



## **Ix Killer Apps, Health Disparities, and the Patient-Centered Medical Home**

### **Speakers:**

Rushika Fernandopulle, MD, MPP, Co-Founder, Renaissance Health  
Joshua Seidman, PhD, President, Center for Information Therapy

### **Background:**

Fernandopulle and Seidman shared insights and highlights from several presentations delivered at the 7<sup>th</sup> Annual Ix Conference related to the most effective Ix applications, their role in enabling the patient-centered medical home, and their relationship to health disparities.

## **I. Killer Apps**

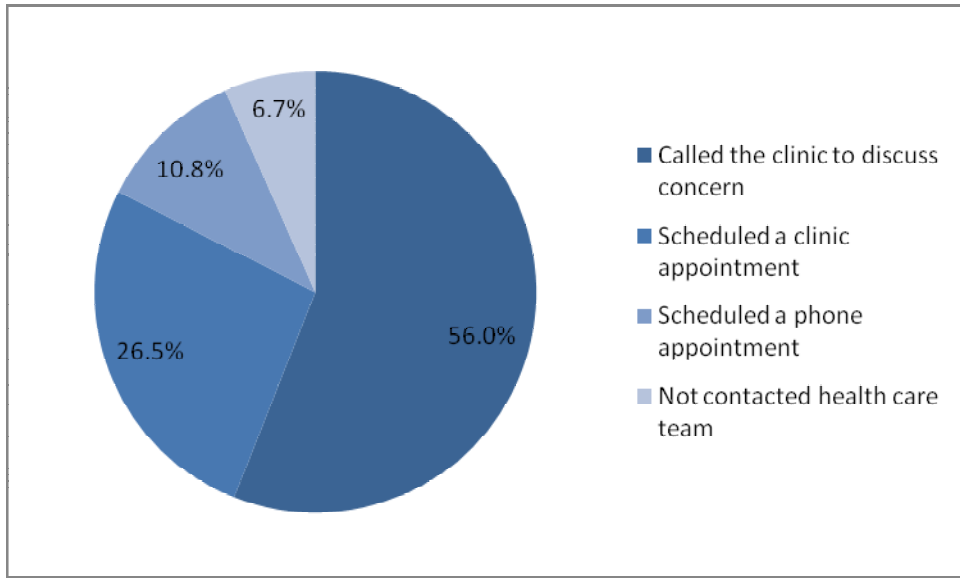
### **IxInsights from Group Health Cooperative**

**Insight #1: Group Health Cooperative (GHC) has five Ix “killer apps” that have substantially improved their members’ experience with care and/or the health plan.**

- The electronic health record (EHR)
- Secure messaging/email
- Lab results (every result linked to health content)
- After-visit summaries (reinforce information exchanged during clinic visit)
- Integrated Health Profile (provides platform for visit and helps integrate information directly into EHR)

