

Leslie Kelly Hall
Senior Vice President, Policy
Healthwise

HHS: Appointee: Office of the National Coordinator

Health Information Technology Standards Committee

Co-chair: Patient/Consumer Technology

Privacy and Security

Health Information Technology Policy Committees

Co-Chair: Patient/Consumer Empowerment

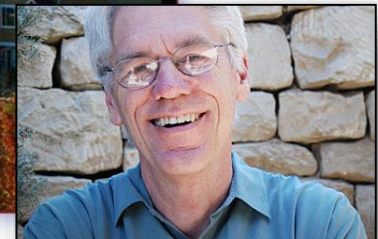
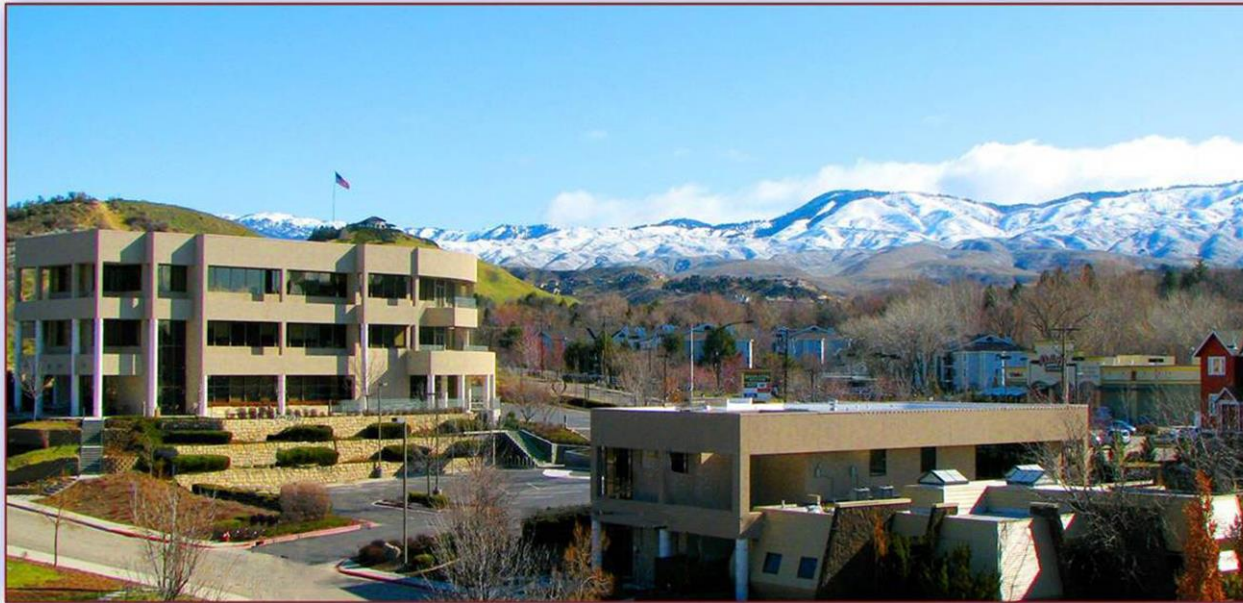
Meaningful Use

Patient Generated Health Data, Clinical Documentation ...

National E-Health Collaborative: Board Member & Chair Consumer Consortium

DirectTrust.org: Board Member & Chair Patient Engagement

“Helping people make better health decisions” since 1975



- » Boise, Idaho
- » Nonprofit
- » 200+ employees

- » 112 million times a year, someone uses Healthwise
 - » Every 3 seconds



INFORMED MEDICAL
DECISIONS FOUNDATION
Partnerships for Quality Care

A FORCE FOR GOOD

Healthwise and the Informed
Medical Decisions Foundation merge

[learn more >](#)

A word cloud featuring the words 'SELF' and 'CARE' in the largest, most prominent font. 'SELF' is in a dark green color, and 'CARE' is in a dark red color. Surrounding these are numerous other words in various sizes and colors, including green, red, yellow, and orange. The words are arranged in a roughly circular pattern around the central terms. The words include: EXPERT, IMPROVING, EXERCISE, ENHANCED, TRAINING, QUALITY, RETURN, CONSUMER, INTENTION, SMOKING, PHYSICAL, PROVIDER, OPEN, SKILLS, LIFE, PATIENT, PARTNERSHIP, HEALTHWATCH, HEALTH, and PERSONALISED.

Patient Support and Empowerment



- ▶ Expanding patients' and caregivers' **capacity** to get and stay well (self-efficacy)
- ▶ Support for **self-management** - tools and services that help patients and caregivers better manage their conditions
- ▶ Patient **partnership** with clinicians – choosing treatment options, goals, plans, team members, etc.
- ▶ **Trust and respect** – patient preferences, physical and emotional comfort, and privacy
- ▶ Connection to **community resources**



WORLD
NURSE
CHAMPION

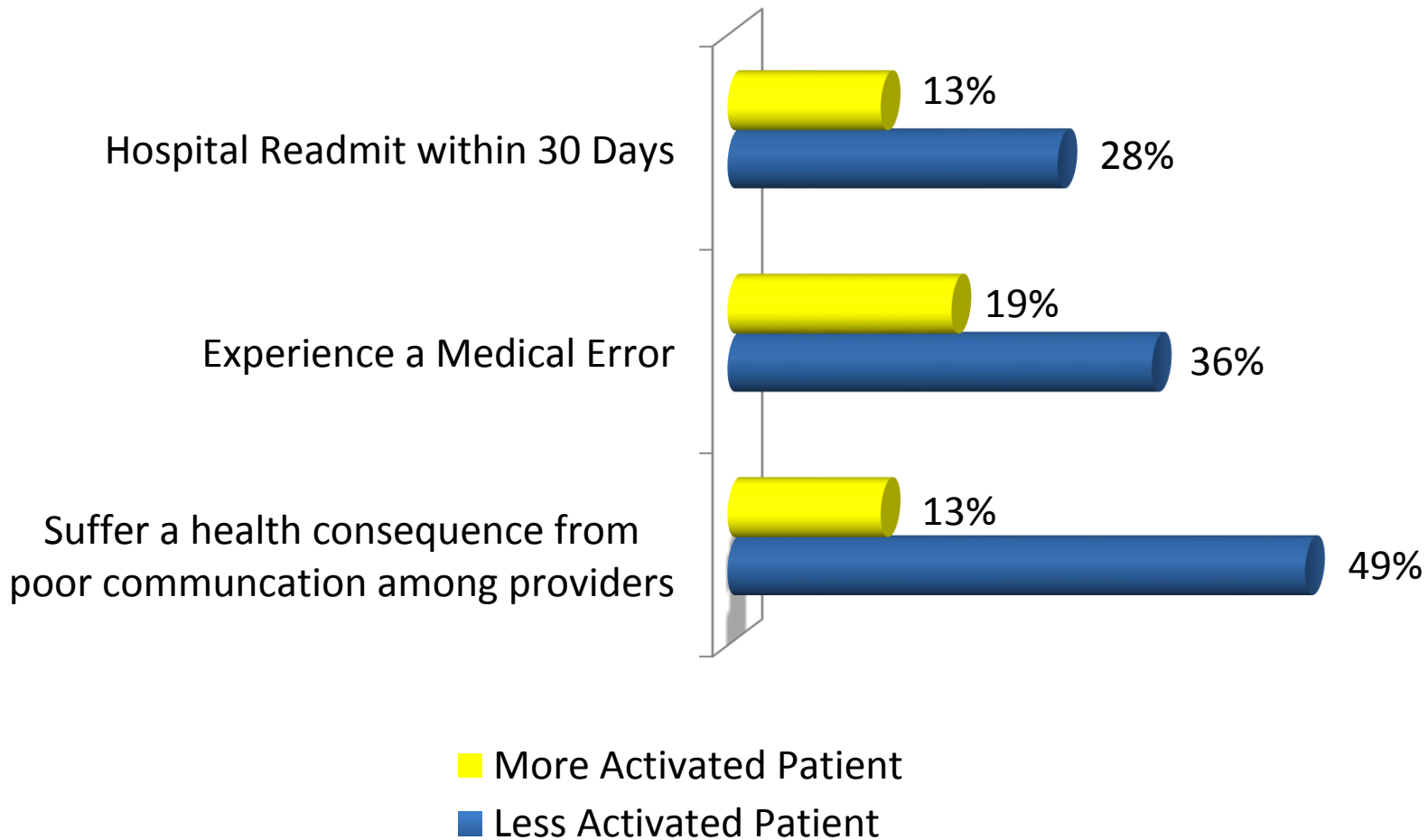
Why Champion Self- Care

- Outcomes that matter
 - Good for Patients
 - Safer Care
 - Good for Business
 - Appropriate care
 - Regulatory success
- Continuum Standard





Better Engagement => Better Outcomes





Care Planning

▸ Health Care Costs

▸ Health Care Plans

Preventing Errors

▸ 20 Tips to Help Prevent Medical Errors

▸ Five Steps to Safer Health Care

Diagnosis & Treatment

Patient Involvement

Prevention & Health

Five Steps to Safer Health Care

Publication # 04-M005

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Patient Fact Sheet

Patient safety is one of the Nation's most pressing health care challenges. A 1999 report by the Institute of Medicine estimates that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of lapses in patient safety.

This fact sheet tells what you can do to get safer health care. It was developed by the U.S. Department of Health and Human Services in partnership with the American Hospital Association and the American Medical Association.

- 1. Ask questions if you have doubts or concerns.**
Ask questions and make sure you understand the answers. Choose a doctor you feel comfortable talking to. Take a relative or friend with you to help you ask questions and understand the answers.
- 2. Keep and bring a list of ALL the medicines you take.**
Give your doctor and pharmacist a list of all the medicines that you take, including non-prescription medicines. Tell them about any drug allergies you have. Ask about side effects and what to avoid while taking the medicine. Read the label when you get your medicine, including all warnings. Make sure your medicine is what the doctor ordered and know how to use it. Ask the pharmacist about your medicine if it looks different than you expected.
- 3. Get the results of any test or procedure.**
Ask when and how you will get the results of tests or procedures. Don't assume the results are fine if you do not get them when expected, be it in person, by phone, or by mail. Call your doctor and ask for your results. Ask what the results mean for your care.
- 4. Talk to your doctor about which hospital is best for your health needs.**
Ask your doctor about which hospital has the best care and results for your condition if you have more than one hospital to choose from. Be sure you understand the instructions you get about followup care when you leave the hospital.
- 5. Make sure you understand what will happen if you need surgery.**
Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation. Ask your doctor, "Who will manage my care when I am in the hospital?" Ask your surgeon:



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[Careers](#)

Search

Preventing Falls in the Hospital

Topic Overview

During a hospital stay, you may have a higher-than-normal risk of falling.

