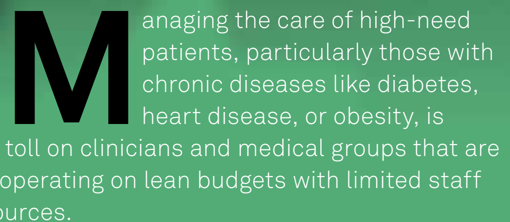
CASE STUDY

Engagement is key to better care and health outcomes

Knowledge Is Power

By Peggy Chou, MD, MBA



Managing the care of high-need patients, particularly those with chronic diseases like diabetes, heart disease, or obesity, is taking a toll on clinicians and medical groups that are already operating on lean budgets with limited staff and resources.

Engaging these patients between medical appointments with digital health platforms overseen by trained and certified health coaches can help solve this problem, particularly when paired with an existing medical group. Experience proves that this solution results in better outcomes for patients and improved efficiencies for clinicians. It also creates more opportunity for medical groups to focus on core operations, patient growth, and new revenue sources.

Engagement is key. Engaged patients are more successful in managing their medical condition and more profitable to healthcare organizations. Clinicians who are more engaged are more effective and less likely to suffer from burnout.

Here are three example cases to demonstrate what engagement looks like.

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1 Overcoming Work Conditions

Patient S. is a 56-year-old landscaper with diabetes who wasn't able to check his sugar levels while working. There was no safe, clean way to do so, and he didn't understand the importance of monitoring these levels throughout the day. This is where Stability Health played an important role. Susan MacLean, a registered dietician and certified diabetes and care education specialist (CDCES), is an integral part of the Stability Health team. She discovered the patient wasn't taking his insulin at lunch, identifying this problem through attentive listening and active conversation.

S., who is Hispanic, also struggled with the English language, complicating the care process. However, once MacLean identified that he wasn't properly monitoring his sugar levels while at work, she came up with a solution and discussed it with S.'s doctor. She got him on a continuous glucose monitor (CGM) in order to read his blood sugar levels and a patch pump that holds three days of insulin, which could be strapped to his abdomen away from the dirt and grime of his job. Now S. is able to safely check his sugar levels using his phone, eliminating concerns about cleanliness. His progress is monitored by his health coach and shared with his physician. Once he started to feel better and fully understood the cause and effect of his choices and actions, S. made remarkable progress. His A1C history went from >15.0% in February 2022 to 7.3% a year later, and his LDL improved from 98 to 77 mg/dL within the same time period. With very little change in his medication management, most of S.'s improvement came from four key areas. With the help of his coach he: (1) better understood his condition; (2) started properly using his medication; (3) continued regular check-ins with his health coach, who in turn reported everything to his primary care physician (PCP); and (4) assumed more accountability for making better lifestyle choices.

2 Addressing a High-Need Patient

Patient R. is a 51-year-old Black male who had an amputation and uses a wheelchair to get around. He, too, has diabetes and was taking 150 units of insulin a day to manage his glucose but still had a significantly elevated A1C level. He was also a strain on his healthcare team, as he was consistently reaching out to his providers with questions, complaints, and medical complications.

Jennifer Newman, RD, LDN, CDCES, clinical team leader at Stability Health, managed his care. She supported him by helping him understand the diabetes disease process and the need for lifestyle changes, including healthy eating and exercise. Newman encouraged the patient to participate in wheelchair exercise. Simultaneously, Stability Health's diabetologist recommended his PCP adjust his medication beyond a further increase of his already high insulin dose.

As a result of these interventions, R. slowly and safely de-escalated his insulin dose to 5–10 units/day and lost 50 pounds. Once he started feeling better, his exercise activity increased, and he became much more engaged in his healthcare. These improvements freed up the previous involvement of his clinical team to focus energies and efforts on other patients and organizational needs. R.'s need for attention diminished as he started to feel better.

3 Culturally Appropriate Recommendations

Patient L. is a 61-year-old South Asian woman with a 15-year history of type 2 diabetes complicated by micro-albuminuria. Initially, she was hesitant to work with her coach. It took a while for Newman to gain her trust. But in time she did, because Newman helped her in a culturally sensitive manner and tailored recommendations to her food and cultural preferences.

After four months of engagement with Stability Health, L.'s A1C went from 9.2% to 5.8%. Much of this decrease was associated with weight loss and a 10% reduction in her insulin dose. Her time in range, reflected by a Dexcom CGM device, improved from 45.9% to 82.9%. Her diet also improved dramatically, with the patient consuming three balanced meals each day with more vegetables and salads.

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An All-Around Win

According to MacLean, "It is so gratifying to develop a rapport and work with patients on lifestyle and behavior change. The results from the patient's efforts alone are remarkable, but being able to support their provider as well, with updates and recommendations, takes the progress to a whole new level. It's an effective, collaborative model that empowers the patient and supports the provider. It makes me feel great at the end of the day. A win/win/win!"

