Patient education and engagement are important requirements for that Holy Grail of health IT: meaningful use of electronic health records (EHRs).

You’ve heard it before: the HITECH Act and the CMS Incentives for electronic health records (EHRs) are not about putting a computer on the doctor’s desk or in the doctor’s hands. It’s not even just about the business of medicine or cutting costs or making recordkeeping more efficient.

It’s about using the technology in ways that lead to better patient care. That’s why patient education and engagement are an integral part of the meaningful use of EHRs.

Why patient education matters
In its vision for world-class affordable healthcare, The National Priorities Partnership of the National Quality Forum identified six goals for health quality improvement, which eventually evolved into the five priorities for meaningful use:

1. Improve quality, safety, and efficiency
2. Engage patients and their families
3. Improve care coordination
4. Improve population and public health
5. Ensure privacy and security.

“There is a fundamental belief that ‘meaningful use’ of EHRs should help patients and families have access to meaningful, useful information,” says Joshua Seidman, Director, Meaningful Use, for the Office of the National Coordinator for Health IT, which oversees the HITECH Act.

Study after study shows the link between engaged, activated patients and better health outcomes. Engaged patients are more likely to adhere to medications, keep appointments, and monitor their conditions. Just as an informed, curious and diligent nurse makes an excellent co-worker, a well-informed patient is also a great addition to the healthcare team.
Reducing Hospital Readmissions With Enhanced Patient Education

There’s even a strong business case for quality patient education. A recent study from Harvard shows when patients are better informed and their medications are better managed, readmissions drop by about 20 percent. Readmissions are costly not only in terms of straight dollars, but also in terms of patient satisfaction.

The value of well presented information

There are lots of ways that EHRs can be used to make meaningful differences in how engaged and informed patients are in their own healthcare and about their own health. But it’s one thing to be able to generate office visit summaries or information and another thing to do it well.

Even if the EHR comes with a feature that meets the requirement, most healthcare organizations want to do more than satisfy the letter of the meaningful use rule; they want to fulfill the objective of engaging and activating patients. “The product may do everything else well, but it may not include quality patient education,” says Stephanie Billecke, Interim Director of Fairview Press, which oversees patient education resources for the Fairview Health Services in Minnesota.

For example, the standard lab printout is of little use to patients without some explanation of the abbreviations and the normal ranges for the results. Patients need to know what the lab results mean for their health and for their lives. Wisconsin-based health communications consultant Doug Seubert says his own healthcare provider gives him access to his electronic health record, and he can get a printed visit summary if he requests one. But, he says, the information is not easy to understand. For example, on the medication list the dose of one prescription reads “20 mg bid,” which means very little to the average patient. “If the information on my medication list matched the directions on my pill bottle, it would make more sense,” he says.

On the other hand, well-presented information is an excellent way to activate and engage patients in their healthcare. Seubert recently helped conduct a pilot study that looked at patient activation after receiving a summary of recommended preventive tests along with results. On the summary, the word “OVERDUE” in red capital letters appeared next to a missed test. During the pilot, sharing that information with patients resulted in a 20 percent increase in scheduled colonoscopies compared to those who did not get a patient summary or only received a verbal reminder from their provider.

“When most patients saw the ‘overdue’ they were interested in how they could get that off the list,” Seubert explains. “It was an opening for the provider to discuss options.”

Getting the message to mesh

One of the menu options for meaningful use is to provide “patient-specific education resources” so that patients can learn more about their condition on their own.

“The EHR should recommend clinically relevant documents, not just generic patient education,” says Steven Waldren, MD, Director of the American Association of Family Physicians’ Center for Health IT. The choices should be narrowed down by specific diagnosis (not just diabetes, but what type), treatment, lab findings, etc. “A new diabetic has different needs from established patients as they progress,” Dr. Waldren explains. “Patient education should grow with the patient, identifying the risk for complications or the need for lifestyle changes. The system should be able to recognize where patients are in that spectrum.”

Seubert brings up that different patients want different amounts of information and in different formats, “We can no longer rely on printed handouts to meet the needs of every patient.” He recommends that information be interactive and help the patient
participate in shared decision-making about his or her care.

From the provider’s perspective, the content of the EHR-generated material should mesh with the message communicated by the provider during the office or bedside visit.

With seven hospitals, 40-plus clinics, and 22,000 providers and staff, Fairview Health Services is large. Still, “we try to streamline processes and ensure that education materials meet our requirements,” says Billecke. In the end, purchasing an overall patient education add-on to their EHR system achieved these goals and even saved them money. “We have consistent messaging across the clinics,” she says.

