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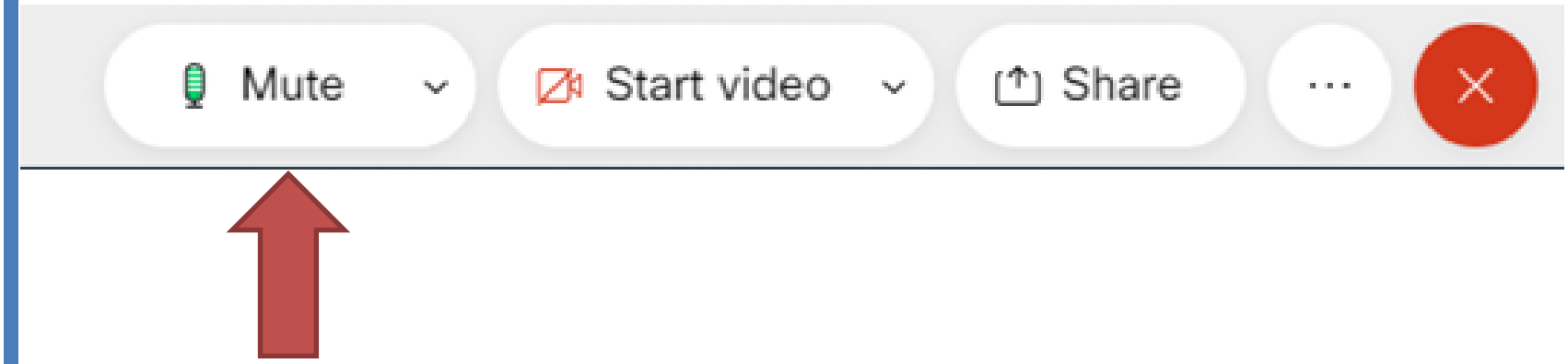
Thank you for joining. Our presentation will start soon.

Please introduce yourself in the chat

Practice Transformation Webinar Series
Session 5

Patient Engagement
and
Using Data to Improve Care

Muting and Unmuting Audio



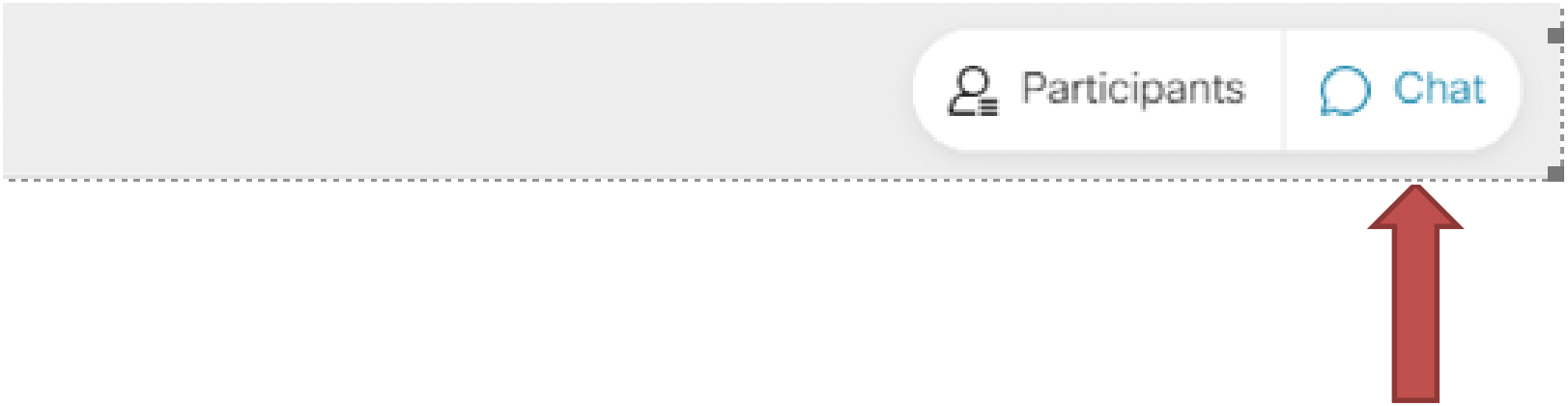
To mute your audio, click the microphone icon at the bottom of your screen (icon will turn red).

