# VITAL SIGNS

Massachusetts Medical Society

*Every physician matters, each patient counts.*

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## Payment Reform in Massachusetts: The Next Chapter

### Diving Into Details

BY WILLIAM RYDER

Now that state's payment reform law is in place and the dust has settled, it's time to turn the Society's attention to the nitty-gritty of rule-making and regulatory requirements.

The new legislation, also known as Chapter 224, created a whole body of new commissions and regulatory requirements to define the broad policy changes.

The MMS has been allocated representatives on some of those commissions. In others, our roles will vary, depending upon the Governor's choice of participants.

The MMS is specifically included in a Health Care Workforce Advisory Council charged with improving access to health care through various programs designed to foster an adequate supply of health care providers. Workforce issues are a definitive MMS priority and area of expertise.

We are also on the Special Commission on Public Payer Reimbursement Rates, the Special Commission on Provider Price Variation, and the Special Commission on Graduate Medical Education. The first one will look at the impact of payment systems and rates on providers and insurers. The second will make recommendations to reduce variation, and the third is tasked with examining the economic, social, and educational value of graduate medical education and making recommendations for future funding.

There are several commissions without MMS statutorily required representation in which we hope to have major roles:

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# Engaging Patients in Their Own Health Care: Turning Rhetoric Into Reality

BY VICKI RITTERBAND

Rich Parker, M.D., has a simple way of helping patients stay on track with their weight loss. After they've discussed goals and strategies during an office visit, he'll urge them to email their weight to him weekly. If they email "290," he'll reply back "285!!!"

"It gives them that extra motivation, knowing they have to send me the number each week and it's no sweat off my brow," said Dr. Parker, medical director of Beth Israel Deaconess Physician Organization. "Goal-setting with patients is a very helpful way to engage them. And when they're ready to make changes, that's when I pounce."

As the health care system grapples with how to serve up higher quality care at lower prices, the patients' role in maintaining and improving health is receiving a lot of attention. Traditionally, that role has translated as compliance (e.g., taking their medicine, losing those stubborn 50 pounds) with the onus on the patient. But increasingly, the idea of compliance has morphed into the notion of patient engagement, a pas de deux in which the physician is asked to play a leading role.

Pressure is coming from every direction. Federal incentives that help doctors afford electronic health records systems require that practices show how their technology plan better engages patients. Similarly, the notion of patient engagement figures prominently into health care reform's two leading models: the patient-centered medical home and the accountable care organization. Even the Institute of Medicine has weighed in on the issue in its recent report, *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*, by pointing to engaged, empowered patients as one key component of an improved health care system.

Technology such as email is just one tool physicians are deploying today to better partner with patients. Other strategies include mastering more effective communication styles; leveraging the power of peer support; and increasing the transparency of patient health information.

"The irony is that we have great tools in medicine for addressing chronic and acute illness, but there's a growing realization [that] we can only go so far with those tools. If the patients aren't on board, their health will not improve."

– Richard Lopez, M.D.

### Motivational Interviewing

Changing the "doctor knows best" paradigm is an important piece of the patient engagement puzzle, according to several practices. One communication strategy attempting to do that is motivational interviewing. First developed in the 1980s to treat problem drinkers, it's now used to help patients struggling with all sorts of health-related behavioral changes. The strategy puts them in the driver's seat and focuses on their readiness to make changes, as well as their wherewithal to do so.

Atrius Health has taught about 100 nurse practitioners to use motivational interviewing to help patients better manage their chronic diseases. At the VA Boston Healthcare System (VA BHS), three-quarters of the primary care staff has received communication training that includes the technique.

"Instead of saying, 'You're obese, let's make changes,' you ask the person open-ended questions, like 'What health issues are you most concerned about?' or 'What would you like to work on?'" said Jacqueline K. Spencer, M.D., M.P.H., director of primary and ambulatory care at VA BHS. Once the patient's priorities are determined, the caregiver breaks down the needed changes into smaller pieces — exercising a few days a week, for example — and explores the patient's ability to effect the change. "Too often in a doctor-patient exchange you simply tell them they need to start exercising," she said. "Motivational interviewing helps create self-management goals that are concrete and actionable."

### Peer Support

Some practices are shaking up the traditional ways physicians and patients interact by adding the element of peer support to the equation. At Harvard Vanguard Medical Associates, between 6 and 12 patients who see the same physician for a particular disease can take advantage of shared medical visits. Patients begin with a session with a nurse for needs such as immunizations or test ordering. Then they join the

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