You might get medicines that make you dizzy and more likely to fall.

You may get weak and confused because of illness, surgery, or treatments, and you may have a hard time getting out of bed. And things like crutches, bandages, or being connected to [intravenous](#) tubing can affect how well you can walk.

If you and your family know that you have a risk of falling, you can plan ahead. Talk to doctors and nurses about helping you avoid falls. Ask your doctor if working with a physical or occupational therapist would help you prevent a fall.

Don't be afraid to ask for help, even with minor things. If you or a family member or friend sees a safety hazard, make sure to point it out to the hospital staff.

How can you help prevent a fall?

- When you go to the hospital, bring nonskid socks, slippers, or shoes that stay securely on your feet. If you don't have these, ask the nurse for a pair of nonskid socks.
- If you use a walker or cane at home, bring it with you or ask the hospital to provide one during your stay.
- Tell your doctor or nurse if medicines make you dizzy or if you feel weak or lightheaded.

We're building
healthy communities

Community Resources »

Topic Contents

[Topic Overview](#)

[Related Information](#)

[Credits](#)

TOP THREE GOALS AND CONCERNS FOR BREAST CANCER DECISIONS

Condition: Goal	Pat	Prov	p
Keep your breast?	7%	71%	P<0.01
Live as long as possible?	59%	96%	P=0.01
Look natural without clothes	33%	80%	P=0.05
Avoid using prosthesis	33%	0%	P<0.01



WHY DON'T PATIENTS SPEAK UP?

- Patients feel compelled to conform to socially sanctioned roles
- Physicians can be authoritarian
- Patients work to fill information gaps
- Patients feel the need to bring social support to the consultation

SHARED DECISION MAKING

By Dominick L. Frosch, Suepattra G. May, Katharine A.S. Rendle, Caroline Tietbohl, and Glyn Elwyn

Authoritarian Physicians And Patients' Fear Of Being Labeled 'Difficult' Among Key Obstacles To Shared Decision Making

"If I were to do that I would think...is the guy going to be pissed at me...? Is it going to come out in some way that 's going to lower the quality of my treatment?"

64 year old man



Call to Action: Review

- Culture of self-care
 - Inclusion
 - Inpatient
 - Outpatient
 - Patient terms
 - Safety
 - Pre-visit
 - In hospital
 - Post-hospitalization



Peggy Jo
My Story



Continuum of Need

One View
workflow

One Voice
care team

EMR / EHR



↑
PLATFORM
ONE

Population Health



Care Management

physicians



population health
managers



patient



care team

Continuum of Need

- Consistent across settings
 - Medical accuracy
 - Tone
 - Standard of care
- Personalized
 - Health literacy
 - Preference
 - Plain language
 - Multi-lingual

Continuum of Need

- Flexible provider roles
 - Hospital
 - Ambulatory
 - Home
 - Coaching
 - Community support
- Flexible Delivery
 - Paper
 - Video
 - On-line
 - Interactive

Why Do Patient Education?

- Help patient and family cope with the illness and possible potential complications
- Communicate strategies to patients for self-care and support
- Teach patients about their medications
 - side effects, optimum timing
- Give patient and family tools to become and stay as healthy as possible
- Mandated by regulatory agencies

Types of Patient Instructions

- Pre-op
- Post-op
- Medical Tests
- After your Visit
- General Information
 - Condition
 - Anatomy
 - Prevention
 - Wellness
 - General
- Medications

Context

MyChart

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Chemistry Screen

Test Overview

A chemistry screen is a blood test that measures the levels of several substances in the blood (such as electrolytes **■**). A chemistry screen tells your doctor about your general health, helps look for certain problems, and finds out whether treatment for a specific problem is working.

Some chemistry screens look at more substances in the blood than others do. The most complete form of a chemistry screen (called a chem-20, SMA-20, or SMAC-20) looks at 20 different things in the blood. Other types of chemistry screens (such as an SMA-6, SMA-7, or SMA-12) look at fewer. The type of chemistry screen you have done depends on what information your doctor is looking for.

For more information about specific parts of a chemistry screen, see:

- Albumin.
- Alkaline Phosphatase.
- Alanine Aminotransferase (ALT).
- Aspartate Aminotransferase (AST).
- Bilirubin (total and direct).
- Blood Glucose.
- Blood Urea Nitrogen.
- Calcium (Ca) in Blood.
- Carbon Dioxide (Bicarbonate).

Medical Tests

Medications

Allergies

Immunizations

Health Summary

Work flow (AVS)

Welcome, Theodore Mychart Validate

[Log Out](#)

Past Appointments

Click on a row to see more details about a past appointment.

Date/Time	Description	Department
Wednesday March 07, 2012 9:57 PM	Emergency Department with Emergency Attending Physician, MD	Emergency Department
Monday February 06, 2012 2:45 PM	Office Visit with Gadea, Jorge, DO	FAMILY CARE CLINIC KENNEDY
Friday February 03, 2012 11:00 AM	Office Visit with Poblete, Sarah-Jessica, MD	FAMILY CARE CLINIC KENNEDY
Friday February 03, 2012	Office Visit with Gadea, Jorge, DO	FAMILY CARE CLINIC KENNEDY
Thursday August 20, 2009	E-visit with Physician Family Medicine, MD	KEN FAMILY MEDICINE

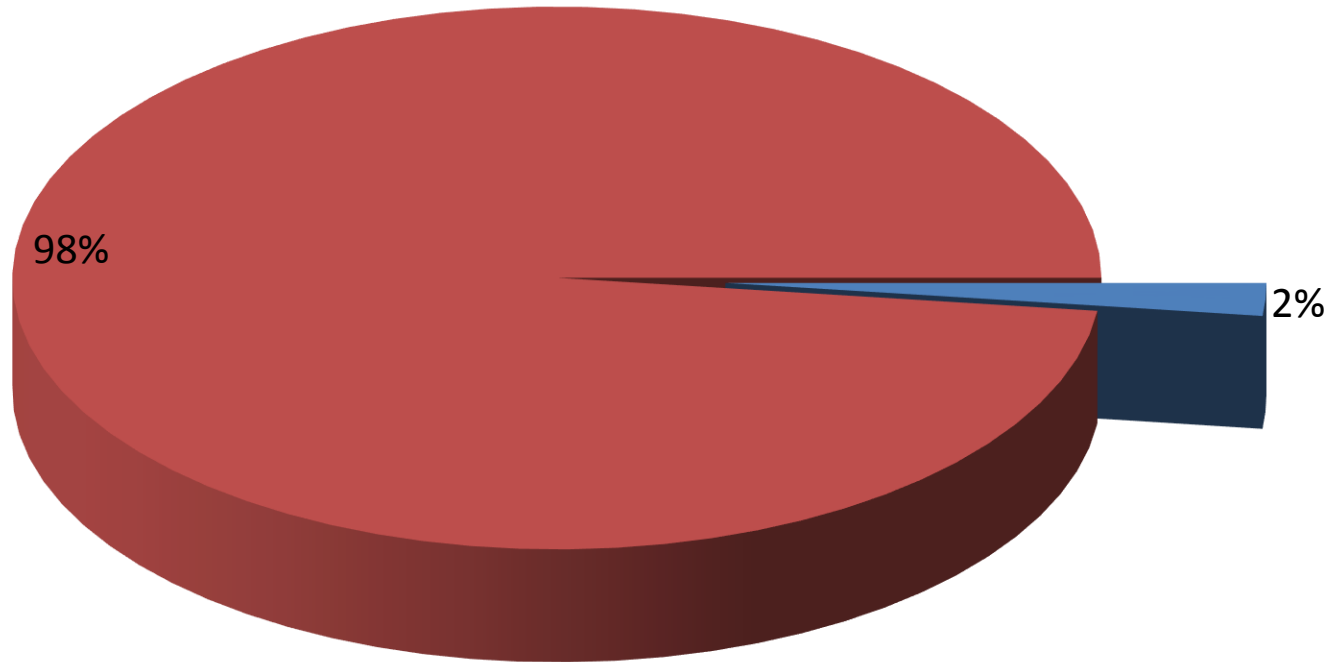
← Previous | **Past Appointments 21 - 25** | Next →

[Back to the Home Page](#)

