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Quality patient education is a critical component for patient participation in Accountable Care delivery. It helps patients learn how to take an active role in their health as well as streamline provider/patient communications. Patient education drives better health outcomes through better patient compliance and adherence to care. These initiatives can result in lower hospital readmission rates as well as overall cost savings.

ACCOUNTABLE CARE’S PROMISE AND REALITY

Accountable Care Organizations (ACOs) have become one of the most talked about ideas in “Obamacare.” Under an ACO model, all of a patient’s healthcare providers are accountable for the health of the patient, giving them financial incentives to cooperate by avoiding unnecessary tests and procedures. The goal is for ACOs to seamlessly share information, while also meeting quality targets and then share in the savings.

Healthcare organizations, however, must deal with the realities of the fast changing economics mandated by the Affordable Care Act (ACA). There are now “new” healthcare economic rules that affect hospital revenues. One is the economic penalty for readmission within 30 days of discharge. Readmission penalties have been put into place and are expanding to new categories, regardless of ACO status, and directly impact the hospitals’ bottom line.

Another economic reality is the “A” in ACO. The healthcare entity is “accountable” for cost savings.

“If an ACO is unable to save money, it could be stuck with the costs of investments made to improve care, such as adding new nurse care managers, technology or other system upgrades and may have to pay a penalty if it doesn’t meet performance and savings benchmarks under the shared risk model.”

www.kaiserhealthnews.org

It is clear that any thorough investigation of implementing an ACO strategy needs to take into account the new landscape. As part of this new view of healthcare, all healthcare organizations must focus on the patient population’s participation in the ACO systems. Different ACO models are available including a shared risk but bigger reward option or a no risk option.

For more on ACO models go to: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/index.html
Population Health and Accountable Healthcare

As we move to support the initiatives of the Affordable Care Act, understanding what can be done to keep a specific population healthy is needed. This will require enhancing our capacity to assess, monitor, and prioritize lifestyle risk factors that unduly impact individual patient health outcomes.

The American Journal of Public Health states, “This is especially true, given that only 10% of health outcomes are a result of the medical care system, whereas from 50% to 60% are because of health behaviors. To change health behaviors, it will be necessary to engage in activities that reach beyond the clinical setting and incorporate community and public health systems.”

We also need to acknowledge other factors that contribute to a community or region’s health reach beyond that which is in control of the healthcare system. These range from poverty to housing, and have substantial impact on individual health outcomes. The health of a population is highly dependent on addressing these social determinants and requires collaborative relationships with community institutions outside the health care setting.

Behavioral Change and Population Health

One way we can drive health behavior is through education, coaching and support. There are things that patients need to do in order to play well within a population health environment. The cited “lifestyle risk factors,” include understanding the basics of nutrition, exercise, stress management, smoking cessation, infection control, fall prevention (safe home recovery), and medication adherence.

These core areas affect basic health, recovery, and disease management. Because they are all behavior focused, we know that there will be challenges. Behavior change doesn’t come easy, but the more informed a patient becomes, the better equipped they are to move in the right direction.

Examples of Behavioral Change Challenges

There are a lot of misconceptions out there. These may include portion sizes, exercise vs activity, managing setbacks, and the viability of small changes adding up overtime. Plus there’s a whole range of health literacy challenges that need to be managed including English as a second language. So patient education needs to address the whole life approach to wellness, or viewed another way, a population health approach. Eating well on a budget, exercise that can be done at home, relying on a partner to provide emotional support

Change is a Process Not an Event

Experts who study behavior change agree that long-lasting change is most likely when it’s self-motivated and rooted in positive thinking. In October 2006, the Economic and Social Research Council, a British research group, released findings on 129 different studies of behavior change strategies. The survey confirmed that the least effective strategies were those that aroused fear or regret in the person attempting to make a change.

