

Title: Patient Confidence a glimpse at the realization of the Triple Aim

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INTRODUCTION

Patient Experience has historically been measured by health care organizations through traditional survey questions linked to loyalty and satisfaction measures. While loyalty and satisfaction are crucial to any business they do not necessarily provide the needed data to achieve the Triple Aim. In 2009, we enhanced our traditional loyalty and satisfaction survey to include the question of patient centered collaborative care based on the work of John Wasson and Don Berwick: "I receive exactly the care I want and need exactly when and how I want and need it." We also added the 5 questions that Wasson determined high agreement with the "exactly" question. Our data from 2010 indicated that while our overall results were very strong, we had room to improve around the driver question, "I am confident I can manage and control most of my health problems." Research shows that 46-63% of information given to patients is lost before they leave the facility and that this misunderstood information cost the US health system over 73 billion dollars annually.ⁱ Sadly, because of this misunderstood and lost information, many patients are unable to actively participate in decisions around their care.ⁱⁱ Using this research, coupled with our performance on the confidence question from our surveys, we set out to improve our patient's confidence. Our hypothesis is: Efforts to improve confidence in managing and controlling health problems will improve patient experience, health outcomes and result in reduced costs, supporting principles behind the Triple Aim. For 2011 we set an organizational goal to improve our patient confidence results as measured by our patient survey from a baseline of 62% in the first quarter to surpassing 68% by the end of the fourth quarter 2011.

METHODS

In 2010 as we began to think about how we would build patient confidence we realized that we first needed to understand what confidence in self-management means to patients. We arranged focus group interviews with patients from three of our health centers to learn what confidence means to them. This work revealed that there are many interpretations of confidence. Confidence is also not fixed in time i.e. I am healthy now so I am confident however should I or my family become sick my confidence may waver. Patient's also reinforced that the relationship with my provider is crucial: "I am not a doctor I need their help." Each member of the health care team, at the various patient touch points, has an opportunity to potentially enhance or hinder the building of patient confidence. Each patient's needs will be unique to their personal situation and will change over time as their health care and or social

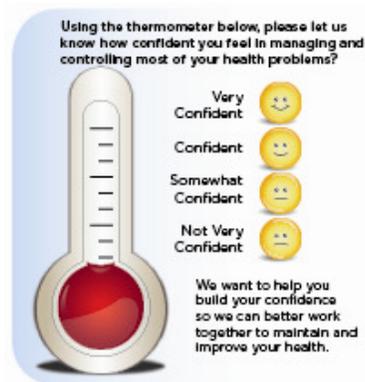
factors change and evolve. Understanding the factors that impact confidence enables us to influence it.

Using the patient feedback we identified gaps we needed to close in order to build and maintain confidence. We identified three tasks that would be most critical: (1) Educating patients on what we mean by confidence (common definition);(2) educate staff on why this goal is important (awareness); and (3)create a tool for staff to support building patient relationships and engaging in confidence conversations.

To address this first task we developed posters that could be placed in our waiting rooms, exam rooms, welcome packets, etc that help to define what confidence means. This campaign became known organizationally as the “Are you a Confident Patient” (graphic one) campaign. Concurrently we began our efforts to educate staff on importance of building patient confidence. This training was required for all staff from our frontline Patient Service Representatives to the providers. The trainings included the research around what we learned about confidence as well as staff ideas to help build confidence. Once our education campaigns were underway and we had gathered staff input we determined that we would add a confidence thermometer (graphic two) to our pre-visit form. The confidence thermometer which became known in house as the “confidometer” was designed to ask patients to assess their confidence at the start of the visit and provide the staff a tool to engage the patients in a conversation around what is influencing their confidence and what they might need for resources to help to feel more confident.