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Format Inpatient

Jul 2012 - Jun 2014

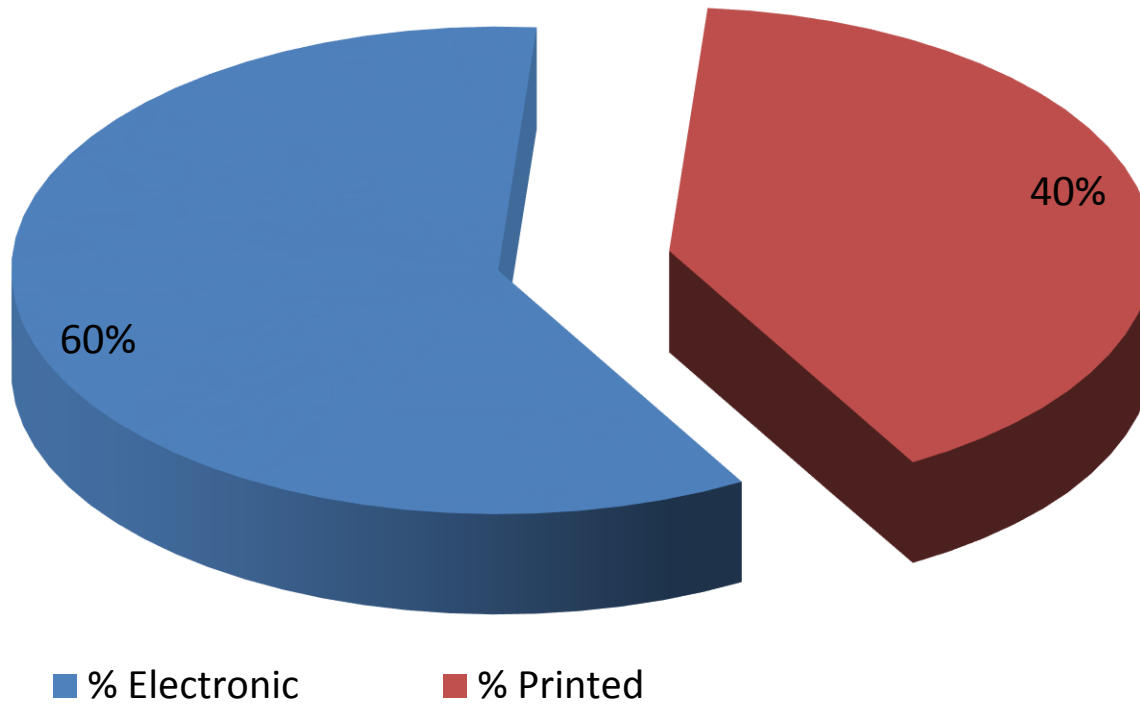


■ % Electronic

■ % Printed

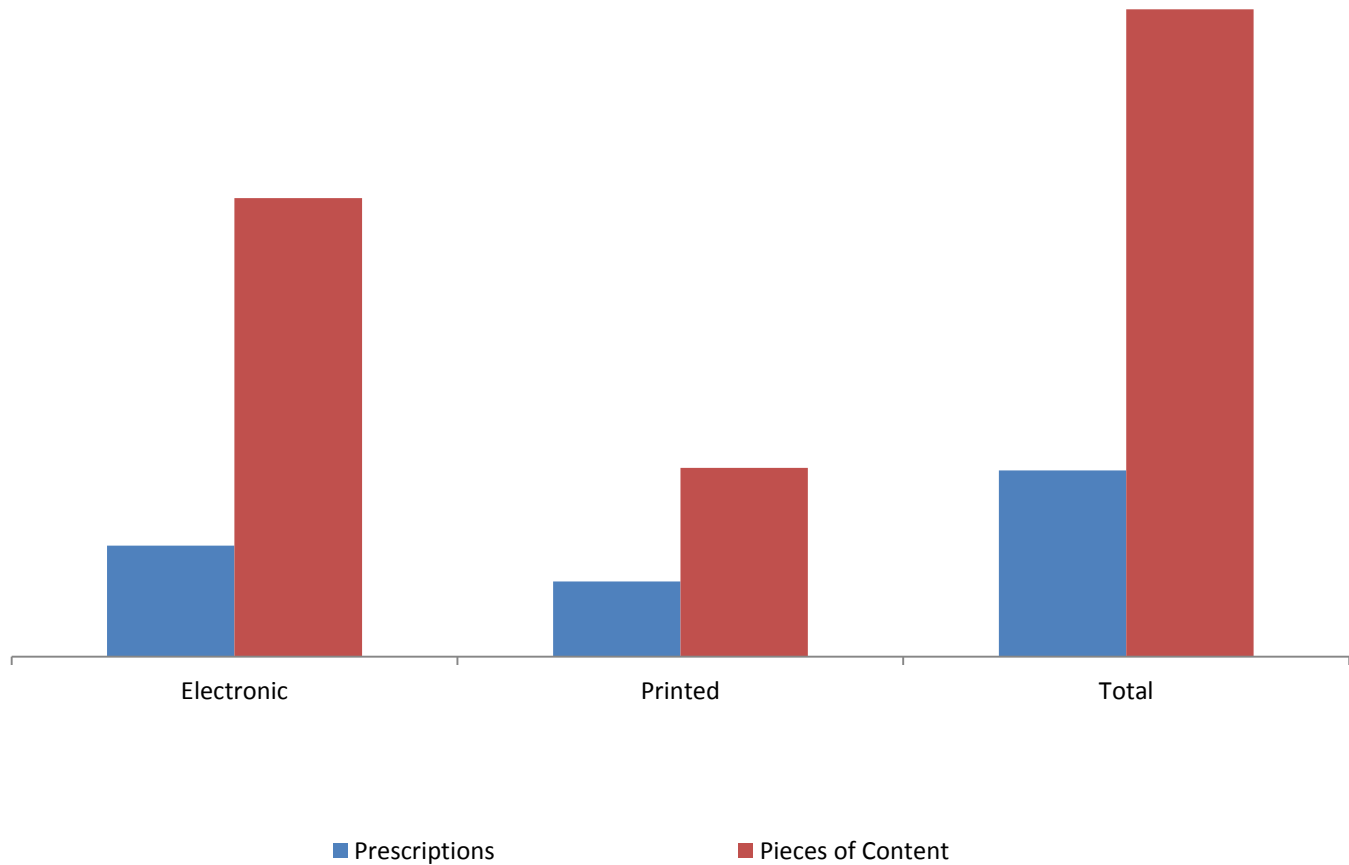
Format: Coaching

Jul 2012 - Jun 2014

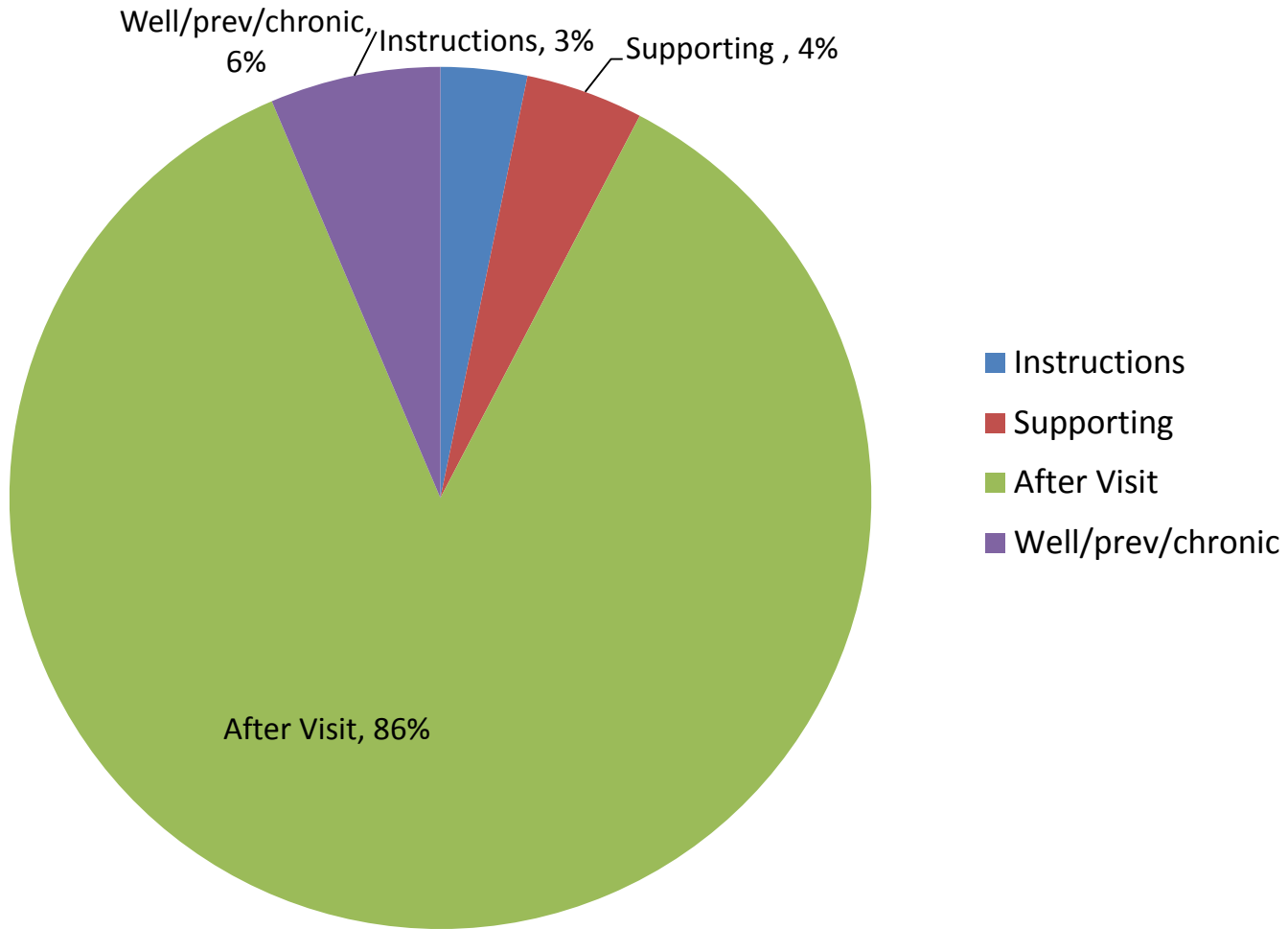


e-Content Depth

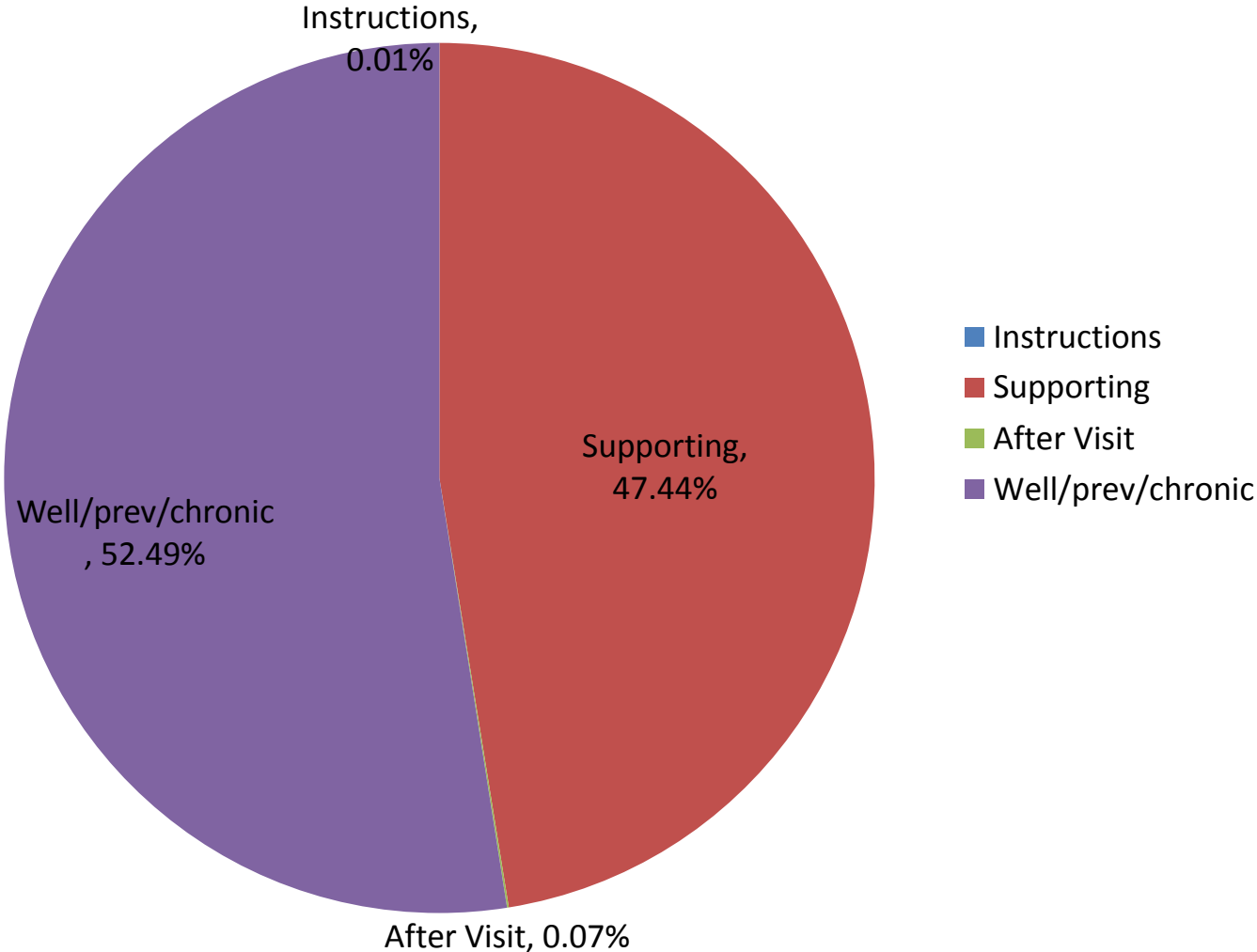
Jul 2012 - Jun 2014



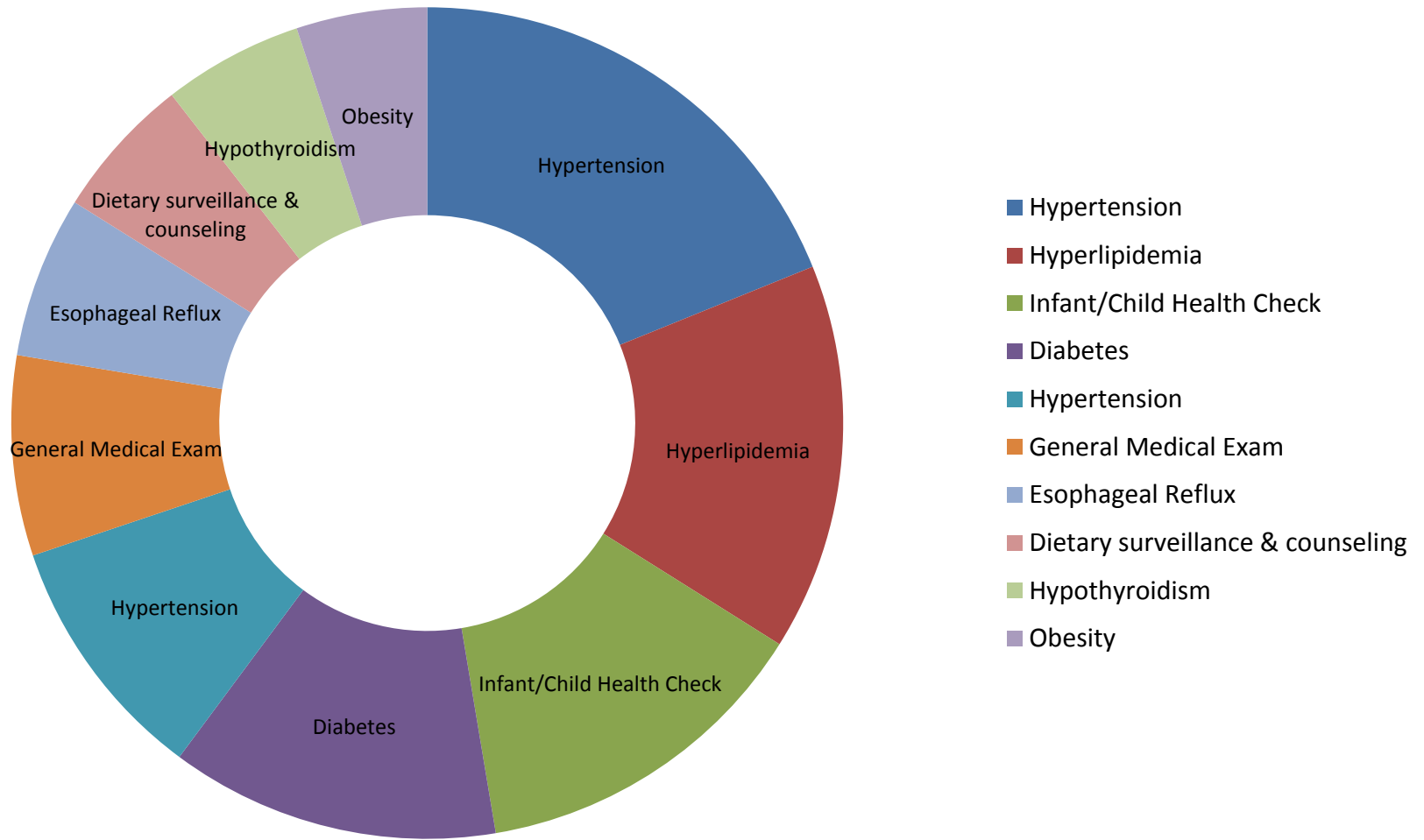
Inpatient



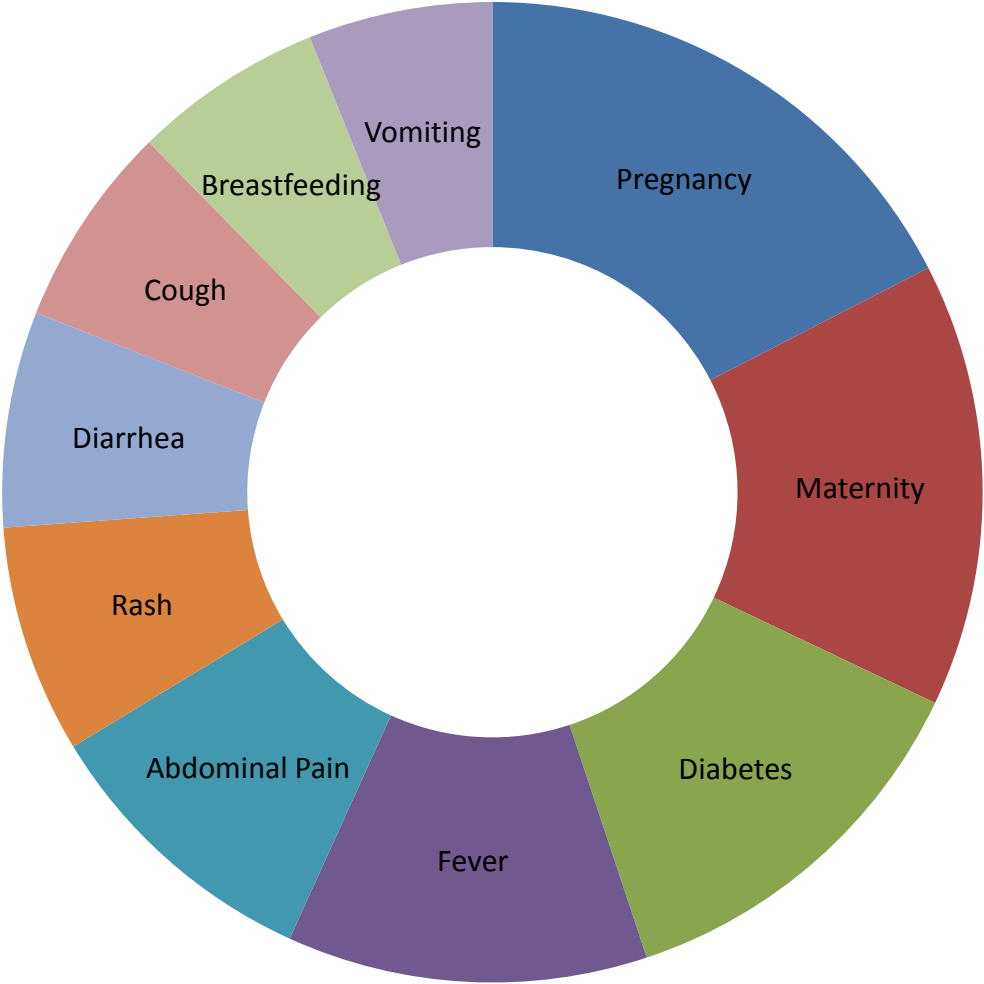
Coaching



Inpatient



Coaching



- Pregnancy
- Maternity
- Diabetes
- Fever
- Abdominal Pain
- Rash
- Diarrhea
- Cough
- Breastfeeding
- Vomiting

Engagement Depends on Health Literacy



...”capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

