Improving the Patient Experience: Focus on Doctor-patient Communication

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Dr. Dan O’Connell, Trainer, Institute for Healthcare Communication
We will cover today…

• Overview of the CQC 2009 Collaborative
  – Evidence that it works
  – Collaborative interventions to improve patient experience

• Improving Doctor-patient Communication
  – Overview of communication workshops
  – Techniques to improve doctor-patient communication
  – Question & Answer Period

• 2009 Program Offerings to Improve Patient Experience
  – Advanced Access Teleconference Series
  – Doctor-patient Communication Teleconference Series
  – Question & Answer Period
2009 Improving Patient Experience Collaborative
Improving Patient Experience Collaborative

- Program to improve PAS Scores over 18 months
- What you give:
  - $8,000 – $13,000 per group (based on enrollment)
  - Team attends all learning sessions and teleconferences
  - Commitment to share with others
- What you get:
  - Training for first round of physicians and their office staff in Doctor-Patient and Doctor-Staff Communication techniques at your site ($10,000 value)
  - Learning sessions to guide you and learn from other physician groups
  - One-on-one coaching
  - Teleconferences
Framework

**Strategic**
1. Leadership Actions
2. Communications Systems
3. Rewards and Recognition
4. Technical Support and Training
5. Systematic monitoring and feedback

**Tactical**
Practice
1. Doctor-patient communication
2. Access to care
3. Coordination of care
4. Staff-patient communication

With Group Support

Sustainability

Implementation
Putting It Together..

- **Strategic Approach to Improvement**
- **Project Approach to improvement**
Tactical: Key Changes at the Practice

Communication Techniques:
• Negotiate the agenda with the patient at the start of each visit
• Make a personal connection through eye contact and demonstrate empathy through empathic statements
• Provide closure to the visit by summarizing next steps and action plan

Coordination of Care
• Notify patients of all test results, whether positive or negative
• Review patient’s chart prior to starting the visit

Regular Feedback
• Conduct regular practice team meetings and/or daily brief “check-ins” (huddles) and measure practice site satisfaction at least quarterly
Results at the Practice
Independent Study funded by Commonwealth Fund

- 12 physicians drawn from 4 large IPAs
  - 8 PCPs, 1 DERM, 2 OBGYN, 1 PEDS
- Matched control physicians within same IPA on the following variables:
  - Age, gender, specialty type, practice size and performance (in MD/PT comp and recommends MD)
- Commercially insured HMO and POS enrollees; PPO patients added to supplement samples
- Adjusted for “regression to the mean effect”
- PAS instrument used for baseline and post collaborative measurements
Results at the Practice - con’t

Quantitative Results:

• Greater improvements in all communication and care coordination measures compared to controls (2-3 points)

• Statistically significant gains:
  – Recommends doctor
  – Clear instructions,
  – Respect for patient,
  – Can tell the doctor anything, and
  – Helpful staff

• Physicians with Largest Gains:
  – Started with lower scores at baseline
  – Demonstrated greater engagement as compared to controls (6 point improvement)
Qualitative Results

• Semi-structured interviews with 10 of 12 practices
  • 100% believe they can sustain changes
  • 80% believe staff satisfaction improved
  • 80% believe practice culture improved
  • 80% report improved personal job satisfaction
  • 72% report improved relationship with IPA
  • 71% reported that their practice is a “better place to work than 12 months ago” compared to 58% pre-intervention
Strategic: Key Changes at the Group

• Leadership Actions
  – Strategic initiative, part of planning process
  – Part of personnel evaluations and even hiring decisions
  – Physician champions

• Rewards and Recognition
  – Significant part of practice incentives

• Technical Support and Training
  – Coaching, training and on-going mentoring on shared agenda setting and empathy

• Systematic monitoring and feedback
  – At least quarterly feedback to practices
Program Outline

**Diagnosis**
From Months 1 - 3

**Implement at Demonstrator Sites**
From Months 3 to 10

- Identify which practices and which interventions required to improve groups scores

- 10 - 20 Practices

  - Generate practice results
  - Develop internal champions
  - Test practice support systems

**Spread to Target Sites**
Months 9 - 18

- • Boost group-level results
  • Build systems for sustainability
Improving Doctor-Patient Communication
Overview of Communication Training Program

*Each IPA/Medical Group can select up to 10 physicians AND 10 office managers to attend training which consists of:*

<table>
<thead>
<tr>
<th>Workshop 1</th>
<th>Physicians</th>
<th>Office managers</th>
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<tbody>
<tr>
<td>Workshop 1</td>
<td>Physician-patient communication: 4E’s (4 hours)</td>
<td>Treating patients with CARE (90 minutes)</td>
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<tr>
<td>Workshops 2</td>
<td>Difficult-patient communication (3 hours)</td>
<td>Challenging patient communication (90 minutes)</td>
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<td>Effective Teamwork to improve patient experience (1 hour)</td>
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<tr>
<td>Coaching</td>
<td>Sharing experiences and reporting on progress through email, teleconferences, and 1:1 phone calls with Dr. O’Connell</td>
<td>TBD</td>
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Selecting Demo Sites

