

4 health care organizations doing digital health right

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While technology is often blamed for creating a wedge between patients and physicians, four health care systems are demonstrating how technology-enhanced communications can improve the patient experience and “reduce the friction of obtaining care.”

The four systems used patient portals connected to their electronic health records (EHRs)—and, often, to their patients’ mobile phones—to increase engagement and address challenges such as misaligned incentives, change management challenges and privacy concerns. Their achievements are detailed in “Technology-Enabled Consumer Engagement: Promising Practices at Four Care Delivery Organizations,” a report published in the journal *Health Affairs*.

The AMA is committed to making technology an asset in the delivery of health care, not a burden. Efforts in this area include creation of the Digital Health Implementation Playbook to speed the adoption and scaling of innovative solutions. Learn more about AMA’s transformative digital health efforts.

The *Health Affairs* report summarizes activities at two integrated health systems—New Orleans-based Ochsner Health and Sacramento, California-based Sutter Health—and two California academic medical centers, Stanford Health Care and University of California San Diego Health.

Ochsner, an AMA group member, has focused on using the portal to improve hypertension-control. Patients completed online surveys that identified personal attributes—such as diet, physical activity and social determinants of health—to develop individual interventions. Patients went over screening results with the care team and worked with them to review lifestyle-change and medication treatment options. Patients would receive monthly progress reports via the patient portal or in the regular mail.

Patients also supplied home BP and weight readings and received text messages on their phones if they had gone eight days without submitting a reading.

Patients enrolled in the digital health program had 93 BP measurements recorded after six months, compared with only 1.6 for patients receiving usual care. Medication adherence improved 14% in the digital group compared with a 2% drop in the usual-care group. And 79% of digital patients had their BP controlled after six months, compared to 26% in the nondigital group, the report said.

Primary care physicians also saw their workload shrink as clinic visits among the digital health group fell 29%. This enabled greater access for other patients, according to the report.

Change for the better in chronic-disease management

Medicare developed a mechanism to pay the remote monitoring and chronic-care management services that support the team-based care Ochsner provides. But it also slaps patients with a 20% monthly copayment.

To save patients money, Ochsner did not bill Medicare for managing patients' chronic conditions or for remote-monitoring services. The system did, however, receive payment from a commercial payer for its performance in significantly improving BP control rates, medication adherence and patient satisfaction.

The program also developed an infrastructure for managing chronic diseases, which was described in the report as "life changing" for both "patients and providers alike." The effort has "dramatically changed" how Ochsner approaches chronic-disease care, the *Health Affairs* report says.

Nationally, engagement via patient portals remains low. Nearly two-thirds (63%) of patients do not use one, according to research cited in the report.

Getting patients to use portals

The organizations used nonconventional approaches to get patients engaged with their portals.

Although most portals are "optimized for outpatients," Ochsner and UC San Diego Health took steps to get patients accustomed to using their portals during hospital stays. UC San Diego connected the portal to the light and temperature controls of inpatient rooms.

Stanford invited patients to sign up for the portal via telephone text messages, and Sutter used the portal to engage with patients via text messages. Sutter patients exchanged almost 16 million secure messages with their clinicians in 2017.

Patients in all four systems had the capacity to create an interoperable personal health record using the Apple Health Record program interface that allows aggregation of health data from different sources.

Some of these improvements were paid for with federal funding from Medicare's Meaningful Use programs while others used grant funding. The authors wrote that, if payers benefit from savings generated by the use of technology, they should share the savings with the health care organizations who made the investment.

"A direct business case for patient engagement cannot always be made," the authors wrote. "Despite lack of direct financial benefit, these four health systems have invested in consumer-facing technologies to better connect with their patients, reduce the friction of obtaining care, and serve the needs of patients."