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—Susan MacLean

Although all these examples are specific to diabetes management, Stability Health's tech-enabled engagement platform is easily adapted to other chronic conditions. We started with diabetes management because of its significant impact on medical groups.

Currently, 1.4 million Americans are diagnosed per year with the disease (the number is rising), and medical expenditures are 2.3 times higher with diabetes.[1] Patients with diabetes comorbidity represent 34% of in-hospital admissions.[2] It is not usually the primary or even secondary diagnosis, but it factors into length of stay and workload of discharge planning. In addition, patients with diabetes are a significant part of a PCP's workload and of an organization's quality metrics for Healthcare Effectiveness Data and Information Set (HEDIS) scores. Furthermore, now that hospital admission rates have become a quality metric for value-based programs, such as Primary Care First and ACO REACH, mitigating the burden of diabetes care on the system is imperative.

Touch Points and Outcomes

Newman believes that touch points have a direct impact on the quality of care she can deliver and subsequently improve patient outcomes. She said, "The ability to have more frequent touch points with patients helps them feel more supported." She goes on to explain that she was led to this profession because of what she observed when her father had a heart attack and died. She felt that he didn't get the personal support that he should have received and believes that affected his quality of care.

In a collaborative white paper published by Stability Health and Penn Medicine, Penn's partnership with Stability Health demonstrated that the care model of supporting and engaging patients and clinicians produced clinically significant outcomes.[3] The care model, which combines elements of the Chronic Care Model with newer technology and a health coach, creates an expanded care team with

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the ability to frequently connect with patients, helping them adhere to treatment and improve self-management.

Stability Health's own internal data aggregated across all its medical group partners show high patient engagement rates—up to 80% in the ambulatory outpatient setting. Specific to diabetes, this high level of patient engagement translates into clinically significant reductions in A1C in as little as four months.

How Stability Health Works

The success that Stability Health is having working with medical groups and their clinicians is attributed to its transformative care model, its care team, and its success with patient and clinician engagement.

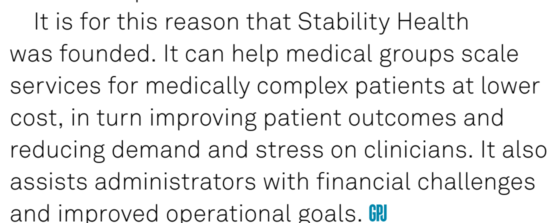
The foundation of its transformative care model is the proprietary technology platform. The platform contains a rules engine that embeds evidence-based standards of care from a variety of professional organizations, such as the American Diabetes Association and Association of Certified Diabetes Care and Education Specialists. The platform is able to ingest data from a variety of devices so that patients can be monitored when they are in their usual routines. The rules engine and the information collected through detailed patient assessment are used to create a comprehensive care plan. This plan supports patients in making lifestyle changes, and it delivers specialist expertise to their clinical care teams so they make optimal clinical decisions for medications and devices.

Technology alone is insufficient to create engagement. Stability Health's transformative care model supports patients with a human coach they connect with virtually using whatever technology they are most comfortable with: email, text, or video chat. As shown in the stories of S., R., and L., coaches work with patients on goals that are meaningful to them. Each patient also has access to CDCES and registered dieticians to support more intensive education when needed, or requested—occurring at a time and cadence that is convenient for them. Diabetologists oversee and ensure care plans, and recommendations are appropriate for each patient. In this way, the entire care team, supported by the platform that standardizes ideal care, provides care individualized to each patient.

Conclusion

Engagement of patients and clinicians is essential for developing and maintaining longitudinal relationships, which are at the heart of what patients want from their doctors and the reason clinicians go into primary care and medical specialties. Engagement happens when patients are supported to reach goals that are meaningful to them. Engaged patients have stronger bonds with their clinical care teams and are more satisfied with their care. Supporting clinicians to leverage their training by providing the most up-to-date recommendations tailored specifically to their patients helps to improve clinician satisfaction with their practice and prevent burnout.

This patient and clinical engagement is key for helping medical groups improve patient satisfaction and retention, operational efficiency, and ultimately clinical outcomes and financial performance. The challenge is that most medical groups operate with a very slim margin, and the human capital required to adequately staff health coaches and clinical specialists is not practical. The challenge is magnified by today's environment, in which there are 1.9 million open healthcare positions.[4]



It is for this reason that Stability Health was founded. It can help medical groups scale services for medically complex patients at lower cost, in turn improving patient outcomes and reducing demand and stress on clinicians. It also assists administrators with financial challenges and improved operational goals. GPJ

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***To learn more about Stability Health, contact Dr. Peggy Chou at* peggy.chou@stabilityhealth.com *or visit* stabilityhealth.com.**

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