Engaging patients with their medical care is a key piece of improving overall health and individual outcomes while reducing costs.

However, encouraging patients to be engaged comes with its own challenges. Providers cannot force patients to download their health information through a portal, but the new meaningful use stage 3 objectives require at least 15 percent of a practice’s patients to do so. The question arises whether it is the provider’s responsibility to engage the patient or whether it is the patient’s responsibility to engage.

Healthcare executives at the HIMSS15 Annual Conference & Exhibition in Chicago weighed in.

Note: Responses have been edited for length and clarity.

Joel Vengco, Vice President and CIO, Baystate Health (Springfield, Mass.): “It should be bi-directional, but I think that it starts with the provider. The provider should make the patient feel like they have a way to get connected to them, that they’re not just coming into the four walls of the hospital or the clinic. This generation is focused on how to connect with folks virtually. Providers have to start engaging with their patients in different ways, but then patients have to be engaged in their healthcare. They have to have an interest in managing their data, managing their care, managing the way they live their lives through the data they capture from a healthcare system. It definitely is a two-way street, but it does start with the provider side because we have to provide them and offer them all the capabilities and offer them the responsibility.”

Timothy Smith, Principal and National Leader of Healthcare Information Technology, Deloitte: “It’s obviously both, especially as we move into a value-based care world. It will be the responsibility of the provider to engage the patient in a meaningful way so they can keep costs down and make sure they’re doing more preventative care, but at the end, it’s still the responsibility of the patient to actually care about their health and be willing to enter the dialogue with the provider. If the patient isn’t willing to change their behavior, most of our chronic diseases in some way require behavior change. It’s hard to say it’s either one. It needs to be a collaboration.”

Mac McMillan, Chairman, CEO & Co-Founder, CynergisTek: “I think it’s a shared responsibility. I think any exchange of information or any communication or relationship takes two to tango. It doesn’t work unless both of you are talking to each other. The patient has to take responsibility for wanting to receive their information, but by the same token the doctor has a responsibility for meeting them halfway and ensuring they have access to it.”

Ed McCallister, Senior Vice President and CIO, UPMC: “It’s not an either/or. I think it’s engaging the patient the way the patient wants to be engaged. The three areas we focus on are guidance (directing patients with transparency tools and cost comparisons, for example), motivation (continuously keeping the patient motivated; wearable devices are a great way to do this) and convenience. Do what is convenient for them. I think the convenience part is where it’s the responsibility [of the provider] to create an inventory of ways to interact with the patient and not pigeonhole them in one way and say, ‘If you want to check your lab results, go back to the portal.’ Engage the consumer at the point where they want to be engaged.”
Dick Daniels, Executive Vice President and CIO, Kaiser Foundation Hospitals and Health Plan (Oakland, Calif.): “I think part of Meaningful Use was designed to engage the patient more in their care. I think the provider needs to make room for that, but also the patient has to engage. The provider can’t make the patient engage. I think there is responsibility on behalf of the patient, but think the providers are to make sure there is enough space for joint decision-making.”

Roy Schoenberg, MD, President and CEO, American Well (Boston): “The issue is that many of the portals maybe hold information that is for the good of the people but really doesn’t mean much. You can go to the portal to read about your disease, but you can also go to WebMD to do that, so why would you go to the portal? The question is should providers be penalized for patients not using portals? I think that’s ludicrous. I think, at the end of the day, the people that create the portals have to take the accountability of whether it is valuable to patients. If it is not valuable to patients, you can penalize everyone you want — it’s not going to make a difference.”

Adam Sharp, MD, CMO, par8o (Boston): “You’re seeing the dawn of what I call the empowered patient, and it’s for a number of reasons. The first is just the access to knowledge, the ability to Google something, I still see patients three or four days out of the month and I can’t tell you how often I walk into the room and the patient has already done their research. Patients are becoming much more insightful, sometimes to their detriment, because a little bit of information can be a dangerous thing. Even more so, as we’re seeing this paradigm shift in how these things are being paid for. At some point, it has to go to ground, and ground for us is the patient. You’re seeing these high plan deductibles and it’s not going to take too long for patients to look around, and consumerism will kick in. Once consumers have to bear the brunt of that cost, they are going to be much more interested in what it’s going to be to them.”

Ed Park, Executive Vice President and COO, athenahealth: There are very few one-size-fits-all answers for a $3 trillion market. I will say there are large swaths of healthcare for which patients are in fact consumers, where they have a choice. I think that if you have a patient with the gunshot wound in the ED, that’s not a consumable or a consumer moment. That should be seen for what it is. On the other hand, a mom wants to get her kid a flu vaccine, that’s a very retail idea. If I were to broadly look at healthcare, more of it is actually consumer. I actually think that colonoscopies and mammograms are consumer-driven events. For that matter, a hip transplant is a consumer-oriented event. There is cost and quality involved in something that is, at least in large part, voluntary on behalf of the consumer. You can actually shop cost, you can shop quality, you can shop consumer experience. That’s why I do think that this idea of the patient as a shopper will end up being one of the most important forces in the coming decade. Americans are the best shoppers on earth. We’re really freaking good at shopping, and healthcare will not be an exception. If you have any small modicum of

Frank Fortner, President, Iatric Systems: “It’s the responsibility of us as an industry to make the invitation available to patients. They don’t have to take it. I can tell you that it’s really bad for you to drink a six-pack every day. I can tell you it’s bad to smoke three packs of cigarettes a day. I can’t force you to do it, but if I don’t ever tell you that, it is my responsibility if I don’t tell you. In the industry we have the responsibility to make the invitation available. And then yes, there is a responsibility that extends to the patient because we can’t force them to become active members in their care team. Some won’t. But many want to today and they can’t, there’s no accessibility.”

Bill O’Connor, MD, Vice President of Solution and Clinical Consulting, Orion Health: “I think it’s both. We certainly have to provide the tools to the patient so they can engage in their care in a way that is convenient. We’ve seen portals work fairly well, but what we’re really starting to see is that engaging them on a mobile device seems to be more effective. So providing the patients with tools so that they can engage is critical. But you have to have the providers using the output from those tools to engage the patients in their care. So the patients are entering their weight and blood sugars if they’re a diabetic, but it doesn’t do a whole lot of good if the providers don’t use that information to alter the patient’s care. It’s really the responsibility on both sides. The trick is getting the right types of tools for both of them to use so that it’s convenient.”