To unmute, click the microphone icon again.

If your icon is green, you are unmuted.

Chat Panel

Click on the “chat” icon at the bottom right of your screen to open the chat panel



To send a question or comment:

1. Select “Everyone” from the **To:** dropdown list
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3. Click **Enter**

About this Webinar Series

- Total of 5 sessions
- Cover 1-2 foundational elements of practice transformation in each session
- Tailored to small practices with limited resources
- Designed for you to take small steps at a time

Steps in Practice Transformation

- Identify your patients
- Provide enhanced access to care
- Utilize care management services for high-risk patients
- Use team-based care to improve care delivery
- Improve collaboration with other providers
- ***Engage patients in their care***
- ***Leverage data to drive improvement activities***

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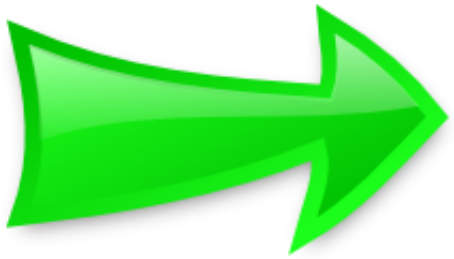
Better Outcomes



Lower Cost

While improving patient and provider experience

Definitions

- Self-Management Support[1]: The help given to people with chronic conditions that enables them to manage their health on a day-to-day basis.
- Patient Engagement[2]: The actions we as consumers take to support our own health and to benefit from healthcare.

[1]Agency for Healthcare Research and Quality (AHRQ)
[2]Center for Advancing Health

Why is it important?

Engage patients

- Patients learn to manage their own health
- Better control of chronic conditions

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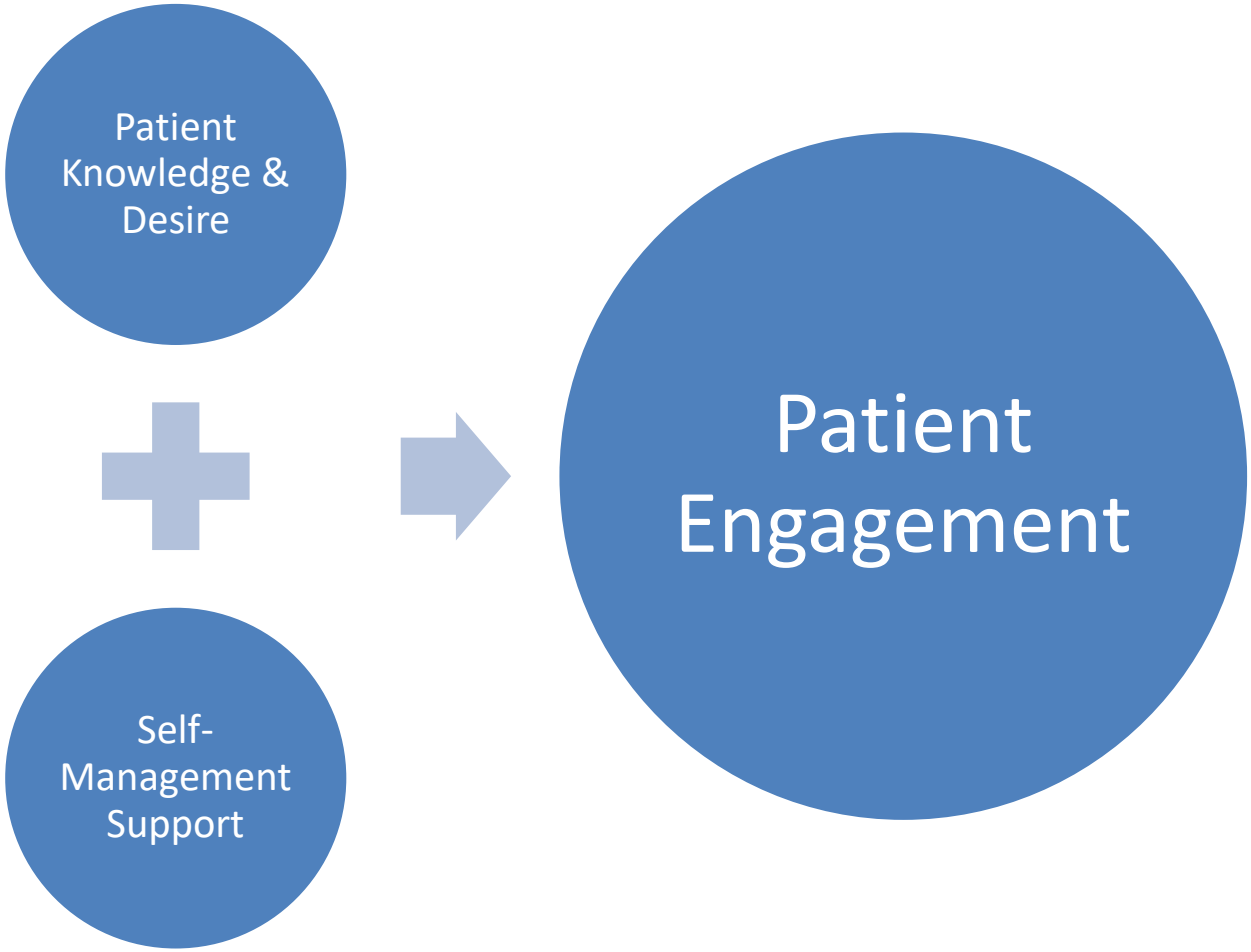
PATIENT ENGAGEMENT

