

## Empowering Patients and Supporting Providers to Make Informed Decisions

### HIGHLIGHTS

- Central to patient-centered care, patients should be empowered to manage their own health and make informed decisions about their health and health care.
- Patients and clinicians should work together—using a process called shared decision-making—to empower patients to make informed medical decisions.
- Digital health tools facilitate shared decision-making by expanding the data and health information that patients and clinicians can use to make informed decisions about the patient’s health. These tools can include clinical decision support tools, care support tools, patient monitoring tools, and patient portals.
- Patient health data should be easily accessible and usable for patients and clinicians to promote patient empowerment and support shared decision-making.
- Artificial intelligence (AI) has an increasing role in personalizing care and shifting the health care system from symptom-based and reactive to proactive and predictive.
- Alternative Payment Models (APMs) should be designed to use data and promote patient empowerment. Provider incentives should account for the large volume of health data generated by digital health tools that providers must review. Patient incentives should promote lifestyle interventions and other empowering health behaviors.
- Further exploration is needed to identify best practices for encouraging the empowerment of patients in APMs.

### INTRODUCTION

Patient-centered care prioritizes patients’ needs, values, and preferences for their health care. This approach to care can have a positive impact on patient outcomes, satisfaction, and trust in the health care system. Different terms are used to describe patient-centered care approaches, including patient empowerment, engagement, enablement, activation, involvement, and participation. Although these terms are often defined differently, the concepts underlying the terms are similar.<sup>1</sup> Conceptually, these terms relate to the process and state of:

- Having the knowledge and skills to understand and manage one’s health;
- Having the confidence and motivation to be able to act on and control one’s health; and
- Actively taking part in decisions and behaviors related to one’s health.

<sup>1</sup> For additional information on the similarities and differences in definitions for these terms, refer to the [Environmental Scan on Using Data and Health Information Technology to Transparently Empower Consumers and Support Providers](#).

For the purposes of this Issue Brief, the Physician-Focused Payment Model Technical Advisory Committee (PTAC) has focused on patient empowerment and patient engagement. Patient empowerment refers to a patient’s *ability and motivation* to have an active role in their health and health care, while patient engagement refers to the *actions* that a patient takes with respect to their health and health care. PTAC uses the following working definitions for these two terms:

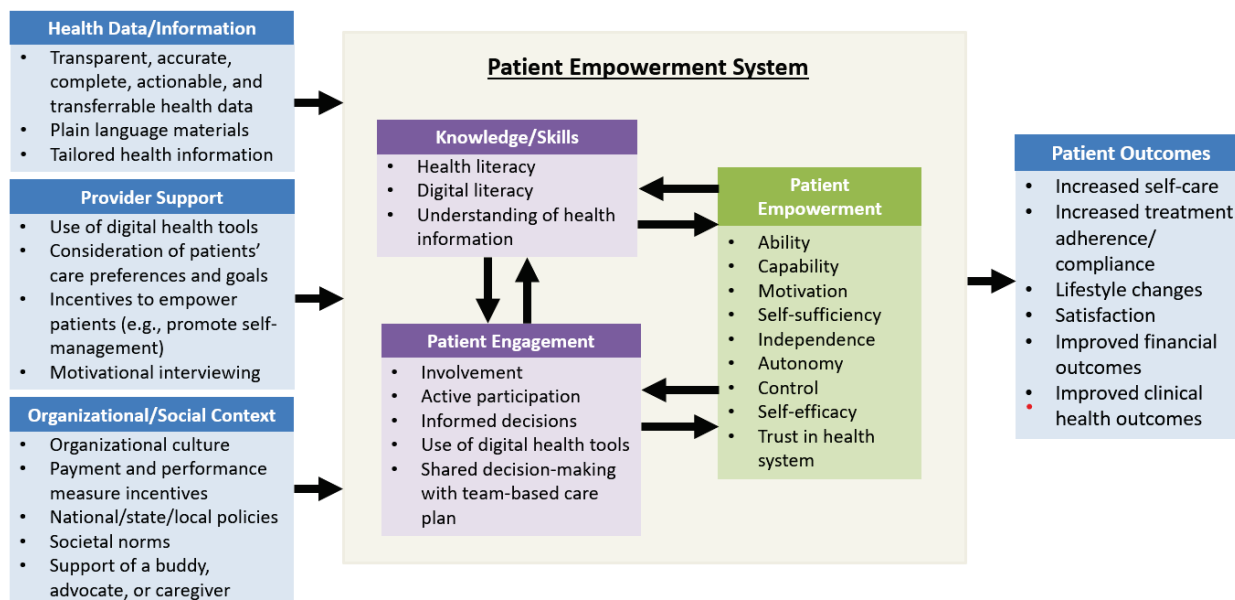
*“Patient empowerment is the process and state whereby a patient acquires and has the ability (knowledge and skills) and motivation (desire and confidence) to control and make timely decisions regarding their own health and health care.”*

