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Meeting The Patient Where They Are

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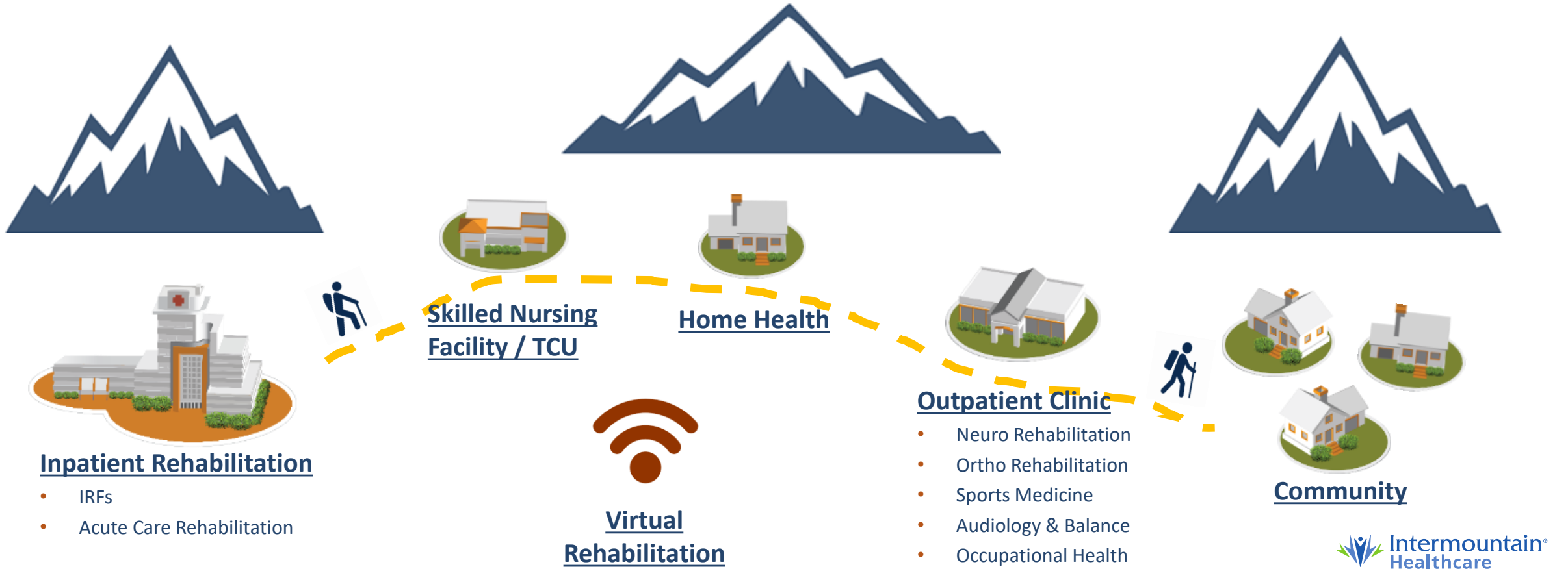
Intermountain Healthcare Vision

Be a model health system by providing extraordinary care and superior service at an affordable cost.



Intermountain Rehabilitation Services will partner with patients, families, providers, and payers to provide the right care, at the right time, for the right price, and in the communities where we are needed.

Optimizing the Patient Experience in an Increasingly Value-Based Environment



Rehabilitation providers have difficulty engaging patients

- Published studies indicate a 40-70% PT no show rate
- Intermountain Healthcare found that between 2018-2021, 45% of patients referred to out-patient PT though our EMR were unable to be scheduled. Most did not want to schedule an appointment because they had other priorities in their life, wanted to try self-treatments or wait and see if they improved with time



Lack of patient engagement is multi-factorial, but there are age-related preferences and expectations we could be aware of as we care for our patients

In a study of 24,000 patients contacted to schedule a PT appointment by a call center, those between age 55-75 had a 20% higher probability of being scheduled and attending a therapy appointment than those between 20-40.

