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Geri Amori, PhD, DFASHRM: Hello, everyone, and welcome to *Healthcare Perspectives 360*, a podcast dedicated to exploring contemporary healthcare issues from multiple perspectives. I'm Geri Amori, and today I am joined by Kris McCarty, OTR and MPT, an inspired and passionate advocate, David Miller, the Patient Experience Coach at Johns Hopkins Health System, and Carleigh Zahn, a practicing board-certified internist and rheumatologist. Today, we're talking about why it is important for patients to be engaged in their healthcare and what the data is that supports this viewpoint.

But before we begin discussing this very important topic, it's my pleasure to tell you about a comprehensive white paper that has been developed by Coverys, our parent company, that is available for a free download to anyone who listens to this podcast. The white paper details data gleaned from Coverys medical malpractice claims and offers risk management suggestions to increase your healthcare organization's patient engagement. There is a link right on the podcast landing page. We hope you'll take advantage of this resource.

And now, let's begin today's discussion. I'm going to begin by asking David a question. For many years, now, we've been talking about how modern patients want to be partners in their care. It's been affirmed, yet again, by a recent article which stated, “Patients today want to be partners in care, not just recipients of care as directed.” Nonetheless, in my experience as a risk professional and as a volunteer hospital patient advisor, I've heard patients say, truly, I'm sick, I need someone to take control for me, or even—and I've heard this one recently—isn't telling me what to do what I pay the doctor for? So, in your experience, are these articles right? And why or why not?

David Miller: I believe modern patients do want to be partners in their care and that it is, indeed, a partnership. But aside from wanting their voice to be heard, patients want to have a plan of care guided by the provider. Person-centered care is indeed the gold standard approach to healthcare delivery. And it's that engagement between a patient and a provider that leads to success and positive experiences. This engagement is based on communication, trust, respect, and that is the key. And patients who may feel like they want the provider to be in greater control can voice that need to improve the relationship and ultimately improve the experience.

Amori: So you're saying that a patient might be wanting the doctor to have more control, and that's part of their engagement, that they can say, I'd like you to take more control here.

Miller: Absolutely. I feel like the patient is the driver in this. And if they're expressing their need, how they want to be treated, how they want to be communicated with, that's sort of the key.

Amori: Okay, that's very good. All right. So Dr. Zahn— and may I call you Carleigh? Okay, great. Thanks. Carleigh, sometimes, highly engaged individuals and families may

be considered—I love this—difficult. I've been called that. And yet literature does describe the benefits for patients who are engaged in their care, such as better outcomes and lower costs. So is there a difference between highly engaged and over-the-top? And how do you manage that fine line? And what do you see as the costs and benefits when you care for engaged patients?

Carleigh Zahn, DO: Well, I think that's a great question. In my experience, I think the difference between highly engaged and over-the-top usually comes down to an emotional undercurrent. Those that may be labeled over-the-top tend to have strong emotional ties or ongoing concerns that they may be concerned about bringing forward or concerned won't be heard. So exploring these emotional concerns can sometimes help dampen this perceived over-the-topness and help make that patient-provider relationship be stronger.

Cost-wise, yeah, I guess upfront there can be some time-related costs exploring their concerns, but they are so minimal compared to the long-term benefits that may come from getting these relationship-setting experiences started.

Amori: Well, that makes sense. So moving on to you, Kris. And again, it's okay, right, I call you Kris?

Kris McCarty, OTR/MPT: Absolutely.

Amori: There is research that shows that patient engagement is associated with increased patient satisfaction. Can you share your perspectives on the relationship between patient engagement, patient satisfaction, and the well-being of the care team?

McCarty: Absolutely. I think the research is affirming, there is such a strong correlation with this intermingled relationship. And from my perspective, the relationship that you see in caregiver engagement will have a direct correlation to the patient engagement and their subsequent satisfaction. I share this often: happy spouse, happy house. And I think that quote holds true, that if you're putting the care team in the best possible situation to use their wisdom and their knowledge and their tools, we are poising them for success in really pulling out the best and the engaged portion of that patient-caregiver relationship.

And we see it over and over again, these common denominators of trust and active listening, and just the open-ended give-and-take yields outstanding results. So, I think it's very, very important to support our care team in a way that facilitates that level of success for the patients we serve.

Amori: Okay, so it's sort of a balancing act. The care team has to be taken care of; the patients need to feel like they have a voice as well.

So Carleigh, sometimes there are really significant barriers that really affects the patient's ability to engage in their care. And these barriers can range from depression, either primary or secondary, or suboptimal treatment success—it hasn't gone as well as they

liked—or lack of resources, either personal or financial. And these may be exacerbated or compounded, of course, in our underserved patient populations.

So, while we can't ignore these, what are things that an overwhelmed care team can do to minimize—the medical care team, and that's what I'm referring to here—can do to minimize the effect of them on the involvement of the patient in their own care, so they don't just capitulate?

Zahn: I think it's probably a twofold approach. One, we have to make sure we engage with patients at the very start of the relationship. If I'm not aware of the transportation issues, the financial issues, I can't necessarily work with them through these challenges.

And then, two, I think we have to acknowledge that modern medicine is ridiculously compartmentalized. There are things we can do to kind of minimize those overwhelming aspects by reaching out to other available resources—patient care advocates, case managers, care managers, social work, insurance-provided transportation. There are so many options that I think we underutilize that can take an overwhelmed medical care team and provide support in helping care for our patients.