*“Patient engagement is the process and state by which a patient actively communicates their health status, health care needs, and health care wishes; makes informed decisions regarding their health and health care treatments; and participates in shared decision-making regarding their health with their providers.”*

A pillar of value-based care includes supporting patients’ overall health care experience, including actively empowering patients to make informed decisions about their health and health care. Patients who are healthy may make decisions that promote staying healthy and preventing disease, while patients with chronic conditions may make decisions related to managing their chronic conditions and slowing disease progression.

PTAC’s conceptual framework for patient empowerment is displayed in Figure 1. Health data and information, provider support, and organizational and social context serve as inputs to the patient empowerment system, which is comprised of a patient’s health knowledge and skills, engagement, and empowerment. The patient empowerment system is reciprocal and self-reinforcing. For example, health literacy can make a patient feel empowered to seek more information about their health, further improving their health literacy. There is limited but promising evidence that patient empowerment improves clinical outcomes, patient-reported outcomes, and patient experience, which serve as outputs of the patient empowerment system.

**Figure 1. The Patient Empowerment Conceptual Framework**



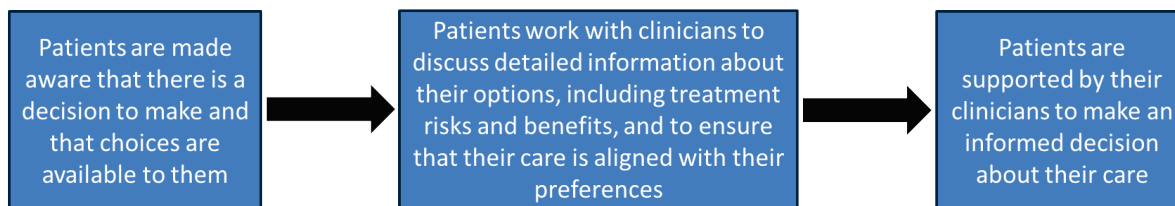
Source: Physician-Focused Payment Model Technical Advisory Committee (PTAC). Preliminary Comments Development Team (PCDT), *Using Data and Health Information Technology to Transparently Empower Consumers and Support Providers*. September 8, 2025.

Patient empowerment is facilitated by shared decision-making, a model of care that fosters collaboration between patients and their providers to support patients with making medical decisions that align with their health goals. Access to data and health information is essential for enabling patients to make informed medical decisions. Digital health tools—tools that collect, share, and integrate patient health data—can promote patient empowerment by giving patients and their providers access to timely health data and information. Alternative Payment Models (APMs) should be designed to promote the use of patient health data, empower patients, and support providers with ensuring that patients are actively engaged in their health care journey.

## PROMOTING SHARED DECISION-MAKING

Shared decision-making ensures that medical decisions align with a patient’s health goals. This approach helps patients feel that they are on the same team as their health care providers. Shared decision-making involves patients and clinicians working together to make informed decisions about the patient’s health and health care.<sup>2</sup> The three main steps in the shared decision-making process are illustrated in Figure 2.

