving our nation's healthcare cost and health crises. Tools such as PATH (Profiles of Attitudes Toward Healthcare) and TTM
(transtheoretical model) and behavioral economics have also shaped my perspective that self-engagement is elusive for 80% of Americans until a stimulus combined with a support team (doctor/coach/friend/family) are hovering over the patient.

In the hospitality industry, I created top frequent guest programs. I brought that logical concept to a regional health plan and created the first continuity program to encourage healthy behaviors. About 10% of the plan's members quickly enrolled and participation grew to about 12% and then stalled. That's where the logic stopped. People hold their healthcare values more sacred than their economic attitudes.

Then I found PATH, and its 9 segments of Americans based on their personal health values and attitudes including the "Independently Healthy" segment, which accounts for 12% of the U.S. population. Guess what? Our analysis showed that only our members who fit the Independently Healthy segment enrolled in the health club. The members of the other 8 segments didn't enroll. That shows that pure information and incentives aren't enough to stimulate self-engagement.

TTM not only classifies a person's health RISK score, but also that person's READINESS TO CHANGE propensity. To engage people with healthcare values outside of "individually healthy" requires a stimulus customized to their readiness to change -- for 80% of Americans, the stimulus that works best is loss aversion -- supported by a team prepared to work collaboratively to help that individual to become self-driven and engaged. That's why I believe the overall best environment to make significant progress is in the workplace. The employer is the only institution in the country that has the leverage and clout to create stimuli that work and they have the motivation to invest in employee health and productivity improvement. Working alongside the team, employer and employee can break the inertia and start down the path that will lead to self-engagement.

1. Patient's learning modality e.g. visual, written, graphic, auditory
2. Patient's current state of mind e.g. fearful, in pain, etc.
3. Patient's unspoken but root (mis)understanding of the procedure(s) e.g. "my sister had this surgery and ..." "I saw this youtube that showed..."
4. Patient's inhibition towards and unspoken questions to a clinician during the typical practice visit.
5. Patient's perception of the empathy shown for their specific situation.
6. Patient's caregiver(s) getting the same information first hand as the patient.
7. Patient's perception of the empathy shown for their specific situation.
8. Patient's perception of the empathy shown for their specific situation.
9. Patient's perception of the empathy shown for their specific situation.

These all have direct parallels in K-12 classroom learning.

Our observation has been that truly moving a patient's engagement needle for their surgical outcome takes an engagement methodology that takes these factors into account. This leads to leads to active, educated, internal compliance with the surgeon's direction. We have almost 400 patients under our belt. We hope to have some real data...
soon to back this up...

1 day ago • Like

Richard Vanderveer • Charlie

You may want to take a quick look at http://www.youtube.com/watch?v=jnaGmswMYG0

At the end of this video, I spend two minutes talking about what to do, and what not to do, in the area of patient engagement.

Good luck with your project.

rbV

4 hours ago • Like

Add a comment...

☑ Send me an email for each new comment.