

## E-Quality Update - Issue No. 22



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# Patient Engagement: A Whole Mind Approach

By Greg Stielstra, engagement strategist, director of Best Practice Design, [Healthways](#)

From obtaining preventive care to exercising regularly, every behavior begins with a decision. Improving patient engagement, therefore, must begin by understanding human decision-making and how to influence it.

Science has identified two processes—System 1 and System 2—responsible for every choice we make.

- System 1 is unconscious, automatic, fast, and effortless. We use it for snap judgments like understanding someone's mood from their facial expression.

### Kaiser Permanente News

#### Value of Personal Data

The [World Economic Forum](#) released three reports on the value of personal data through its [Rethinking Personal Data initiative](#). One of the reports, "[Rethinking Personal Data: A New Lens for Strengthening Trust](#)," focuses on trust, examining how organizations can build and maintain the trust of individuals through transparency and accountability.

[Jamie Ferguson](#), vice president of Health IT Strategy, Kaiser Permanente and policy fellow, Institute for Health Policy, contributed to the report, stating, "Many connected online organizations operate under a significant trust deficit that they are trying to repair with customers. Even highly trusted organizations like Kaiser Permanente are always trying to strike and

- System 2 is conscious, deliberate, slow, and effortful. We use it to solve math problems or compare cell-phone plans.

Influencing System 1 involves changing context to change behavior, and finally, change people's minds. To influence System 2, individuals need to provide information to change minds and then to change behavior.

Though people use System 1 for most decisions, most engagement efforts target System 2 exclusively. They use educational programs and communications campaigns to convince patients of the value of exercise or medication adherence so they'll modify their behavior accordingly. And, they work...a little.

Attempts to influence System 1 are missing from engagement plans. Patient engagement is low because we have mastered the ability to influence the way people make a fraction of their decisions while ignoring the decision system they use most often. We don't need a better engagement approach; we need one that's complete.

System 1 is governed by a set of cognitive biases and uses "heuristics" or mental rules-of-thumb triggered by contextual cues that frame each decision. The field of Behavioral Economics studies these biases and has identified more than 130.

Reading and understanding the information related to a decision is hard work for System 2, and we'll avoid it if we can. Consequently, we tend to go with the flow of preset

maintain the balance between retention of trust and expanding the uses of online connected data for health care."

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### Addressing 'The Doctor Crisis'

Kaiser Permanente surgeon Jack Cochran, MD, FACS, executive director of The Permanente Federation, recently released a new book titled, [The Doctor Crisis: How Physicians Can, and Must, Lead the Way to Better Health Care](#). In his book, Dr. Cochran discusses the impacts of overworked and dissatisfied doctors, and seeks to mobilize health care organizations to address this crisis. Cochran highlights shared responsibility and expanded physician roles as the future of patient-centered care.

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### Kaiser Permanente Receives Prestigious IT Award

[Kaiser Permanente received](#) one of the first [Uptime Institute Brill Awards for Efficient IT](#) in recognition of the organization's efficient and environmentally conscious management of data centers and IT operations. Kaiser Permanente Executive Vice President and Chief Information Officer [Phil Fasano](#) said, "It says a lot that our data centers continue to shine for our leadership in energy efficiency... We understand

options rather than thinking carefully about each alternative. It's called Default Bias and it influences System 1.

Organ donation illustrates the opportunity to leverage the System 1 biases for better health decisions. In nations where people must opt in to organ donation, participation averages just 10 percent. The Netherlands used this approach, but improved participation with a System 2 campaign involving national TV and radio advertising, a website, and a TV reality show. The campaign also included a letter to every citizen imploring them to participate. And participation rose, but only to 28 percent.

Meanwhile, next door, Belgium took advantage of Default Bias, made its program opt-out by changing which box was already checked on its form, and attracted more than 90 percent participation! In Belgium, appealing to System 1 saved millions of dollars and millions of lives.

By understanding how to influence both of the ways people decide, we can help more patients engage in the behaviors that improve their well-being.

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## Hot Off the Press

### IOM Wants More for EHRs

In [a new report](#), The Institute of Medicine calls for the addition of behavioral data in EHRs to help inform and improve the health of patients. The IOM outlines six criteria to help determine if behavioral data should be included in the patient's electronic record. These criteria include

how the health of our environment directly affects individual and community health, and we're so pleased that the Uptime Institute recognizes our commitment to improving the health of the communities we serve."

