

Strong Patient-Provider Relationships Drive Healthier Outcomes

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“The proper goal for any health care delivery system is to improve the value delivered to patients ... To properly manage value, both outcomes and cost must be measured at the patient level,” Harvard’s Robert Kaplan and Michael Porter tell us. But, why do we only define patient value by outcomes and cost?

With over 50% of primary care providers believing that efforts to measure quality-related outcomes actually make quality worse, it seems there may be something missing from the equation. Relationships may be the key. Surveys consistently demonstrate that patients prioritize both the interpersonal attributes of their providers and their individual relationships with providers above all else. Doctors also ascribe great value to relationships. Kurt Stange, an expert in family medicine and health systems, calls relationships “the antidote to an increasingly fragmented and depersonalized health care system.”

For the last two years we’ve been studying organizations that experts consider exemplars of primary care as part of a case-based series. Our findings have been consistent and surprising. All the practices and systems we’ve studied prioritize relationships with patients over cost and outcome measures, which they often assess through such indicators as accessibility (time to next available appointment) and patient-satisfaction and engagement metrics. The leaders of these practices all believe that by promoting relationship building on an individual patient level, favorable costs and outcomes will follow. Here’s a brief account of what we found:

Southcentral Foundation. We started our research in Anchorage, Alaska, where Katherine Gottlieb, the CEO of the Southcentral Foundation (SCF), has led a 20-year evolution

of a primary-care-based health system for more than 65,000 Alaska Native people. SCF calls its patients “customer-owners” because they own their health system (legally) and their health.

SCF’s Nuka model of care places relationships at the core in its quest to create a mentally, spiritually, and physically healthy Alaska native community. SCF engages all of its 1,700 employees in continuous training in relationship-building skills, betting that by nurturing long-term relationships they will be able to influence customer-owners’ behavior and decisions over time.

SCF’s focus on relationships is mirrored in its approach to finance. The organization fundamentally believes in prioritizing customer-owners first and balancing the books second. SCF has the data to prove that its investment in a relationship-centric, primary-care model is successful. It spends two to three times more on primary care than the national average, and it has successfully reduced ER visits by 65% over the last 10 years.

Martin’s Point Health Care-Bangor. During the last snowy New England winter, we traveled to our second case site: MPHC-Bangor, a primary care practice in Maine that serves over 3,500 patients in the Bangor area. A small and highly personalized practice focused on patient-satisfaction measures, it is co-led by two physicians and a practice administrator who intentionally designed their workflow to foster patient-provider relationships. MPHC-Bangor typically reports higher patient-satisfaction rates than its parent’s organizational goal of 93% for its health centers in Maine and New Hampshire.

The importance of the patient-provider relationship is evident at first contact. When

patients call the practice during business hours, they always speak with a patient-service representative rather than being shuttled through phone trees and voicemail boxes. During the visit, MPHC-Bangor uses teamlets, a patient-visit model involving provider and medical assistants. The medical assistants act as health coaches for the patient as well as scribes that free the provider to fully interact with patients. The model also allows providers to communicate with patients via e-mail or phone in the time they have at their desks while medical assistants prep and coach patients.

The problem-knowledge coupler is the software that makes their unique workflow possible. Patient-service representatives use the coupler to triage incoming patient calls and e-mails based on symptoms and urgency. Providers and patients use it as a clinical decision-making tool, engaging both in a conversation on diagnosis and treatment options.

Camden Coalition of Healthcare Providers. Last spring, we headed to Camden, New Jersey, to visit this city-wide coalition that is working to improve health while lowering costs. Over the past 10 years, the coalition has developed and refined an intervention that focuses on patients hospitalized frequently who have come to be popularly known as “super-utilizers.” Most often they are the patients with multiple chronic conditions and other challenges who do not respond well to the standard of care. Super-utilizers often account for a disproportionately large amount of Medicaid spending in a community. Nationally, the most expensive 5% of Medicaid patients account for about half of Medicaid spending.

In Camden, the coalition identifies patients who have been frequently hospitalized and offers them a 90-day program during which care-management teams focus on building a healing relationship with them and achieving the goals that the patient and his or her provider set together. These teams, which consist of health coaches, LPNs, social workers, and RN clinical managers, aim to connect patients to much needed primary-care services as well as community resources.

