

Building a vision for strategic healthcare communications

A guide to improving population health and patient activation using automated intelligent communications initiatives



Behavioural change is critical for prevention

Humans are complex and determined creatures, more comfortable with resisting changes than embracing them, even if our lives depend on it.

Nobody working in the NHS or broader health and social care sector would argue against the fact that behavioural change is one of the most important factors facing any prevention initiative. In fact, other than providing people with better choices, there is nothing else as critical.... or as challenging.

But why is this so important now?



Modern societies across the planet have seen an exponential rise in long term conditions.

Morbidities such as diabetes, heart disease, cancers and mental health issues are driven by a combination of increased life expectancy and social determinants such as housing, education levels, economy, air quality, diet, tobacco and alcohol use. Not to mention other vices, of which there are too many to define here and too little time!

The COVID-19 pandemic has openly exposed the link between environmental and lifestyle factors with people's health prospects, making matters such as air pollution standard 'kitchen table' conversational topics. Our population has never been more willing to examine itself and its surroundings, and the opportunity to discuss prevention and proactive care has never been more available.

50%

of the UK population reported having a longstanding health problem

> ONS: Census 2021 UK health indictors

The NHS and its partners are already overburdened with treating people who have long term physical and mental health conditions along with the other care they provide to people.



"People with long term conditions who have low health literacy may struggle to identify deterioration in their condition, and if they do notice a deterioration, they may not know how to appropriately respond to it."

<u>Health Literacy Place – NHS Scotland</u>

Why now?

Preventing future generations of people from developing long term conditions, or worsening the ones they have, is surely the biggest challenge and priority the NHS has ever faced. The sooner cohorts of people susceptible to such conditions are identified and supported the better their lives will be, resulting in a decrease in impact on the health service.

Well delivered, clear and proactive communications are the centrepiece of any public service. Good examples can be seen from local authorities across use cases ranging from refuse collection, to job seeker support. So why aren't intelligent communications core to the strategy of every Integrated Care System (ICS)?

Now is the right time to embed intelligent populationfocused communications strategies into the core of integrated care delivery, to encourage behaviour change and support prevention.



Digital transformation

The pandemic enabled the NHS to achieve a level of digital transformation that might have otherwise taken several years.

It is now time to build on the progress made and ensure that all health and care providers have a strong foundation in digital practice, in order to provide personalised care and support for those who need it, and to help everyone live healthy lives.

The NHS 'What Good Looks Like' (WGLL) programme builds on established good practice to provide clear guidance for health and care leaders to digitise, connect and transform services safely and securely, with the aim to improve the outcomes, experience and safety of our citizens.

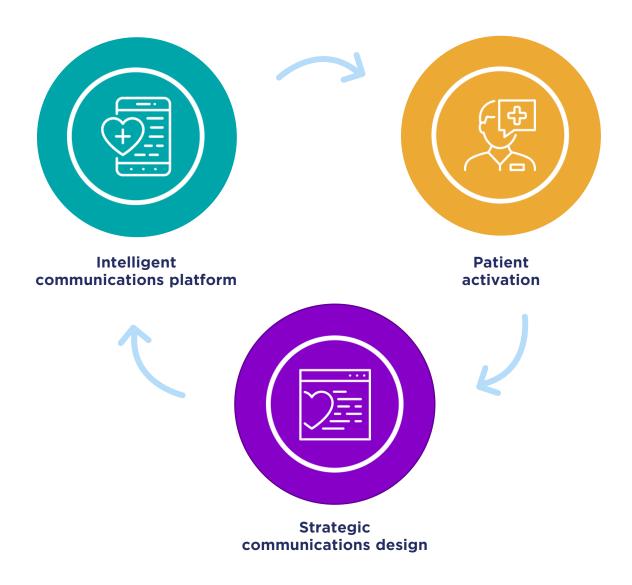
The aim is for organisations to be able to use data and analytics to redesign care pathways and promote wellbeing, prevention and independence. Using digital communication tools to enable self-service pathways such as self triage, referral, condition management, advice and guidance.



Strategic healthcare communications: fundamental elements

Meeting these challenges demands a significant change in the way healthcare providers interact with the general population and individuals and people receiving care. Current models of interaction are largely based on episodes of contact when people fall ill or need help, with little relationship between provider and service user in between these episodes.

Moving towards a strategic communications service requires three fundamental elements...





Intelligent communications platform

A digital platform that is implemented as a strategic resource with an ICS or healthcare provider, that can be used to design, create and execute proactive and dynamic communication services to all users. These platforms will take external information, inputs from people and external triggers, such as weather data or alerts from sensors, and trigger actions based on them. These actions could range from simple to full blown clinical interventions.