--Healthy People 2010, 2000; IOM, 2004

...so much is foreign

- “Your prostate biopsy was positive for cancer.”
- “You should either take ciprofoxacin 1-2 hours before eating or drinking dairy products or avoid eating and drinking these products for four hours after taking ciprofoxacin.” (Drug leaflet)
- “We’re going to draw some blood...”
- “Diet,” “Exercise,” “Stable,” “Dressing”...

Health Literacy Universal Precautions



Structure the delivery of health care as if everyone may have limited health literacy.

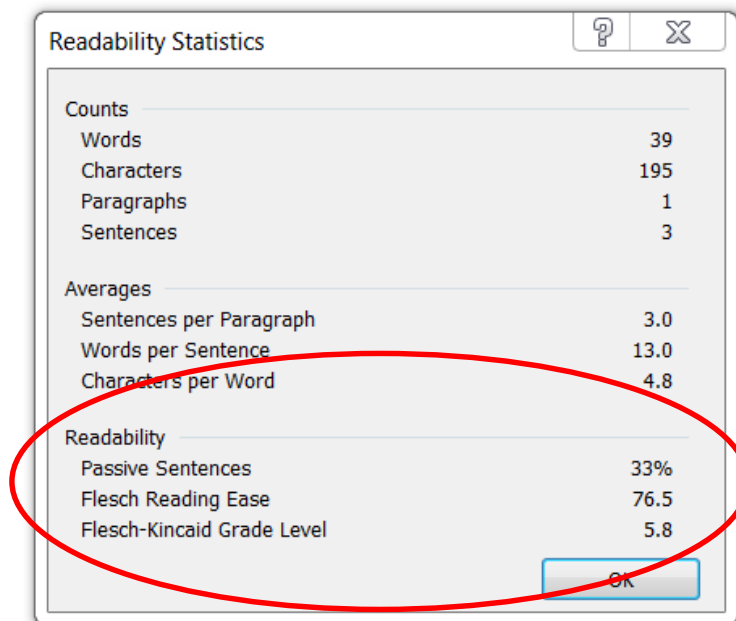
- You can't tell by looking.
- Higher literacy skills \neq understanding.
- Health literacy is a state, not a trait.
- Everyone benefits from clear communication.