**Figure 2. Steps in the Shared Decision-Making Process**



Source: Physician-Focused Payment Model Technical Advisory Committee (PTAC). Preliminary Comments Development Team (PCDT), *Using Data and Health Information Technology to Transparently Empower Consumers and Support Providers*. September 8, 2025.

To promote shared decision-making, providers should focus on the full patient experience, including the patient’s lifestyle choices. For example, social prescribing—where providers prescribe activities or resources, such as exercise, exposure to nature, or volunteering, in addition to traditional prescribing of drugs and therapy—should be encouraged.

Coordination between providers can also support shared decision-making. Patients should understand the different roles that specialists have in delivering their care. To ensure that medical decisions are made between patients and the providers involved in their care, interactions between primary care providers and specialists should occur with patients present. This shared context can foster a patient’s trust in their providers.

Findings from the Patient-Reported Indicators Survey (PaRIS) U.S. sample, which targets individuals aged 65 years and older with chronic conditions, indicated that most patients participate in shared decision-making. However, some patients, particularly those with a high school education or less who may have difficulty with understanding their health information, tend to rely on their health care providers to gather their health information and make health decisions on their behalf. Educating patients about their health is a key strategy to promote shared decision-making. Providing patients with resources about their care and treatment options can enable patients to make informed medical decisions.

<sup>2</sup> Elwyn G, Frosch D, Thomson R, et al. Shared Decision Making: A Model for Clinical Practice. *Journal of General Internal Medicine*. 2012;27(10):1361-1367. <https://doi.org/10.1007/s11606-012-2077-6>

## USING DIGITAL HEALTH TOOLS

Shared decision-making is facilitated by digital health tools, such as patient portals and wearable devices (e.g., smartwatches, accelerometers, odometers), which provide patients and clinicians with real-time patient health data. Digital health tools promote patient empowerment by expanding the data and resources that patients and their clinicians can access and use to make informed decisions about the patient's health and health care. Digital health tools that promote shared decision-making include clinical decision support tools, care support tools, patient monitoring tools, and patient portals. These tools foster collaboration between patients and clinicians and empower patients with knowledge about their health.

### Clinical Decision Support Tools

Clinical decision support tools can be used to make patients aware that there is a medical decision to be made and provide evidence-based clinical recommendations based on patients' data while ensuring that any decision made aligns with patients' health goals.

### Care Support Tools

Care support tools assist patients with self-managing their health conditions and diseases by providing patients with clinical education, recommendations, and reminders. Two examples of care support tools include care support applications (apps) and patient decision aids. Care support apps aid in disease management and trigger virtual connections between patients and clinicians in real time. Patient decision aids promote patient education about their health conditions, support patients with understanding what matters most to them, and encourage active participation with providers. These tools can also provide patients with information on their options for treating or managing their diseases and explain potential risks associated with each option.

### Patient Monitoring Tools

Patient monitoring tools collect patient health data (e.g., patient-reported outcomes, biometrics) and send the data to providers to track patient progress. The data collected from these tools can be used by both patients and clinicians to inform decisions related to managing a patient's health conditions or diseases. One type of patient monitoring tool is remote patient monitoring (RPM). RPM allows providers to track patient progress remotely through devices—including wearable devices—such as smartwatches, pacemakers, inhaler sensors, or blood pressure monitors. In addition to allowing providers to monitor a patient's progress remotely, these tools give patients access to real-time health data, such as heart rate or physical activity, allowing patients to actively participate in monitoring and managing their own health.

### Patient Portals

Patient portals promote patient engagement in managing their health by giving patients access to health information in their electronic health record (EHR). Patients can access their patient portals to view appointments, tests and treatments ordered, laboratory test results, immunizations, allergies, medications, and providers' notes. Patient portals also allow patients to asynchronously and remotely communicate with their providers outside of scheduled appointments.

