EMPOWERING PATIENTS TO BECOME BETTER PARTNERS

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Healthcare administrators are constantly pushed to improve quality, provide state-of-the-art care, and increase efficiency. However, administrators also need to reduce costs which then can impact delivery and quality of services. With the large influx of newly insured patients into the healthcare system because of the Affordable Care Act, more demand will be placed on the limited healthcare capacity to deliver services.

If we do not act, as more insured individual enter the US healthcare system, a foreseeable prisoner's dilemma will occur. As more individuals enter the already overburdened US healthcare system, system breakdowns will occur, leading to a lower quality of care for all patients. The predicted logical outcome of a prisoner's dilemma is that each patient will choose selfishly to maximize their care which will reduce services for others and thus no patients will achieve their best possible outcomes. However, if we can create a healthcare system that is Pareto efficient, all patients will maximize their utility and thereby have the best outcomes.

CURRENT HEALTHCARE SYSTEM

In current healthcare system, providers are struggling to manage comprehensiveness of care within time constraints of a visit so patients are being asked generally to take a more active role to assure their optimal health outcomes (Beasley et al., 2004). Patients who recognize that they are partners in their healthcare understand that self-management assures their health is appropriately managed (Audulv, Asplund, & Norbergh, 2010; Gallagher, 2010). For any patient training to be successful, the training program will need to evoke the individual's own motivation, rather than trying to install something that 'is missing' (Huffman, 2009). Recent studies have shown that peers can help each other build self-management skills by sharing experiences & support (K. Lorig, 2002, 2003; K. Lorig et al., 2010; K. Lorig, Ritter, & Plant, 2005; K. Lorig, Ritter, Villa, & Armas, 2009; K. R. Lorig & Holman, 2003; K. R. Lorig et al., 2008; K. R. Lorig, Ritter, Laurent, & Plant, 2006, 2008; Russell et al., 2009) and that patients believe ongoing interactive discussion groups to learn about their disease and associated self-management skills from other patients is extremely beneficial (Russell, et al., 2009). However, peer support groups are costly to implement and have ongoing facilitation and training needs that can become a burden on already overwhelmed staff. Hence, an educational training tool that is completely electronic but still evokes the 'touch' of a real world scenario is a possibility.

Patient/Provider Communication

Currently, healthcare encounters are generally organized from the provider's perspective, so patient engagement depends on creating a healthcare system (including providers) where patients can communicate during their existing visits with providers. A partnership between patients and providers, based on both shared decision making and two-way communication, may be necessary for developing the patient skills and confidence needed to self-manage their health and prevent chronic disease progression (Dennis et al., 2012). To date, much of the effort to 'fix' communication during the clinical encounter has focused on composition of the healthcare workforce, cultural competence/cultural humility of healthcare providers, and role of community participation in promoting health.

While all patients may experience communication difficulties with their providers, there is increasing evidence that provider bias and stereotyping contribute to health disparities (Burgess, Warren, Phelan, Dovidio, & van Ryn, 2010). Research comparing provider and patient perceptions of the clinical encounter revealed information dissimulation because of contrasting class differences between the patient and provider (Waitzkin, 1984). Although there is evidence that patients of all socioeconomic class and educational backgrounds have equal desire for information, providers often expect that poorly educated, lower socioeconomic class patients would want the same level of information as better educated, upper class patients (Waitzkin, 1984). As a result of information missing the needs of these lower class and less educated patients, their encounters had reduced provider time, fewer explanations of treatment and less dialogue (Waitzkin, 1984). Therefore, effective communication may be more difficult to establish when cultural barriers (such as power differentials based on socioeconomic class and education) arise, leading to the possibility of unproductive clinical encounters (L. M. Ong, J. C. de Haes, A. M. Hoos, & F. B. Lammes, 1995). The healthcare community is working to address this issue and medical and nursing school curriculums have been revamped to include communication skills (L. M. L. Ong, J. C. J. M. de Haes, A. M. Hoos, & F. B. Lammes, 1995). Communication difficulties arise quite frequently and have been the focus of many research efforts seeking to "fix provider communication during the clinical encounter" (Matthias et al., 2010; L. M. Ong, et al., 1995) rather than to explore why patients are not engaged. The approach providers take to communicate with patients from different backgrounds is clinically important for enhancing health outcomes (Audulv, et al., 2010); however, teaching patients to interact with providers from different backgrounds seems a reasonable approach to also enhance communication.