Studies have also shown that goals are easier to reach if they’re specific and not too numerous. Another recurring theme is that it’s not enough to have a goal: You also need practical ways to reach it. If your goal is to stick to a low-calorie diet, have a plan in place for quelling hunger pangs (for example, keep a bottle of water or cup of tea nearby, or chew sugarless gum).

Research has also produced models that help account for success and failure, and explain why making healthy changes can take so long. The expert conclusion is that any effort you make in the right direction is worthwhile, even if you encounter setbacks or find yourself backsliding from time to time.

The information in this sidebar was adapted from www.health.harvard.edu
and other topics can help a patient implement the changes necessary for health success.

Patients may need to experience the education multiple times, in various settings. They may need to share the education with family members or home care providers who will coach and support them along the way. Health education is increasingly becoming part of employee wellness programs. Schools are teaching nutrition (think MyPlate), but might they also need specific nutrition education for people with diabetes to meet the education needs of this escalating population? We see the role of “community” expanding as major health issues (the growing numbers in diabetes, obesity, and heart failure, etc.) need to be controlled.

**What is Population Health**

“Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”

Defined groups can be geographic populations (nations or communities) or other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group. The health outcomes of such groups are of relevance to policy makers in both the public and private sectors.

The American Journal of Public Health acknowledges that there is a bit of ambiguity about how to define population health. Words like “panel management,” “population medicine,” and “population health” are being used interchangeably. Two models that will influence the definition and help achieve the goals of population health are the accountable care organization and the patient-centered medical home (PCMH).

**The Economics of Patient Satisfaction and Accountable Care**

In addition to readmissions penalties, regardless of ACO status, patient satisfaction can affect hospital reimbursement. This is determined by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys (pronounced H-caps). Recognizing the importance of a patient’s involvement in his or her own care and the level of satisfaction with that care, The US Department of Health and Human Services (HHS) uses this tool to draw national comparisons of patients’ perspectives on hospital care.
Patient-Focused Health Education: A Key Driver in Accountable Care

The HCAHPS survey asks patients to rate eight key areas of their care during a hospital stay:

1. communication with doctors
2. communication with nurses
3. responsiveness of hospital staff
4. communication about medicines
5. discharge information
6. pain management
7. cleanliness of the hospital environment
8. quietness of the hospital environment

Linking Patient Satisfaction with Patient Education

Hospitals with robust patient education programs have received higher HCAHPS rankings.¹¹

Well planned and consistent quality patient education programming can specifically address these items:

- better patient/doctor and patient/nurse communications
- better patient understanding of pain management options and pain management rights
- better understanding of medications and their role in treatments
- better understanding of discharge instructions

Engaging patient education materials delivered consistently and as part of a patient centered education effort can help you achieve all of these itemized objectives for high quality healthcare and regulatory compliance. It is easy to see the overlap between HCAHPS scores and better patient understanding as a driver of ACO goals. We can assume better HCAHPS scores as a result of effective ACO implementation.

Providers are challenged with patient engagement and helping patients recover safely at home. So what’s a care provider to do? Since the goal is for ACOs to save upwards of 1% of Medicare spending (an estimated $940 million) during the first four years with the goal of expanding the program through HHS, there are some specific guidelines and benchmarks established to steer organizations along the path to ACO success. We do know that

“Of the 33 measures under the Medicare Shared Savings Program (MSSP), 27/33 measures would benefit from educational components of the care plan.”¹²

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Quick Guide to Health Literacy

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Health literacy is dependent on:

- the communication skills of lay persons and professionals
- lay and professional knowledge of health topics
- culture
- demands of the healthcare and public health systems
- demands of the situation/context

It affects people’s ability to:

- navigate the healthcare system, including filling out complex forms and locating providers and services
- share personal information, such as health history, with providers
- engage in self-care and chronic disease management
- understand mathematical concepts such as probability and risk

Health literacy includes numeracy skills for things like measuring medications or calculating deductibles. In addition to basic literacy skills, health literacy requires knowledge of health topics. Without this knowledge, people may not understand the relationship between lifestyle factors and various health outcomes.

