I n 2008, the National Quality Forum declared patient and family engagement to be one of six national priorities to eradicate disparities, reduce harm, and remove waste from the health care system in the U.S. In a previous editorial in the February 2009 issue of P&T, I discussed these goals and how truly progressive they were in helping the health care system cross the “quality chasm.”

I recently had the opportunity to become involved with a newly formed nonprofit organization devoted to improving health care quality and safety, specifically through patient engagement. The Institute for Interactive Patient Care (IIPC) seeks to conduct research that can determine how patient engagement can best be achieved and the extent to which it can improve patient outcomes. Even though much research has shown the value of patient education and its role in bringing about positive outcomes, few studies have addressed getting patients involved in their own care and using technology to engage patients.

The efforts of Judith Hibbard and her colleagues have helped to create the Patient Activation Measure (PAM), a tool that quantifies an individual’s level of activation, or engagement, in their care.2 Patients’ scores are assigned to one of four stages of activation:

- Stage 1: The patient does not yet understand that an active role is important.
- Stage 2: The patient lacks the knowledge and confidence to take action.
- Stage 3: The patient is beginning to take action.
- Stage 4: The patient is maintaining behaviors over time.

High PAM scores correlate positively with self-management behaviors, the use of self-directed services, and high rates of adherence to medication regimens.2 IIPC seeks to identify, through its research, best practices for achieving patient engagement, as measured by tools such as the PAM, and more importantly, to demonstrate that interactive patient care improves health outcomes and reduces complications and costs of care. This is clearly an ambitious but important agenda.

One area of focus for IIPC, and of particular interest to readers of P&T, is the impact of patient engagement on medication adherence and safety. In recent years, an increased emphasis on pharmacist counseling at the retail level has been identified as a method of addressing these concerns. Unfortunately, the demands placed on retail pharmacists often preclude them from offering the level of counseling that could make an appreciable difference in adherence.4 Thus, identifying ways to supplement the level of counseling offered in most retail pharmacies with an interactive, educational intervention aimed at increasing patients’ involvement in their pharmacotherapy could have a powerful influence on adherence and safety. Considering the rapid increase in the use of high-cost specialty pharmaceuticals over the last decade, there is an immediate need to involve patients in their treatment regimens in order to improve drug safety and to maximize the efficacy of these products.

IIPC is currently funding a study to examine the effect of patient engagement and education on rates of hospital readmission and length of stay for patients with heart failure. Using interactive educational content, delivered through television sets in patients’ rooms, researchers are studying the content’s effect on patients’ stage of engagement (as measured by PAM scores) and whether higher rates of patient participation lead to shorter hospital stays and fewer readmissions. A large portion of the content focuses on the importance of patients’ understanding of their medications and adherence in heart failure. With the results from this study, IIPC hopes to gain a better grasp of the role that technology and interactivity might play in future patient care.

As IIPC continues to refine its research agenda and to test innovative ways to involve patients in their own care, we welcome our readers’ input on best practices for patient engagement with respect to medication adherence and safety. I believe that IIPC’s advocacy work will help to transform today’s passive patients into advocates for their own health and wellness. It is imperative that we, as health care providers, focus our efforts on the priorities set forth by the National Quality Forum. We should strive to create a collaborative environment in which patients feel empowered to be equal participants in their care. Achieving this objective should result in efforts to manage disease effectively, use resources efficiently, and improve the outcomes of health care in the U.S.

As always, I’m interested in your views. My e-mail address is david.nash@jefferson.edu, and my blog is http://nashhealthpolicy.blogspot.com.

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REFERENCES

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