CAREMESSAGE

CCI Tech Hub

5/3/2019

ChapCare
CareMessage Utilization
Patient Engagement

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About ChapCare

MISSION

To provide **Excellent, Comprehensive**, **Innovative** healthcare services accessible to the residents of San Gabriel Valley

- Federally Qualified Health Center (FQHC)
- 8 health center locations in the San Gabriel Valley
- Almost 16,000 unduplicated patients annually
- Excellent and Comprehensive Services:
  - Medical
  - Dental Care
  - Retail Pharmacy
  - Telemedicine
  - Optometry
  - Podiatry
  - Behavioral Health and Substance Abuse Counseling

Healthcare Landscape Change

Maximization to Optimization

- Healthcare landscape is shifting from an encounter based **episodic care to** a **value based** payment system.

Passive to Active

- ChapCare adopted an Engagement Strategy to c**hange the current passive** patient and health center culture **into an active patient engagement**.
- Health Center that do not develop, implement and execute a **Patient Engagement Strategy** will be a casualty of the evolving healthcare landscape shift.
- There has been a great deal of discussion about how to **engage patients in their care**.
- Patient engagement has always been considered **a good thing** in practices and health care organizations.
- Today it is **vital for health centers** engaged patient in their care as active participants in order to bend the healthcare cost curve.

ChapCare's –Patient Engagement

Patient engagement is not just patient communication or education; nor is it simply implementing online patient portals.

True patient engagement refers to:

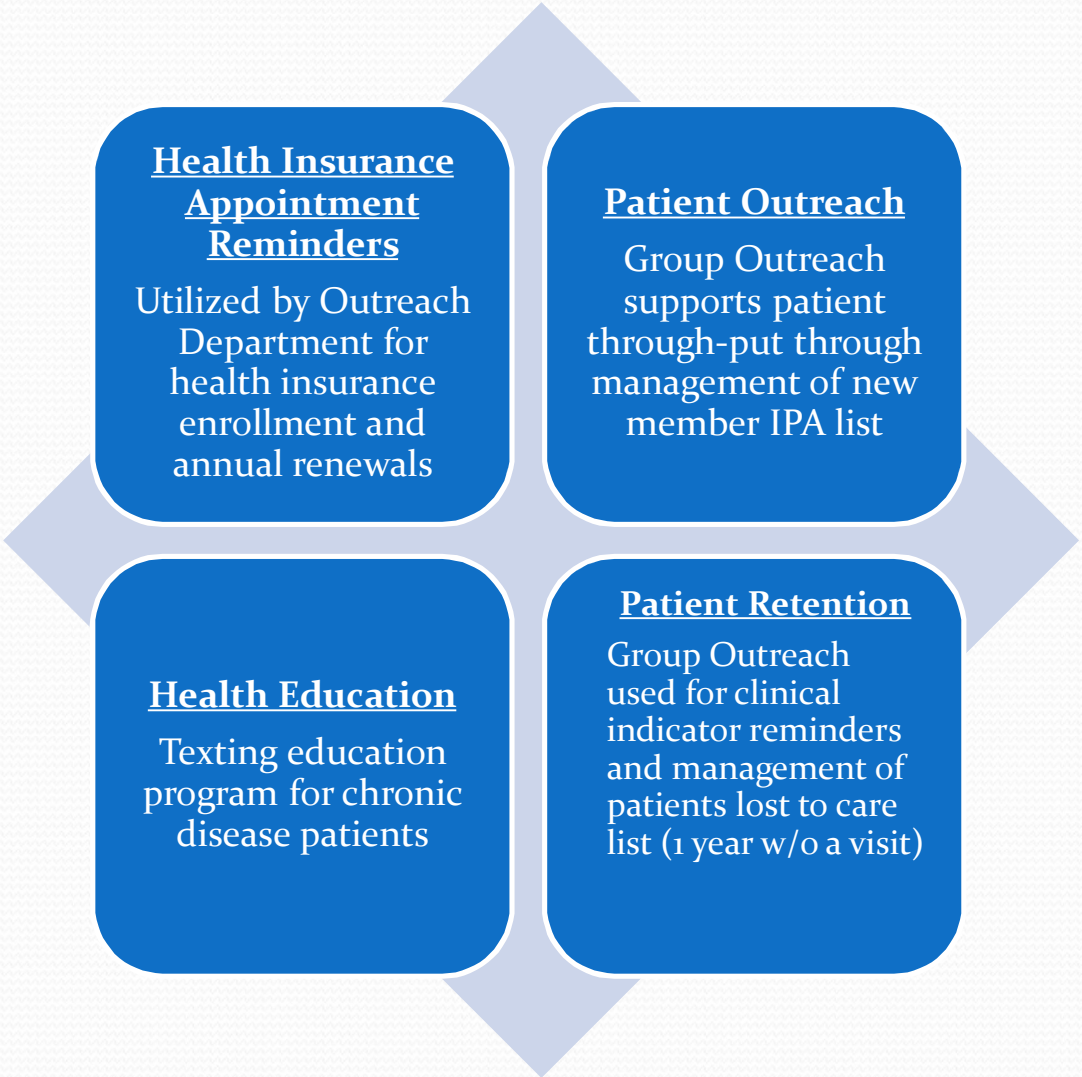
1. The knowledge, skills, ability, and willingness of patients to manage their own and family members' health and care;
2. The culture of the health care organization that prioritizes and supports patient engagement; and
3. The active collaboration between patients and providers to design, manage and achieve positive health outcomes.