Health information can overwhelm even persons with advanced literacy skills. Moreover, health information provided in a stressful or unfamiliar situation is unlikely to be retained.

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¹¹ - Dr. Steven Merahn, Director for the Center of Population Health, Clinovations

¹² www.health.gov
along the path to ACO success. We do know that patient education is a component in driving ACO goals across multiple fronts.

Go to Hospital Compare website for hospital HCAHPS rankings.\textsuperscript{14}
Read more in our white paper, The Right Patient Education Tools: Strategies to Improve Health Outcomes and Meet Regulatory Goals.\textsuperscript{\textbullet}

**WHAT PATIENT EDUCATION CAN DO FOR PATIENTS**

At a fundamental level, patient education provides individuals with the information they need to stay well, manage their disease(s) appropriately, avoid acute attacks and hospitalizations and/or recover from a procedure safely at home.

Patient education brings a patient actively into their care management. This has been linked to higher health success rates as well as a reduction in healthcare expenses.

An example can be seen in the study done at Ohio State University. “Formal diabetes education resulted in a 34\% reduced odds of all-cause hospital readmissions within 1 month and 20\% reduced odds of remission within 6 months. Detailed diabetes education should occur in the inpatient setting, with multiple approaches to diabetes education”\textsuperscript{15}

Additionally, a Sentara Virginia Beach Hospital case study (2009)\textsuperscript{16} linked patient dissatisfaction and setbacks to several factors:

- an inability to understand instructions
- being overwhelmed with information
- being unable to remember important information

After initiating an in-hospital education program for just one condition, heart failure, the hospital saw heart failure readmission rates drop an astounding 74\%, plus shorter hospital stays and increased patient satisfaction.

High quality patient education has this kind of power.\textsuperscript{\textbullet}
What Does Quality Patient Education Look Like?
Characteristics of patient education that will drive results in the ACO model:

- unbiased
- grounded in medical best practices
- clinically validated
- appropriate adult learning techniques
- presented at an appropriate health literacy level
- actionable health learning objectives, not just information
- delivered at an appropriate time for absorbing and retaining information
- equips patients with the foundation of information for meaningful conversations with their care team and physician

For more on the difference between Health Education vs Health Information. See Information vs. Education, www.patienteducationupdate.com.

The Value of Video

Video is the inherent choice for delivering patient education in most cases. With the ability to deliver key concepts in a preferred format, model behavior, and tell real health stories, it is responsive in today's on-demand world.

High quality video addresses a variety of learning styles. Patient education video has the ability to demonstrate self-care skills and reinforce positive lifestyle changes. Animation and graphics can explain complex medical concepts to a lay audience.

This is particularly valuable to patients with low literacy or English as a second language needs. In today's digital world, patients expect visual modes of communication that speak to them directly.

For these reasons, video education is the preferred method of learning for many different types of patients and at many stages of their health journey.

Read more in our white paper, The Right Patient Education Tools: Strategies to Improve Health Outcomes and Meet Regulatory Goals.

“A picture is worth a thousand words.”

- Author Unknown

This adage has been credited as an ancient Chinese proverb. Emergent neuroscience and visualization research now reveals glimpses of the science behind the saying.

Visuals matter

The rapid advances of technology in literally every field, including communication, medicine, transportation, agriculture, biotechnology, aerospace, and energy, have tremendously increased the amount of data and information at our fingertips. As we strive to make sense of unimaginably large volumes of data, visualization has become increasingly important.

Why

Our brains are wired to process visual input very differently from text, audio, and sound. Recent technological advances through functional MRI scans confirm a dual coding system through which visuals and text/auditory input are processed in separate channels, presenting the potential for simultaneous augmentation of learning.

The bottom line

Students using well-designed combinations of visuals and text learn more than students who only use text.”