--Dean Schillinger, MD

Beware the Formula: editing required

Reading level is 5.8

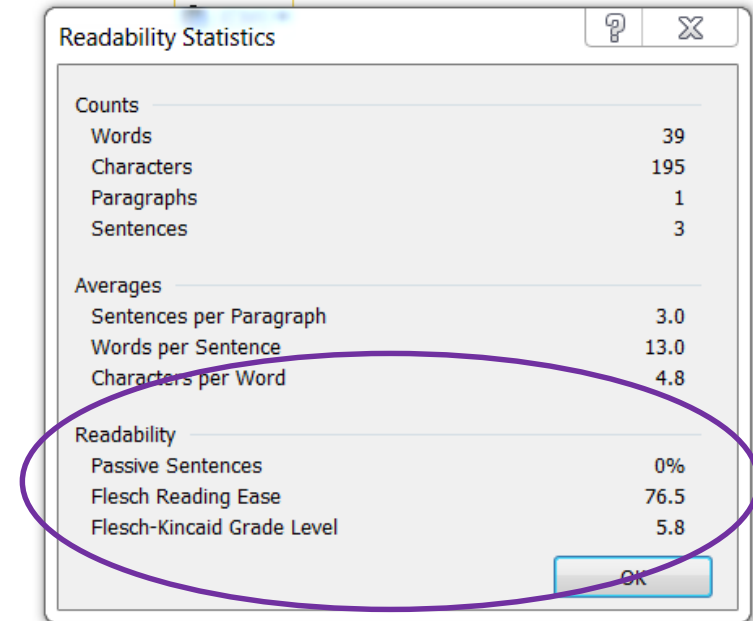
Blisters are fluid-filled bumps that look like bubbles on the skin. Most of the time they're caused by something rubbing against the skin. Sometimes injuries to the skin, such as burns, spider bites, or pinching, can cause a blister.



Readability Statistics	
Counts	
Words	39
Characters	195
Paragraphs	1
Sentences	3
Averages	
Sentences per Paragraph	3.0
Words per Sentence	13.0
Characters per Word	4.8
Readability	
Passive Sentences	33%
Flesch Reading Ease	76.5
Flesch-Kincaid Grade Level	5.8

Reading level is 5.8

Blisters that are bubbles fluid-filled like bumps the look skin on. Most by rubbing of against caused the skin time something the they're. Sometimes skin the injuries such, to spider as burns, bites, can a blister pinching or, cause.



Readability Statistics	
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Sentences per Paragraph	3.0
Words per Sentence	13.0
Characters per Word	4.8
Readability	
Passive Sentences	0%
Flesch Reading Ease	76.5
Flesch-Kincaid Grade Level	5.8

Call to Action: Review

- Care Continuum of need
 - Care settings
 - Provider roles
 - Delivery media/format
 - Video
 - Print
 - Online
 - Text
 - portal
- Health literacy
 - Plain language





What is Shared Decision Making?

Shared decision making (SDM) is a **collaborative process** that allows **patients and providers to make health care decisions together**, taking into account the best scientific evidence available, as well as the patient's values and preferences.



What are the Key Elements of Measuring Decision Quality?

- Patients know key facts
- Doctors meaningfully involve patients in decision making process
- Decision aligns with what is most important to patients



Health Policy Reasons for Adoption of SDM on Large Scale

- Ethical imperative to do the right thing
- Perfected Informed Consent-Aligning preferences, values and lifestyle with individual's clinical decision
- Conservative Utilization of surgical interventions



2014 Cochrane Review of Decision Aids Findings

- The *Clinical Evidence 2013* of the BMJ classified the evidence supporting 3000 treatments as:
- 50% have insufficient evidence
- 24% are “likely” to be beneficial
- 7% have trade-offs between benefits and harms
- 5% are unlikely to be beneficial
- 3% are likely to be ineffective or harmful
- 11% are clearly beneficial

2014 Cochrane Review of Decision Aids Findings

- Decision aids help patients assess their personal risks and potential benefits for a treatments and apply their own values and preferences. Especially when the suggested treatment is not one of the 11%.
- Improve the knowledge of options

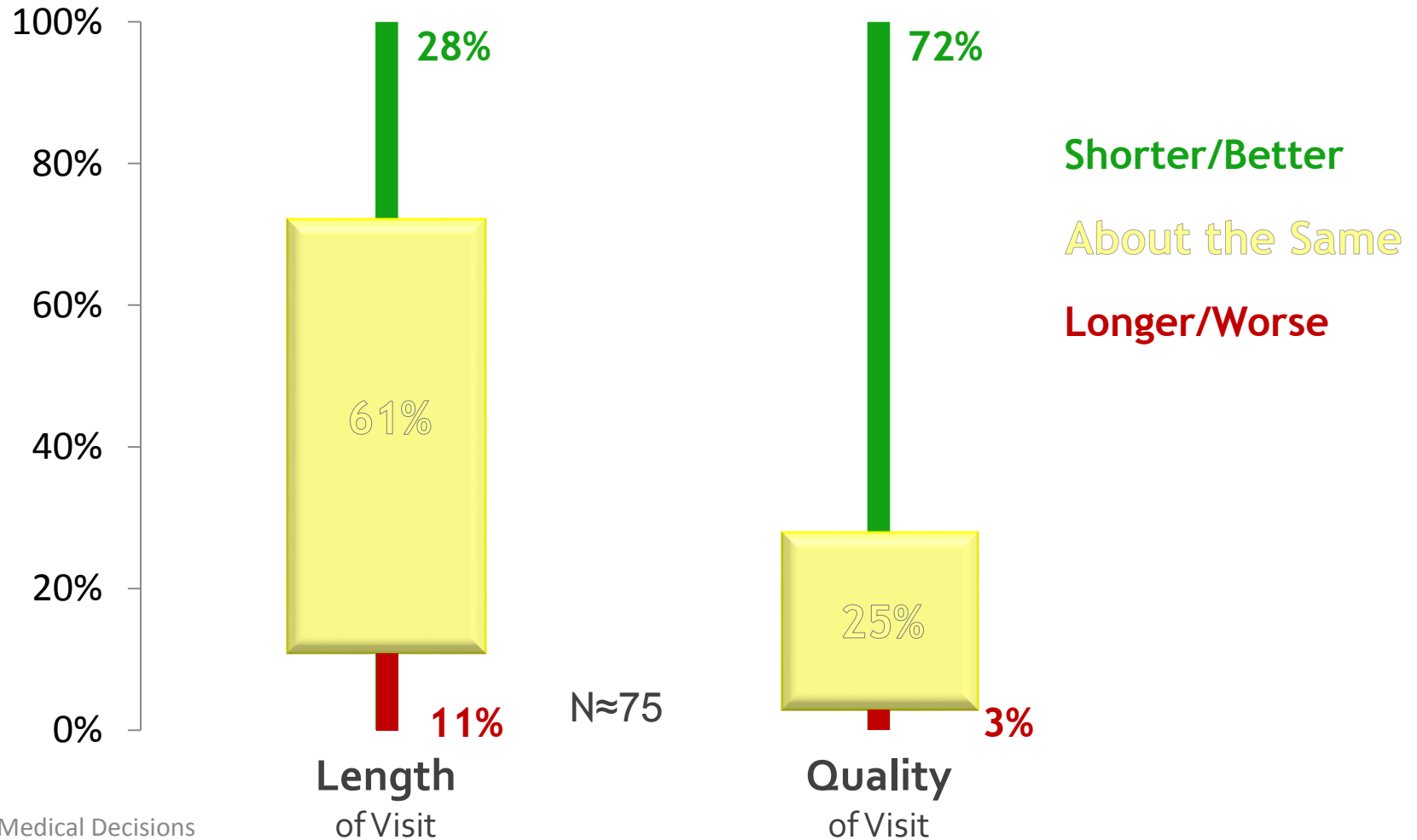
2014 Cochrane Review of Decision Aids Findings

- Feel more informed and clear about what matters most to them
- Have more accurate expectations of the potential benefits and harms of their options
- Participate more in decision making



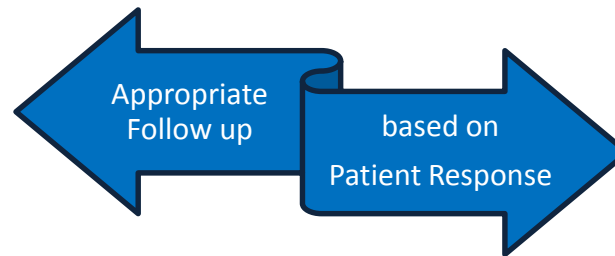
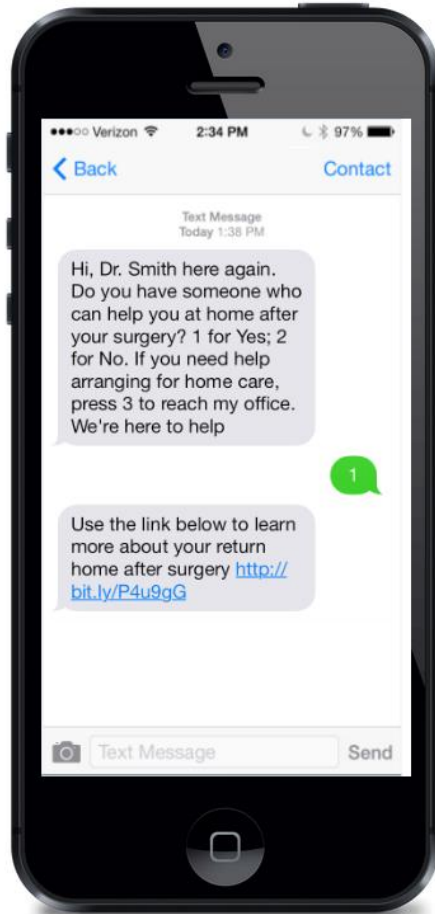
SAVING TIME, ADDING VALUE

Compared to Visits with Patients Who Didn't View DA: **Length & Quality of Visit**





Easy two-way communication enables care team to connect with patients and identify risks



- 1 for Yes
- 2 for No
- 3 to reach my office for assistance

Knee Replacement Surgery

Media Gallery



Deciding About Knee Replacement Surgery

Learn the pros and cons of having a knee replacement.

