



The power of simplicity in patient engagement

By Vincent Bufalino, M.D. | July 13, 2017

Making patients partners in their own care is an age-old concept whose importance becomes more evident by the day. Today we call it the “job of the patient,” and it’s fundamental to my cardiology practice. We work together to set reasonable expectations and adapt them to patient priorities, creating a framework that gives the patient responsibility, autonomy, and feedback.

My first priority is deceptively simple: Getting the patient’s attention.

Heart disease often doesn’t manifest until the patient has an event. We can detect early deposits and try to motivate patients to make changes, but it doesn’t always work. This is a lifestyle disease: It requires people to make changes, to exercise, to control cholesterol. Unfortunately, patients are sometimes not compliant until after a cardiac event and maybe even bypass surgery. Then we get their attention.

Those life-changing events scare the hell out of people. They also motivate patients to be compliant and get serious about a healthy lifestyle. Many feel they’ve been granted another chance at life and become zealots. One of my patients had a bypass in

his mid-60s and ran 40 marathons after that. He is finally slowing down in his late 70s.

Our real challenge is to motivate and engage patients before they have a potentially life-threatening event. For instance, we use a CAT scan that measures calcium deposits in coronary arteries. It lets us show a 35- or 40-year-old patient that deposits are already forming. The message is a powerful one: “The process has already started, and this is your chance to change.”

And cholesterol drugs have been a real game-changer. The lay press has sometimes made people feel as though they shouldn’t take statins, but I urge patients to get the facts from their own physicians. These drugs are very safe, and after a first cardiovascular event, they can reduce the risk of death by 40 percent. In our world, that is a huge number.

I know some people don’t want to take pills or don’t like the side effects, but this is where it is so important for physicians and patients to work collaboratively. If there are bad side effects, we will find another medicine. If cost is an issue, we can find an affordable regimen. There is always a next step.

The exciting thing is that there are lots of tools these days to help patients get and stay motivated. The technology is fun. We didn't have people coming in before saying, "I did 10,000 steps." There is a class of people who love to track steps and other fitness metrics, and for them, it's a great motivator.

There's another group of people who want to feel better and know they need to lose weight, but they can't get started. For those people, I try to keep it simple. I say, "Just begin."

I start people with a walking program, working up to a half-hour almost every day. And we start with simple weight loss goals. I only talk about 10 pounds over the next six months, and no one ever says, "I can't do that." And a simple formula for diet – choose any plan you want, but don't pick and don't overeat. Then we schedule a six-month follow-up appointment and take it from there.

I need to make the situation simple for my patients; otherwise, they can end up doing nothing. I try to help them understand that taking care of yourself means we can treat you with fewer pills, we can see you less often, and, in my experience, you will be generally happier.

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