Patient Engagement



[Health Literacy resource]

Steps to Implementation

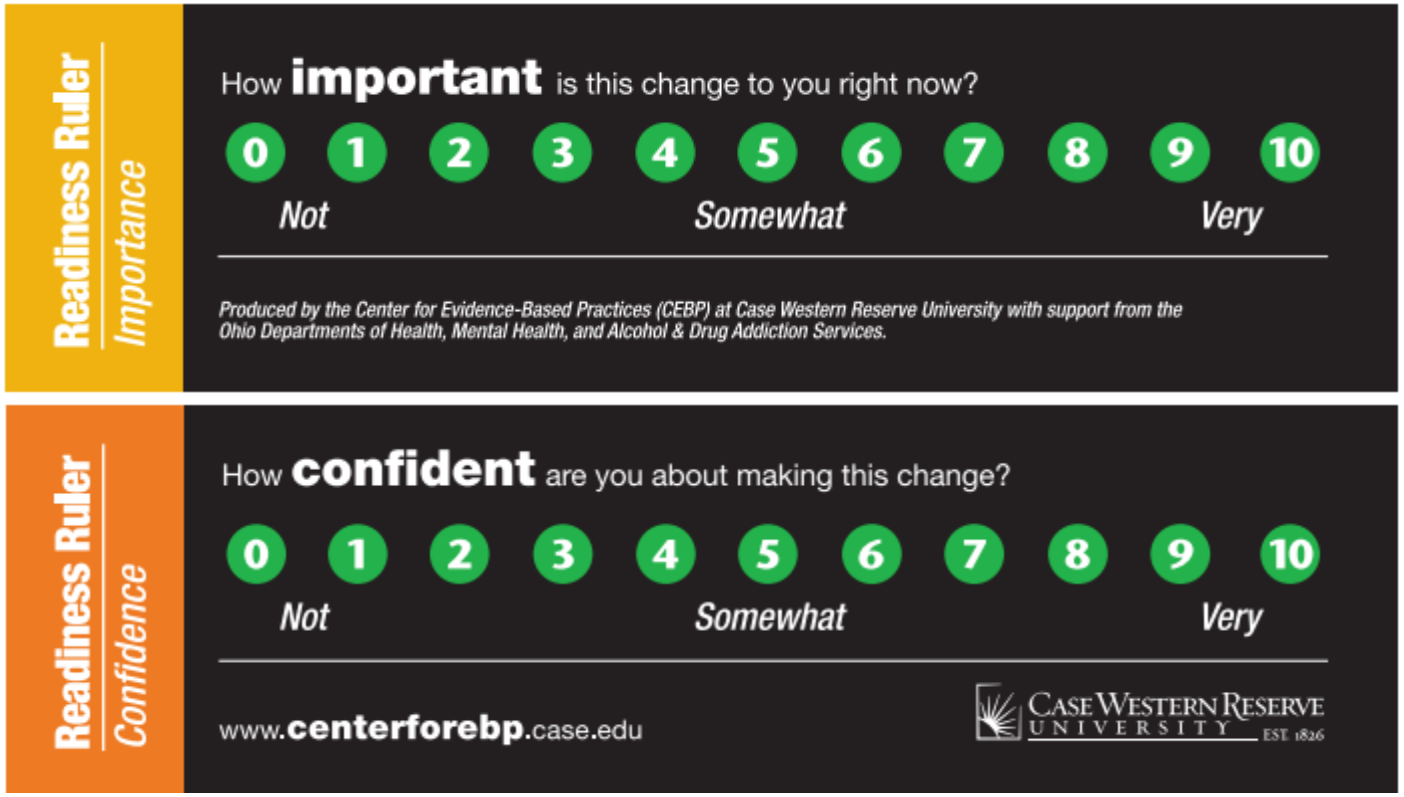
Patient Knowledge

- Assess patient's knowledge
- Don't "assume" they are knowledgeable about their disease
- Ask open-ended questions
  - What do you know about diabetes?
  - When should you take your inhaler?
  - What symptoms should prompt you to call your provider?
- Provide needed education

Steps to Implementation

Patient Desire to Change

- Assess patient's readiness to change
  - Readiness Ruler



https://www.centerforebp.case.edu/resources/tools/readiness-ruler

Self-Management Support

Tools

Paper

- Journals
- Action plan
- Visual cues
- Goal thermometer
- BP/glucose log

Electronic

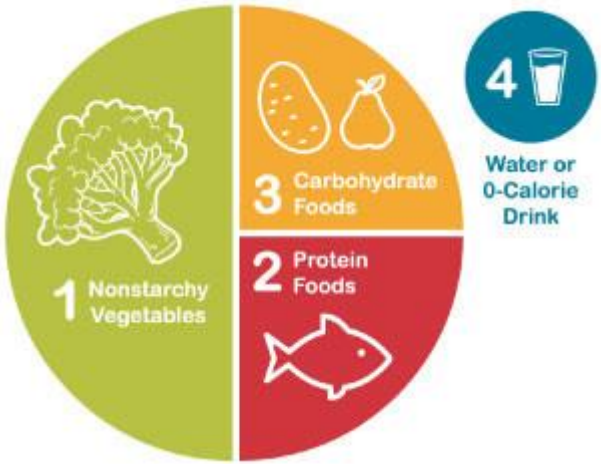
- Fitness tracker
- Apps
- Connected devices
- Alerts

