Pharmacy Automation and Technology

Engaging Patients with Digital Tools: What We Think We Know

Brent I. Fox* and Bill G. Felkey†

Patients who are engaged in their own care have better outcomes and cost the health care system less money. Creating the environment that supports patient engagement has been a recent focus across the United States, and digital tools have been suggested as an important piece of patient engagement. We discuss what we think we know about digital engagement, and present data of what is actually occurring.

There's no shortage of activity within the health information technology (HIT) space. Although our positions within a university afford us the opportunity to pick and choose when and how we will engage in the advancements that are rapidly confronting US hospitals and health systems, we anticipate that many of *Hospital Pharmacy's* readers do not have that opportunity. From our e-mail exchanges with you and from talking with you at conferences, it's clear that many of you face situations in which top-down decisions directly impact what your pharmacy department does as it relates to HIT. We focus this column on bringing you relevant HIT-related information.

By the time you are reading this, the ALS Ice Bucket Challenge is likely to have given way to the next social media craze. But we believe that the Ice Bucket Challenge has implications that apply to the challenges and opportunities you face in your hospital setting. If you are not familiar with the Ice Bucket Challenge, take a few moments to search for it in your favorite browser. The challenge shows how social media, specifically social networks like Facebook, can provide a medium for rapid transmission of information; depending on the topic, the outcome of this rapid spread of information can have a significant impact. By the end of August 2014, the ALS Association received nearly \$80 million in donations compared to \$2.5 million for the same time frame in 2013.

The use of Web 2.0 tools like social networks for health-related reasons is called Health 2.0. We have

advocated that hospitals and health systems begin using Health 2.0 tools to engage their patients. Patient portals are a type of Health 2.0 tool that many hospitals have implemented to engage their patients. Portals are dynamic, collaborative, allow the access and management of information (by the patient or caregiver), and are largely patient-centric. Are all of your patients using your portal? Most likely they are not. Does that mean that no patients will use your portal? Also, most likely not. What about other Health 2.0 tools and emerging technologies that you are facing in your practice?

We can draw on existing data to gain insight into what engagement you can likely expect from your patients. Biesdorf and Niedermann published a list of myths related to the use of Internet-based technologies and other emerging technologies for health-related reasons.¹ Susannah Fox provided her perspective on the myths, including specific data to support her argument that the myths are not true.² We will use these myths and Fox's data to structure our presentation of data that we believe should be brought into discussion as your institution considers its plan for engaging patients.

Myth 1: People don't want to use digital services for health care. The Pew Internet Project (www.pewinternet.org) provides numerous examples that refute this myth. For example, 87% of American adults use the Internet, 70% of American adults have high-speed access at home, and, most notably, 72% of American adults have looked for health information

*Associate Professor, Department of Health Outcomes Research and Policy, Harrison School of Pharmacy, Auburn University, Auburn, Alabama; †Professor Emeritus, Auburn University, Auburn, Alabama

online. Nearly 50% of adults look online for information for someone else. These “caregivers,” as they are called, are more likely to engage in online health activities like participating in support groups and contacting their providers.

Myth 2: Only young people want to use digital services. The “older crowd” can be slower to adopt new digital tools, but this does not apply to all tools. For example, 87% of American adults are online. Among those 50 to 64 years of age, 88% are online. The percentage drops to 57% when we look at those 65 and older. Although there is less online participation in the oldest segment of the population, we are still looking at nearly 6 in 10 adults. Certainly, it’s not just the younger crowd using online tools.

Myth 3: Mobile health is the game changer. This myth may seem to contradict previous articles we have written describing the potential value in mobile devices as tools to gather, analyze, and share health-related information, including information that the patient manages. Our rule of thumb with mobile is the same as with any technology – you must know your audience. Eighty percent of people with 2 or more chronic conditions track a health indicator. However, only 4% use an app to do so. We believe that patients’ use of apps is influenced by many factors, including general comfort with the device, concerns over security and privacy, lack of encouragement to use apps by trusted individuals (ie, providers), and a general wait-and-see attitude. We do believe mobile will profoundly change health care, but it is not there yet.

Myth 4: Patients want innovative features and apps. For those adults who track health indicators, 49% keep track in their heads, 34% use paper records, and 21% use some form of technology. The

message is clear that knowing who you serve and what fits their daily routine (as well as their comfort level) is paramount in designing tools to engage your patients.

Myth 5: A comprehensive platform of services is a prerequisite for creating value. As your institution starts to digitally engage patients, it will be easy to identify a wide range of tools for immediate implementation based on the expectation that “if you build it, they will come.” We believe a systematic approach to selection and implementation is best. The process should be guided by direct input from the target users (ie, patients) in terms of what tools they believe they will use. Existing data and reports suggest that patients prefer portal-based communication tools like secure messaging over apps.

In discussing the myths above, we have not touched on the pharmacist’s role in these activities. We believe that pharmacy should be involved in any discussions of technologies or tools that touch the medication use process at any time in the patient’s interaction with the health system, whether that is an acute stay, an outpatient experience, or an ambulatory clinic setting. We welcome your questions and comments about the work you have before you or the work you have completed related to engaging patients with digital tools (Brent at foxbren@auburn.edu and Bill at felkebg@auburn.edu).

REFERENCES

1. Biesdorf S, Niedermann F. Healthcare’s digital future. http://www.mckinsey.com/Insights/Health_systems_and_services/Healthcares_digital_future. Accessed September 5, 2014.
2. Fox S. McKinsey’s “Healthcare digital future” checks out. <http://susannahfox.com/2014/07/12/mckinseys-healthcare-digital-future-checks-out/>. Accessed September 5, 2014. ■