# Patient Engagement in Mental Health: Strategies to Improve Care

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This program was developed with the support of Otsuka Pharmaceutical Development & Commercialization, Inc. and Lundbeck, LLC. The speakers are compensated contractors of Otsuka Pharmaceutical Development & Commercialization, Inc.

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# Objectives

- Discuss patient engagement from the patient and clinician perspective

- Detail the outcomes and economics of patient engagement

- Address current challenges in patient engagement by analyzing specific engagement models

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# **Polling Question**

In your experience, what percentage of patients drop out of treatment within one year of initiation due to disengagement?

A.  < 10%

B.  11% to 25%

C.  26% to 50%

D.  > 50%

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# Definition of Patient Engagement

- The Agency for Healthcare Research and Quality (AHRQ) has a systems-centric definition of patient engagement:

> **"…a set of behaviors by patients, family members, and health professionals and a set of organizational policies and procedures that foster both the inclusion of patients and family members as active members of the health care team and collaborative partnerships with providers and provider organizations."**
>
> **- AHRQ Guide to Patient and Family Engagement**

Rockville MD, Maurer M, Dardess P, et al. Guide to Patient and Family Engagement: Environmental Scan Report. 2012. [2015-01-17] *webcite*http://www.ahrq.gov/research/findings/final-reports/ptfamilyscan/ptfamilyscan.pdf. 2012. Access 06 April 2016.

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# Patient Engagement: Patient Perspective

- Successful engagement accounts for the patient's feeling that his/her goals, desires, and life situation are being considered and that he/she is being respected and understood
  - Those who are more involved in decision making may be more likely to feel positively about treatment options
    - Not all patients want to be equally involved in decision making
- Factors that may influence patient engagement:
  - Collaboration
  - A commitment to finding solutions
  - Development of positive relationships with peers
  - Individualized care
  - Family member engagement and personal attributes
  - Focus on patient goals
  - Assertive outreach for those patients who prefer or require it

Dixon LB, et al. *World Psychiatry*. 2016;15(1):13-20.

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# Patient Engagement: Healthcare Provider Perspective

- In order to improve engagement, providers must feel engaged with the work they are doing
  - Must be open-minded and flexible about shifting structure and delivery of mental health care
- Working within the current mental health system may create barriers, such as limited resources, and limited time
  - May cause providers to be reluctant to change treatment services or take on a more recovery-oriented approach
- Other possible concerns about recovery-oriented treatment include:
  - Fear of increased risk
  - Concern that only certain types of participants can be engaged in treatment
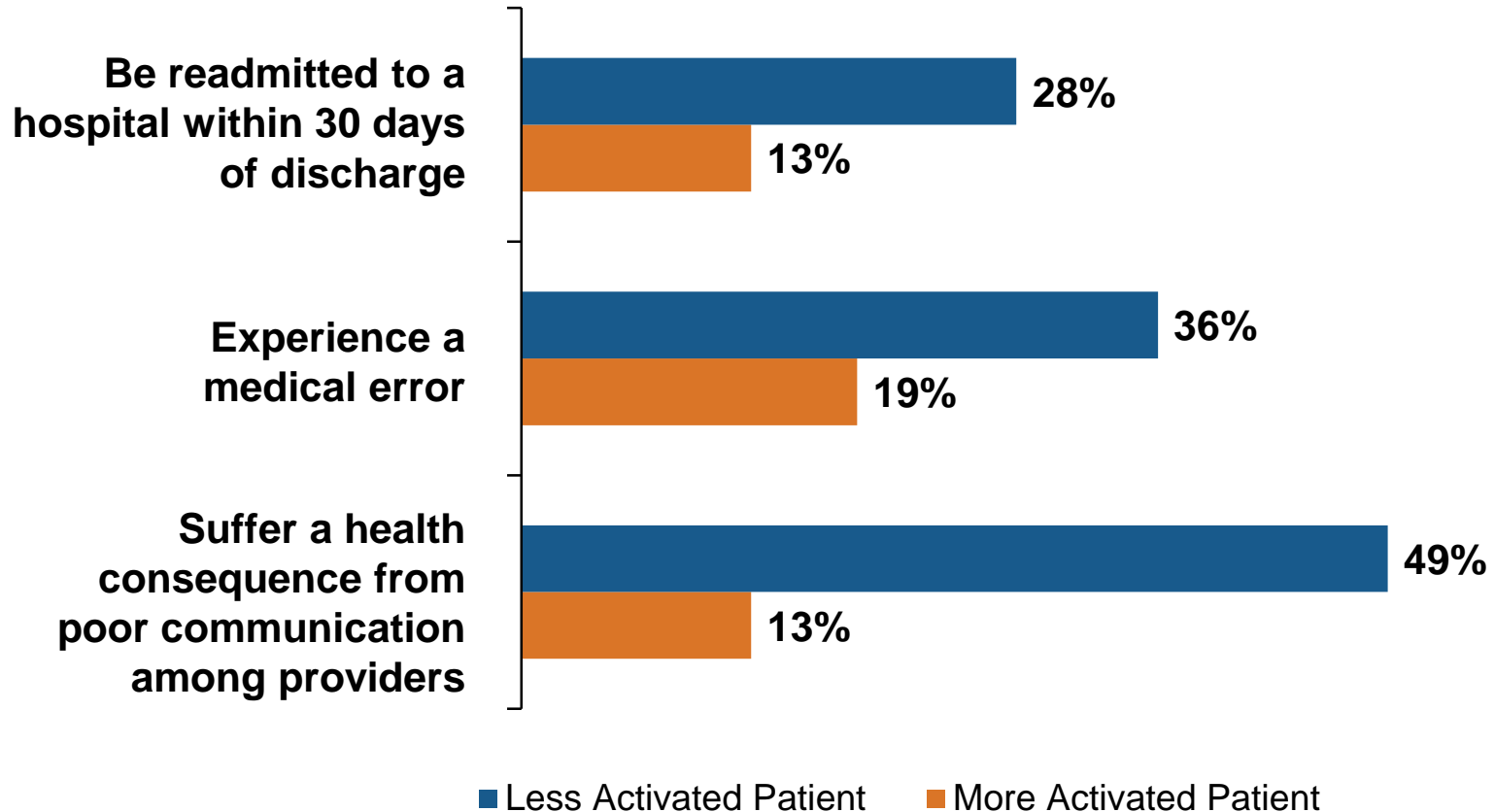  - An assumption that recovery-oriented services devalue professional skills

