



The Role of Patient-Centered Tools in ACOs

Colin Konschak, MBA, FHIMSS, FACHE

When the U.S. Department of Health and Human Services released new rules to help health care providers better coordinate care for Medicare patients through ACOs, involving patients was an important issue. Since the goal of an ACO is to deliver seamless, high quality care for patients – a model that will eventually be adapted more widely – it’s difficult to conceive of an ACO *without* involving patients. In fact, the name Accountable Care Organization implies accountability and therefore participation on the part of the patient. Looking ahead, it’s likely that Patient Health Records (PHRs) will be included in Stage 2 of Meaningful Use. “PHRs, like CPOE and bar coded medications, are considered to be part of the right answer for our healthcare system,” said David Shiple, Senior Consultant at DIVURGENT a national healthcare management consulting firm. PHRs fit in perfectly with the spectrum of care offered by ACOs; just as providers are connected in an ACO, these systems offer an avenue for patients to connect as well. They are destined to become the tools that will be utilized to help make patients accountable for their care.

Patients Want Control

Not only do PHRs and patient portals already exist, but increasingly, patients want to use them and expect their health care providers to share in their enthusiasm.

In a survey conducted by the Markle Foundation in 2008, about 80% of the public believed using an online PHR would provide major benefits to managing health care services.¹ More recently, a Markle survey found that roughly two out of three members of the public and doctors agree that patients should have the option to view and download their personal health information online.

¹ Americans overwhelmingly believe electronic personal health records. Markle Foundation; June 1, 2008. <http://www.markle.org/publications/401-americans-overwhelmingly-believe-electronic-personal-health-records-could-improve-t>. Accessed April 6, 2011.

Younger and more technically savvy patients are especially likely to embrace the use of PHRs and patient portals. In fact, given their propensity to utilize technology, these tools might be the only way young people conceive of maintaining such records.²

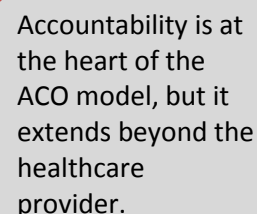
Physicians are also getting on board with the concept of their patients using PHRs. A national survey conducted in 2008-09 found that 42 percent would be willing to use a patient's electronic PHR. At integrated delivery networks such as Kaiser Permanente and the US Department of Veterans Affairs, personal health records gained favor among physicians after initial skepticism.³

So far, adoption rates for PHRs have been low, but are gradually increasing. A 2010 survey found that 10 percent of the public reported use of PHRs, up from three percent in 2008.⁴

It's clear that this use of this type of technology will continue to grow as more and more patients and health care providers become increasingly comfortable with managing their health online.

Motivating Patients to Take Responsibility

Accountability is at the heart of the ACO model, but it extends beyond the health care provider. Personal responsibility on the part of the patient is integral to the success of these systems, which are designed to better equip patients to take ownership of their healthcare. "We must create a platform for innovation that allows patients to get what information they need so that they may use it in a meaningful way," said Farzad Mostashari, MD, ScM, National Coordinator for Health Information Technology at the U.S. Department of Health and Human Services. The capabilities of PHRs and patient portals empower patients, allowing them to



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² Korschak C, Jarrell LP. *Consumer-Centric Healthcare Opportunities and Challenges for Providers*. Chicago, IL: Health Administration Press; 2011:66.

³ Wynia MK, Torres MK, Lemieux J. Many physicians are willing to use patients' electronic personal health records, but doctors differ by location, gender and practice. *Health Affairs*. 2011; 30(2):266-73.

⁴ Health in a networked life. Markle Foundation; 2010. <http://www.markle.org/publications/1460-public-and-doctors-largely-agree-patients-should-be-able-view-download-and-share-t>. Accessed April 6, 2011.

assume responsibility and become partners in managing their care.⁵ These tools also play an important role in the drive to interconnectedness that determines how well ACOs will work.

Right now, most Americans' PHRs are scattered among many sources: doctors, hospitals, insurance companies, personal files, or even just in their heads. Not many people have a complete, comprehensive set of their health records at their disposal or easily accessible to their health care providers. This lack of updated medical records means that patients are disconnected from their medical conditions and their ability to perform health maintenance is impaired.

ACOs aim to improve chronic disease management, increase the focus on preventive medicine, improve healthcare quality and outcomes and decrease costs. In order for these goals to be realized, all healthcare constituents – including patients – need to be motivated.