Interactive

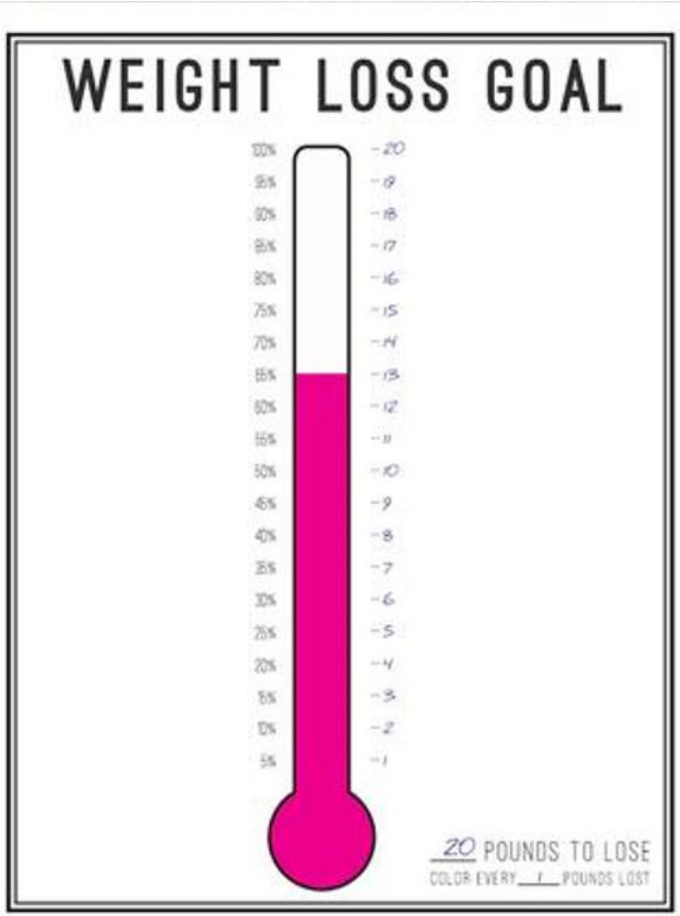
- Virtual coaching
- Support group
- Social media

Self-Management Support

Paper Tools



https://diabetes.org/nutrition



Self-Management Support

Toolkits

COPD

- My COPD Action/Management Plan
- Manage Your COPD Medications
- American Lung Association Website

CHF

- CHF Self-Check Plan/Symptom Tracker
- What is Heart Failure?
- How Can I Live with Heart Failure?
- American Heart Association Website

HTN

- Blood Pressure Category Chart
- How to Use a Home Blood Pressure Monitor
- Understanding Nutrition Labels
- American Heart Association Website

Steps to Implementation

Self-Management Support

- Determine what chronic condition is most prevalent in your practice
- Research tools available to support patients with this chronic condition
- Prioritize what patients to provide SMS to
- Begin to engage with those patients and assess their response
- Expand to additional patients or additional chronic conditions

Measuring Success

- Assess for goal progression in patients
- Assess quality measures
- Patient surveys
- Solicit patient feedback

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USING DATA TO IMPROVE CARE

Definitions

Data: Facts and statistics collected together for reference or analysis.

Why is it important?

Leverage data

- Help practice identify areas for focused improvement
- Assess if processes are improving outcomes