Dixon LB, et al. *World Psychiatry*. 2016;15(1):13-20.

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# DISCUSSION
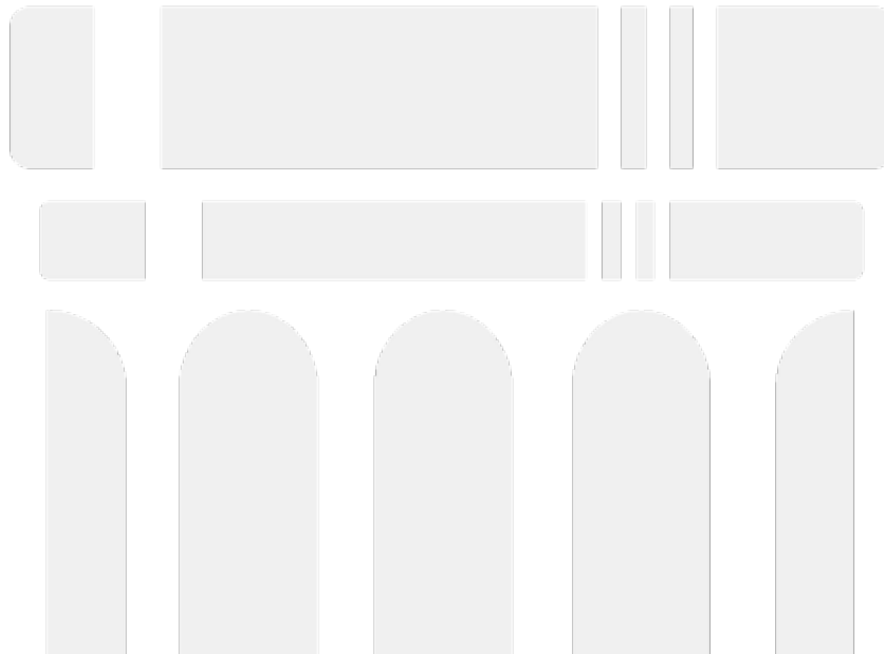
# ECONOMICS OF PATIENT ACTIVATION / ENGAGEMENT

# Improved Outcomes in Engaged Patients: A Patient Survey

**Be readmitted to a hospital within 30 days of discharge**
- Less Activated Patient: 28%
- More Activated Patient: 13%

**Experience a medical error**
- Less Activated Patient: 36%
- More Activated Patient: 19%

**Suffer a health consequence from poor communication among providers**
- Less Activated Patient: 49%
- More Activated Patient: 13%

■ Less Activated Patient   ■ More Activated Patient

Nicolato C. 2013. *Becker's Hospital Review*. Available at: http://www.beckershospitalreview.com/accountable-care-organizations/supporting-aco-success-with-meaningful-patient-engagement.html.

