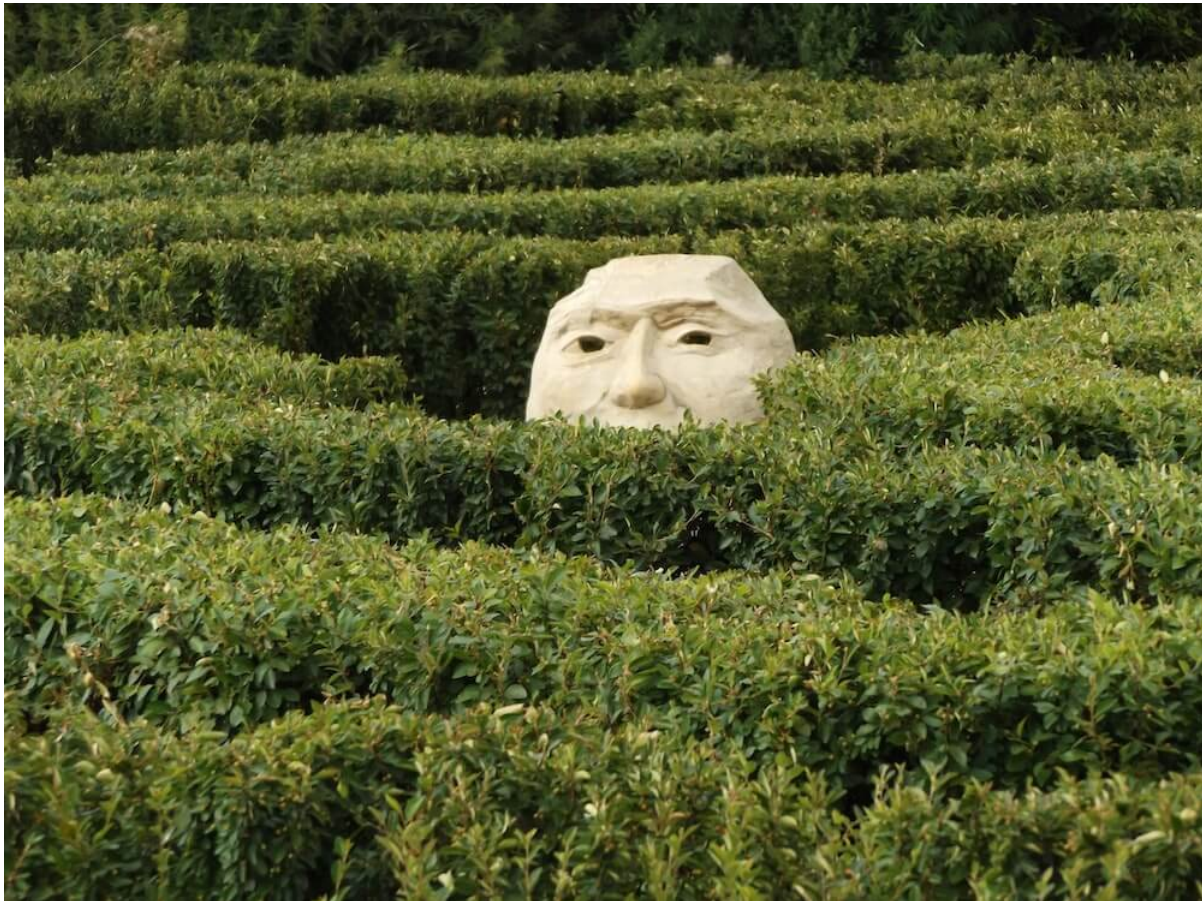


Seven Key Strategies for Health Systems and ACOs to Attract and Engage Consumers

written by Theresa Hush | February 10, 2022



Despite incredible work by health care workers during the pandemic, consumer and patient trust and belief in the health care system is dangerously low.

Why is this a big problem now? Because as pressure to implement Value-Based Care initiatives is intensifying and creating more financial pressure on your already-slim margins, your health system or ACO must depend on patient-consumers to shore up your enterprise and revenues. Without building better consumer relationships, healthier consumers will seek alternatives and leave you with less revenues and sicker patients.

In our [previous post](#) we delved into the reasons behind that breakdown in trust. Now let's focus on what to do about it.

Consumer Strategies Should Match Your Plan for Clinical Services

Health systems have talked for years about embracing consumers, but [few have really begun](#).

If you haven't broken ground, internal cultural attitudes could be one obstacle. If your terminology of health care includes "managing patients," "patient compliance," and "high utilizers," and your population health interventions involve group education or follow-up calls after events to educate the patient, you may need to rethink these old, ineffective strategies. The literature shows better results for supported programs of [chronic disease self-management](#) such as [diabetes](#).

It's time to reframe the conversation.

Begin by identifying the objectives for your organization in patient services and Value-Based Care. Your consumer strategies should facilitate how you get there. For example, a typical health system or ACO may have these objectives, expressed as benefits for patients and consumers:

- Improved health status outcomes by self-management of chronic disease;
- Improved treatment plan adherence through shared health care decision-making processes;
- Improved utilization of services and fewer breakthrough admissions or ED visits for patients with chronic illnesses;
- Better evaluation of patient status through integration of consumer-derived data from wearables or devices with clinical data;
- Positive outcome and experience from services, as reported by patients;
- More new patients in planned growth areas of clinical services.