Successfully achievement of Patient Engagement

Five Key Elements

1. Define organization's vision for patient engagement.
2. Create a culture of engagement.
3. **Employ the right technology and services**.
4. Empower patients to become collaborators in their care.
5. Chart progress and be ready to change and adapt.

CareMessage Use Cases



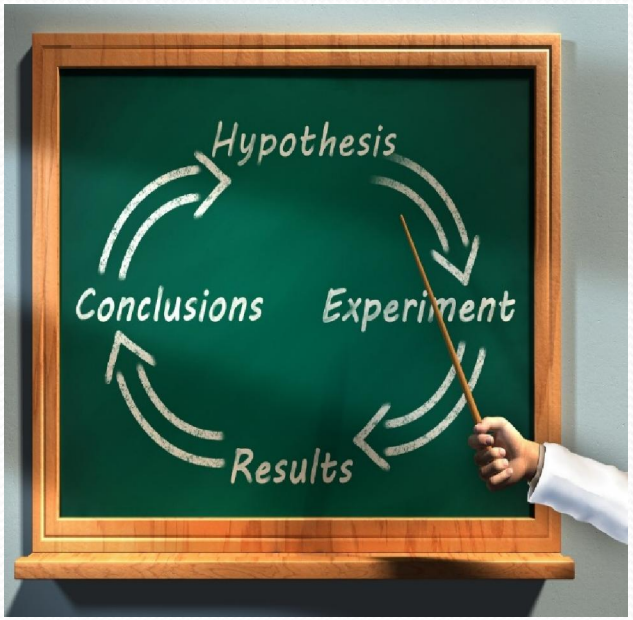
ChapCare utilizes CareMessage:

- Engage,
- Assist staff manage patients health needs
- and educate at all stages of the healthcare continuum!

Research - Results

UC-Berkeley/CareMessage

- September 2015 – February 2016
- Diabetes text-message education program for low-income, mostly Latino patients at ChapCare's health Centers
- Produced a clinically-meaningful improvement in glycemic control.
- Patients who were more engaged with the program experienced greater HbA1c improvement.
- Interviews with patients revealed that the program provided both instrumental and emotional support.
- Interviews with staff identified that implementation was facilitated by the ability to reach a large number of patients, making it feasible for a resource-limited community clinic.



"Worrying About Me": Improved Diabetes Care Management Through a Text-Message Intervention for Low-Income Patients

Jessica L. Watterson, Hector P. Rodriguez, Adrian Aguilera and Stephen M. Shortell

CHOIR Center for Healthcare Organizational + Innovation Research

Berkeley University of California

Key Findings

1. A diabetes text-messaging program for low-income, mostly Latino patients produced **clinically-meaningful improvements** in glycemic control. Patients who were **more engaged** with the program experienced **greater improvements** to HbA1c.
2. Interviews with patients revealed that the program provided both **instrumental and emotional support**.
3. Interviews with staff identified that implementation was facilitated by the ability to reach a large number of patients, making it **feasible for a resource-limited community clinic.** Staff and patient recommendations to improve the program include **integration into in-person clinical care** and **tailoring the program to baseline patient knowledge.**

Background

- **29.1 million** Americans have diabetes [1]
- Prevalence among Latinos is almost **double** that of non-Latino whites [2]
- Earlier research has found:
  - Some evidence that text messaging programs can **reduce HbA1c** [3,4,5]
  - But **patient engagement and outcomes tend to be worse** among low-income Latino populations [6,7,8]

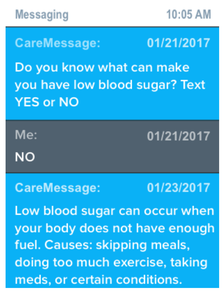
Research Questions

1. Is a text messaging program tailored primarily for **low-income Latino** diabetic patients associated **with improved glycemic control, body mass index (BMI) or blood pressure**?
2. What **facilitators and barriers influence implementation** of the program for patients and clinic staff?