The information presented and discussed is not intended to promote age discrimination, stereotype or make “blanket” statements about age or age-related factors. The intent is to help caregivers consider age-related preferences and expectations to better engage patients in their care.



Expectations are changing



TRADITIONALIST

Born ~1910-1945

- High utilizer
- MD = info source
- Others may make health decisions for them



BOOMER

Born ~1946-1964

- Expect one on one
- Want a personal relationship
- Advise others on health decisions



GEN X

Born ~1965-1980

- Chief Health Officer
- Shop for Healthcare
- Use digital
- Online = info source
- Value efficiency



MILLENNIAL

Born ~1981-2000

- Avoid Healthcare
- 1st self-diagnosis
- Convenience and low cost
- Want digital
- Not loyal to one provider



GEN Z

Born ~2001-

- Others make health decisions for them
- Convenience & personalization
- Expect digital
- Lack trust in healthcare

We considered 5 areas of patient engagement

- Preferred mode of healthcare delivery
- Communication
- Wayfinding/Navigation/Continuity of Care
- Transparency of Cost
- Shared Decision Making



TRADITIONALIST

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- **High utilizer**
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Preferred Mode Of Healthcare Delivery

Considerations:

- Loyal to provider
- Do not miss appts
- More compliant with treatment recommendations
- Prefer in-person vs. virtual
- Prefer consistent staff
- Prefer same time each visit
- One provider per lifetime



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Communication

Considerations:

- Wants to see same care giver each visit – will wait for them to come back from vacation
- Prefer printed exercises
- Need caregiver to outline the time they have and what will be accomplished each visit

Wayfinding/Navigation/Continuity of Care



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Considerations:

- Care giver might have to be a care coordinator/advocate for patient
- Clinics may consider hiring a care manager to help elderly patients
- Manage-up caregiver/providers – what comes next – someone to set them up for success
- Encourage the reputation of care givers referring to – personal endorsement



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Transparency Of Cost

Considerations:

- More apt to ask if procedure is covered with their insurance – may go without if not covered
- Need simple explanation
- They want to pay their bill on time – just need to figure it out
- May not look at over-all cost – only their responsibility

Shared Decision Making



TRADITIONALIST

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Considerations:

- Need to be included in shared decision making; interventions, data, examples – communicate how it relates to their lifestyle and function
- Guidance options of different courses
- They may perceive more volume of care is better
- Desire for independence
- Desire to stay home

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Preferred Mode Of Healthcare Delivery

Considerations:

- **Similar to Traditionalist**
- **Prefer in-person**
- **Boomers may be caregivers in advising Traditionalist**
- **Less ridged with scheduling and one provider**
- **More open to virtual**



BOOMER

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Communication

Considerations:

- Uses more technology
- Still has blind trust
- Not as loyal as Traditionalist
- Consider printed exercises
- Likes things more personalized
- They have smart phones, but may need direction



BOOMER

Born ~1946-1964

Wayfinding/Navigation/Continuity of Care

Considerations:

- **Expect one on one**
 - **Want a personal relationship**
 - **Advise others on health decisions**
- May need simple on-line services
 - Need more personal communication
 - Want specific referrals
 - They ask friends and family
 - Care giver may need to ask them what direction or guidance they want

Transparency Of Cost



BOOMER

Born ~1946-1964

Considerations:

- More worried about healthcare cost
- Cost conscientious – may not be able to afford it

- **Expect one on one**
- **Want a personal relationship**
- **Advise others on health decisions**



BOOMER

Born ~1946-1964

Shared Decision Making

Considerations:

- Want guidance
- Get patient input when developing treatment plan
- Need data
- Still trust your opinion
- You can have a good, shared decision-making conversation
- More methodical
- Busy – timing of surgery or healthcare will be affected by their lifestyle

- **Expect one on one**
- **Want a personal relationship**
- **Advise others on health decisions**



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Preferred Mode Of Healthcare Delivery

Considerations:

- They value outcome of care
- Efficiency (get in get out)
- More technical
- Juggling schedules
- More receptive to scheduled care
- Need plan up front
- More motivated to get back to work
- Beginning to think of long-term health