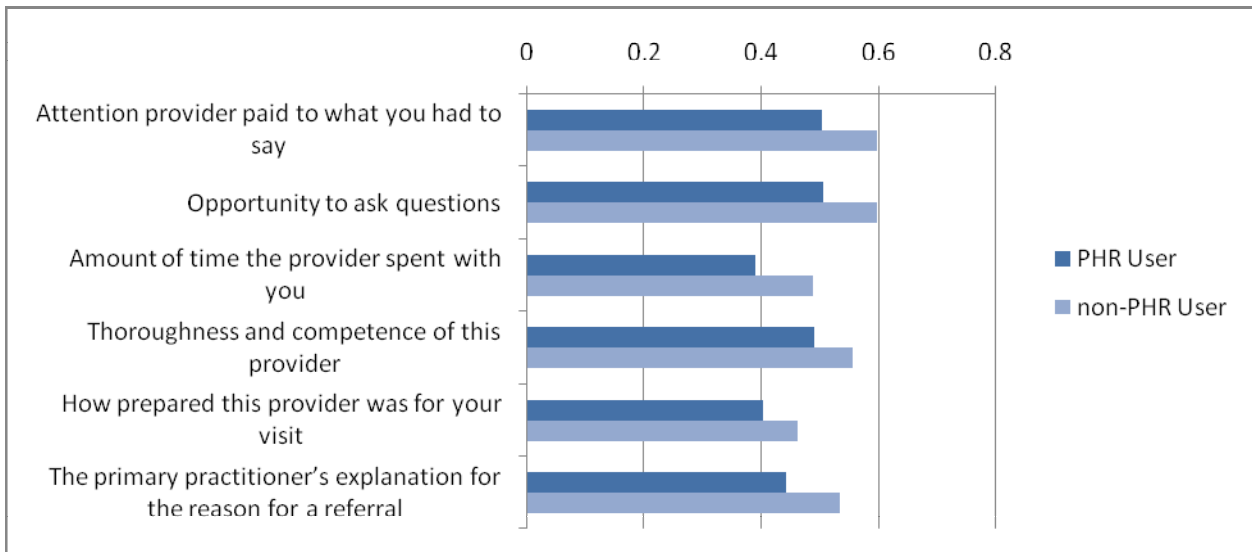
**Insight #2: Secure messaging decreases the burden on the GHC health care delivery system.** When GHC members were asked how they would have contacted their health care team if they had not used secure mail, members would have:

- Called the clinic to discuss concern (56%)
- Scheduled a clinic appointment (26.5%)
- Scheduled a phone appointment (10.8%)
- Not contacted health care team (6.7%)



**Insight #3: GHC members utilizing their personal health record (PHR) are more satisfied with their care than those not using it.** When compared to non-users, more MyGH users rated their providers as excellent along the following domains (non-PHR users, PHR users):

- Attention provider paid to what you had to say (50.4%, 59.7%)
- Opportunity to ask questions (50.5%, 59.7%)
- Amount of time the provider spent with you (38.9%, 48.7%)
- Thoroughness and competence of this provider (48.9%, 55.5%)
- How prepared this provider was for your visit (40.3%, 46.2%)
- The primary practitioner’s explanation for the reason for a referral (44.1%, 53.3%)



## **IxInsights from Massachusetts General Hospital (MGH)**

**Insight #4: When used, Shared Decision Making prescriptions improved workflow, saved time for physicians, and improved communication with patients.**

- Save physicians time
- Important to Patient care
- Used on regular basis
- Utilized in half of office visits
- Most patients find videos/DVDs easier to understand than written material
- Patients have made more informed decisions after watching videos/DVDs

**Insight #5: Because Shared Decision Making prescribing is not fully integrated into the care delivery process, more than a third of physicians forget to prescribe them.**

- More than a third forget to prescribe
- Not yet fully integrated into the care delivery process

**Insight #6: To improve information prescribing, MGH will make Shared Decision Making prescriptions available through a portal and self-prescription.**

- make SDM Prescriptions available through portal
- make SDM Prescriptions available through self-prescription

## **II. Health Disparities**

### **IxInsights from the Mississippi Institute for the Improvement of Geographical Minority Health**

**Insight #7: Disparities in health care originate from multiple sources and derive from patients, providers and health care systems\*.**

- Patient
  - Patient preferences
  - Treatment refusal
  - Care seeking behaviors and attitudes
  - Clinical appropriateness of care
- Provider
  - Bias
  - Clinical uncertainty
  - Beliefs/stereotypes about the behavior and/or health of minority patients
- Health Care Systems
  - Lack of interpretation and translation services
  - Time pressures on physicians
  - Geographic availability of health care institutions

- Changes in the financing and delivery of health care services

\*Source: Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare, March 2002.