The Camden Coalition says “genuine, healing relationships” are the core of its success, but it also actively collects cost and outcome data. To put its model to the test, the organization has partnered with MIT’s Abdul Latif Jameel Poverty Action Lab to conduct a randomized control trial of its care-management intervention.

Direct Primary Care Summit. Over the summer, our team traveled to this gathering in Kansas City, Missouri. The “direct primary care” (DPC) model has recently gained a large following, especially in the Midwest and on the West Coast. DPC providers are bold: They bypass health insurance and charge a monthly fee per patient that is roughly the equivalent of the average U.S. monthly cell-phone bill. In exchange, patients get direct access to their physicians via phone, text, e-mail, longer appointments, and on-demand home visits. Many providers practicing this lean model argue it is the ultimate in patient-centered care: It strips away many of the burdensome layers in the current system and restores the patient-provider relationship.

As a leader in DPC, Qliance aims to develop patient-physician relationships and provide appropriate care and value to patients through longer appointments to diagnose and treat a broader range of problems. This, in turn, reduces referrals to costly specialist and hospital care. With its model, Qliance has demonstrated a 14% reduction in both ER and specialist visits and a 60% reduction in inpatient visits.

Much of recent health care innovation — from retail-pharmacy urgent-care clinics to telehealth start-ups — is betting that the industry’s future will involve empowering consumers to manage their care outside of a longitudinal provider relationship. Yet all the groups we’ve studied arrived at solutions that prioritize relationships at the core of what creates value — and they have the outcomes data to prove it.

If we believe that relationships are key to value, how should we be measuring them? The good news is that we have role models: Some practices are already doing this. The bad news is that each one is different, specific to its patients’ and community’s needs. But maybe that’s not so bad. After all, every relationship is different.

SPONSOR'S PERSPECTIVE

Improving Outcomes by Erasing the “Integration Deficit”

How the Application of Technology and Use of Data Will Lead to Gains in Patient Outcomes While Reducing Costs

We live in a world where our personal devices—whether they're in our pocket, car or home—can seamlessly share real-time data with each other. But the same cannot be said for a much more important area of our lives—healthcare. That's because many of the systems that record and store healthcare data across the care continuum are not integrated. Erasing this so-called integration deficit is a critical next step in healthcare's evolution as we transition to value-based healthcare.

While many stakeholders see the potential for improved collaboration, the misaligned incentives of many healthcare systems make the prospects for integration a significant challenge. Repeated tests, recurring readmissions, and an incomplete picture of a patient's overall health are often the result. By working together to manage patient care holistically, the healthcare industry can improve clinical and financial outcomes.

So if the lack of integration is the problem, how do we start working toward a solution? More connected medical technologies—implanted and otherwise—can and should play a crucial role, as will better use of data to help healthcare professionals see a broader view of their patients. Today, many of Medtronic's technologies are actively generating data, and we are working with the global healthcare community to take our technology, services, and insights and fashion them into solutions that either augment the delivery of care through better patient care management or improve overall system efficiency.

In the spirit of progress and partnership, our work includes:

- Utilizing insulin pump technology, sensors and mobile applications to better manage patients outside of the hospital setting in the Netherlands,
- Combining implanted heart failure technologies, diagnostic sensors, and nursing support to keep heart failure patients out of VA hospitals,
- Collaborating with IBM Watson to identify better care management for diabetes patients by using the patient's own data,
- Working with hospitals to allow quicker patient discharges by giving doctors and nurses the ability to monitor patient care and progress remotely,
- Partnering with hospitals to manage their cath labs for better patient throughput and outcomes, and
- Working on-site at hospitals to drive improvements in efficiency, quality, clinical outcomes, and patient experience, all within an outcomes-based payment model.

As we've seen in our efforts, the successful integration of patient care will require collaboration between providers, suppliers, physicians and payers. At Medtronic, we believe we have an important role to play in the integration of healthcare. There's an opportunity to harness the data and insights our technologies produce to create a more integrated, patient-centered healthcare system—one that ultimately is set up to achieve and reward the long-term outcomes that are central to a value-based healthcare system.

Learn more about our perspective on integrating care and value-based healthcare [here](#).

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