Video Duration - 2:49



Credits

ligaments around the joint usually provide enough stability so that the damaged ligaments are not a problem.

Doctors often use general [anesthesia](#) for joint replacement surgeries. This means you'll be unconscious during surgery. But sometimes they use regional anesthesia, which means you can't feel the area of the surgery and you are sleepy, but you are awake. The choice of anesthesia depends on your doctor, on your overall health, and, to some degree, on what you prefer.

Knee Replacement Surgery

Surgery Overview

Joint replacement involves surgery to replace the ends of bones in a damaged joint. This surgery creates new joint surfaces.

In knee replacement surgery, the ends of the damaged thigh and lower leg (shin) bones and usually the kneecap are capped with artificial surfaces lined with metal and plastic. Usually, doctors replace the entire surface at the ends of the thigh and lower leg bones. Doctors usually secure knee joint components to the bones with [cement](#).

Doctors are working on ways to replace just the damaged parts of the knee joint. This is sometimes called partial joint replacement. Unicompartamental replacement is one example of partial knee replacement. It replaces just the inner knee surfaces or the outer knee surfaces, depending on where the damage is. Another partial replacement is called a patellofemoral replacement. In this surgery, the end of the thigh bone is replaced, and an artificial surface is used to line the back of the kneecap.

In [knee replacement surgery](#), doctors remove the damaged cartilage and replace it with new joint surfaces in a step-by-step process.

Joint changes caused by osteoarthritis may also stretch and damage the ligaments that connect the thighbone to the lower leg bone. After surgery, the artificial joint itself and the remaining ligaments around the joint usually provide enough stability so that the damaged ligaments are not a problem.

Media Gallery

(3 videos, 1 picture)

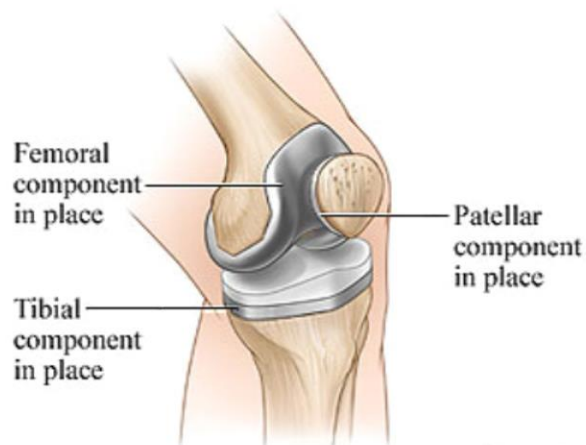


[Learn more about Deciding About Knee...](#)





Total Knee Replacement: What to Expect at Home Your Recovery



© Healthwise, Incorporated

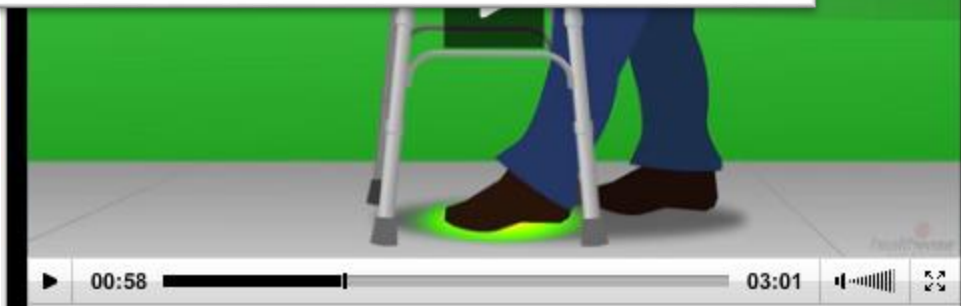
When you leave the hospital, you should be able to move around with a walker or crutches. But you will need someone to help you at home for the next few weeks or until you have more energy and can move around better. If there is no one to help you at home, you may go to a rehabilitation center.

You will go home with a bandage and stitches or staples. Change the bandage as your doctor tells you to. Your doctor will remove your stitches or staples 10 to 21 days after your surgery. You may still have some mild pain, and the area may be swollen for 3 to 6 months after surgery.

Your knee will continue to improve for 6 to 12 months. You will probably use a walker for 1 to 3 weeks and then use crutches. When you are ready, you can use a cane. You will probably be able to walk on your own in 4 to 8 weeks.

▶ 01:2

CC
is off



Call to Action: Review

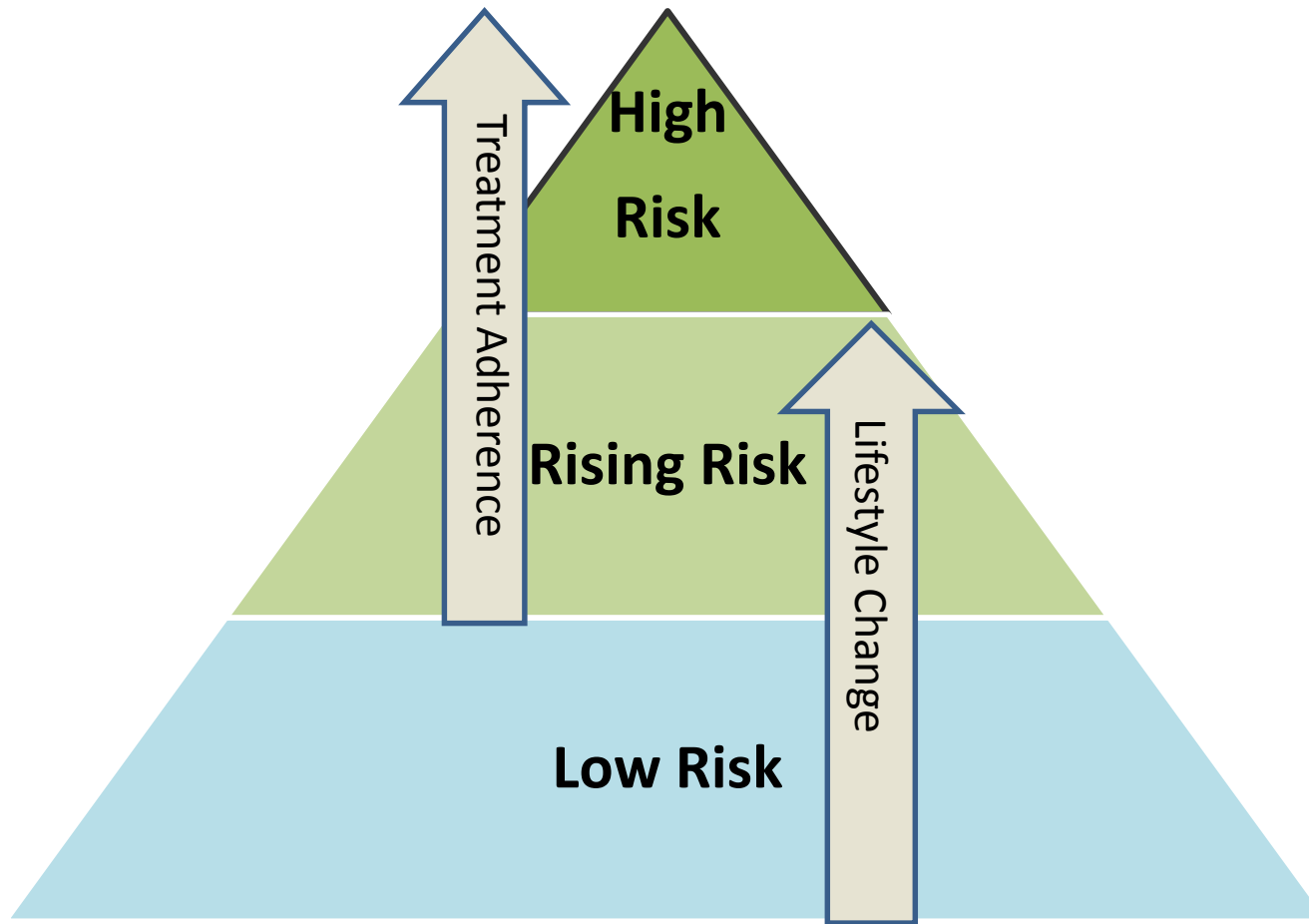
- Shared decision making readiness
 - SDM interventions
 - Provider workflow
 - Integrating patient decisions
- ACO value based purchasing
 - High value SDM areas
- Prevalent SDM opportunities



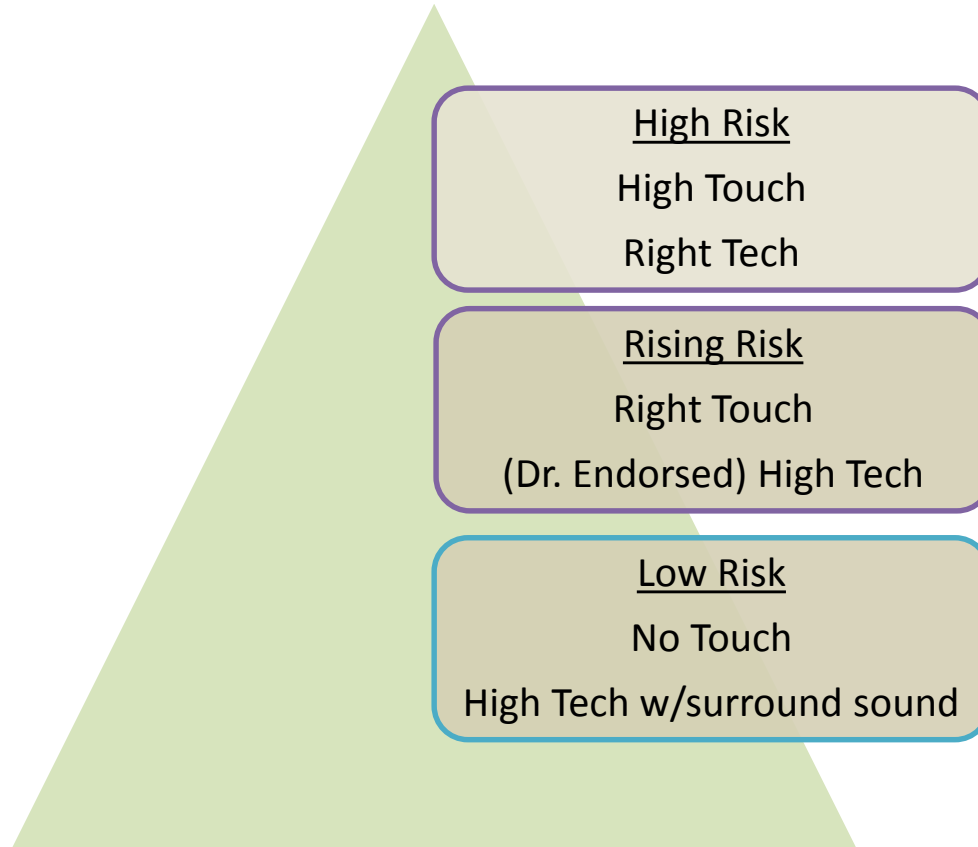
Behavior Change: The Business Proposition