Lehigh Valley Health Network started out using the patient education features included in the EHR system at its outpatient clinics, but concerns about health literacy, the availability of cultural and preferred language education, and meaningful use criteria have led staff to explore an EHR add-on product by the vendor

A look at the requirements

What does the meaningful use rule say about patient education and engagement? Two core measures and three menu set measures address these aspects of patient care. Although some in the health communications realm wish the rule went further on patient involvement, engagement, and activation, the first step has to be getting health information from paper to electronic form.

Doug Seubert, a Wisconsin-based health communications consultant, says “There’s more emphasis on staff use of the information and on information traveling with the patient.” But, he adds, that’s bound to change: “As meaningful use of health information technology advances, the focus needs to shift from patients’ accessing information to using that information to make informed decisions and to change behaviors to improve or maintain health.”

According to Joshua Seidman, Director, Meaningful Use for the Office of the National Coordinator for Health IT, the U.S. Department of Health & Human Services will issue a proposed rule for Meaningful Use Stage 2 in January 2012. The Health IT Policy Committee (HITPC) has recommended the following requirements for patient access to health information:

• Patient ability to view and download personal health information from the EHR
• Secure messaging (email) between patients and providers
• Recording patient preferences for communications media

Additional elements are being considered for Stage 3, such as incorporation of patient-generated data.

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that produces the patient education materials for its in-patient facilities. “Our network believes in creating standard work and providing services that match both the outpatient as well as the inpatient environment,” says Paula Robinson, Patient, Family and Consumer Education Manager at Lehigh Valley Network. The Health System is working towards that now.

Another advantage of sticking with the same materials used for in-patient patient education: clinicians have already become familiar and comfortable with the content and its presentation. This makes the transition easier for everyone.

Patients are also more comfortable with the materials. “Going with a patient education company means that you get a good product instead of something with dense text that’s not plain language,” Billecke explains. “Materials like that turn most people off. The content may be fine but if you look at all the factors, you have to go with patient-centered materials.”

Assessing the options

Waldren points out that eligible providers and hospitals have to do their homework when it comes to researching the patient education and engagement features of the EHR packages or modules they’re considering. “The software company may say that patient education is important but does it really get treated that way?” You have to see the system—and company—in action before you really know.

According to Waldren and other consultants, clinicians should consider the following points when assessing the patient activation and education features of an EHR:

• True cost: Even if a vendor says its product can link to patient education materials or generate an office-visit summary, be sure to find out whether

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**Objective**

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<th>Measure</th>
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<tr>
<td>Core Measures</td>
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<td>Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies) upon request</td>
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<td>Provide clinical summaries for patients for each office visit</td>
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<td>Menu Set Measures</td>
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<tr>
<td>Send patient reminders to patients per patient preference for preventive/follow-up care</td>
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<tr>
<td>Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within four business days of the information being available to the EP.</td>
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<tr>
<td>Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.</td>
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the capabilities are included in the base version or as an add-on. Either one can be fine, but providers should know the true cost before proceeding.

- **Relay of information:** What are the options for getting information to patients? Can the patient information be attached to the chart to create a record of what was given to the patient or so the patient can access the information with his or her record? Can materials be securely emailed? Can information be printed out in the exam room or at the front desk? What are the logistics of each option?

- **Workflow:** How does the system fit with workflow in the practice? How does the doctor find relevant information for the patient? Does the clinician have to re-type diagnosis codes in a separate window or does the program automatically list relevant patient education sources when you click on a diagnosis code or a medication name? Ideally, the EHR’s list of suggested patient education materials should appear in a separate box to the side of the screen similar to a medication list.

- **Content source:** Who developed the patient education materials, definitions and other information aimed at patients? Is this a trusted source? How does the content fit with the approach of your practice or hospital? Are enough topics included to cover the breadth of the practice? Can providers develop their own materials to link to the system?

- **Format:** Is the information presented in clear, active language that patients can understand? Are the materials available in different languages? Are illustrations large enough to easily grasp? Are graphics properly labeled? Are there videos and podcasts available along with print materials? Are there interactive components to the materials?

- **Ease of use:** It takes a lot of clinician time to activate patients, Seubert points out. Clinicians and patients won’t use the system if it isn’t fairly easy to use. Balancing ease of use with security is a tall order, but not impossible.

- **Interoperability:** If the patient education capabilities are an add-on, how will it work with the rest of the EHR’s features? If the patient education product comes from a third party, how will interoperability challenges with the base EHR be addressed? Will coordinating between the vendors add to headaches for the information services department?

Introducing a new EHR and new patient education materials at the same time may seem a daunting challenge, but Billecke believes that building patient education into the pursuit of meaningful use from the beginning has advantages. “It’s harder to build in later,” she says. And, more importantly, “When patient education is integrated with the EHR it becomes part of our critical functionality.”

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