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# Improved Outcomes in Engaged Patients (continued)

- Studies have shown that patient engagement has been associated with:

  ↓ Diagnostic testing and expenditures
  ↓ Referrals
  ↓ Elective surgeries

  ↑ Adherence to prescribed treatments
  ↑ Functional status and faster recovery
  ↑ Levels of satisfaction
  ↑ Levels of health literacy
  ↑ Levels of positive health-related behavior changes

Bipartisan Policy Center. Improving quality and reducing cost in health care: Engaging consumers using electronic tools. Dec 2012.
Available at: http://bipartisanpolicy.org/sites/default/files/BPC_Engaging_Consumers_Using_Electronic_Tools.pdf.

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# Lower Healthcare Utilization and Costs

- Several studies have reported that, after disease severity and demographic characteristics were controlled for, highly activated patients had lower rates for hospitalizations and emergency department visits

- Analysis of data from a large-scale (> 25,000 patients), healthcare delivery service demonstrated that the predicted probability of an emergency department visit decreased by 1 percentage point for every additional 10 points on a patient activation measure (scale ranging from 0–100 points)

Hibbard JH et al. *Health Affairs*. 2013;32:207-214.

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# DISCUSSION
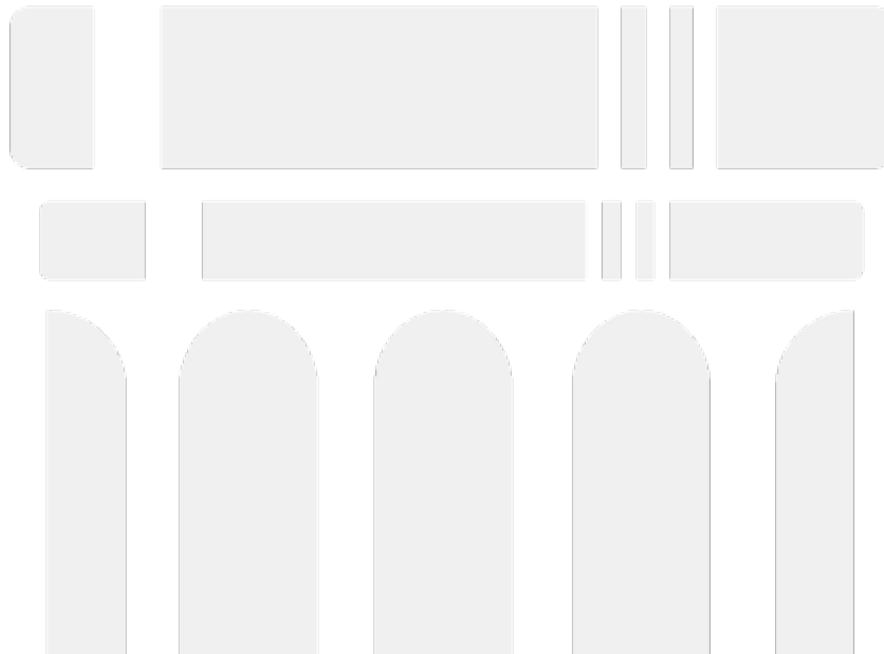
# Disengagement in Serious Mental Illness: Rates

- There are numerous statistics regarding the rate of disengagement:
  - Using data from the National Comorbidity Survey (NCS), almost 17% of patients drop out of treatment in 1 year
  - Based on a review of studies between 1980 and 2003, an estimated 24% do not attend appointments as scheduled
  - Across several recent studies, 18% to 67% fail to attend the first outpatient appointment
  - Another review of studies reported that approximately 30% disengage from treatment services over 1–9 years.
- The initial period of treatment is the most likely time for dropout to occur and is therefore a crucial period in which to develop and implement strategies to facilitate engagement.

Kreyenbuhl J et al. *Schizophr Bull.* 2009;35:696-703.

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# Disengagement: Patient Characteristics

- Younger age
- Male gender
- Ethnic minority
- Low social functioning/social isolation
- Low socioeconomic status
- Comorbid substance use disorder
- Higher level of psychopathology
- Lack of insight
- Poor alliance with therapist
- Lack of active participation in treatment
- Co-occurring serious mental illness

Kreyenbuhl J et al. Schizophr Bull. 2009;35:696-703.