Study Design

- **Mixed-methods quasi-experimental design**
- Setting: diabetic patients attending two federally qualified health centers (FQHCs) in Los Angeles, from Sept. 2015-Feb. 2016
- Intervention group (n=50) received **12-week, bidirectional diabetes education text-messaging program** in Spanish or English (77% enrollment)
- Comparison group (n=50) was constructed from diabetic patients attending the same clinics during the same period

Data Collected	Baseline	Follow-up
Intervention Group Only		
Diabetes-related distress (PAID-5)	✔	✔
Messages sent and response rates		✔
Program satisfaction & feedback		✔
Comparison & Intervention Groups		
Demographics	✔	
Clinical outcomes	✔	✔
Clinic Staff		
Feedback on implementation		✔

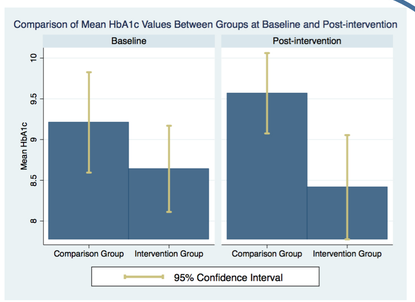


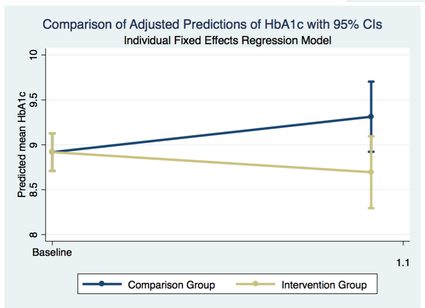
- Quantitative analysis (using Stata 13):
  - Comparison of baseline characteristics with t-tests and chi-squared tests
  - Differences in clinical outcomes between groups were estimated using individual fixed effects regression models
  - Population-averaged linear models were estimated with generalized estimating equations to identify differential effects of patient engagement on outcomes among the intervention participants
- Qualitative analysis:
  - Transcription and translation (as needed) of interviews
  - Iterative codebook development and coding of transcripts using Atlas.TI
  - Identification of common themes and frequencies

Results

Quantitative Results

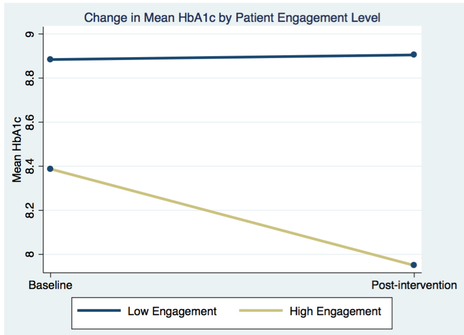
- 75% Latino/Hispanic
- 62% primarily Spanish speaking
- Demographic characteristics of intervention and comparison groups were comparable at baseline





- Intervention group had an average estimated reduction in HbA1c of 0.62 points at follow-up, relative to the comparison group (p=0.06)
- No significant results found for BMI or blood pressure

Highly engaged patients (defined as having a response rate ≥ the median of 64.5%), experienced a mean 2.23 point reduction in HbA1c relative to less-engaged patients (response rate < 64.5%), controlling for demographics (p<0.001)



Qualitative Results

- Patients received emotional support from the messages (5/11): *"It felt good… because I knew that someone was worrying about my health."*
- The messages also provided patients with new information (11/11) and reminders (7/11) : *"It's just that the messages explains things… better. Because when I go to an appointment and ask, then the doctors speak in English and if the girls that they provide interpret for you, [they] don't fully explain the conversation that you would have with a doctor."*
- All patients stated that the program led them to set new goals, to contemplate behavior change or to change their behavior: *"[The messages] said that you're supposed to take [medication] twice a day at about the same time, and so we instituted a little thing where I have the little days of the week [on a]... holder that says, "Noon, Morning, Evening, Night," and we put the pills in there so I take them on the right times… I'm doing it after the messages."*