PHRs versus Patient Portals

Different groups have created their own definitions of PHRs that include varying elements, but the underlying concept remains the same: PHRs are an electronic record of health information that patients can manage, share and control.

In reality, electronic PHR systems are either provider-linked – available through the patient's employer, doctor, or insurer – or stand-alone. But consumers who choose to maintain their PHRS on their own face a considerable task. Those who go it alone may see gaping holes in their data – missing dates of procedures and absent medication names, for example.⁶

Patient portals, on the other hand, are web-based platforms created and maintained by health care organizations that allow patients to access portions of their EHRs and communicate with their health care providers. They are customized according to the organization's requirements and are often marketed as a service to attract patients, but they provide many additional benefits as well.

⁵ Flareau B, Bohn J, Korschak C. *Accountable Care Organizations: A Roadmap for Success*. Virginia Beach, VA: Convergent Publishing LLC; 2011.

⁶ Korschak C, Jarrell LP. *Consumer-Centric Healthcare Opportunities and Challenges for Providers*. Chicago, IL: Health Administration Press; 2011.

In the case of ACOs, it's clear that the provider-linked model makes more sense so that patients can share information with providers within the organization. This avoids the pitfalls of "information islands," where information exists in different formats and from different sources but is not linked together.

A Wide Array of Functionality

There are four types of interactions between PHRs and patients, each of which has the potential to affect how patients will use these platforms:⁷

- PHR-to-patient interactions, in which the system interacts with individuals using automated alerts, reminders, information and education
- Patient –to-PHR connections, that enable patients to update their records with new data
- Patient-to-patient connections that include applications such as e-mail, social networking, and online discussion boards and support groups
- PHR-to-PHR connections that allow for the transfer of health information to maintain accurate and up-to-date records

In the context of ACOs, it makes sense to combine PHRs and patient portals in a single platform that coordinates the myriad functions offered by these technologies. The capabilities of these platforms that facilitate patients' participation – and therefore responsibility – in their health care include:

- *Disease Management*, including support capabilities and tools that allow patients to view care plans; behavioral data entry tools that could also trigger alerts and reminders; prescription renewal capability; integration of data from medical devices; secure electronic communication with providers; and the ability to connect multiple providers and family members with patients.

⁷ Kahn JS, Aulakh V, Bosworth A. At the intersection of Health, Health Care and Policy. *Health Affairs*. 2009; 28(2):369-76.

- *Prevention*, including access to wellness programs; online health risk assessment tools; health libraries and news feeds.
- *Health Management* tools such as a medical history platform; Smartphone applications; access to health information about family members for designated caregivers; insurance information; appointment scheduling; and the ability to control the sharing of sensitive information.

Benefits

Consumer health informatics in the form of PHRs and patient portals can benefit providers and individual patients as well as improve public health. One of the most important

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benefits to these systems is greater patient access to a wide array of credible health information, data, and knowledge. This information can be highly customized, allowing patients with chronic diseases to track their conditions in conjunction with their providers, promoting earlier interventions when a problem develops. The ongoing connection between patients and

providers changes encounters from episodic to continuous, which could shorten the time it takes to address problems that may crop up.⁸ It could also:

- Reduce the risk of medical errors and prevent unnecessary repetition of diagnostic tests and procedures
- Influence patients' behavior which could result in improved outcomes
- Enable caregivers and family members to collaborate with health care providers on a loved one's care
- Enable better decision-making and increase efficiency of clinicians
- Improve public health by providing information and resources, promoting healthier living and being a source of health monitoring data

⁸ Tang PC, Ash JS, Bates DW, Overhage JM, Sands DZ. Personal health records: Definitions, benefits, and strategies for overcoming barriers to adoption. *JAMIA*. April 2006;13(2):121-26.

These benefits have the potential to be provided at lower costs and with greater efficiency. Consider the following examples from providers that furnish their patients with PHRs:

- HealthPartners reported saving 63 cents every time it didn't have to mail a lab result
- Northshore University Health System reported saving \$17 every time a billing query was handled online rather than by phone and \$7 for every appointment scheduled online
- Geisinger Health System reported a 25 percent reduction in the number of patient visits for surgical follow-up and a reduction in 12,000 phone calls per month due to the fact that patients transact business and get questions answered online.⁹

Challenges

Incorporating a PHR into a healthcare organization is a major transformation that brings many challenges. First and foremost are the issues of privacy and security. A majority of Americans fear that data in electronic records will be used for purposes other than their healthcare, such as marketing.¹⁰ There is an even larger concern about health information being used in a manner that could affect insurance premiums or job security. "As more and more protected health information is maintained and shared in an electronic manner, healthcare organizations will have to become very proficient in the use of best practice information security and privacy practices, something that has not necessarily been at the forefront of healthcare spending plans," said Mary Sirois, PT, MBA, Principal of Clinical Transformation for DIVURGENT.