For your organization to meet these objectives, patients and consumers must be able to participate in health care discussions. They will need to understand their conditions and treatment plans, be able to converse about obstacles and alternatives, and engage in continual feedback and initiatives. This requires a minimum level of health literacy and interaction, and for some, there's a learning curve involved. Layer your consumer strategies to help consumers at different points along the continuum to improve their ability and willingness to communicate personal information, perform self-management of their conditions, and participate in making health care decisions.

Seven Key Consumer Development Strategies

1. Broaden your general communications to reach beyond patients to target the larger community of health consumers.

This includes your distribution of news, health advice, policies, and initiatives.

If you are directly messaging your patients through newsletters alone, expand your reach through blogs, podcasts, and video channels to a broader audience.

If you rely on messages sent through your patient portals to convey information, send emails, instead, to the universe of patients and family who have been involved with you. By the way, do you have CRM technology? You should.

If marketing is how you're talking to consumers, plan outreach to involve them proactively in the design of your initiatives, or establish messaging focused on health topics.

Is your social media primarily focused on marketing your organization? Do your pictures on Instagram all feature your health care team, or are you teaching consumers? If you're marketing and not educating, you're missing big opportunities to engage consumers.

What has been your COVID-19 communication strategy? If your existing patients don't know what to do if they have symptoms, or where to get tested, use the ideas above to fix that for them and the larger community.

2. Segment consumers and patients to target consumer initiatives to groups most likely to participate or benefit in specific initiatives.

Health care consumers are not all alike. To get maximum benefit from your consumer initiatives, use mechanisms to identify people who are eager to participate with you in distinct projects, as well as those who will require more cultivating.

Consider surveys of patients who respond to certain messaging with a short questionnaire about attitudes, technology, wearables, and health status (scores to be stored in that CRM mentioned earlier!).

Age is a common distinguishing feature of attitudes toward health care, and although not perfect, you might test a random survey among age groups to begin identifying consumers by segment.

3. Optimize bi-directional communication.

You have intentionally planned for physical layout and care delivery. Have you also evaluated data-gathering and decision-making points to optimize patient and consumer input on treatment preferences and obstacles to care, and facilitated improvements?

Social determinants of health data and behavioral health data are still a data collection problem for many health systems and ACOs, with consequences for costs and poor outcomes. You should resolve how to capture data or there will be consequences to your consumer efforts and health equity.

Collect patient attitude and preference data related to their conditions, treatments, and self-management. Ensure that this goes beyond advanced care plans. Repeat regularly and at care intervals.

If you are designating that patient preference stipulations are defined exclusively in patient-physician encounters, you may miss the opportunities to collect objective information directly from consumers and to compare that with treatments and results. Physicians, like all humans, have [biases](#), and these influence how they discuss options with patients.

Organize shared decision-making processes in significant clinical areas, including oncology and specialty areas. Coordinate with physicians and clinical departments to standardize processes for communicating benefits and risks to patients and family members, provide patient materials, and establish timeframes for decisions. Health systems and ACOs must be able to provide written materials that convey data to patients, even at lower levels of health literacy.

4. Help improve health literacy in broader consumer community and patients.

If you cannot be understood, it is difficult to get results. Many consumers have never learned about health science and will have difficulty putting new ideas into practice. To improve your results:

Tailor health literacy initiatives to fit within your population health initiatives.

Use segmented consumer groups to target consumers by age or literacy to convey information.

Increase frequency of consumer outreach through social media to promote your health agenda, for more feedback and consumer engagement.

5. Embrace data from wearables and devices, and directly from patients. Start now.

Many consumers are eager to share their data and are looking to their providers to fill in the gaps of knowledge about how to improve their health. You can identify them! Integration of patient data, however, requires planning and overcoming obstacles. Where will the data be stored? Can or will your EMR collect wearable information, or will your repository be the means to provide that data to physicians? Entrepreneurial health systems and vendors are creating methods of incorporating standardized data for physician view. Stay ahead of the curve.

Physician surveys reveal that they are interested in this patient data and generally willing to examine it—if incorporated into the EMR, a stipulation that some consumers might find imperious. Health systems will have to work to overcome physician resistance to use of consumer data or find ways to accommodate it in the electronic record.

6. Help clinicians adapt to consumer attitudes and needs.

Most physicians are now accustomed to answering patients' questions about online research. But many clinicians will find the adoption of a broad-based consumer strategy uncomfortable. Some clinicians balk at a patients' role in medical decision-making. Even as health systems create the supportive tools and processes to maximize consumers' health literacy about their conditions and options for treatment, those same health systems need to coach and support clinicians who are held accountable for patient results and costs under Value-Based Care, so that they are versed in motivational interviewing and cost discussions. Additional resources outside the clinical encounter will be essential.

7. Prioritize the consumer's big ask: Real cost transparency.

No list of consumer-directed strategies can ignore their big requests. Consumers want to be taken seriously, to be respectfully treated when in clinical settings (and not kept waiting), to schedule appointments online, and to have cost transparency. The latter is the target of a major provider offensive, and few health systems—regardless of the final CMS rule requiring providers to establish understandable consumer-oriented pricing—have met the challenge. Understand this: Consumers will not believe anything else you say or do, if they believe your health system is hiding prices—especially as they're absorbing more of those costs.

It's a huge agenda for health care to become consumer-focused. Many health systems believe

that having a strong patient mission means that they already are consumer-focused, and that just the lingo is new. But there is a new and different consumer set of needs that must be taken seriously. Consumers have been called patients, assets, members of health plans, beneficiaries, encounters, and beds. But they have not been met on terms that they find acceptable for participating in—and paying for—health care: as partners.

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Image: Oleg Hasanov