

Conference Summaries

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Push, Pull, Pay: Adding Value to Patient Decision Aids

Donald Kemper

Mr. Kemper, the chairman and chief executive officer of Healthwise, a nonprofit organization that promotes greater access to consumer health information, discussed three strategies for fostering greater use of patient decision aids.

Introduction

- By way of introduction, Mr. Kemper noted that in 1971 he attended a talk by the Assistant Secretary for Health Education and Welfare. The Secretary said, “The greatest untapped resource in health care is the patient.” Mr. Kemper’s career was shaped by this simple statement.
- Mr. Kemper estimated that individuals in the United States make about 300 million major health-related decisions each year, including decisions about 50 million surgeries, 100 million major diagnostic tests, and 150 million medication changes.
- Mr. Kemper proposed that decision aids are wonderful tools, but they have value only when the tools are actually used and when that use improves the quality of the decision made. He outlined three basic approaches to increasing decision aid use, implementation, and value:
 - Pull strategies (i.e., individuals locate and access decision aids on the Internet);
 - Push strategies (i.e., the use of coaches and prescription of “information therapy”); and
 - Pay strategies (i.e., financial or other means for aligning incentives and accountability).

Adding Value to Decision Aids

- Mr. Kemper proposed that the value of decision aids is dependent on three components:
 - Analytics/triggers, which involves methods to identify patients who are making decisions and the type of decisions patients are making;
 - Reach/engagement, which involves reaching the patient with the decision aid and engaging him or her in its use; and
 - Completion/action, which relates to the patient finishing the decision aid and taking an action step towards a decision with their doctor.

Pull Strategies

- Using International Patient Decision Aid Standards (IPDAS), Healthwise staff has developed 150 decision aids.
- Patients most commonly obtain Healthwise decision aids using a pull strategy; the organization has licensed the aids to more than 200 websites, including Yahoo and MSN.

- Healthwise decision aids were used more than 11 million times in 2009; this is a significant number of uses but it leaves room for improvement, considering the estimated 300 million major decisions made each year.
- Pull systems are inherently limited because they are separate from the practice of medicine. These systems can be enhanced through:
 - Mental models, which attract different patients to decision aids because of the way they think;
 - Graphic design, which can help make decision aid use more intuitive and user friendly; and
 - Social networks, which can increase the “buzz” about the decision aids.

Push Strategies

- Mr. Kemper stated that push strategies are in the early stages of development. These approaches involve the use of “information therapy,” which he defined as prescribing the right information to the right person at the right time as part of the process of care. He compared an information prescription (Ix) for information therapy to a medication prescription (Rx) for medication therapy.
- According to Mr. Kemper, the concept of information therapy changes the basic role of information in health care from being about a patient’s care to being the actual care, the rationale being that the information could save the patient’s life.
- Organizations are using a number of different methods to analyze data and create trigger systems to identify patients in need of specific information. These methods include:
 - Claims data analysis;
 - Data mining;
 - Rules engines;
 - Predictive modeling; and
 - Health risk assessments.
- To address the common problem of providers receiving data too late to intervene, Healthwise advocates prescribing information through an IxButton™ solution, which is based on the HL7 International Standard for Context-Aware Knowledge Retrieval. The standard, also called the Infobutton Standard, was originally developed for decision-support knowledge requests for physicians. Healthwise is working with the Department of Defense’s AHLTA system and with EHR providers to use the standard to automatically prescribe patient-specific education and decision support tools based on the patient’s demographics, clinical information, and current context of care.

Pay strategies

- According to Mr. Kemper, pay strategies involve the use incentives and accountability to foster decision aid use. He discussed programs currently being used by two Healthwise clients to promote the use of decision aids and other forms of information therapy.
 - The Oklahoma-based MedEncentive's Aligned Incentive Plan provides incentives to patients and providers to use evidence-based health information when making decisions. Physicians receive a 10-20% bonus for reviewing guidelines, and patients receive a copay waiver of \$20 or more for reviewing information.
 - Results of five-year study for the city of Duncan Oklahoma, whose employees used the plan, showed savings of \$1,612,985 and a return on investment of 8:1.
 - The Chicago-based Health Promotion Network's Health Improvement Plan (HIP) allows union employees to choose one of two health plans. The standard plan has higher deductible and out-of-pocket limits and the premium costs 1.5% of pay. The HIP option involves lower deductible and out-of-pocket limits and is free. However, HIP eligibility requires the member to complete a health risk assessment and biometrics, have nurse coaching sessions, engage in risk reduction efforts, have a primary care doctor, quit smoking, and review information therapy.
 - Results of a study of 300 union employees showed that paid claims remained below the 2006 level.
- Mr. Kemper concluded by hypothesizing that giving patients the information they need to make informed health decisions could have as big an impact on improving health care as addressing geographic variation in physician practice.