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### Study Reveals Best Treatment for Rare Skin Cancer

A [Kaiser Permanente study](#) on Merkel cell skin cancer, one of the largest studies of its kind, revealed that radiation treatment better reduces the recurrence of the cancer. Kaiser Permanente is able to conduct this level of research because it houses the largest private, patient-centered electronic health system in the world. The study's lead author, Kaiser Permanente physician [Maryam M. Asgari, MD](#), noted that "This research should help dermatologists and oncologists in caring for their patients with Merkel cell carcinomas."

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### Health for Tomorrow

*The New York Times'* ["Health for Tomorrow" forum](#) launched on May 28 in San Francisco. The two-day forum brought together 300 leading experts in science, research, academia, and banking to discuss the obstacles facing today's health care industry. Kaiser Permanente

evidence that the information is related to the patient's health, overall usefulness of the information, and whether physicians can feasibly collect the information.

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## A New Hospice Quality Program at CMS

Mandated by the health reform law, the Centers for Medicare and Medicaid Services recently established a new electronic system for hospices to report on quality measurements. The program, which took effect on July 1, will measure physician pain management and compliance with patient wishes. Hospices will be required to submit all patient data, not just data associated with Medicare beneficiaries.

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## mHealth's Continued Rise

The mobilization of health care technology is expected to continue with \$49 billion in projected revenues over the next six years. The HIMSS Analytics' annual mobile survey found a 13 percent increase in the number of organizations that offer patients and consumers mobile apps. Additionally, 70 percent of respondents reported their providers use mobile technology to view patient information. However, skeptics such as Steven Steinhubl, a cardiologist with San Diego-based Scripps Health, noted the need for additional evidence to help support the case for mobile technology in health care.

Chairman and CEO Bernard Tyson was a featured speaker at the event. He discussed transforming health care to achieve affordability. The program included a panel on the state of the Affordable Care Act, a presentation on the Future of Individualized Medicine, and debates over health technology, both large and small scale.

## Research Roundup

### Reducing ER Visits Through Better Communication

A study in the journal *Surgery* found that better communication of post-operation symptoms with patients may help reduce hospital and emergency room visits. The authors recommend patient tracking and reporting to help predetermine those patients more susceptible to adverse events after a procedure to avoid hospital readmission. The authors also recommend speaking with patients about post-operative care well before the surgery, and providing clearer descriptions of the type of symptoms patients might experience after their operations.

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### Government Panel Disappointed in Progress on Meaningful Use

A new report on the current state of health data infrastructure noted

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## 3-D Printing the Human Body

Across the world, physicians are leveraging [3-D printing to create individually bio-fitted and mass-produced prosthetics](#). Doctors and medical companies are printing skulls, eyes, skin, and bones with the tone and texture of real human body parts to help address a number of illnesses or conditions. Researchers hope that these printed objects will drive down costs and allow for less invasive, patient-friendly development of products.

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## Disruptive Innovation Moves Health Technology Forward

Patients and consumers now have more wearable health options than ever before. The rise of fitness trackers and health monitors are giving way to [new technological innovations](#) such as ear-based glucose meters that measure blood sugar without finger pricks. Wearable health technology also is helping to facilitate dialogue between patients and physicians by allowing them to have more access to data and communicate outside of the examination room.

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## CNN Names Top 10 Health Innovations

CNN focuses its spotlight on innovative ideas that have the potential to change the health care field. These [top 10 innovations](#) are revolutionizing health care, and many

the need for better progress in achieving Meaningful Use. The report was issued by U.S. government scientific consultants, known as JASON.

The authors assert, “The criteria for Stage 1 and Stage 2 Meaningful Use, while surpassing the 2013 goals set forth by HHS for EHR adoption, fall short of achieving Meaningful Use in any practical sense.” The report puts forth recommendations for improving health technology infrastructure to achieve Meaningful Use, including the creation of an interoperable infrastructure, the definition of an overarching software, and the solicitation of information from the biomedical community to ensure that health data infrastructure meets the needs of researchers.

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## Future of Academic and Industry Partnerships

In efforts to improve quality reporting and analysis of electronic health data, researchers at Harvard Medical School, the Boston Veterans Affairs Medical Center, the Regenstrief Institute, Indiana University School of Medicine, and Merck voiced the importance of collaborations between academics and the health industry. The authors note in *JAMA Viewpoints* that these partnerships are mutually beneficial. The researchers argue better collaboration will help maximize resources, and more efficiently

involve technology to help patients and health care providers improve their health and health care delivery. Some innovations include the use of microchips to administer medication dosages, while other innovations leverage imaging technology for more minimally invasive surgeries.

identify issues and successes in leveraging electronic health data.

### Health IT Happenings

[mHealth + Telehealth World 2014](#)

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