Sources of Data

Payers

- Gap reports
- Utilization reports
- Claims data
- Diagnosis reports

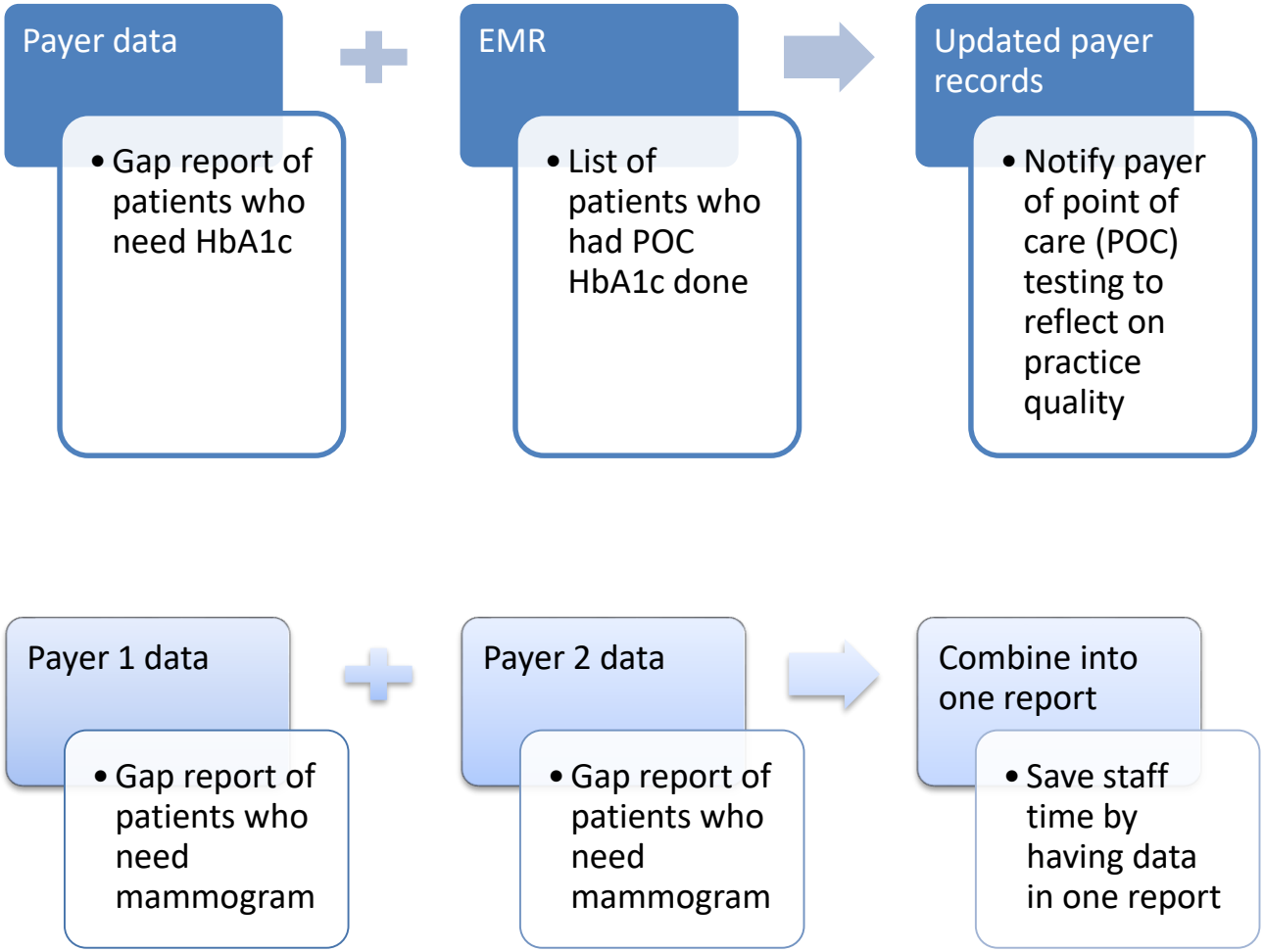
Organization

- Patient utilization
- Quality reports
- Financial reports

EHR

- Quality reports
- Gap reports
- Risk stratification
- Provider stats
- Patient lists

Combining Data



EMR Data

- Productivity
  - Check-in to visit start report
  - Next third available appointment
- Patient care
  - Patient education report
  - Missing lab results
  - List of patients without visit in the last 12 months

EMR Data

Quality reports

- Quality measures
  - Monitor frequently (at least quarterly)
  - Validate data
  - Use data to determine when changes need made
  - Share data with staff
- Patients with care gaps

Steps to Implementation

- Examine current data sources
- Determine data most relevant to your practice
- Aggregate data when it makes sense
- Assess what quality measures are important to your practice
- Evaluate EMR reports available
- Create reports that are beneficial to your practice

Next Steps

- Use your EMR data to choose one diagnosis for self-management support
- Explore your EMR for available reports to support practice transformation

- Watch the previous webinar recordings

Reach out to Tammy and Gary for assistance!

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Questions?

Consultation Services

- We can assist you on your Practice Transformation Journey.
  - Tailored support from KFMC consultants
  - Workflow and process analysis services
  - Data analysis
  - HIT consultation
- *Free for eligible practices*

Learn More

- Email practices@kfmc.org
- Visit our webpage https://www.kfmc.org/practice-transformation

Previous Session Material

All recordings and slides are available on our website

https://www.kfmc.org/practice-transformation/webinars

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Post-Event Survey