Patient Engagement and Training

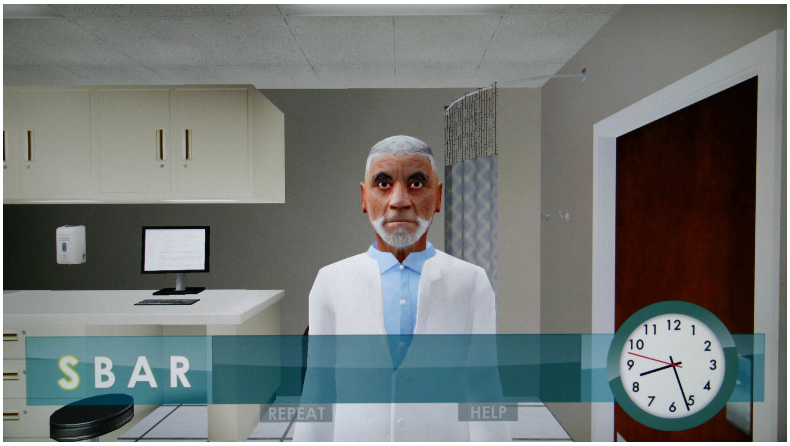
There is very little research on engaging patients from the patient's perspective. An evaluation of patient engagement tools revealed that most tools lack concrete actionable items for patients (Maurer, Dardess, Carman, Frazier, & Smeeding, 2012). If we want patients to engage with their providers, we need to provide concrete examples of how to do that. For example, “bring your diary of your blood pressure readings or blood sugar levels.” Most empirical studies concerning "clinical competence" during patient- provider communication have been relatively recent, the past 30 years (Waitzkin, 1984). But little attention has been paid to the communication from the patients' rather than the providers' perspective (Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, 2003).

What then is an administrator to do? Care quality, staff training, process control for care delivery have done much to maximize healthcare service efficiency but, there is only so much that an administrator can do on the constrained resources of the healthcare supply side. How can we have patients maximize their utility? There is an opportunity to change the demand side of the equation; one untapped solution is to increase patient engagement in managing their care and health outcomes. If we can teach patients how to be efficient, effective, engaged patients and support their efforts to be engaged, we might be able to accommodate the increased demand for healthcare services with the current healthcare supply without severely reducing quality or service provision.

Electronic Health Training for Patients

Evidence shows that "providing general information or instructing individuals to ask a series of questions in an encounter with providers does not necessarily provide sufficient support to help individuals take action" (Maurer, et al., 2012). Online health training appears to be effective in increasing patient self-rated health, self-management behavior, self-efficacy and satisfaction with the healthcare system and reduces healthcare utilization (K. R. Lorig, Ritter, Dost, et al., 2008). There is minimal evidence that patient training is occurring routinely; a 2012 meta-analysis showed that computer assisted decision aid tools increase provider patients shared decision making during pregnancy (Dugas et al., 2012). Online Peer education has been successful in both HIV and diabetes patients to increase self-management behaviors (Jaganath, Gill, Cohen, & Young, 2012; K. Lorig, et al., 2010). While simulation is used widely in the preparation of healthcare providers, it is rarely used to support patients' learning. No programs were found that trained patients how to effectively communicate with healthcare provider or navigated the healthcare system.

eSMART



eSMART is a serious game for health that uses an avatar-based computer simulation as the learning system. The patient is trained how to navigate and act to be an effective partner so they can obtain the best possible health outcomes. Simulation approaches to learning the task of negotiating care allows patients to learn from their virtual experiences and to "try" interactions that they may not do in the real-world because of the fear that if the interactions do not go well, they could have a negative impact on their healthcare. Simulation experience has been shown repeatedly to increase learners' confidence (Baillie & Curzio, 2009) which increases the probability that the participant will try the new behaviors in real-life settings. eSMART-HD increases the opportunity for participants to interact with virtual healthcare providers of varying age, gender, and race/ethnicity of providers to practice self-management skills including negotiating for what they want and need from the healthcare system. As described in the previous articles in this symposium, as the participants interacted with both the healthcare system a wide range of virtual healthcare staff; they increased their skill at negotiating the healthcare system and during the course of the study their health outcomes improved. Study exit interviews indicated that the participants increased their confidence in relating to healthcare providers and navigating the healthcare system. They told us that their interactions during regular clinic visits with their healthcare providers were more productive, "like when you sit there down on that computer and when they ask questions, it makes me think about what really went on. It makes me think back to what really happened <during a previous doctor visit> and what I wasn't satisfied with and what I was satisfied with. Actually it jars my memory when I sit there and think about how my last visit was, so it helps."

CONCLUSION

Health information technologies are becoming commonplace. eSMART and similar applications can provide the opportunity to improve care and patients' experiences while time constraints, incomplete information, and the difficult nature of conveying complex information during the clinical encounter produce pressure for providers to rapidly make treatment decisions. These pressures, if coupled with difficulty agreeing on a proposed treatment (due to differing perceptions between the patient and provider on what is necessary), can create a major disconnect that may adversely affect both patient adherence and treatment outcome (Leventhal, Diefenbach, & Leventhal, 1992; McAndrew, Horowitz, Lancaster, & Leventhal, 2010). Hence using electronic patient training program such as eSMART to create enabled patients will enhance the efficiency of healthcare encounters. Increasing healthcare encounter efficiency will reduce visit cost and speed up procedures because a trained patient is 'primed' for streamlined communication with the healthcare system.

There are also limitations to providing effective patient training utilizing an electronic media: many patients are not computer literate and do not have easy access to computers and the internet, some do not trust services provided electronically. Also, there is a large startup and maintenance cost for computer hardware. That said, serious games for health such as eSMART can be delivered on a variety of devices including smart phones and tablets in addition to computers, thus reducing hardware costs and could be used as an adjunct to an overall wellness program. This study provides administrators with an additional option to consider, training patients on effective communication using simulated healthcare encounters, when managing resources in the current healthcare environment.

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