Graphic One

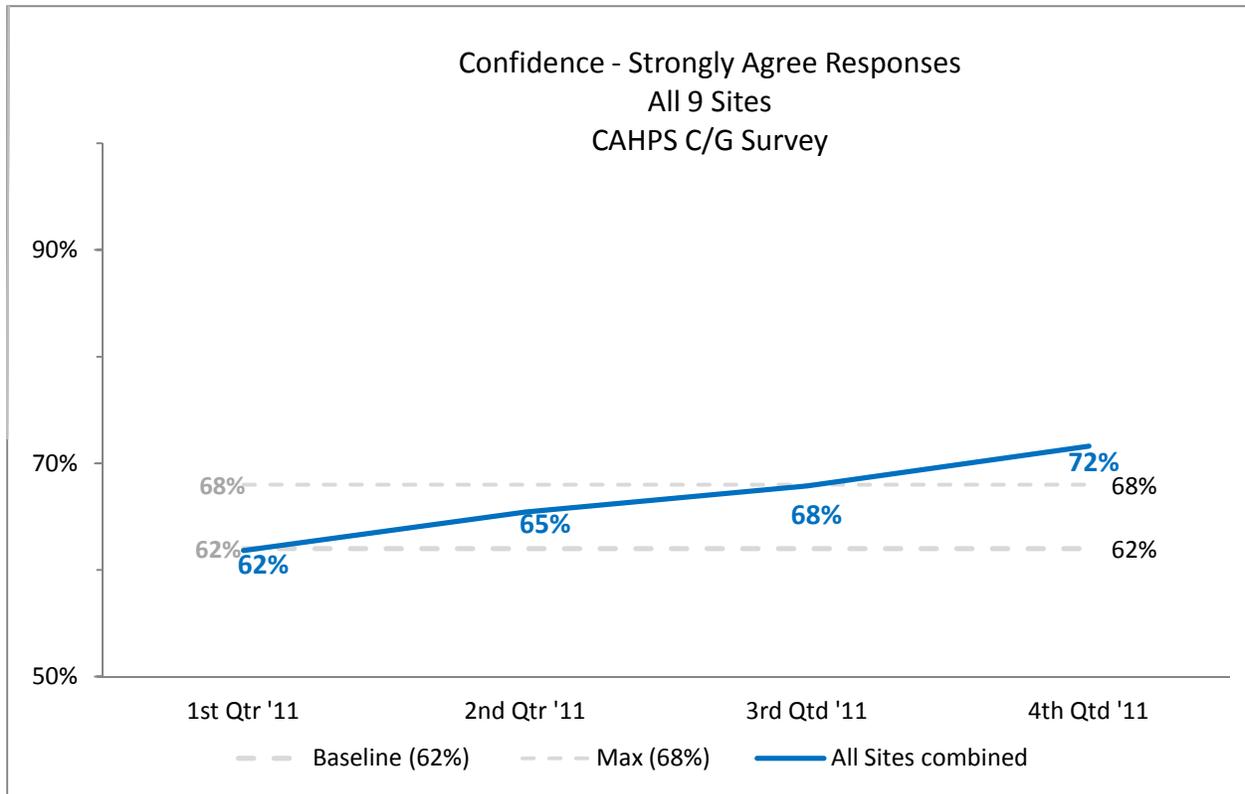


Graphic Two

RESULTS

Using our first quarter 2011 results as a baseline 62% of our patients responded that they felt confident to manage and control their health problems. Knowing that confidence means slightly something different for each patient we decided to set the stretch goal to raise our results by 6 percentage points to 68% by the end of the year. In quarters two and three we

launched our education campaigns as well as the use of our new “confidometer” tool. As the graph below shows we are well on our way to improving confidence and while our fourth quarter doesn’t end for 2 more months we are well on our way to surpassing our goal.



CONCLUSION

Achieving a strategic balance between Optimal Patient Outcomes, Superior Patient/Family Experience and Sustainable/Reduced Cost thus achieving the Triple Aim, is increasingly proving to be the most crucial initiative for Martin’s Point Health Care. Improving patient confidence will impact all three tenets of the Triple Aim and helps us improve on the measure of patient centered collaborative care. Our interventions continue to evolve as we become more comfortable with engaging patients these conversations. Partnering more with our patients is moving us towards a model of care highlighted in the Don Berwick quote, “I have come to believe that patients, families, clinicians, and the health care system as a whole would all be far better off if we professionals recalibrated our work such that we behaved with patients and families not as hosts in the care system, but as guests in their lives. I suggest that we should without equivocation make patient-centeredness a primary quality dimension all its own, even when it does not contribute to the technical safety and effectiveness of care.”ⁱⁱⁱ While we are exceptionally pleased with the results we are seeing from this effort, we are even more inspired by the potential transformative effect it is having on the practice of medicine and the realization of the Triple Aim in an ambulatory setting.

ⁱ Evelyn C. Kemp, Michael R. Floyd, Elizabeth McCord-Duncan, Forrest Lang. Patients Prefer the Method of “Tell Back-Collaborative Inquiry” to Assess Understanding of Medical Information. **JABFM** January–February 2008 Vol. 21 No. 1

ⁱⁱ Partnering in Self-Management Support: A Toolkit for Clinicians, Institute for Healthcare Improvement, 2009

ⁱⁱⁱ Donald M. Berwick. “What ‘Patient-Centered’ Should Mean: Confessions of an Extremist”. Health Affairs. August 2009.