Hello Patricia,

Happy New Year to all of our readers!

In this issue we will explore the Top 10 issues that consumers, patients and their families, will experience during 2018. We know that consumers, patients and families are at the center of healthcare and yet sometimes the environment surrounding them greatly effects the processes and outcomes of their care. We also know that the voices of consumers, patients and families can effect change in their own care as well as in their community and
our nation.

We look forward to continuing to engage our patients and families in action-oriented improvements so that all may enjoy high quality and safe care that is affordable and leads to improved health outcomes.

1. Opioids - Continuous effort to bend the curve on opioid deaths and over-usage that are affecting people throughout the United States and are negatively effecting U.S. life expectancy rates.

Consumers, patients and their families, will continue to raise questions about the necessity and dangers of opioid prescriptions. Patients that have become addicted to opioids will continue to have limited opioid abuse treatment options available due to lack of treatment services, trained professionals, and pathways to successful outcomes. Voices of the patients and families awaiting treatment will continue to share their stories so that legislators and regulators can understand the depth and breadth of the opioid emergency.

Expect continuous efforts to address the opioid emergency including:
- Reduced opioid prescriptions by clinicians following the CDC prescription guidelines,
- Monitoring of opioid usage by clinicians for all patients on prescription opioids,
- Alternative pain relief options made available to patients by clinicians,
- Increased public reporting on clinician opioid prescribing patterns by CMS and Propublica,
- and spreading of successful opioid treatment practices.

Public health, first responders, clinicians, hospitals, and local elected officials will continue to play an active role in addressing emergency conditions and developing local and national policy guidelines and regulations.

2. Patients Over Paperwork – Continuous effort to increase time physicians and other clinicians spend with patients and families by decreasing administrative and paperwork burdens.

Clinician administrative reduction strategies and approaches are emerging through administrative improvement initiatives including Transforming Clinical Practice Initiative and other initiatives from the Centers for Medicare and Medicaid Services (CMS), Agency for Healthcare Research and Quality (AHRQ), medical associations, and other organizations.

3. Advancing Information Technology to Meet Patient Needs – Expanding healthcare information technology applications to reach consumer, patients, and families according to their preferences.

Through the use of information technology, patients can correspond with clinicians and get information to help them self-manage their condition through mobile and PC-based applications, electronic health record portals, and telehealth. Even in remote or hard to reach locations, consumers are realizing they can get information on their condition and can even have an effective virtual checkup and consultation using telehealth services.

Efforts to advance Artificial Intelligence (AI) will continue with some expanded breakthrough research on initiatives to aid clinicians in gathering and assimilating patient reported information, history, and test results leading to less time to accurately provide a diagnosis. AI research will continue to expand into many areas with a goal of improving health outcomes.
4. Consumers, Patients and Families Involved in Co-Creation of health and healthcare products, services, and research – Expanded inclusion of consumers, patients, and families in co-design and co-production of health and healthcare services, products, system delivery, and research at all levels.

Expanding inclusion of consumers, patients, and families beyond co-production to include them in co-design resulting in complete participation in what is termed co-creation. The voice of the consumers, patients, and families has proven to be key to fast tracking health and healthcare initiatives through ongoing Person and Family Advisory Councils; targeted initiatives and research; and representation on government and non-government committees.

5. Increasing healthcare information transparency – Consumers, patients, and families will have increasingly meaningful Information readily available on healthcare providers for decision-making and selecting providers.

In an effort to support consumer decision-making, there is a renewed focus on providing meaningful information that is understandable and actionable by consumers, patients, and families. The CMS Compare web sites provide information on providers including hospitals, long-term care hospitals, nursing homes, home health, end stage renal dialysis centers, hospice agency, and physician and other clinicians. CMS is including consumers, patients, families, and patient advocates in the co-creation of measurements and information dissemination.

There are several states that are providing cost of care and service information to consumers based upon state-wide all payer claims data bases (APCD). Many of these sites have comparative provider information on the cost of outpatient services including outpatient diagnostic tests, therapies, procedures, and other services. Some of the states have expanded their information to include comparative cost data to the consumer based upon being uninsured or insured with specific health plans. Linkages to the state websites are available at APCD Council.

6. Increasing usage of tools and techniques among providers to engage patients and families.

Providers are finding that patients and families are increasingly more knowledgeable about their health and as a result, are more engaged in their care. Clinicians are using a variety of strategies and resources to strengthen patient engagement in their health such as shared decision-making, teach back, patient reported outcomes, patient activation surveys, medication management, health literacy assessments, care transition coordination, orders for life-sustaining treatment, and electronic communication. Providers have found that patients that are more engaged in their health are likely to adhere to patient and provider agreed upon care plans which will improve health outcomes and reduce avoidable hospitalizations and services.

Patients and families are making significant quality and safety contributions to their local health care providers as many provider facilities are including patients and families on boards and advisory councils in addition to serving as advisors on many provider committees. This practice is also occurring at local, state, and national healthcare government and non-governmental organizations as they realize the value of having participation from patients and families.
7. **Continuous effort to improve health of all populations through public health interventions.**

Public health, Accountable Care Organizations, and health systems that are managing the health and well-being of populations are focused on reducing avoidable diseases and conditions through prevention and early detection. Interventions include flu and pneumonia vaccines; screening for various cancers; education on chronic kidney disease scores; opioid abuse awareness campaigns; health care and community acquired infection prevention; and encouragement of adopting healthy lifestyles.