- Lowest Cost + Widest Reach
- Controlled Cost + Targeted Reach

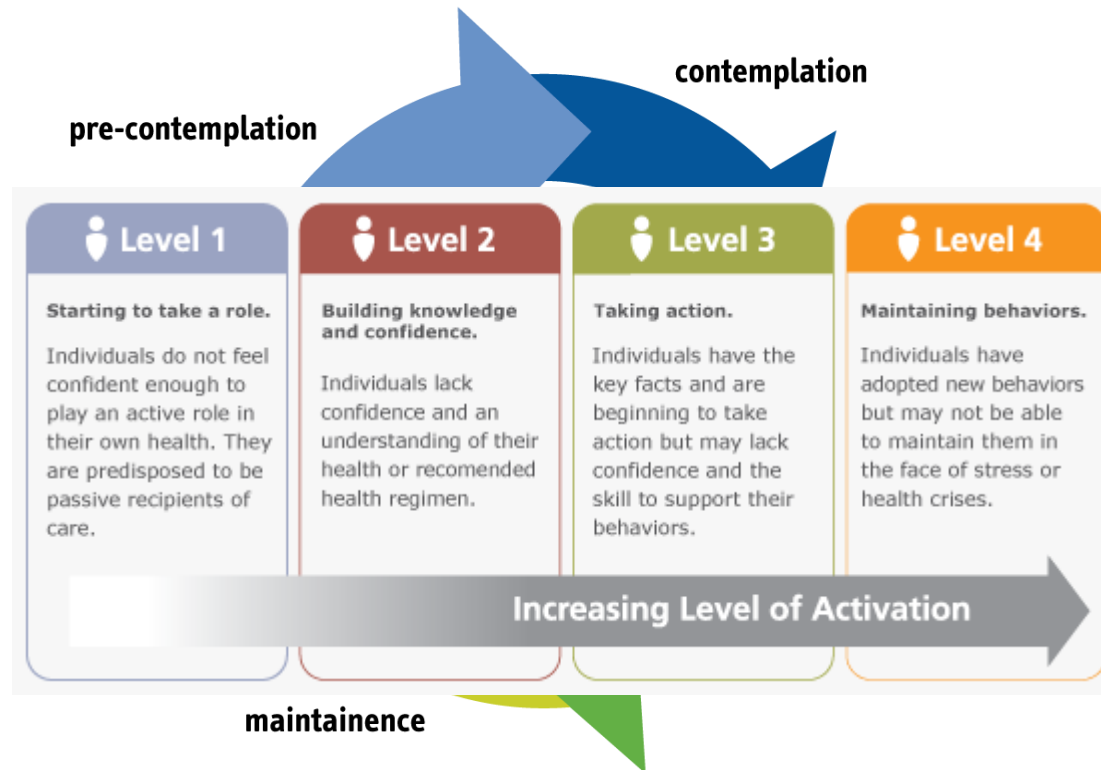
Behavior Change Strategy for Risk Stratified Population



Staffing for Behavior Change in a Stratified Risk Model



Behavior Change Models



Transtheoretical Model of Change
Prochaska & DiClemente

ARTICLE

Sustainable Change Sequence: a framework for developing behavior change interventions for patients with long-term conditions

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Visiting Professor and Senior Scientist, The Dartmouth Center for Health Care Delivery Science, Hanover, NH, USA

b Research Associate, Cochrane Institute of Primary Care and Public Health, Cardiff University, Heath Park, Cardiff, UK

c Associate Investigator, Department of Health Services Research, Palo Alto Medical Foundation Research Institute, Palo

Alto; Associate Adjunct Professor of Medicine, University of California, Los Angeles and Fellow, Patient Care Program,

Gordon & Betty Moore Foundation, Palo Alto, CA, USA

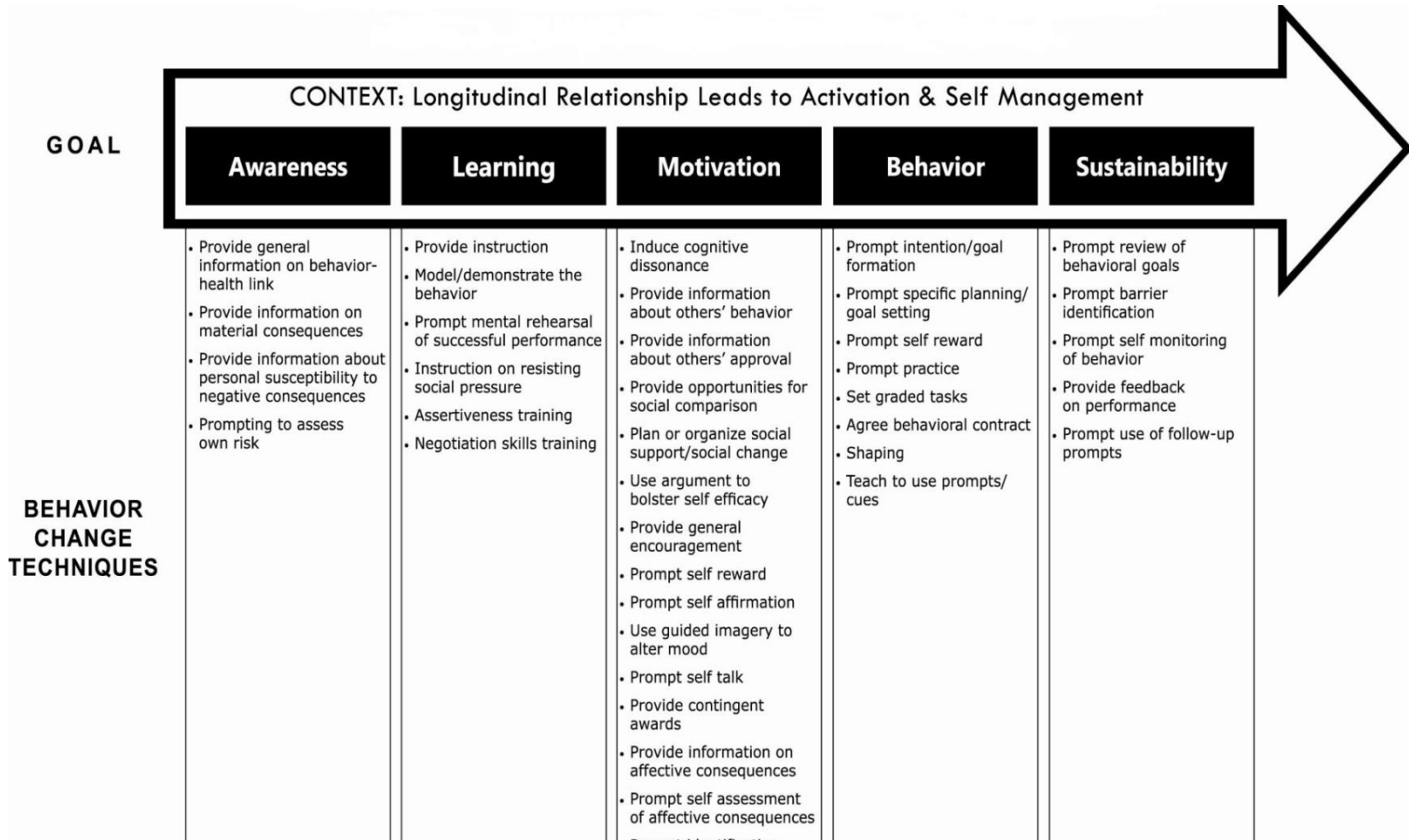
d Research Associate in Social Epidemiology, Institute of Primary Care and Public Health, Cardiff University, Heath Park,

Cardiff, UK

Abstract

Objective: Interactive interventions are increasingly advocated to support behavior change for patients who have long-term conditions. Such interventions are most likely to achieve behavior change when they are based on appropriate theoretical frameworks. Developers of interventions are faced with a diverse set of behavioral theories that do not specifically address intervention development. The aim of our work was to develop a framework to guide the developers of interactive healthcare interventions that was derived from relevant theory and which guided developers towards appropriate behavior change techniques within a person-centered approach.