• Work with primarily lower to average performers, but include 2-3 high performers in workshops.
• Course teaches specifics about how to select demo sites
  – Highly motivated sites
  – Room for improvement
  – High volume
  – Peers (“Like me”)

California Quality Collaborative
Breakthroughs for Better Healthcare
## Collaborative Timeline

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Registration closes</td>
<td>February 27, 2009</td>
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<tr>
<td>Planning meeting (webcast)</td>
<td>March 19, 2009</td>
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<tr>
<td>Basics of QI <em>(for participants new to CQC programs)</em></td>
<td>March 26, 2009</td>
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<td>Learning Session 1</td>
<td>April 15-16, 2009</td>
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<td>Learning Session 2</td>
<td>June 10-11, 2009</td>
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<tr>
<td>Demonstrator site trainings</td>
<td>July – October 2009</td>
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<td>(2 workshops per organization)</td>
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<tr>
<td>Learning Session 3</td>
<td>December 3, 2009</td>
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<td>Outcomes Conference</td>
<td>TBD</td>
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Doctor-Patient-Family Communication

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Objectives

Clinician participants will be better able to:

• Describe key strategies for efficient and satisfying visits

• Recognize and practice the strategies in response to video trigger situations and cases presented in the workshops

• Choose 2 strategies to incorporate over the next 6 weeks and practice until “normal”
Process of the Clinician Workshops

- Highly interactive
- Practical, pragmatic, realistic strategies
- Simple and repeatable models and techniques are described, demonstrated and taught for use with video situation
- Focus on application to the real practices of the participants during and following the workshop
Workshop 1
Effective Patient-Physician Communication

• Use Time Wisely
  – Know time allotted/remaining
  – Focus rather than rush

• Create a partnership and build rapport quickly
  – Bridge to MA/nurse info
  – Establish a “Let’s figure this out together” mindset

• Negotiate a workable agenda
  – No diagnostic dive until agenda established
  – Negotiate smoothly where too much to take on today

• Elicit and address key questions and expectations
  – Ask for self-diagnosis
  – Ask for specific expectations
Workshop 1 (continued)

- Empathize often
  - Brief sympathetic comments
  - More focused attempts to understand
- Integrate the psychosocial into the medical
  - Make it natural to discuss psychological as part of somatic presentations and treatment plans
- Uncover and negotiate disagreement
  - Use Provide-Elicit-Provide-Elicit rhythm to uncover extent of understanding and agreement
- Build towards adherence
  - Begin with the end in mind, i.e., a mutually agreed upon treatment plan
Workshop 1 (continued)

• Leverage the physical exam to address questions re” diagnosis, to get them to elaborate on specifics of complaint and demonstrate careful attention to self diagnosis and expectations
• Use short summaries to re-focus, clarify and demonstrate understanding
• Assign Homework to bridge between visits
  – Make clear the importance of patient/family work between visits
• Make a clear and warm closing
Clinician Workshop 2
Difficult Interactions

• What makes interactions difficult?
  – Characteristics of
    • Patient
    • Physician
    • Illness
    • System of care
  – Diagnosing and turning around the deteriorating interaction
    – Success
    – Expectations
    – Flexibility
Workshop 2 (continued)

• Repairing using ADOBE bricks
  – Aware and able to Acknowledge
    • Rather than ignore and press on
  – Discovering the meaning of patient behavior
    • Curious rather than furious
  – Offering Empathy and Compassion
    • For the whole situation the patient is experiencing
  – Boundaries: adjusting as needed
    • Time, treatment plans, opinions, “safe and effective”
  – Extending the relationship to include others
    • when influence, expertise and resources are needed
Teleconferences, email and phone coaching

• The option will be offered to utilize scheduled group teleconferences, and individual email consultations and phone calls to tailor the skills and approaches to specific situations that the clinicians have encountered when applying the workshop approaches.
Manager/Supervisor Programs

• Objectives:
  – Recognize and be able to articulate the keys to effective interactions between non-physician staff and patients and families
  – Utilize these keys in providing coaching as well as “just in time” training for staff as learning opportunities arise
Manager Program: Exceptional Customer Service Skills for Staff

• Manager training includes
  – Description and demonstration of 4 key skills for effective interactions between staff and patients in person or on the phone
  – Apply these skills to common situations that staff encounter
  – Demonstrate how staff can be coached to develop their customer service skills using these core skills.
Upcoming Improving Patient Experience Opportunities

2009
Improving Patient Experience Outcomes Conference (FREE)
February 18, 2009 – 9:30 – 1:00pm (Networking lunch at 1:00)
Westin LAX, Los Angeles, CA

• Two Teleconference Series
  Advanced Access Teleconference Series
    Dates: April 28th, May 19th, July 21st, October 6th
    Time: 1:00 – 2:30pm
    Cost: $200 (up to 5 people per organization)
  Doctor-Patient Communication Teleconference Series
    Dates: March 24th, April 7th, April 21st
    Time: 1:00 – 2:30
    Cost: $200 (up to 5 people per organization)

To register for any of these events, please contact Amy Rassbach at arassbach@pbgh.org or visit our website at www.calquality.org.
Where to Get More Information

• CQC Web site: www.calquality.org

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