Results

- Key facilitator: staff stated that the text-messaging program allowed them to provide health education to patients **using relatively few resources**, making implementation more feasible for a resource-limited FQHC
- Key barrier: staff explained that registration was done by volunteers, and clinical care providers were not involved**, limiting the integration of the program into usual practice**
- Recommendations from patients and staff:
  - **Include more clinical care staff** to increase "standing" of program
  - **Tailor the program** to patients' baseline diabetes knowledge

Implications for Future Research

- To strengthen causal inference, future research should assess the effect of the program in this patient population using a **randomized trial design**
- Future studies should also **examine the integration of patient responses to messages into clinical workflow**, as the findings suggest an added benefit
- The tradeoffs of impact, enrollment and reach for **in-person vs. automatic enrollment** should be assessed to determine any impact on effectiveness of the program and to identify benefits and drawbacks
- Given that the findings suggest greater benefits for more engaged patients, future research should **test strategies to encourage participation** (e.g., positive reinforcement)

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ChapCare healthy people | strong communities

CAREMESSAGE

Epic : CareMessage Integration

Clinical Appointment Reminder Integration

- With OCHIN Epic, clinical appointment reminders will be integrated with CareMessage
- Launch Date: Summer 2018
- Will allow for automated clinical appointment reminders
- Benefits: Decrease no-show rate by facilitating appointment reminders earlier (currently 48 hours before patient visits via phone) and in greater frequency

ChapCare
Mobile Systems Collaborations

PointCare

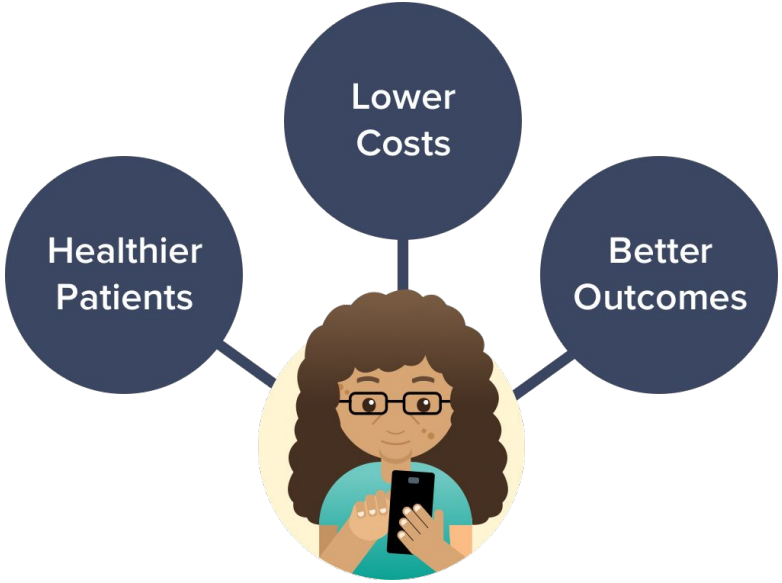
A web-based application used for health insurance screening and enrollment, creation of an individual health insurance record for each patient/consumer, and robust data reporting.

Talking Survey

Utilized via tablets to conduct robust patient satisfaction surveys and mini-surveys.

HITCH HEALTH

Coming Soon (in Summer 2018). Will integrate with OCHIN Epic via an automated process to make Lyft rides available to patients to attend their medical appointments.



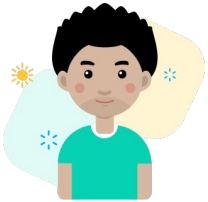
The healthcare industry is experiencing a major shift towards **value-based care,** which is bringing challenges for both **patients and providers**

Imagine a world where patients are **empowered** to prioritize their health, and providers use their knowledge of patient behavior to provide **better quality of care**

What sets CareMessage apart

Flexible technology & seamless interoperability

Our commitment to research & outcomes



Hyper-focused on the high-need patient

A Unique Combination

PEOPLE

Expert staff that acts as advisors and consultants in content development and delivery

PRODUCT

User-friendly interface that allows for easy creation and delivery of messages and campaigns

CareMessage Features

Appointment Reminders

Reduce No-Show Rates

Group Outreach

Fill Gaps in care through preventive care outreach

Educational Programs

Automated disease management for high risk patients

Direct Messaging

One-to-one Communication with patients

CAREMESSAGE

Thank you