REFLECTIONS ON MEDICINE

Transforming Patient to Partner: The e-Patient Movement is a Call to Action

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"An e-patient is a health consumer who participates fully in his/her medical care. Sometimes referred to as an 'internet patient,' e-patients see themselves as equal partners with their doctors in the healthcare process. E-patients gather information about medical conditions that impact them and their families, using electronic communication tools in coping with medical conditions. The term encompasses both those who seek guidance for their own ailments and the friends and family members (e-caregivers) who go online on their behalf. The "e" can stand for electronic but can also stand for:

- Equipped with the skills to manage their own condition
- Enabled to make choices about self-care and those choices are respected
- Empowered
- Engaged patients are engaged in their own care
- Equals in their partnerships with the various physicians involved in their care
- Emancipated
- Expert patients can improve their self-rated health status, cope better with fatigue and other generic features of chronic disease such as role limitation, and reduce disability and their dependence on hospital care."

Wikipedia Definition

THE e-PATIENT MOVEMENT officially came to Connecticut on September 17, 2013, thanks to the Connecticut Partners for Health (CPH) of which the Connecticut State Medical Society is a part. CPH, a 40-member healthcare stakeholder organization convened by Qualidigm, hosted Connecticut’s first patient engagement conference: “Better Health: Everyone’s Responsibility.”

Last summer, as the inaugural forum was being planned, there were many ‘doubting Thomas’ (not this Thomas) who had difficulty envisioning a huge audience of health care consumers and providers alike, attending a full-day conference to learn from experts and each other how patients could be transformed into partners. These nay-sayers could not imagine patients and their families working with clinicians to take charge of their own health and actively engage with the health care system. But as the American fantasy-drama, Field of Dreams, once illustrated: “Build it, and he [they] will come.” We did, and close to 600 people registered for Connecticut’s first-of-a-kind event!

As a Connecticut-based physician for more than 25 years, I am convinced that the e-patient movement is here to stay. Why? Today’s health care industry is undergoing unprecedented changes, motivated by a confluence of drivers: payment structures transitioning from fee-for-service to new quality-oriented models, advancing medical technologies, new federal and state policies, growing transparency, burgeoning online health information and consumer tools, changing demographics, and more. These factors combine toward the goal of reducing waste and cost inefficiencies. They also speak to the growing need to improve quality, safety, and the overall patient experience. Collectively, they necessitate a truly patient-centered medical landscape going forward.

In 2050, the U.S. Census Bureau estimates that for the first time ever, the world population will have more people over 65 than children ages five and younger. In America, the health care industry will be challenged as Baby Boomers (born between 1946 and 1964) enter retirement and live longer due to breakthroughs in modern medicine and medical technologies. Never before have health care consumers had such access to health and medical information via online technologies and tools. Today, interested patients also have ready access to virtual e-communities that foster health literacy.
and deepen knowledge and understanding of specific diseases, conditions, and treatment options.

There is growing evidence showing that patients who are more actively engaged in their health care experience — that is, have the ability, skills and willingness to manage their own healthcare — have better health outcomes and incur lower costs. For example, a February 2013 study in Health Affairs shows that patients with the lowest activation scores — having the least confidence and fewest skills to engage in managing their own health — incurred costs up to 21 percent higher than patients with the highest scores.

At CPH’s conference last fall, keynote Dave deBronkhart, an international speaker, author and Stage IV cancer survivor known online as “e-Patient Dave,” said it best: “People perform better when they are informed better.” The author of “Let Patients Help!,” a patient engagement guidebook for health care consumers and clinicians, also addressed an apparent irony. Historically, the patient has been the most underutilized resource in the health care system.

While there are many ways in which to foster patient engagement, Kristin L. Carman of the American Institutes for Research and a conference speaker at the Better Health: Everyone’s Responsibility Conference, asserts a multidimensional context for patient and family engagement in health and healthcare. She and her coauthors propose a framework that takes place on three main levels. The first level is direct patient care in which patients get information about a condition and answer questions about their treatment plan preferences. The second tier occurs when health care organizations reach out for consumer input to ensure patient satisfaction. The third level of engagement is when health care consumers are integrally involved in the decisions that communities and society make about policies, laws, and regulations about public health and healthcare.

Speaking on behalf of the CT Partners for Health, one of the most impactful ways to engage patients is to improve the quality of communication between the patient and their health care provider. Gone are the days when a physician’s role is to be solely prescriptive; telling a patient what he/she should do, what medicine to take. In the e-patient era in which equal partnership and shared decision-making are heralded, the preferred approach is to ask patients what their health care objectives are and then help them achieve those goals in ways customized to their individual lifestyle needs. It’s a shoulder-to-shoulder pilot, co-pilot relationship.

Thomas E. Broffman, PhD, Assistant Professor of Social Work at Eastern Connecticut State University, espouses an effective technique known as ‘Motivational Interviewing’ (MI) in his work as academician and chemical dependency consultant. This nondirective, counseling approach is aimed at intrinsically engaging one’s motivation toward the goal of behavior modification. MI recognizes that patients make lifestyle changes based on different degrees of readiness. A motivational interviewer is a non-judgmental facilitator; asking open-ended questions and using affirmations, reflective listening and summarizing to help the patient acknowledge the importance of behavioral changes for one’s health, including discrepancies between the patient’s expressed values and their behavior.

In this e-patient era, communications between patient and provider will not be episodic. Rather, they will encompass and plan for the entire life-span of each person, including important discussions about advance directives and a patient’s end-of-life wishes long before such requests need to be carried out. Conversations should specify the type of medical care and healthcare setting that a patient would want if they were too sick or injured to speak for oneself. These discussions offer a way for patients to express their wishes to family, friends, and health care professionals and to avoid uncertainty and painful confusion at a critically important time down the road. We are well accustomed to thinking about quality of life. Advance directives are meant to ensure the quality of a person’s experience and care at their life’s end.

The e-patient movement is gaining momentum. With it comes a great possibility, as well as a call to action: if we all actively engage and participate fully in our own health management and with the health care system at large, we will be empowered and enabled to lead much healthier lives while we transform Connecticut’s health status from seventh to first in the nation.

REFERENCES