The Power of the Patient

Mark D. Smith MD MBA
Outline

1. Prevention
2. Financial
3. Co-Design & Co-production of Care
4. Care delivery: Self-Care
5. Political
The Medical-Industrial Complex
Vote with their feet and wallets for high-value plans and providers:

**But** - This requires:

- Greater availability of useable data on cost and quality
- Greater supply of lower-cost providers
- Value-based insurance design
Co-Design & Co-production of Care

Reflections on What We Learned
“We do not learn from experience, we learn from reflecting on experience.”  Donald Schon

Our Insights from this Week: (ah-ha)
- Flows from all 3 projects came together and worked
- 3 flows reinforced the IP done in November
- Had a lot already created, didn't need to reinvent
- Alignment with other HDVS and Career Transitions work

How is the New Process more Respectful of People?
- Creating efficiency for HR and Education
- Continued focus on employee development through entire process flow
- Incorporated What Does Good Look Like, Transparency, SW, Tight Connections, Flow
- Warm handovers and tight connections
- Receiving unit is getting a well rounded new employee
- Objective criteria for exiting the Learning Center process

Challenges to the Change Process:
- Building trust for the receiving department in who they will be getting
- Individualization in a standard process
- Approval process matching up with ready people
- Matching desires of applicant to the needs of the system

Actions Required to Sustain or Build on this Change?
- Making process transparent in regards to inputs and outputs
- Ongoing evaluation of the process
“Co-production”

- End-of-life care: The Conversation Project
- Home care/safety: “Discharge to Assess (D2A)” / “CAPABLE”
- Pediatric IBD (and others): Collaborative Chronic Care Networks
Mechanisms of action:

1. Patients generally select lower- or no-cost interventions that maximize quality of life.
2. Patients co-produce services that deliver better health outcomes (for any given amount of investment)
3. Patients, families and caregivers expand the workforce in a way better equipped to deal with chronic disease at relatively low cost to the system
Self-Care
Strep throat
Hypertension

Original Investigation

Effect of Self-monitoring and Medication Self-titration on Systolic Blood Pressure in Hypertensive Patients at High Risk of Cardiovascular Disease

The TASMIN-SR Randomized Clinical Trial

Richard J. McManus, FRCP; Jonathan Mant, MD; M. Sayeed Hoque, PhD; Emma P. Bray, PhD; Stirling Bryan, PhD; Sheila M. Greenfield, PhD; Miren I. Jones, PhD; Sue Jowett, PhD; Paul Little, MD; Cristina Penalvo, MA; Claire Schwartz, PhD; Helen Shackleford, RGN; Claire Shovelton, PhD; Jini Varghese, RGN; Bryan Williams, MD; F.D. Richard Hobbs, FMedSci

IMPORTANT E Self-monitoring of blood pressure with self-titration of antihypertensives (self-management) results in lower blood pressure in patients with hypertension, but there are no data about patients in high-risk groups.

OBJECTIVE To determine the effect of self-monitoring with self-titration of antihypertensive medication compared with usual care on systolic blood pressure among patients with cardiovascular disease, diabetes, or chronic kidney disease.

DESIGN, SETTING, AND PATIENTS A primary care, unblinded, randomized clinical trial involving 552 patients who were aged at least 35 years with a history of stroke, coronary heart disease, diabetes, or chronic kidney disease and with baseline blood pressure of at least 130/80 mm Hg being treated at 59 UK primary care practices was conducted between March 2011 and January 2013.

INTERVENTIONS Self-monitoring of blood pressure combined with an individualized self-titration algorithm. During the study period, the office visit blood pressure measurement target was 130/80 mm Hg and the home measurement target was 120/75 mm Hg. Control patients received usual care consisting of seeing their health care clinician for routine blood pressure measurement and adjustment of medication if necessary.

MAIN OUTCOMES AND MEASURES The primary outcome was the difference in systolic blood pressure between intervention and control groups at the 12-month office visit.
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Dialysis (in Sweden)

At the regional hospital Ryhov in Jönköping, there has been a unit for self-dialysis for several years.
Dialysis (in West Philly)

From Edward R Jones, MD, MBA
Medical Director - Self-care FMC Mt. Airy Philadelphia, PA.
Types of Self-Care

- Technology- and protocol-driven diagnosis
  - pregnancy, HIV;
  - Strep throat; ear infection; mono; flu

- Managing chronic conditions
  - Hypertension
  - Diabetes
  - HIV
  - Anti-coagulation
  - Congestive heart failure
Providing treatment
  • Computerized Cognitive Therapy
  • Wound Care
  • Dialysis?
Politics

• Vote
• Highlight and push back on ruinous pricing practices – e.g. “gotcha” out-of-network bills
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Thank You!