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Communication

Considerations:

- **Want efficiency – text/email**
- **Probably will use App**
- **Utilization will be more spread out-less visit density**
- **More honest regarding not being compliant**
- **Ask questions of them to communicate**



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Wayfinding/Navigation/Continuity of Care

Considerations:

- Quick and easy process to access care
- Need their plan up front
- Willing to do course corrections if needed
- They are more scheduled
- Caregivers should listen more, use motivational interviewing
- More independent
- They know their insurance benefit when accessing care
- Less patient



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Transparency Of Cost

Considerations:

- They shop around
- Less loyalty
- Will look online for best deal
- More apt to stop treatment if cost gets too high



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Shared Decision Making

Considerations:

- Do more listening
- Need more data
- Want more explanation of value
- Need efficiency



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Preferred Mode Of Healthcare Delivery

Considerations:

- Probably seen multiple caregivers
- Will ask Friends / Family what they should do
- They will search website and investigate provider before they arrive
- Well prepared before they arrive
- May be misinformed
- Will not tolerate multiple caregivers telling them inconsistent information
- Open to outcomes, respond to data, they will check it out first
- Convenience of healthcare – want virtual appts
- Want fewer visits i.e., every other week vs. each week



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Communication

Considerations:

- Impatient
- Ask them what they want to accomplish and how
- May respond to texts vs calls
- Less loyalty
- They need to know how to find you and they want to initiate communication
- They want to do what their friends do so they will ask around
- Highly active, caregivers should communicate ‘this treatment will lead to a higher level of activity’



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Wayfinding/Navigation/Continuity of Care

Considerations:

- More conscious of avoiding care
- If care is needed caregiver may need to emphasize urgency
- Social media driven, look at online reviews
- Support diversity, environment, or other initiatives important
- More apt to post a negative reviews
- More apt to look at healthcare costs



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Transparency Of Cost

Considerations:

- Same as Gen X
- They shop around
- Less loyalty
- Look online for best deal
- More apt to stop treatment if cost gets too high
- Caregiver can influence them on considering value



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Shared Decision Making

Considerations:

- Need the plan outlined giving them options
- More independent
- They will listen if you fit their narrative
- They may also be misinformed
- Tend to want more holistic approach that may not have evidence
- Need to decide on their own, possibly fail safely
- They need to feel heard
- They may not do what you say just because you are the doctor/caregiver
- They can spend more if they feel the value



GEN Z

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- **Convenience & personalization**
- **Expect digital**
- **Lack trust in healthcare**

Preferred Mode Of Healthcare Delivery

Considerations:

- Might want an App
- The less in-person the better
- Delivering care – less is more
- Will use telehealth the most
- They need to relate to their therapist (things in common, interests, sports etc.)
- May need to develop trust to be compliant
- Possibly participate in treatment better if they have a younger therapist
- Care plan may need to include a parent
- Need more customization in care



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Communication

Considerations:

- Needs positive reinforcement
- Older Gen Z may care about data, younger may not
- They want high level communication – ‘when can I do this and when can I do that’
- Need more functional testing – they think they are fine, but they need proof they may not be
- Need to be able to fail safely



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Wayfinding/Navigation/Continuity of Care

Considerations:

- Understands healthcare system the least
- Needs more guidance
- Parents needed for major decision making



GEN Z

Born ~2001-

Transparency Of Cost

Considerations:

- They may not care because their parents are paying
- Others make health decisions for them
- Convenience & personalization
- Expect digital
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Shared Decision Making

Considerations:

- **Need family involvement**
- **Caregiver needs to determine how much to involve parent**
- **Want to feel independent so you need to get their opinion**
- **If they have an opinion, ask parent how she feels about it**
- **You must explain in a way they can take ownership – they may not have thought through their future and how their decisions will affect it**

Discussion

- Do we currently consider age preferences and expectations?
- What is the best way to train therapists?
- How do we use this information to meet the patient where they are and better engage them?