# Disengagement: Possible Reasons

- From a patient's point of view:[1]
  - Belief that they no longer need services
  - Belief that they cannot benefit from services
  - Perception that treatment is not helpful
- From a systems point of view:[2]
  - Services may not fit the needs of the patient; engagement may be impacted by:
    - Difficulties in finding mental health services;
    - Greater distance traveled;
    - Delays in care (placement on a waiting list, delays in returning patient calls, longer wait from intake to first treatment session);
    - And/or difficulties in finding child care, taking time off of work, and/or arranging transportation
  - Staff attitude, the clinic setting, and clinic facilities may also influence disengagement

1. Kreyenbuhl J et al. *Schizophr Bull.* 2009;35:696-703.
2. Barrett MS, et al. *Psychotherapy (Chic).* 2008;45(2):247-267.

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# IMPROVING PATIENT ENGAGEMENT

# Patient Engagement: Dos and Don'ts

| Do | Do not |
|---|---|
| Determine patient's main concern | Use fear as a tactic |
| Help them plan | Narrow the horizon of the patient's planning efforts |
| Support their plan | Build a plan for the patient |
| Acknowledge barriers/difficulties | Overwhelm them with too many problems at once |
| Arrange a way to check progress | |
| Allow patient to summarize what they will do | |
| Break down a larger goal or problem into small incremental steps | |

Hibbard J et al. *J Ambulatory Care Manage.* 2012;35:129-132

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# Patient Engagement Interventions Following Discharge in Mental Health Care

- Low-intensity approach[1]:
  - Inpatient staff making the appointment
  - Minimizing wait time to first appointment
  - Reaching out techniques
- Medium-intensity approach[1]:
  - Critical time intervention
  - Case-management programs
  - Refer to peer support programs[2]
- High-intensity approach[1]:
  - Assertive community treatment

1.  Kreyenbuhl J et al. *Schizophr Bull*. 2009;35:696-703.
2.  Dixon LB, et al. *World Psychiatry*. 2016;15(1):13-20.

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# Polling Question

In your experience, how many of your patients use the internet to inform themselves about their illness?