This information was adapted from Cisco's 2008 publication, Multi-modal Learning Through Media © 2008 Cisco Systems, Inc.
**Why Now is the Time**

Patient-centric education is important because it empowers the individual to make the changes necessary for health and offers support. In today's digital world, patient education can be delivered seamlessly across multiple platforms, integrated into patient portals, mapped back to EMRs and accessed through mobile devices or smart TVs. It is no longer limited to paper brochures, bedside TV, video on demand systems, or waiting room signage. It is now expected anytime, anywhere.

As digital building blocks of information, key education points can be layered into pre, during, and post hospital encounters. For ongoing disease management, education components are being integrated into mHealth solutions and web-based platforms to help engage patients and steer improved health.

The increased ability to deliver patient education at the time of need, or time of interest elevates the relevancy of the content to the patient. Receiving a video on warning signs of infection two days post discharge has an immediate relevancy to a surgical patient recovering at home and unsure of their wound care. Seeking immediate attention at the first sign of infection is a strategic means of avoiding a readmission.

A pre-diabetic patient who is provided education on managing their health and preventing diabetes through lifestyle changes (better nutrition and exercise) is primed for attention. This adds to the sticking power of the information being shared. Because it is immediately relevant and is being “prescribed” to the individual via their care provider, the content has validity to it.

Taking it one step further, many of the platforms available for patient engagement and content delivery today offer all sorts of alerts, priority messaging, and even a lockdown on entertainment access (films, tv, or email, etc.) until the education requirement has been met to further ensure compliance both inside the hospital and at home.

With the heightened focus on wellness in the ACO model and the rise of patient engagement platforms, now is the time for Health Education to shine. Already a component within meaningful use (See our white paper, The Right Patient Education Tools: Strategies to Improve Health Outcomes and Meet Regulatory Goals.) and a primary way to drive better health behaviors, the combination of today’s technologies and quality health information has the potential to drive significant change. But it’s a package deal. One without the other doesn’t pack nearly as big a punch.

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**All Video Presentation Styles Are Not Equal**

There are many types of health education videos available. Here are some examples of styles.

**Promotionally Driven**
Sponsored content from pharma, and medical device companies is often biased and typically reflects high health literacy levels.

**The Talking Head**
A lab coat wearing medical professional or actor talking at the camera while providing information. Health literacy levels too advanced for a majority of viewers, use of medical jargon, non-engaging, and no actionable items.

**Self-Made**
a.k.a. YouTube content and patient support communities. Not medically sourced, questionable accuracy, uncertain reliability, potentially harmful. (Saving Patients from Internet Health Information)

**Medical “News”**
The type of content you’d see on the evening news, full of buzz words and latest trends. “Health information” not education.

**Patient Engaging Education**
Grounded in medical best practices and clinically integrated. Actionable health messages focused on behavioral changes and at a 5-6th grade health literacy level to meet national health literacy recommendations. (Read more in our white paper, The Right Patient Education Tools: Strategies to Improve Health Outcomes and Meet Regulatory Goals.)
Patient-Focused Health Education: A Key Driver in Accountable Care

**In Summary:**

**Patient Education on HealthCare Quality in Accountable Care Organizations**

Is our country becoming healthier? Are we extending life expectancies? Is the collective community working together to share information and support to help the population move forward towards better health?

Quality in healthcare is measured in many ways. We look at patient success rates, including readmissions. We look at cost controls. We look at patient satisfaction through tools such as HCAHPS. We look at medical care access and choice. And we look at progress in the delivery of better medical care.

The United States has some of the best medical institutions in the world. Our government is actively seeking solutions to the healthcare problems facing the country. Almost every segment of our health care system (doctors, hospitals, employers, insurers, advocates, technology firms, entrepreneurs, and pharmacies) are also working on solutions.

