



Designing the 'job of the patient'

By Len Schlesinger | June 21, 2017

When my mother developed health problems late in her life, I suddenly became a very busy man. Between coordinating appointments and referrals, shuttling health data from one provider to the next, filling and managing prescriptions, and helping my mother implement lifestyle changes to better manage her condition, I remember thinking that I had somehow stumbled into a second, full-time job.

As it turns out, the function and structure of jobs is something I've been considering my entire career, as a chief operating officer of multiple service companies and a business school professor who spent decades researching operational excellence.

And so, as I thought of the thousands of hours of unpaid, unsupported work patients and their caregivers are asked to undertake each year, it dawned on me: Healthcare executives apply the principles of intentional work design to the work of physicians and clinical staff.

Why don't they do the same for the "job of the patient?"

Setting patients up for success

We know what good job design looks like from classic management theory, such as the work of J. Richard Hackman and Greg R. Oldham. Well-designed jobs give individuals a clearly defined role to play with sufficient autonomy and regular performance feedback built in. This not only allows people to execute tasks effectively, but it also gives them a sense of meaning and satisfaction in their work – because they can see the connection between their efforts and outcomes.

That's not how things work in healthcare today – at least not where patients are concerned. Patients' roles and responsibilities are almost never clearly defined or fully supported. Discharge instructions are often impenetrable or useless; patients must routinely take on frustrating tasks that technology should be designed to handle, such as the transfer of vital information from one provider to another. Patients struggle to gain access to the information they need to tend to their own care, and receive little feedback or satisfaction from seeing their actions move the needle on results.

In theory, primary care physicians are supposed to play a “quarterback” role and help patients meet many of their obligations. In practice, PCPs are overworked and hampered by a lack of interoperability. So the burden of data gathering and care coordination falls on the patient.

Consider some startling statistics that illustrate how healthcare is failing to give patients the capability they need to succeed:

- When quizzed immediately after an office visit, patients can only remember around 20 percent of the information conveyed during the appointment.
- Approximately 30 percent of patients never fill their prescriptions.
- Around 50 percent of chronic disease medications aren’t taken after a month.
- Fewer than 20 percent of patients successfully sustain lifestyle changes to combat chronic metabolic diseases.

For patients to be satisfied, motivated, attentive to required screenings, and compliant with care, they need the support of a system designed to help them do their jobs effectively.

When we studied the strategies and tactics of high-performing healthcare organizations on the athenahealth network, we found that many acknowledge the critical role patients play in their own care. For instance, Beebe Physician Network, a hospital-affiliated physician group in Delaware, will reschedule follow-up visits if patients arrive with incomplete lab work or without having followed through on referrals, which occurs around 10 percent of the time.

Another high-performing organization conducts aggressive outreach to its patients, and notes that staff members “walk the line between persistent and annoying – because it’s right for the patients.” Other organizations set up health coaches with an understanding that patients need time and continued oversight in order to understand and manage their conditions.

How tech can help

Treating patients as if they have an unpaid job is not as revolutionary as it sounds. In recent years, service companies have begun to see the value in treating customers like employees, by ensuring they understand their roles in the service encounter. Think of the way any quick-service restaurant makes it easy for customers to recycle after they bus their own trays, or how major omni-channel retailers make it hassle free for customers to return an item regardless of where they bought it.

In healthcare, technology will be the key enabler of patient success, providing the information, visibility, and feedback they need to do their jobs. For example, smart scheduling systems and patient portals can help patients access care on demand; reminders via text and other modes help patients arrive on time and prepared.

Open data exchange allows personal health information to travel from one provider or encounter to the next so the patient isn’t playing courier. In the future, wearables and smart-connected products will generate medical data and send it to the right provider in the right timeframe to enable early interventions.

Technology alone won’t make patients embrace behavior change and take accountability for their own care. But it can often make the job of the patient easier to do, more likely to be effective, more satisfying, and more rewarding.

I sometimes imagine how my mother and my experience during her illness might have been different had smart managers thought carefully about how to support the work we were being asked to do. I was lucky; I had the luxuries of time, money, and access to expertise, so in the end (and after much frustration) I could help my mother get the care she needed. Most people in the U.S. healthcare system have none of these luxuries.

By applying basic principles of intentional job design, however, healthcare leaders can ensure these patients are able to hold up their end of the bargain. Given the outsized role patients and their caregivers play in determining their own health outcomes, nothing could be more important.

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