**Insight #8: Successful Ix Apps will take into account varying degrees of health literacy on the part of consumers.** Consumers vary in their ability to:

- Evaluate information for credibility and quality
- Analyze relative risks and benefits
- Calculate dosages
- Interpret test results
- Locate health information

### **IxInsights from the Institute for Family Health**

**Insight #9: For racial and ethnic minorities in New York, trust is the biggest obstacle to effective health care delivery.** When asked about their experiences with the health care system, patients reported:

- Consistent distrust of medical providers
- Consistent disrespect by medical providers
- Bad communication on part of providers

**Insight #10: If patient perspectives are incorporated into deployment strategies, EHR/PHRs can facilitate trust and respect between the patient and the clinician.**

- Set up exam room to facilitate collaborative provider and patient use by reorienting furniture and computer equipment (e.g., sitting next to each other and having a shared view of the information and data)
- Patients should have access just like provider (e.g., both able to clearly see computer monitor)
- A printer, ideally located in the exam room, allows easy and quick printing of:
  - Informational graphs
  - Blood pressure
  - After-visit summary
  - Copies of progress notes
  - Medication lists
  - Problem lists
  - Upcoming appointments
  - Health education materials

### **IxInsights from Wellpoint/Anthem**

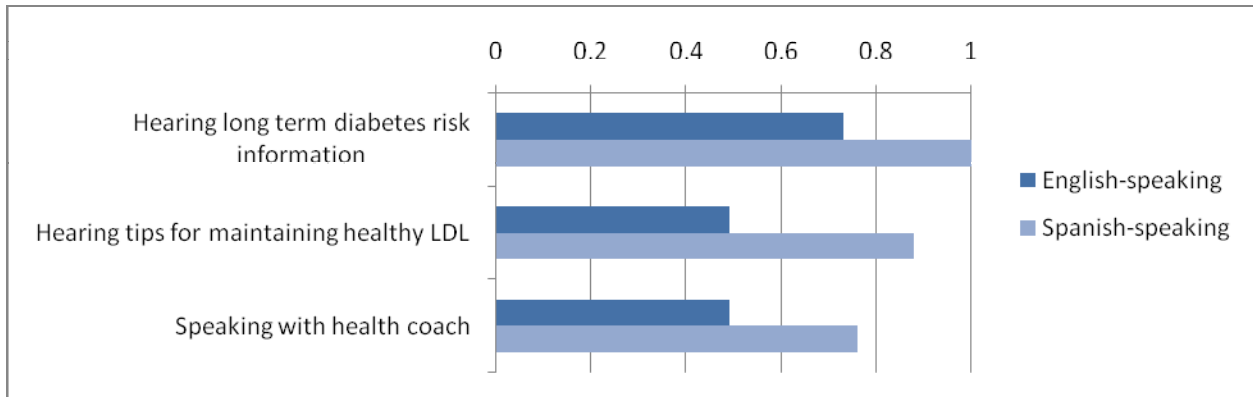
**Insight #11: Automated health prevention phone calls using speech recognition technology can be an effective way to reach the Spanish-speaking population.**

- Demographic groups differ in their access and preference to technology tools such as the internet and cell phones.

- Cell phone-based approaches have shown promise among the Spanish-speaking population.

