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## **Putting Together the Pieces**

PRM helps to take the fragmentation out of health care.

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Each day, new treatments promise progress toward cures. However, with each new approach that offers improved care, specialization increases, breaking off yet another piece of care from the primary care physician's domain.

Because one central person no longer coordinates all aspects of patients' fragmented care, they often find themselves confused about their conditions and unable to select from multiple care options or sort through conflicting instructions. Frustrated by the care they receive, patients in many cases ultimately distrust providers. The impact of this situation intensifies for a patient with co-morbidities in need of high levels of care coordination. Before long, the patient needs more extensive care, and the corresponding costs affect everyone: patients, employers, insurers and providers.

At the same time, the rise of consumer-directed health plans and other forms of "consumerism" will require ordinary laypersons to shoulder new responsibilities for the health and financial implications of their care. Patients with varying levels of education and familiarity with medicine and the health care industry will suddenly be asked to make their own decisions, and to absorb the consequences. Increasing patient demand for objective health information, decision support, skill-building opportunities, and emotional and social support is a predictable consequence of the move to consumer-directed approaches to health care financing.

To address these issues, patients need more over-arching assistance to navigate the complexities of the system while taking into account the complete clinical picture. Patients also need coaching and education to reach a greater level of self-management, and a proactive system for providing timely, proactive care. Patient relationship management (PRM), a concept known as customer relationship management (CRM) in the retail industry, begins by reopening lines of communication with patients. And the payer can become an active proponent in getting this dialogue started.

## **Defining PRM**

PRM helps employers and health care organizations fulfill their commitment to understanding their members or patients as individuals, then communicating information to them and their caregivers using the medium they prefer. The optimal PRM approach affords health care consumers a personalized "concierge" experience with both live and electronic health communications at the same time it eliminates redundancy and inefficiency. While PRM builds on the concepts of CRM, it has three notable differences: the heightened need to protect the security and confidentiality of health care information; the requirement to communicate with patients in a way that generates trust and confidence, and is sensitive to patients' concerns; and the challenging goal of encouraging more appropriate health care decisions — without elevating spending — through education and coaching.

Effective patient communication is critical to the success of any PRM effort. While common technologies may be used in CRM and PRM, the health issues addressed through PRM require that payers devote special attention to communications. While CRM uses buying patterns and other indicators to match products to consumers' interest profiles, PRM programs identify candidates for medical intervention — whether for diabetes, depression or prenatal education. The stakes are much higher in the PRM world, simply because medical decision-making may have implications ranging from concerns about employment discrimination to disability — or even death.

Because PRM equips caregivers with a complete clinical picture of their patients, each interaction is more personalized and thus more effective. And because PRM ensures that both clinical and non-clinical services are well coordinated and delivered efficiently, patients experience a true "care team," which increases their overall satisfaction and leads to more favorable outcomes.

## **The fundamental steps**

At the core of PRM is a unified patient profile that contains not every aspect of a patient's health care information, but simply enough information to provide the patient with a personalized experience each time he or she encounters the health care system.

For example, a relatively healthy woman can call the patient concierge to select a doctor. The RN takes her medical history and talks to her about the differences among family practitioners, internists and gynecologists. The RN helps the patient choose a doctor from the search results using the patient's specific criteria (e.g., inclusion in her health plan, area of specialty and proximity to her home). During the medical history, the caller mentions she has asthma. The system then produces a message to the patient concierge to invite the patient to participate in the asthma disease management program. At this time, the RN could complete a short screening for the program and transfer the information to the disease management vendor.

Thus, the "system" becomes something akin to the family physician of the past in terms of the patient's subjective experience; any agent (nurse or non-clinician) who taps into the system can serve as an effective concierge. In addition, the level of care improves through enhanced coordination of services, increased knowledge and the seamless flow of information.

To execute a PRM strategy, payers need to take the following steps:

Organizations should capture patient information during each patient encounter (including information about medical conditions, treatments and procedures as well as communication preferences) and store that information in a unified patient database.

The payer should be able to share actionable information in a timely manner with patients and clinicians according to the communication preference of each to facilitate more efficient decision-making. The payer must also ensure information security and confidentiality.

The payer should also be able to analyze the patient record to identify patterns, then match patients with needed services based on those patterns as described in the example above. Data mining plays a major role in this process, and the system must have the ability to learn from each patient encounter.

Feedback loops should be built into the system to measure patient satisfaction, identify any unanswered questions or need for follow-up and initiate appropriate contact with the patient. The system should then track the contribution of each available resource to the patient's overall outcomes.

### **Personalized experience**

PRM personalizes the patient experience and raises customer service levels by identifying key data points and providing integration that translates data into actionable information. In our previous example, the clinician would have the primary care physician on file and know that the patient recently switched asthma medications. The clinician can identify a clinical issue and quickly and efficiently notify the appropriate individual, whether a family member, visiting nurse, primary care physician or case manager.

At the same time, access to information must be supplemented with the ability to seamlessly employ and link a variety of communication methods — Web, phone, fax, e-mail, pager and paper. In the PRM model, the medical contact center becomes the hub of this communications activity, ensuring that the hospital avoids communication breakdowns and leverages costly call center resources.

Another essential component of PRM technology is its ability to incorporate customized content that accurately reflects a specific health plan's and employer's care philosophy, guidelines and protocols, as well as the uniqueness of the patient population and the communities in which patients reside.

Of course, ensuring the security and confidentiality of patient information is crucial, as is the technology's ability to scale rapidly as the patient population grows.

By restoring lines of communication between all involved in a patient's care, PRM makes the impersonal personal, and ultimately improves both health care and financial outcomes. In this way, health care providers can proactively pull together an increasingly complex health care arena, instead of just picking up the pieces.

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