Behavior Change Logic Model





Awareness

- Provide information linking behavior to health
- Provide information on material consequences

Learning

- Provide instruction
- Model behavior

Motivation

- Induce cognitive dissonance
- Bolster self-efficacy

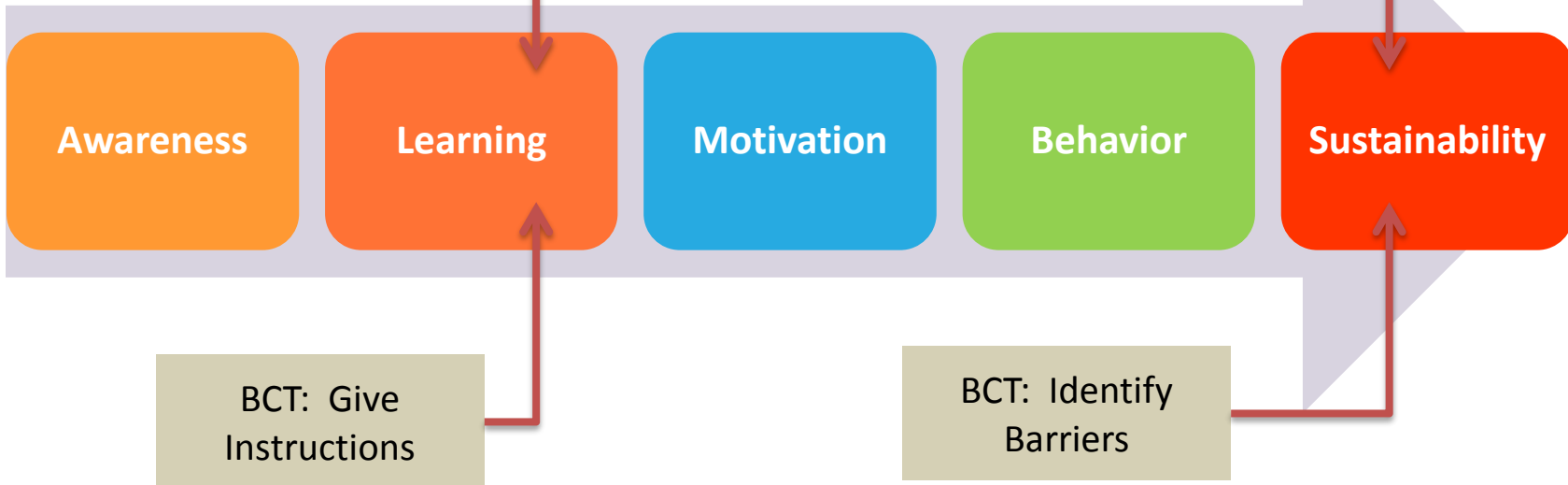
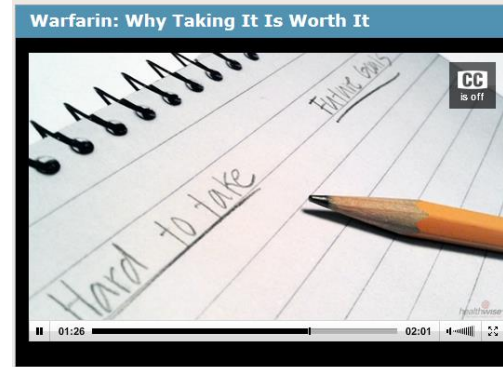
Behavior

- Goal setting
- Practice

Sustainability

- Address Barriers
- Provide Feedback

Tailoring Content to Stages and Behavior Change Techniques (BCTs)



Call to Action: Review

- Match your needs to the risk model
- Incorporate behavior change theory
- Assess your content assets



Better healthcare
starts here.

2:11

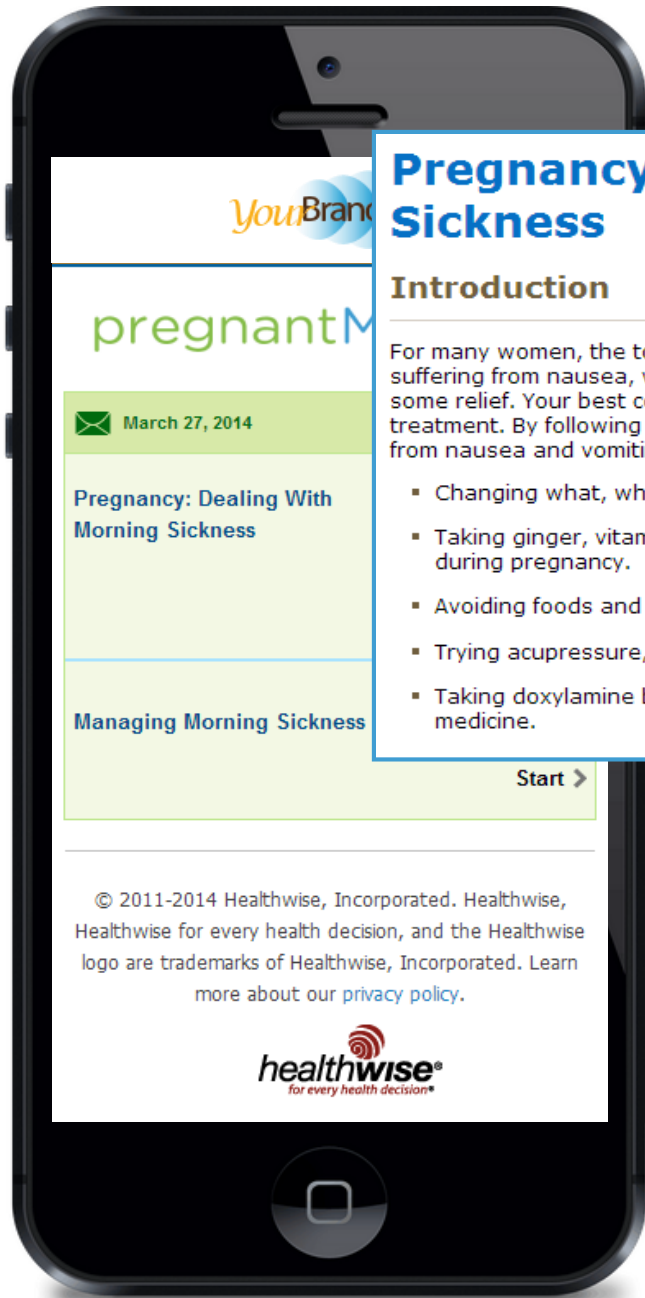
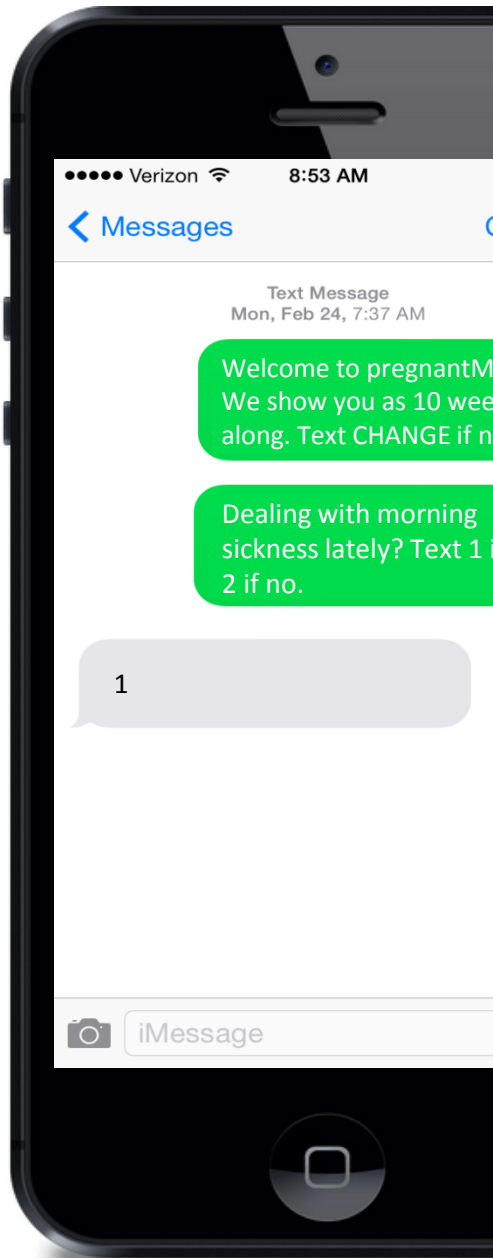
1:1

\$60

48% 

20% 

- **Sentara**



Pregnancy: Dealing With Morning Sickness

Introduction

For many women, the toughest part of early pregnancy is morning sickness. If you are suffering from nausea, vomiting, or both, you need safe measures that will bring you some relief. Your best course of action for managing morning sickness is home treatment. By following a few proven guidelines, you are likely to gain significant relief from nausea and vomiting. Home treatment measures for morning sickness include:

- Changing what, when, and how much you eat.
- Taking ginger, vitamin B6, or vitamin B12, which may reduce nausea and/or vomiting during pregnancy.
- Avoiding foods and smells that make you feel sick.
- Trying acupuncture, which seems to work for some women.
- Taking doxylamine by prescription medicine.



Meaningful Use Requirements



Stage 1 (FINAL)

- Electronic access to health information
- Electronic hospital discharge instructions
- Clinical visit summaries
- Tailored educational resources

Stage 2 (FINAL)

- **View, download and transmit to a third party**
- Secure messaging

Stage 3 (DRAFT)

- Patient generated health data
- Error correction
- Automatically download to APPS from EHR



4019 Hospitals

299,402 Providers

\$ 15,884,674,565

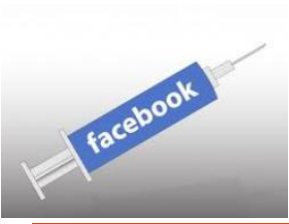
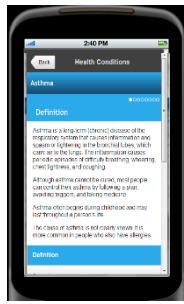




**Patient
Activates
portal or
PHR**



**Patient
Registers
App**



**App is updated by
EHR real-time**

**Provider initiates a
patient portal or PHR**



YOUR DATA YOUR RIGHT

- HIPAA ensures the right to Access Your Health Information
- Right to Amend/Correct Your Health Information

Meaningful Use 3: Electronic Requirements for patient generated Data

Know how important it is for you to be able to get your medical records. I see the value of access to health information every day as the Office for Civil Rights (OCR) does its vital work as the primary protector of the privacy and security of that information under the Health Insurance Portability and Accountability Act (HIPAA).

For example, when military families are transferred, they need their medical records to help find the very best doctors and specialists or to enroll their children in a new school. Busy parents need to be able to keep track of all of their own *and* their children's doctor visits. Health information is critical to all patients so that they can track their progress through wellness programs, monitor chronic conditions, communicate with their treatment teams, and adhere to their important treatment plans. Important tools like Electronic Health Records (EHRs) and Personal Health Records (PHRs) will make it easier, safer, and faster for you to get access to your health information and *stay engaged*. These tools help you become a true partner in your health care and wellness.

I also know that, all too often, consumers face barriers to getting their health information – and the first barrier is that many do not know their rights. You should know you have the right to:

Ask to see and get a copy of your health records from most doctors, hospitals, and other health care providers such as pharmacies and nursing homes, as well as from your health plan; and
Get the copy of your record in the way that you want – such as an electronic copy or a paper copy – if your plan or provider is able to do so.





- Outcomes that matter
 - Good for Patients
 - Safer Care
 - Good for Business
 - Appropriate care
 - Regulatory success
- Continuum Standard



Thank you!
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