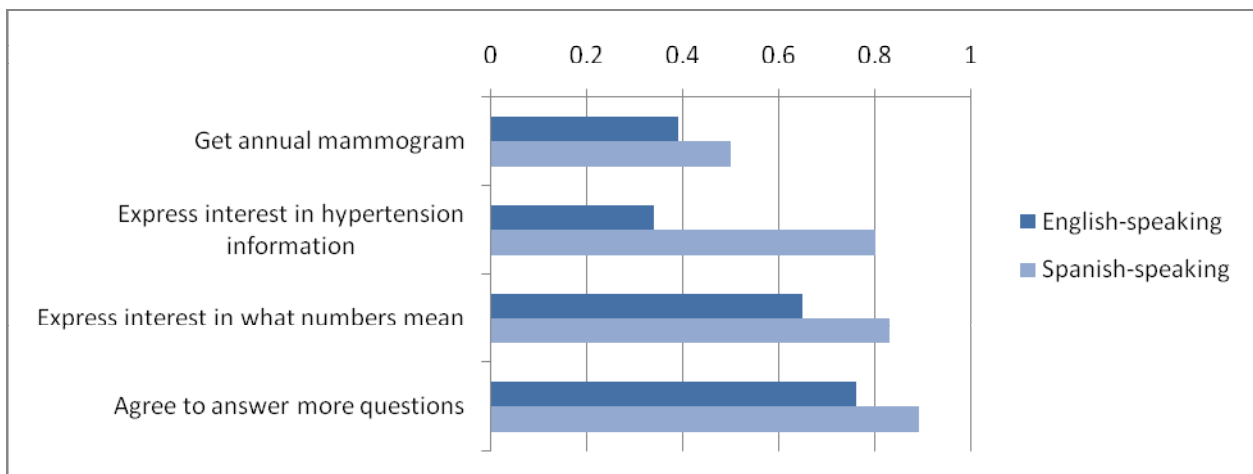
**Insight #12: The Spanish-speaking population is especially thirsty for medical knowledge.** Compared to English-speaking patients, Spanish-speaking patients are more interested in (English, Spanish-speaking):

- Hearing long term diabetes risk information (73%, 100%)
- Hearing tips for maintaining healthy LDL (49%, 88%)
- Speaking with a health coach (49%, 76%)



**Insight #13: Spanish-speaking members are more receptive to hearing and sharing health information.** Compared to English-speaking patients, Spanish-speaking patients are more likely to (English, Spanish-speaking):

- Get annual mammogram (39%, 50%)
- Express interest in hypertension information (34%, 80%)
- Express interest in what numbers mean (65%, 83%)
- Agree to answer more questions (76%, 89%)



### III. Patient-Centered Medical Home

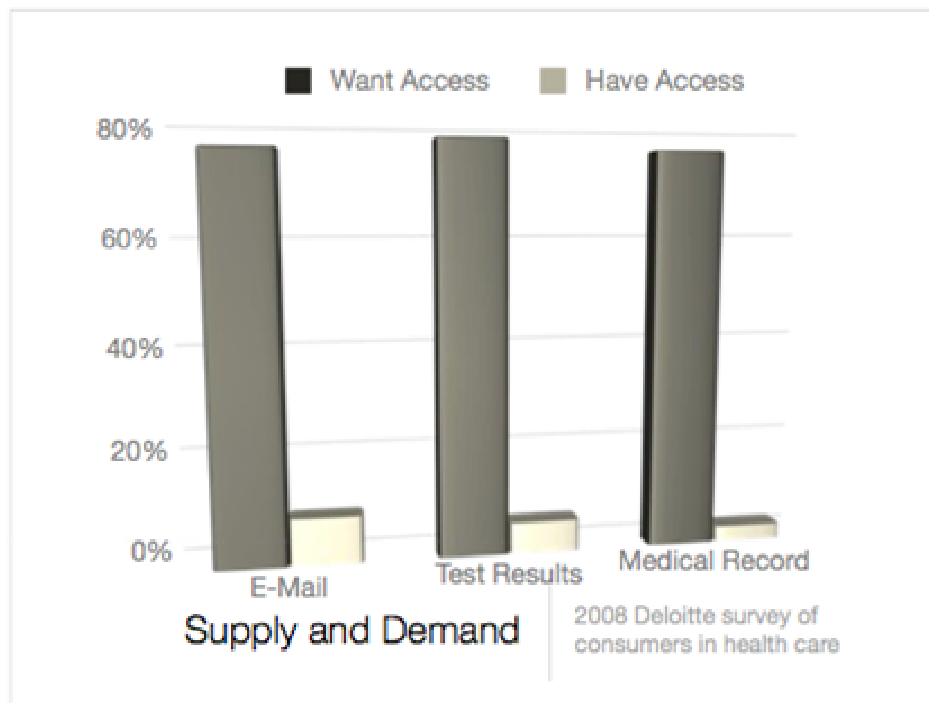
#### IxInsights from the American College of Physicians

**Insight #14: Before testing the efficacy of the medical home model, better definition of what qualifies as a medical home is required.** NCQA has drafted accreditation standards to determine the extent to which a practice conforms to the “medical home” model. Components that are measured fall into 9 main categories.