Patient activation

The approach of building a person's knowledge, skills and confidence to manage their own health and wellbeing, and to seek help when they need it. Essentially, encouraging people to take responsibility for their own health.



Strategic communications design

Not just the platform to deliver messaging to patients and the general population, nor the individual campaign messages themselves, but rather a strategic and graduated approach to communications based on the needs of the people and the complexity of their conditions.



Healthcare communications matrix

Developed by Apteco, this practical tool will aid your strategic communications design, enabling you to develop your vision for population health and patient activation ••• communications to become a reality.











Intervention level

Healthcare communications matrix with patient cohorts

Step 1: Patient cohort mapping

Our healthcare communications matrix can be used to illustrate a high-level model for the design of a strategic healthcare communications service. It provides a way for healthcare leaders to begin thinking of how they might structure a set of service-based communications for the needs of the population and would be underpinned by a robust population health analysis.

The important thing to note about this model, is that it encourages a holistic and graduated approach to communications through which a cohort or individual could pass through depending on where they are in their journey.

But where does each patient cohort sit in the matrix?

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Matrix segments

Segment 2

Low risk

Beyond the basic, there will always be people who are unwell, but are not known to the health system.

This is an opportunity to design more 'forceful' communications and initiatives to encourage these people to engage with the health service as soon as they start experiencing symptoms.

Segment 1 General population

The majority of the population would begin in the bottom left. Whilst not critically unwell nor in need of much intervention, people in this segment could still benefit from communications and educational materials to support healthier living and make them aware of their lifestyle risks. Much of this type of initiative exists in the current public health space.

Segment 4

Very high risk / complex needs

The segment of the quadrant we want people to avoid. These people have high risk, critical conditions that need a high level of intervention. It may still be possible to 'nudge' people from this segment into other parts of the quadrant, but for many it will be too late and their conditions will either remain in need of regular intervention and more likely, medical support.

Segment 3

High to medium risk / complex needs

People who are known to the health service and are at risk of developing a high impact critical condition. These people may benefit from active management programmes such as obesity management, exercise programmes, mental health improvement and social prescribing. The degree to which they are communicated with, and in which their day-to-day lives are intervened, would be dependent on their needs, activation level and the severity of their condition.

Universal Targeted Specialist



Intervention level

Healthcare communications matrix with types of communication programmes

Step 2: Communication programme allocation

The healthcare communications matrix can also be used to detail a high-level view of the types of communication programmes and interventions that are needed within each segment.

With the patient cohorts in mind the communication programme types are intended to support the individual as they move through their health journey.

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Intervention level

Healthcare communications matrix with notification categories colour coded by urgency

Step 3: Communication project planning

Finally, the healthcare communications matrix can be used to detail what type of communications are needed for each segment with an indication of urgency.

Here we overlay the communication programme types onto the matrix to develop the healthcare communications concept further, and by colour coding each notification category, the attention level required by the patient is clear.

Medium attention

High attention

Low attention

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The three 'types' of notification categories that can be implemented in communication platforms:



Low attention
Automated informal
messaging

- Informational messages
- Status indicators
- Badges, typically on icons signifying something new since last interaction



Medium attention
Requires patient
engagement and reaction

- Warnings, no immediate action required
- Acknowledgement, feedback required in user's actions
- Success measures



High attention
Requires immediate
patient reaction

- Alerts, immediate attention required
- Exceptions, something didn't work
- Confirmations, destructive actions that need user confirmation to proceed

Use cases

Use case one

Acutely ill - people with respiratory conditions



The person

An adult with an acute respiratory condition. They were signed onto a proactive alert programme to prevent their condition from being exacerbated.