A. < 10%

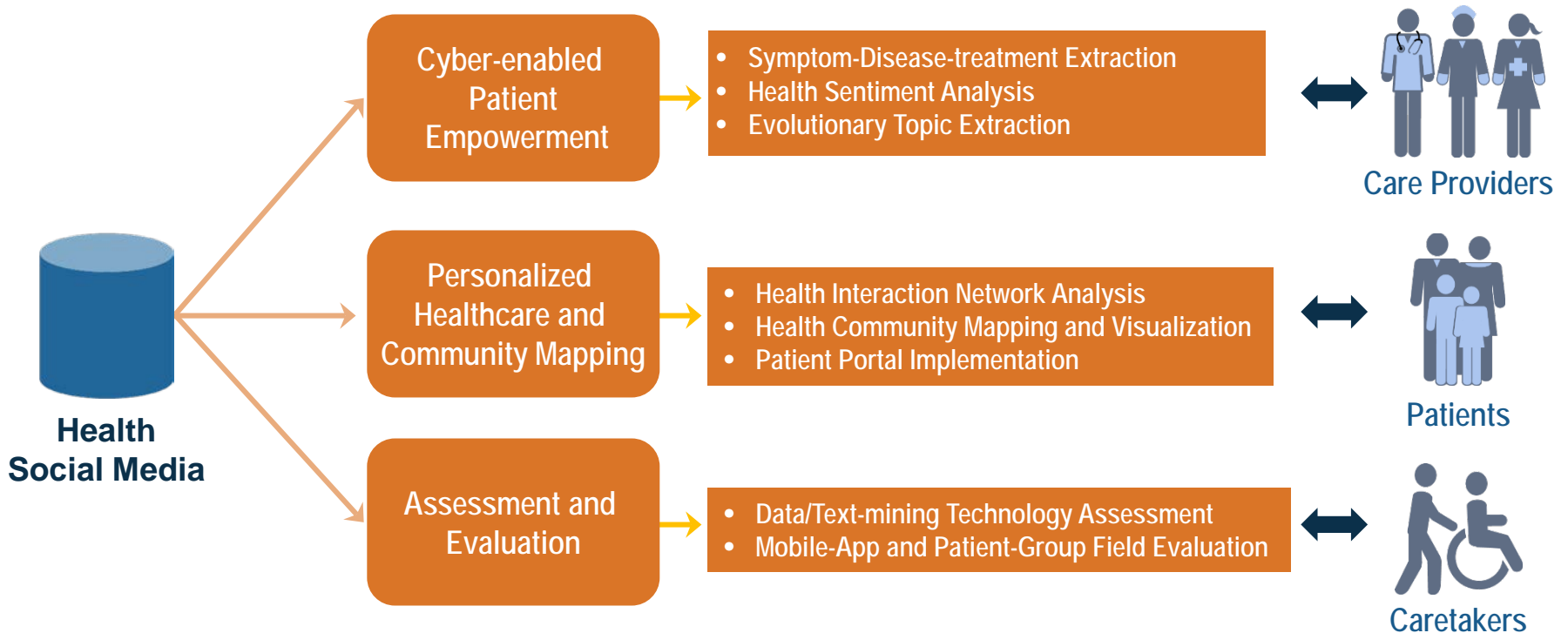B. 11% to 25%

C. 26% to 50%

D. > 50%

# Techniques for Engagement: Electronics and Technology

- Patients may turn to the internet and social media for answers and support (eg, through the use of tablets, therapist-moderated websites)[1]
- Various online and smartphone platforms can serve as a "gateway" to mental health services[1]
  - May be useful for patients trying to engage but have impediments (self-stigma, difficult to coordinate)
- Telepsychiatry[2]
  - Where shortage of mental health providers limits reach (eg, in rural and low income areas), delivery of psychiatric applications using other means (eg, tele- or video-conferencing) may extend clinical reach into these underserved populations without significantly expanding workforce

1.  Dixon LB, et al. *World Psychiatry*. 2016;15(1):13-20.
2.  Clarke G, Yarborough BJ. *Gen Hosp Psychiatry*. 2013;35(4):339-44.

# Technology Assistance: One Possible Model



**Health Social Media**

Cyber-enabled Patient Empowerment
- Symptom-Disease-treatment Extraction
- Health Sentiment Analysis
- Evolutionary Topic Extraction

Care Providers

Personalized Healthcare and Community Mapping
- Health Interaction Network Analysis
- Health Community Mapping and Visualization
- Patient Portal Implementation

Patients

Assessment and Evaluation
- Data/Text-mining Technology Assessment
- Mobile-App and Patient-Group Field Evaluation

Caretakers

Health Big Data | Data and Text Mining Research | Healthcare Community

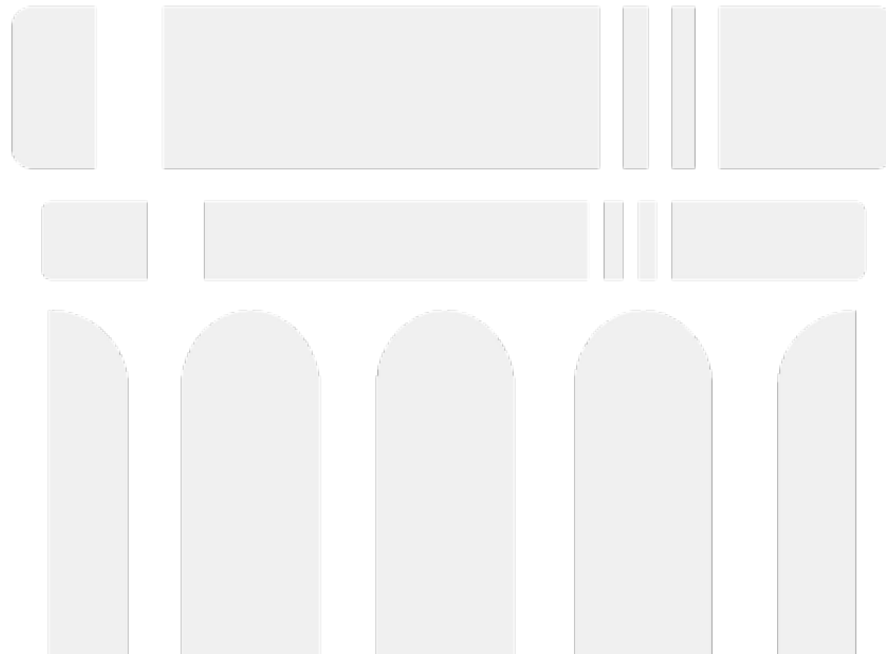Note: Above model was developed within the context of diabetes care.

The University of Arizona. Artificial Intelligence Laboratory. Available at http://ai.arizona.edu/research/healthcare/. Accessed Feb 12, 2014.

# Polling Question

If you think 5 years in the future, how much of a role do you think technology will play in patient engagement?

A. < 10%

B. 11% to 25%

C. 26% to 50%

D. > 50%

# QUESTIONS

# CLOSING