Beyond security issues, there are other barriers that stand in the way of patients using this technology. Not everyone has Internet access or has the computer literacy and skill

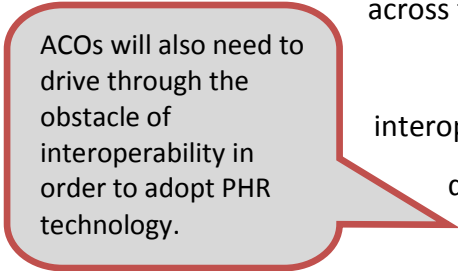
⁹ Gardner E. Will patient portals open the door to better care? *Health Data Management Magazine*. March 1, 2010. http://www.healthdatamanagement.com/issues/18_3/will-patient-portals-open-the-door-to-better-care-39853-1.html

Accessed May10, 2011.

¹⁰ MillerHD, Yasnoff WA, Burde HA. *Personal Health Records The Essential Missing Element in 21st Century Healthcare*. Chicago, IL: Healthcare Information and Management Systems Society; 2009.

required to use a PHR. Designing platforms to be user friendly in the beginning, is a must. But PHRs also face the challenge of patients having to initially input data from various sources.

Likewise, staff may also need to be convinced of the value of PHRs and patient portals. They may fear that such platforms will mean an increased workload, for example an unmanageable amount of e-mail messages. Another challenge is the source of the information contained in a PHR. Where the information came from, how it is updated and how it is shared



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across the ACO are all factors that need to be considered.

ACOs will also need to drive through the obstacle of interoperability in order to adopt PHR technology. All of the different members will need to be able to push and pull information from a patient's PHR.

Automated data entry inability to allow for back entry of old data and lack of adequate user customization could significantly affect the ease with which these systems are adopted.¹¹ Healthcare organizations will also need to ensure that they will be able to quickly address issues if the system is not working properly.

Developing, implementing and maintaining PHRs and patient portals in ACOs is a costly undertaking that is likely to be borne by the ACO. One of the reasons PHR adoption rates have been low is that consumers aren't willing to pay for them. However, if these tools are being provided by the ACO, patients may be more likely to use them. While considerable, the cost of implementing a PHR and/or patient portal may be offset by reductions in administrative fees, improved patient satisfaction and improved health management.

Putting It All Together

PHRs and patient portals can play an important role in the success of ACOs and are necessary components of their IT infrastructure. Healthcare organizations should expect a slow and growing adoption period before these tools are widely utilized by their patients. Bundling PHRs and portals together could drive adoption as ACOs strive to offer their patients an

¹¹ Impact of consumer health informatics applications. Evidence Report/Technology Assessment Number 188, Agency for Healthcare Research and Quality; 2009.

increasing array of services and options. Customization and interoperability are key aspects that will determine success and ensure that these platforms work well with other IT platforms required by ACOs.

About the Author

Colin Korschak, MBA, FACHE, FHIMSS is a Managing Partner with DIVURGENT and leads the Advisory Services Practice. He is a highly accomplished executive with over 17 years of experience and recognized achievement in quality service delivery and project management. Mr. Korschak has extensive experience in healthcare operations, P&L management, account management, strategic planning and alliance management. His broad healthcare experience encompasses pharmaceutical, provider, payer, information technology and consulting. Mr. Korschak is a registered Pharmacist, possesses an MBA in health services administration, is board certified in healthcare management and is a Six Sigma Black Belt. He is an Adjunct Professor with Old Dominion University leading classes in their MBA program on Performance Improvement, Negotiation and Business Ethics.

About DIVURGENT

Founded by a team of consulting veterans, DIVURGENT is a national health care consulting firm focused solely on the business of hospitals and other healthcare providers. DIVURGENT provides advisory, interim management, revenue cycle management, project management, and modeling and simulation services to help improve patients' lives.

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