Communication class

Medium attention - patient engagement and reaction



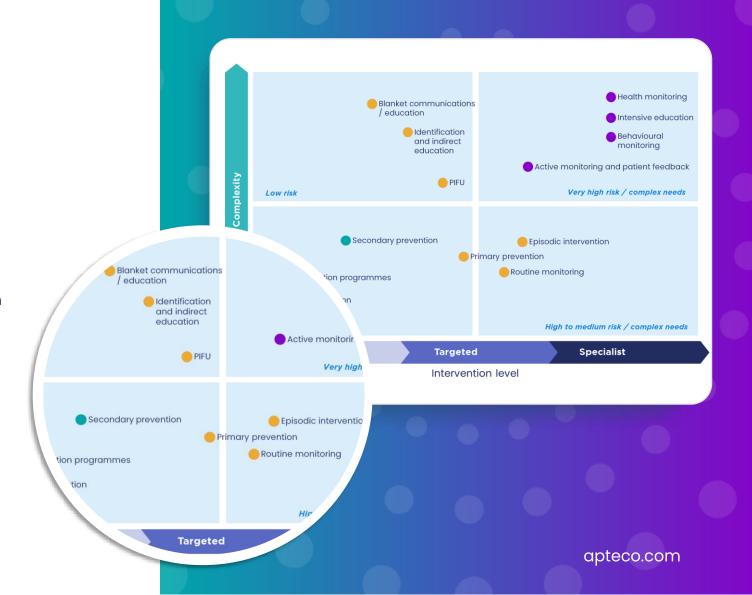
Matrix segment

Low risk with potential for moving into high risk / complex needs



The scenario

- 1. The individual has agreed to join the alerting programme and consented to their contact information being used. A preferred channel for their communications has been identified.
- 2. The healthcare communications platform, integrated with weather data providers through an API, receives notifications of high air pollution for the region.
- 3. Rules based communications are triggered informing the people on the respiratory list, through their chosen primary channel, of the potentially harmful conditions and offers advice to avoid exacerbation. Recipients are asked to respond with an acknowledgement.
- 4. People who have not acknowledged receipt within a certain timeframe are automatically contacted through their secondary channels.



Use case two

Secondary prevention - managed exercise programme



The person

As part of their treatment for obesity, an adult is given a structured exercise programme along with a set of smart monitoring tools to help them track their progress and enable their care team to monitor their adherence.



Communication class

Low attention - automated informal messaging

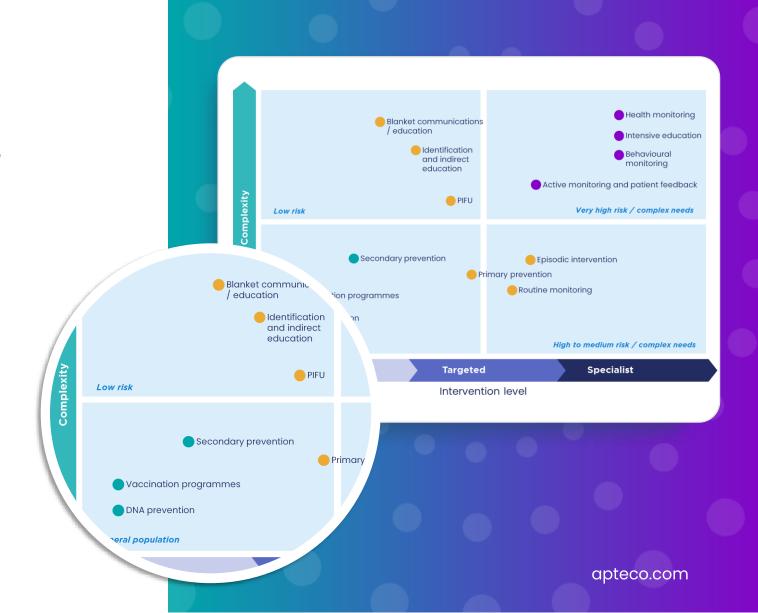


Matrix segment General population



The scenario

- The individual has agreed to join the managed exercise programme and consented to their contact information being used. A preferred channel for their communications has been identified.
- 2. The individual is prescribed with a customer exercise and monitoring programme and provided with a wearable movement tracker and smart scales.
- 3. At some point during the programme, the individual's wearable begins to report activity levels below the prescribed levels.
- The healthcare communications platform automatically sends an encouraging 'nudge' message to the person and activity is again promoted.
- 5. A weigh-in is requested on a period basis. The individual uses their smart scales, and a weight and body composition is submitted.
- 6. The health communications platform sends the person a nudge message, contents determined by the submission and their progress against the prescribed programme.



Overall benefits to individuals

The benefits to the individual are wide ranging with self-engagement at the core, however the following are also recognised:



Personalised service based upon individual needs



Collaborating with care teams empowers individuals and encourages self-ownership



Directs individuals to credible sources of current information and combats misinformation



Enables the individual to take charge of their care within the safety of their care team



Regular direct contact with care team



Gives the ability to access quick answers

Conclusion

We believe there is a need for every ICS to bring healthcare communications into the centre of their service delivery and redesign strategy.

With the aid of a strategic communications platform that supports intelligent, automated and multi-channel communications to the general population and users of healthcare services, new ways of engaging with people and supporting the prevention agenda are possible – keeping people healthier for longer and preventing them from becoming unwell.



"Good communication is critical to good healthcare."

Marie Curie's "A long and winding road"

Learn more about Apteco



Apteco for the Healthcare sector

Use Apteco to put public health data analytics, communications and interventions at the centre of your healthcare and wellness strategy.

Learn more



Customer story: Health Education England

Discover how HEE transformed their use of data and radically improved communications, to help recruit the next batch of healthcare heroes.

Read more

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