- Access & Communication
- Patient Tracking & Registry Functions
- Care Management
- Patient Self-Management Support
- Electronic Prescribing
- Test Tracking
- Referral Tracking
- Performance Reporting & Improvement
- Advanced Electronic Communication

#### IxInsights from Group Health Cooperative

**Insight #15: Email, Test Results, and Medical Records are applications consumers want, but most cannot yet access.** Demand far exceeds supply for email, test results, and medical records.



## **IxInsights from Kaiser Permanente**

**Insight #16: In order to improve health and patient experience, we need to influence decision behavior, thoughts, and feelings.** Positive outcomes are supported by:

- Content
- Confidence
- Connection

...which in turn, support:

- Change decisions and behaviors
- Change thoughts and feelings

...to influence:

- Health outcomes
- Cost outcomes
- Satisfaction outcomes

**Insight #17: Supporting behavior change involves targeting core thoughts and feelings.** Psychological characteristics, such as the following, support successful positive behavior change.

- Confidence
- Self-efficacy
- Coherence
- Control
- Hardiness
- Optimism
- Happiness
- Connectedness
- Pleasure

**Insight #18: Supporting behavior change involves targeting core psychosocial skills.**

- Accessing information
- Problem-solving
- Behavior change
- Relaxation and imagery
- Cognitive restructuring
- Managing moods and emotions
- Communicating
- Time management
- Sleeping well

**Insight #19: To make a difference in health care provision and quality, we need to recognize that 80% of health care is self-care.**

- “Dr. Mom” (the moms of the world - arguably the true primary care providers)
- “Dr. Google” (a term referring to the growing numbers of consumers seeking health information online)
- Deciding whether to take medicine
- Deciding whether to exercise

**Insight #20: Addressing core thoughts, feelings, and psychosocial skills through “self care workshops” is cost effective.**

- Improves health behaviors, self-efficacy, and health status
- Cost effective from reductions in hospital days, ED, and physician visits
- Outcomes are long-lasting and robust (2+ years)
- Replicable
- Confidence predicts health outcomes better than behavior change

**Insight #21: Providing general coping skills education for heterogeneous conditions complements disease-specific information.** Good practices for general coping skills education include:

- Involving patients in design process
- Modeling effective behavior is more effective than “save and rescue”
- Understanding there is no significant difference in participants’ outcome with lay vs. professional leaders
- Recognizing that people benefit from the process of helping other people

### **IxInsights from Valley Medical Center**

**Insight #22: In order for Ix to be effective, patients’ safety and physiological needs must be met first.** According to Maslow’s Hierarchy, primary physical needs must be met before higher level needs. Needs are generally met in the following order:

- Physiological needs
- Safety needs
- Social needs
- Esteem needs
- Self Actualization



**Insight #23: Time management is essential to motivation management.**

- Consistent with Maslow’s Hierarchy, basic needs must be met before more “advanced needs.”
- In order for patients to be able to meet health goals, they must be motivated.
- Helping patients figure out how to meet their health goals while meeting competing needs is critical

**Insight #24: The shared care plan is a killer app for chronic and complex medical conditions.** A shared care plan should:

- Have very clear and achievable goals
- Be patient-directed
- Address exercise, sleep, and diet
- Fit into a busy life

**Additional Resources**

For more detailed information on the 7<sup>th</sup> Annual Ix Conference, please visit <http://www.ixcenter.org/events/conference08/index.cfm> and/or <http://www.ixcenter.org/events/conference08/materials08.cfm>.

Ix is a registered trademark of the Center for Information Therapy, Inc. See [www.ixcenter.org](http://www.ixcenter.org).