Despite the benefits of patient portals, many patients face challenges with having to access multiple patient portals associated with different providers to view their health information. For example, patients with multiple health conditions may have to access different portals that contain only a portion of their health information. Implementing a secure federated identity—a single set of login credentials that give users access to data across portals—could streamline patients' access to their health

information across health plans and systems. A federated identity could also make available a patient's entire longitudinal record.

## **DATA ACCESSIBILITY AND USABILITY**

Patient health data, including data generated by digital health tools, should be readily accessible and usable for both patients and clinicians to support shared decision-making and promote patient empowerment.

Digital health tools should be designed in a way that allows patients and providers to readily access the information generated by the tools. Integrating the data collected by digital health tools into the EHR can provide patients and clinicians access to the data to inform the patient's care. Access to these tools should not be limited to certain populations, which could create or widen disparities. For example, patients who live in rural areas may have limited access to their health data due to barriers with accessing broadband and technology. Investments and incentives may be needed to improve broad patient access to technologies.

In addition to being readily accessible, patient health data should be usable to inform patient care and support shared decision-making. Many digital health tools generate a large volume of data that providers must navigate and synthesize. To enhance usability, the data should be condensed into clinically relevant formats that focus on providing aggregated data summaries. For example, the data can be formatted in a way that allows easy identification of patients who move out of the normal range for a specific health condition and may require follow-up.

Given the large volume of patient data generated from digital health tools, guardrails are needed to ensure that patients' health data are not used in adverse ways. For example, patients' health data and information should be used to address health care problems and not to facilitate inappropriate denial of patient claims.

There is limited but promising evidence that digital health tools increase patient empowerment and improve clinical outcomes, but additional research is needed to understand this relationship. Digital health tools that promote patient empowerment and demonstrate improved clinical outcomes should be made available to all patient populations, including individuals with Medicare, Medicare Advantage, and Medicaid.

## **LEVERAGING ARTIFICIAL INTELLIGENCE**

There is an increasing role of artificial intelligence (AI) in personalizing care and shifting the health care system from symptom-based and reactive to proactive and predictive. AI-enabled tools can support patients with managing their health. These tools also can support providers with delivering proactive care, analyzing and extracting insights from the large amount of data generated by digital health tools, and reducing administrative burden.

AI can support patients with self-care and the management of chronic conditions. For example, AI-enabled apps and wearable devices assist patients with monitoring their health conditions. These tools can personalize care pathways to prevent disease, predict serious health conditions, and suggest interventions in real time. Additionally, AI-supported chatbots and virtual assistants can answer patients' medical questions. For example, AI assistants may draw information from a patient's chart to address a patient's question about whether their medications could impact test results.

AI can support providers with delivering proactive and predictive care. EHR and claims data can be limited in their predictive power, as these data sources include retrospective reports of patient health data after the patient has received care for their illness. AI tools can integrate data from different sources, including data from wearable devices, to assist providers with capturing an up-to-date and comprehensive picture of the patient's health to aid in the prediction and potential prevention of illness before it occurs. Integrated data can also promote the personalization of a patient's treatment plan.

AI tools can also assist providers with analyzing patient health data, including the large amount of data generated by digital health tools. AI tools quickly analyze large datasets—including data across multiple sources such as EHRs, claims, patient registries, and wearable devices—and produce actionable insights. Leveraging AI tools to analyze large amounts of patient health data can help reduce administrative burden. For example, AI tools can reduce administrative burden among care managers, who need to review patient information such as EHR data and claims to support the care management team and promote care coordination.

Understanding the roles of AI in promoting patient empowerment is a relatively new and evolving field. Different factors must be considered before expanding the use of AI in health care. For example, there must be clearly defined roles for humans in processes that involve AI. Additionally, regulatory and legal frameworks must be established to keep pace with rapidly evolving AI technologies.