Amori: So we have more resources than we thought we had.

And, David, I'd like to direct this next question to you. And again, I didn't even ask you before, is it okay if I call you by your first name here?

Miller: Absolutely.

Amori: Okay, great. A large 2019 study found that 1 in 4 adults and nearly half of the adults under 30 do not have a primary care doctor that they usually go to, whether they're sick or they need anything. And these adults instead use online care or doc-in-a-box types of facilities.

Now, I am recognizing, by looking at who's here on this call with us, that we sort of have a bias, right? We have this medical professional bias. We tend to believe you should have a PCP and not rely on incidental care. We tend to think, those of us on this call, that an ongoing relationship is good. It can identify a problem earlier or an earlier stage. But this not having a PCP is not all hubris on the part of the young adults.

I personally remember telling my doctor, in my thirties, you're never going to see me because I'm never sick. Well, that was in my thirties. Of course, that's changed now. So, perhaps the value of a PCP may not be pertinent to younger people who want to direct their [cuts out 8:56]. This is a real question. Are we pushing for the wrong values? Is there an inverse relationship between age and true engagement, and is this really a bad thing?

Miller: So, my thoughts are sort of regardless of age, there's a ease in utilizing the online care, right? The convenience of an urgent care center is greatly valued. It's one-stop

shopping. This preference in lieu of a PCP may also have been chosen by the patient based on their previous healthcare experiences.

However, as we improve access and delivery of healthcare services, one can also view the benefit of that relationship between patients and their PCPs. And keeping those patients engaged in their health obviously fosters wellness and can proactively address those health needs.

There's also a cost and a quality benefit to PCPs. They reduce healthcare costs through care coordination, and they can curb unnecessary or wasteful tests and decrease ER utilization and hospital stays.

Most importantly though, regardless of age, primary care improves patient health outcomes, including mortality. And a PCP can support the patient through life changes through continuous care. And taking that more proactive approach rather than a reactive one, the ability of that PCP to truly know their patient and have a strong relationship, that just promotes a positive outcome on healthcare system as well as the patients and families served. And that includes those younger adults.

Amori: Well, I'm seeing the people...and, of course, this is a podcast, so our listeners don't get to see faces here, but I'm seeing all the heads nodding of the people on this panel. But I do remember being 30 and thinking, this is, like, silly, I don't need this.

So, we've got to find unique ways to engage those under-30 people. Hopefully, some of them are listening to our podcasts and will think again. But we'll find out. We don't know that, you know?

Historically—and this is really for you, Kris—historically, we judge the engagement of patients by the level of their adherence to a care plan, right? But is it possible, like passive-aggressive here, that…or maybe just it's okay, a patient may be adhering to the plan, sort of, but not really be engaged? Like, they're taking the meds you're telling them, but they aren't really in it, right? How would you be able to tell?

McCarty: I do think that that's an unfortunate yet true statement. I think that our opportunity is really creating that connection to get the patient and their loved ones activated in the care to establish that mutual purpose. The key strategy—and Carleigh alluded to it earlier—is really to glean out what those barriers are, that you could have somebody engaged and they're involved, but they're not activated in their care. And so open-ended conversation and really seeking out those great opportunities to better partner can help take that engagement and activate it.

I think of a story that I will share that I think illustrates a great…we had a patient scenario, the family was engaged, their child had been injured and had a pretty severe head injury, highly agitated, was having to get shots for anticoagulant on a daily basis. And each day, it took two nurses to hold that patient down to give them that medication. Then they were going to send the family home to have that occur on the next 28 days.

But with that family-centered care, they were able to involve the family, they were able to identify this isn't going to work and find out an alternative way to make that happen. So, it's really teasing out those barriers and then working collaboratively to solve them.

Amori: That's interesting. And thank you for telling us that story.

What it sounds like I'm hearing from our speakers here today is that engagement's a lot about finding out where that person is, what's important to them in their care, and helping them find ways to participate with you to get the best care for them possible. And I think that's probably something we need to think more about, all of us, patients need to think more about.

So we're coming to the end of today's episode. And I guess I want to know from each of you because this is the one thing we ask every time, given today's topic, and you are our experts for today, what's the one thing that you would want our listeners to take away from each of your perspectives from today's discussion? So, I'd like to start with you, Kris, if you could.

McCarty: I think finding that common bridge. If you get the personal buy-in, it's the difference of success or no success. And those probing questions, open questions really create that partnership and collaboration.

Amori: Okay, good. Thank you. Carleigh, what would you like to tell us?

Zahn: The one thing I would stress is to take ownership of your part in the patient-provider relationship, and that goes both sides. The provider needs to take ownership and the patient. That's really how it's going to come together and make this relationship work.

Amori: So both parties have a certain amount of responsibility in learning how to negotiate this relationship. Excellent.

Zahn: 100%.

Amori: David, what is the one thing you'd like our audience to take away?

Miller: You know, it truly is—patients and families, it's their choice and where they want to receive care and what that relationship with the provider looks like. You know, really that bottom line is voice heard, needs met, and being an active participant in your care. And regardless of what your choice is, you and that provider are going to define what that relationship looks like and how successful it is.

Amori: So, no passive patients, and caring providers who engage them. I like it.

I'd like to say this has been a fabulous discussion today. And I want to thank our panelists. And I want to thank our listeners too for participating, and this has been great. I

hope that you found this valuable. Thanks for joining us and see you next time in *Perspectives 360*.

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