Emerging themes as we’ve reviewed in this white paper are:

- rewarding quality over quantity of care
- improving care coordination
- leveraging best use of technology to enable tracking
- validating best practices

We’ve illustrated the value of quality patient education as:

- a driver of better health outcomes
- a tool for empowering patients to play an active role in their health
- a facilitator of fundamental health knowledge across population groups

We are in the midst of radical healthcare improvement with new technologies that make information accessible anytime and anywhere a patient needs. We also have the ability to drive population health initiatives through educated engagement and behavior change. Now is the time, and change is happening.

With a focus on the health behaviors of the population and care efforts reaching out beyond the clinical setting with education and support, we will be able to realize the population health benefits under the ACO model.

“The Agency for Healthcare Research and Quality (AHRQ), the federal government’s leading agency charged with improving the quality, safety, efficiency and effectiveness of health care for all Americans, defines quality health care “as doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results.”

www.ncqa.org

The Institute of Medicine defines quality healthcare as “safe, effective, patient-centered, timely, efficient and equitable.”
Patient-Focused Health Education: A Key Driver in Accountable Care

**Additional Resources**

The Institute for Healthcare Improvement (IHI)
IHI is a leading not-for-profit organization dedicated to using quality improvement strategies to achieve safe and effective health care. They developed the IHI Triple Aim initiative as a rubric for health care transformation.


The Role of Patient Education in Accountable Care and Population Health webinar with Dr. Steven Merahn
https://www.youtube.com/watch?v=QXATwVzUHx0&feature=youtu.be
http://www.healthclips.com/AccountableCareWebinarSlidePresentation.pdf

Milner-Fenwick White Paper, The Right Patient Education Tools: Strategies to Improve Health Outcomes and Meet Regulatory Goals

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ABOUT MILNER-FENWICK

Education for Better Health—More than a company tag line.
For 40 years, Milner-Fenwick has been fulfilling its mission to inform and guide consumers toward better health through multi-media education. That includes promoting prevention and wellness, managing the burden of chronic diseases, reducing hospital readmission rates, facilitating acute care process and enhancing patient quality of life. With a strong commitment to the healthcare market, we offer more patient education videos than any other publisher. Our videos remain the gold standard – in use in more than one out of every two hospitals nationwide. Production values are consistently compelling with graphics and animation and real patients and professionals from diverse backgrounds. Our videos are frequently recognized with industry awards of excellence.

Expanding Product Lines and Delivery Options
Milner-Fenwick continues to expand beyond the traditional needs of healthcare providers with new products, services and delivery options. Now we can provide content across multiple delivery platforms – DVD, closed circuit TV, video on-demand systems, computers, smart devices, tablets and digital signage. Our programming is rich and varied. Choose from multiple video product lines like HealthClips®, a digital library of over 600 videos averaging 3 minutes or our widely adopted In-facility videos that are also available in Spanish and closed captioned. Low cost and customizable home videos are available to support patients at discharge.

Ongoing Projects with Leading Medical Associations
Milner-Fenwick has a long and successful history partnering with medical associations on a wide variety of health education projects. Organizations that we have worked with include: American Association of Diabetes Educators (AADE), American Medical Association (AMA), American Association of Heart Failure Nurses (AAHFN) and American Gastroenterological Association (AGA). Many of these organizations are still partners with Milner-Fenwick today. All videos undergo extensive peer review before release and reflect best care practices.

Proven Production Techniques to Reach Patients
Our patient-centered approach to health education is a key component in all of our programs. Featuring patients in their home, work and medical environments, our videos focus on people sharing goals, challenges and strategies. We avoid ‘news magazine’ formats and close-ups of clinicians talking to the camera. We are not advertiser supported, which ensures the lack of bias in our content and products.

A Growing Network of Dealers and Distributors
The company continues to expand its dealer network who help to install and support our videos nationwide. Current distributors include: the GetWellNetwork, Telehealth Services, Sonifi, TVR Communications, Allen Technologies, ComTec Interactive, HealthCare Information, MDM Commercial Healthcare, Patient Portal, and VOX Telehealth.

For more information about our products and partnership, please contact us at (800) 432-8433