

Patient Engagement: The Missing Measure in the Patient-Centered Medical Home

The Patient-Centered Medical Home (PCMH) model has reinvigorated primary care with a vision and standards for practice, coupled with expanded payment to support the new model. This new model focuses on providing efficient, evidence-based care through a coordinated interdisciplinary team using clinical information technology, and comprehensive care coordination by keeping patients at the center of the care delivery model.¹ Several recent publications have identified the benefits of implementing medical homes with a collection of evidence about the impact on the patient experience, and outcomes of quality and cost. Two large scale PCMH demonstration projects, [Wellpoint](#) and [Colorado](#), have shown success in achieving the [Triple Aim](#) of healthcare reform as defined by the Institute for Healthcare Improvement (IHI): improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of healthcare. The Commonwealth Fund vested a collaborative of 75 researchers in 2009 to outline standardized key outcome measures to evaluate the efficiency of the medical home model. The five key evaluation dimensions include patient experience, clinical quality, cost and utilization, clinician and staff experience and process/implementation.²

Patient experience and *patient engagement* are sometimes used interchangeably, but are actually distinguishable terms. *Patient experience* is the overall care experience of the consumers during any interface within the healthcare systems (hospital/ambulatory office setting), currently measured with the [HCAHPS](#) (Hospital Consumer Assessment of Healthcare Providers and Systems). *Patient engagement* is a holistic concept focused on the personal skill/motivation acquired

by the patients for their own health, and ability for better informed, shared decision making leading ultimately to improved health outcomes. The goal is to keep patients healthier and engaged between their office visits. The process of engagement runs along a continuum of services including patient-specific education, direct access and collaboration to achieve optimal health.

[The National Quality Forum](#) has ranked patient engagement as one of the top six priorities that are needed to improve quality and safety in the health care delivery system. *Patient Engagement exerts a maximum effect on population health management and is a key missing element of evaluation of medical home.*

Carman et al. have developed a strategy to engage patients at distinct levels as consultants or partners.³ This multidimensional framework has articulated the concept of shared leadership of patients in the healthcare redesign process; to have direct consumers help to construct the building blocks of healthcare. There are 3 critical elements emphasized: 1) the activities in which patients can be engaged range along a continuum, with increasing opportunities and responsibilities; 2) patients can be engaged throughout the healthcare system, including direct level of care, organizational design and governance, and health policy; and 3) there are several factors which may influence a patients' ability and determination to be actively involved in these endeavors.

To date there are very few tools in the literature to quantify the level of engagement and measure meaningful patient engagement at the distinct levels mentioned above. One of the only validated

tools available is [Patient Activation Measure \(PAM\)](#), an instrument to compute an individual's level of engagement based on a developmental model of activation categorizing responders into four stages. High PAM scores correlate positively with higher rates of adherence to medication regimens, self-management behaviors and enhanced quality and safety.⁴ The second option is measuring Patient Reported Outcomes (PROs) as surrogate markers of patient engagement. [The Dartmouth Institute for Health Policy and Clinical Practice](#) has shown that integration of patient reported outcomes measurement into the day to day operations of a clinical environment has strong potential to support better health outcomes as it helps the provider know the preferences, knowledge and values of patients.⁵ In addition, [Patient Reported Outcomes Measurement Information System \(PROMIS\)](#) is a web-based program developed by the National Institutes of Health (NIH), and has several validated instruments to assess PROs in different areas including quality of life and symptoms of disease. These instruments could be integrated with PCMH to inform policy and related payment reimbursement.

Meaningful patient engagement should be bi-directional between patients and providers. The OPTION scale (Observing Patient Involvement in Shared Decision Making) could be used as an additional tool. This instrument was designed to measure the level to which physicians can involve patients in decision making in a clinical setting.⁶ It is a validated instrument robustly designed with strong psychometric properties and utilized in many different clinical scenarios. This tool can estimate patient engagement in shared decision making, and has a potential to serve as a quality indicator for the medical home

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transformation. It also quantifies the extent to which a clinician has engaged his patients in decision making and identifying his/her preferences, knowledge during their regular office visits.

Measurement of a well-defined quality metric allows identification of baseline values and quantifies any success or failure of quality improvement interventions. Considering patient engagement as a quality metric for medical home evaluation will help define categories of patients (informing specific interventions for each of them), evaluate patient-centered interventions, and evaluate providers based on their patient panel scores. Having a robust measurement tool for patient engagement may inform the payment model in the future.

Patient engagement in healthcare is fundamental to decreasing healthcare

expenditure and medical errors while promoting quality, safety, and overall better health outcomes. Investment in tools and interventions to enhance and measure patient-centric approach with high quality affordable care has gained attention in recent times and will hopefully be disseminated widely. Several non-profit organizations like PCORI (Patient Centered Outcomes Research Institute) are investing in patient-centered outcomes research to improve methods and infrastructure for engaging patients at different levels. An indispensable part of healthcare delivery reform must be to achieve **E4 patients** (*Empowered, Engaged, Educated, and Enabled*) ** who can serve as a powerful strategic locus for population health management to achieve better health outcomes.

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REFERENCES

1. Nutting PA, Crabtree BF, Miller WL, Stange KC, Stewart E, Jaen C. *Transforming physician practices to patient-centered medical homes: Lessons from the national demonstration project*. Health Aff (Millwood). 2011;30(3):439-445. doi: 10.1377/hlthaff.2010.0159 [doi].
2. Rosenthal M, Abrams M, Bitton A, Collaborative T. *Recommended core measures for evaluating the patient-centered medical home: Cost, utilization, and clinical quality*. The Commonwealth Fund May. 2012.
3. Carman KL, Dardess P, Maurer M, et al. *Patient and family engagement: A framework for understanding the elements and developing interventions and policies*. Health Aff (Millwood). 2013;32(2):223-231. doi: 10.1377/hlthaff.2012.1133 [doi].
4. Hibbard JH, Greene J, Overton V. *Patients with lower activation associated with higher costs; delivery systems should know their patients' 'scores'*. Health Aff (Millwood). 2013;32(2):216-222. doi: 10.1377/hlthaff.2012.1064 [doi].
5. Einstein JN, Brown PW, Hanscom B, Walsh T, Nelson EC. *Designing an ambulatory clinical practice for outcomes improvement: from vision to reality-The Spine Center at Dartmouth-Hitchcock, year one*. Quality Management in Healthcare. 2000;8(2):1-20.
6. Elwyn G, Hutchings H, Edwards A, et al. *The OPTION scale: Measuring the extent that clinicians involve patients in decision-making tasks*. Health Expectations. 2005;8(1):34-42.

**The term "E4 patients" is coined by the author.