Additionally, knowing that social and economic factors affect the health of populations, providers are increasingly working to address social determinants such as food, housing, transportation, and other challenges. Through health equity initiatives, there is increased understanding and efforts to close the healthcare and health outcome gaps among racial and ethnic populations. Many of these initiatives are through partnerships with organizations in their communities in addition to those generated by provider organizations.

8. **Ongoing pressure on providers for value-driven healthcare resulting in increases in efficiencies and decreases in costs for provider systems and health insurers.**

Institutional and individual providers will continue to have increased pressure to reduce unnecessary procedures, tests, and medications that do not provide benefit to the patient. Providers are focused on identifying best practice patterns and care pathways to increase efficiencies and drive down costs for their own organization and that of the health plans.

As a result, patients and families are seeing a reduction in unnecessary procedures and tests while at the same time realizing improved coordination of care resulting in reductions in avoidable hospitalizations, emergency visits, and observation stays.

9. **Increasing out of pocket costs of care for consumers, patients, and families – Consumers, patients, and families, are facing increased health insurance premiums, deductibles, and co-pays.**

Despite efforts by providers and health plans to increase efficiencies, very little cost savings is passed on to the consumer or patient when it comes to insurance premiums, deductibles, or co-pays.

Out of pocket costs will continue to rise for consumers as more care and services shift from inpatient to outpatient care and the deductibles and co-pays increase. As most co-pays on an outpatient service can be as high as 20%, the out-of-pocket costs can be quite high for outpatient diagnostic tests using imaging or non-invasive procedures.

10. **Increasing Number of Uninsured and Underinsured – High risk populations are especially vulnerable to federal and state changes in the marketplace and include children, aged, disabled, and any one facing a life-threatening or chronic condition.**

The uncertainty in the commercial marketplace coupled with federal and state health program changes is leading to an increase in the number of uninsured and underinsured. Program reductions and changes in CHIP and Medicaid are leaving many patients...
vulnerable in being able to care for themselves or their children or loved ones.

As healthcare providers are focused on providing the right care every time to every patient, providers are being strained in trying to meet the needs of the uninsured and under-insured in their communities. Hospitals, physicians, and clinics based in safety-net; remote access communities; or health professional shortage areas will continue to struggle financially given the destabilization of their funding from state and federal government health plans and programs. Patients and families seeking opioid or mental health treatment programs will continue to be challenged as funding and access to services becomes increasingly more difficult to find due to changes in health plan and government funded services and rising number of people seeking treatment.

During 2018, we know that health and healthcare will continue to evolve and change as providers, patients, families, community organizations, and health plans all work together to improve the health and well-being for all communities. We will keep our community of readers and program participants engaged and involved as we work together to make a difference in the lives of people we love and serve in our communities.

“In a gentle way, you can shake the world.”

“In be the change that you want to see in the world.”

Mahatma Gandhi

**AHRQ Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families**

The *Guide to Improving Patient Safety in Primary Care Settings by Engaging Patient and Families* (*Guide*) has assembled evidence-based resources for primary care practices to engage patients and/or their family members in activities to support patient safety within the primary care encounter.

The interventions and their goals include:

**Teach-Back**
- Encourage bi-directional communication
- Ensure patient understanding of care plan & next steps

**Be Prepared to Be Engaged**
- Engage patients in clinic visit agenda setting
- Encourage and support bi-directional communication

**Medication Management**
- Develop an accurate medicine list with the patient
- Including prescribed and over the counter medicines
- Validate patient understanding of HOW to take medicines

**Warm Handoff**
- Engage patient in bi-directional communication
- Safety check for information exchange across care transitions
Feasibility of implementing the interventions has been informed by a field test with twelve primary care practices from around the country.

**Lessons Learned & Implementation Recommendations.**
Leadership, Training, Complexity, and Time are four themes revealed during the field test:

- **Leadership:** From the onset, it is important to secure practice leadership. Leaders have to understand and fully support the initiative for it to be successful;
- **Training:** All practice clinicians and staff need training – ranging from simple awareness to deliberative practice with communication skills. Coaching and mentoring were successful in supporting implementation and evaluation. A background in quality and process improvement, and infrastructure support aids successful implementation.
- **Complexity:** A Project “champion” who lends support, trouble-shoots during implementation, and updates staff during clinic huddles is key for successful execution and sustainability.
- **Time:** Time may be the biggest barrier to patient safety within primary care. Pressure for productivity (10-20 minute visits) is a reality. Initiatives need to be seen as reducing re-work, enhancing the patient experience, or having the potential to reduce error.

For more information on the Guide and its resources, please visit the project website. [http://bit.ly/2km87G1](http://bit.ly/2km87G1)

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Midwest Forum on Hospitals, Health Systems, and Population Health
*Partnerships to Build a Culture of Health*

Public health institutes and organizations in Illinois, Michigan, Indiana, and Wisconsin joined together to host a three-day conference in Chicago in December on public health issues of major concern. The meeting brought together public health and community leaders from urban, suburban, and rural areas to work on pressing public health issues. The Illinois Public Health Institute hosted the Conference of which Pat Merryweather is a Board member.

Pat spent time catching up with Illinois Critical Access Hospital Network (ICAHN) staff, Pat Schou, Executive Director, and Angie Charlet, Director of Quality.

**We Love to Hear From You!**

We are always happy to hear from you - please feel free to contact us at any time.
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