

Real Patient Empowerment Depends on Real Performance Measurement

written by Theresa Hush | January 25, 2017



“Patient empowerment” is a new term to watch. It’s a banner for some health care reform initiatives being proposed in lieu of the Affordable Care Act (ACA). In fact, [“Empowering Patients First”](#) is the title of legislation introduced by Congressman Tom Price (nominee for Secretary of the Department of Health & Human Services, which oversees Medicare and Medicaid) to replace the ACA.

Empowering patients can be very positive, if they have the [appropriate tools to make the health care system work](#) to improve their health status.

What Exactly Is Patient Empowerment?

But what does “patient empowerment” actually mean within the current political context? So far, it does not encompass what most consumers would expect to change the dynamic in health care: for example, better information or data, shared decision-making, patient ownership of their records or data, patient choice of their spectrum of services, or patient

access. Nor does the term address specific incentives for patients to improve their health status, such as smoking cessation, exercise or other choices.

Rather, the political term “patient empowerment” refers to the financing of health care, especially the replacement of insurance with various tax-incentives that allow patients to fund their own health care expenses, such as [Health Savings Accounts](#).

Why does this distinction matter to both providers and patients? It’s a simple economic equation: Health care costs will continue to rise. Shifting responsibility for those costs to consumers will create more debt for both consumers and providers. If health care reform is to make a positive difference, then patients need the right information to make good health care choices.

Information and Transparency Are Key to Patient Empowerment

Patients can only be empowered by new financing mechanisms if they also have two additional tools:

- Information about comparative provider costs and outcomes, and transparency in health care choices; and
- Information about the cost and efficacy of their care, treatments and individual risks.

Where does that information come from? Measuring the [performance of health care services](#), outcomes and providers.

Only through the efforts of the past several years, beginning with Medicare’s PQRS program, have we begun to see how far we need to go to achieve care consistent with standardized protocols. MACRA continues that program under expanded MIPS and APM programs as well as a direct path to public reporting of the data. Those programs, while not perfect, have been a critical element to at least standardizing the measurement process for acceptance by most providers.

Do More Now to Empower Patients

Much more needs to be done to ready initial efforts for consumer “empowerment.” We will address some of the particulars in the weeks ahead, but the movement from simply reporting services to evaluating outcomes is the critical feature. And, the transfer of this information from the provider realm to consumers is key. Providers who are concerned about [aligning with their](#)

[patients to create value](#) should consider how to inform consumers in a way that truly engages patients in their care and reinforces their link with physicians:

Providers should inform patients about their quality measures. This helps involve patients in the process, realize what matters to their physicians, and focus on whether they are achieving their best health outcomes.

Providers must demystify their charges and costs so patients can decide care responsibly. This is especially problematic when hospitals (now owning the majority of physician practices) have separate facility-physician group payer contracts. [Consumers do not know the price or cost](#), don't know if there is coverage of all costs, and cannot navigate the separate relationships between the health plans and providers to ascertain their coverage or costs.

Providers should educate and assist their providers in shared decision-making initiatives that help patients understand benefits as well as harm, including the cost.

Manage Your Public Provider Credentials Before the Public Does It For You

As populist sentiment grows, pressure on providers will intensify. Why? Because, first, health care is a huge expense for consumers as well as employers. Second, there are rapidly developing networks of people trading information, and [more data will become more readily available](#)—and put to use—by entrepreneurial technology with social media arms. And, health care is at the center of the boiling national debate.

Consumers will become bolder. We can expect technologies that grade health care outcomes, costs and patient experiences by integrating data from many sources. And consumers, especially younger ones, will exchange that information and act.

Providers will have a tough time making sure that crowd-sourced performance measures that influence their volume are grounded in the current, clinically legitimate foundation, and agreed to by their peers. If providers curtail their efforts to inform consumers or fail to take any of the efforts above, they could well lose control of the measurement process itself to more grass-roots efforts.

The era of regulatory-managed health care is ending. The new one is “empowerment,” and that applies to providers as well as patients

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