Pharmacy Automation and Technology

Tech for Patient Engagement: Make it Personal!

Bill G. Felkey, MS, and Brent I. Fox, PharmD, PhD†*

The quest for a reformed health care system in which patients are engaged and active participants is clearly a marathon, not a sprint. In this article, we go beyond channel management, which we addressed previously, and focus on the content of communication exchanges that you will have with patients.

You can practice in the most progressive health system in the country and be a part of the most innovative pharmacy department in the land while using the best information technology (IT) systems that money can buy, but if we don't figure out a way to bring about meaningful patient engagement strategies and promote participatory health care, all of your efforts could potentially end up in a resounding thud.

We have written about channel management where we ascertain the preferences that your colleagues and patients have for the most optimal way to receive communication from you. The channels we covered include face-to-face or live telephone calls, e-mail, text messages (including tweets), snail mail, automated voice messaging, multimedia, and others. Once we have learned how people want to communicate, we should then consider the actual content of what we communicate.

The content of patient engagement messages and interaction does not have to be cookie-cutter and “one-size-fits-all” communication. But in some cases, pharmacists who are contacting patients may not have the necessary information on hand for specific, individual communication. For example, if a pharmacist/caseworker does not have the hemoglobin A1c results available from the most recent physician visit or hospital stay, he or she can't personalize the communication with a patient with diabetes. This lack of information is a hindrance to effective communication and indicates a systems issue. Interoperability is the foundation requirement in any system wanting to address continuity of care.

Live telephone calls can be personalized if the pharmacist has concurrent access to the electronic health record. If these phone calls are part of an automated voice messaging system, patient-specific data that is drawn from patient records can be inserted. For example, when product recall information con-

tacts are being made, the message can be personalized to say specific drug A, in strength B, dosage form C, and dose characteristics D-F. Specific information regarding a patient can be added to create a complete supporting “script” to be included in phone calls, voice messages, e-mails, and text messages. This ultimately leads to a personalized communication experience.

For patient care and health promotion between episodes of care, it is critical to ensure that these communications are tailored to age, gender, disease, drug, and device-specific factors. This will help patients figure out what to do and how to do it much better than with cookie-cutter approaches. Depending upon the patients' communication channel preference, greater amounts of personalization are possible. For example, patients who prefer the text messaging channel will likely prefer a shorter communication than those whose communication channel preference is e-mail.

In the same way that technology is used to promote patient engagement, it is also needed to obtain patients' feedback about the care they are receiving and even the methods being used to keep them engaged. Some of these patient feedback messages will be painful to read, but we must know how we are doing in order to improve. Asking patients whether they are willing to respond to follow-up communication about their care, we can gain a wealth of useful information for improving their health and engagement. Remember, although you are the drug expert, your patients are the expert on how they like to be treated and on what works best for their daily lives.

You can expect some variation in the frequency for communication that patients will desire. The trick is to match what is motivating for each individual patient. The choices for communication will range

*Professor Emeritus, Auburn University, Auburn, Alabama; †Associate Professor, Department of Pharmacy Care Systems, Harrison School of Pharmacy, Auburn University, Auburn, Alabama.

from multiple times per day for medication reminders to annually for patients who are besieged by boatloads of incoming messages from each personal and business entity with whom they interact. Here again, the more personalized the communication feels, the less likely it will be viewed as spam. Increased personalization does not necessarily equate to increased frequency of contact.

Even though personalization can be a “feel good” experience for some, other patients will be concerned about confidentiality and security considerations. Live communication ensures that the actual patient is on the line. Voice messages and even e-mail and text messages can be read by fellow workers, spouses, and other family members. For example, patients who prefer to receive communication via e-mail channels may need to be informed that messages on company e-mail can be read by IT workers and employers. A patient portal provides an advantage for confidential communications. Patients can be informed that they have a new message and be directed to a secure sign-in on a Web site that contains and protects their health information.

To personalize patient communication, include the patient’s name in the body of the communication. Eliminate erroneous and extraneous information. For example, don’t make men read breast-feeding precautions or tell women how a particular drug will affect their prostate. Give positive instructions that tell people what to do and how to do it. Motivate patients to perform health behaviors by emphasizing the real and personal benefits of following a regimen.

We hope that you “get” the importance of patient engagement in the overall view of what it will take for a reformed health care system to be efficient and effective. As they used to say in the television series, the *Six Million Dollar Man*, “We have the technology, we can make him better.” Well, we have the technology that will allow channel management and individualized communication. We both believe that these capabilities will make us all better. We welcome your thoughts and comments. You can reach Bill at felkebg@auburn.edu and Brent at foxbren@auburn.edu, or visit our blog at www.pharmacy-informatics.com. ■

INDEX TO ADVERTISERS

American Reagent, Inc.
Venofer Cover 2, 257, 258

Baxter

Corporate Cover 4

Eli Lilly & Company
Effient 262-263

GlaxoSmithKline
Flu-QIV 265

Institute for Safe Medication Practices

Corporate 337