## **USING APMs TO EMPOWER PATIENTS AND SUPPORT PROVIDERS**

APMs should be designed to empower patients to actively engage in their health and health care, such as incentivizing lifestyle changes and addressing barriers to cost sharing for health-promoting care. APMs should also encourage providers to use data to empower patients, including providing incentives that account for the large amount of data providers must navigate to empower patients and promote longitudinal patient care.

APMs should be designed to incentivize the adoption of health behaviors and lifestyle changes. For example, APMs could reimburse patients for engaging in lifestyle interventions (e.g., nutrition counseling), moving into disease remission, or de-escalating their medication use. Use of gamification strategies—or gaming elements such as points, badges, and rewards for completing challenges—can motivate patients to engage with their health information and adopt or modify health behaviors. Additionally, supplemental benefits, such as financial support for transportation, food, or over-the-counter items, could promote patient empowerment and engagement by covering the areas where many patients need support to improve their health.

APMs should also promote patient empowerment by removing barriers to cost sharing. Copays often discourage health care use. Low or no copays can encourage patients to use low-cost and high-value care that promotes health, such as preventive care, care coordination services, and high-quality, efficient providers. Patients should be educated on the value of participating in APMs.

Furthermore, APMs should be designed to support providers with empowering patients. Provider financial incentives, such as pay-for-performance incentives, can promote the use of patient empowerment strategies. Additionally, APMs can use waivers that allow providers to offer patient engagement incentives that encourage patients to actively participate in their health care, such as using remote monitoring tools. To effectively drive behavior change among providers, provider incentives should be delivered close in time to actions rather than at a delay.

Digital health tools generate a large volume of patient health data, requiring clinicians to synthesize large amounts of information that are often located in siloed health apps. APM design should consider aligning provider incentives to account for the proliferation of health data that providers must navigate, particularly outside of patient office visits. Providing incentives for synthesizing this information can promote longitudinal care. Additional exploration is needed to understand how best to encourage patient empowerment in APMs.

## CONCLUSION

Patients should be empowered to manage their health and make informed decisions about their health and health care. Shared decision-making, where patients and clinicians work together to make decisions that align with the patients' health goals, is a key strategy to promoting patient empowerment. Digital health tools, such as smartwatches and patient portals, expand the information that patients and their clinicians can access and use to make informed medical decisions. AI has a growing role of personalizing care and allowing the health care system to be proactive and predictive. APMs should be designed to empower patients to engage in their health and support providers with using data to empower patients. Although findings are promising, additional research is needed to better understand the associations between patient empowerment, digital health tools, and clinical outcomes.

## RESOURCES

The following resources are publicly available on the Assistant Secretary for Planning and Evaluation (ASPE) PTAC website:

- [Report to the Secretary: Using Data and Health Information Technology to Transparently Empower Consumers and Support Providers](#)
- [Environmental Scan: Using Data and Health Information Technology to Transparently Empower Consumers and Support Providers](#)
- [Preliminary Comments Development Team \(PCDT\), Using Data and Health Information Technology to Transparently Empower Consumers and Support Providers, September 8, 2025](#)
- [Measures of Patient Empowerment for Medicare Beneficiaries: Evidence from the Patient Reported Indicators Survey \(PaRIS\)](#)

## ABOUT PTAC

The Physician-Focused Payment Model Technical Advisory Committee (PTAC) was created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) to make comments and recommendations to the Secretary of Health and Human Services on proposals for physician-focused payment models (PFPMs) submitted to PTAC by individuals and stakeholder entities. Within this context, PTAC also reflects on proposed PFPMs that have been submitted to the Committee to provide further advisement on pertinent issues regarding effective payment model innovation in Alternative Payment Models (APMs) and PFPMs. Accordingly, PTAC has held an ongoing series of theme-based discussions on developing and implementing value-based care. The content in this PTAC Issue Brief is based on publicly available information from PTAC's theme-based discussions, including PTAC presentations and recommendations, presentations by stakeholders and experts, environmental scans, original research, and PTAC reports to the Secretary.

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