SHARON N. BLACK CONSULTANTS, LLC

Putting the Pieces Together: The Patient Experience Puzzle

March 6, 2015

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Agenda and Objectives

Agenda

- The big picture
- A walk in the patient's shoes
- Action planning
- Resources
- Closing

Objectives

We will leave this session with an understanding of:

- An excellent patient experience
- The power of the patient-staff interaction
- System improvements including my special Tips

Why is this Topic Important?

Simple

Remember:

Health Care Flows Across a Relationship

—MGMA

Says …

Improving the patient experience of care (including quality and satisfaction);

Improving the health of populations; and

Reducing the per capita cost of health care.

How does the IOM define patient-centered care…??

"Providing care that is respectful of and representative to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions."

Wisdom From Southcentral Foundation

"Alaska Native leadership recognized that the core product is something bigger than just tests, diagnoses, pills and procedure. It is about human beings and relationships—messy, human, longitudinal, personal, trusting, informing, respecting and accountable relationships."

—*Katherine Gottlieb, Ileen Sylvester and Douglas Eby;*
"Transforming Your Practice," What Matters Most: Family Practice *Management*

http://www.southcentralfoundation.com/index.ak

FQHC Wisdom

A governing Board with at least 51% consumer members

Tip: Site patient advisory committees
Connected to the governing Board

CAHPS Sample Questions

CAHPS® Clinician & Group Surveys

Version: 12-Month Survey with Patient- Centered Medical Home (PCMH) Items

Population: Adult ~ September 2011

- In the last 12 months, when you phoned this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?
- In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?
- In the last 12 months, how often did this provider listen carefully to you?
- In the last 12 months, how often did this provider spend enough time with you?

CAHPS Sample Questions con’t

- In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider’s office follow up to give you those results?
- In the last 12 months, did you and anyone in this provider’s office talk about things in your life that worry you or cause you stress?
- In the last 12 months, how often were clerks and receptionists at this provider’s office as helpful as you thought they should be?
- In the last 12 months, how often did clerks and receptionists at this provider’s office treat you with courtesy and respect?

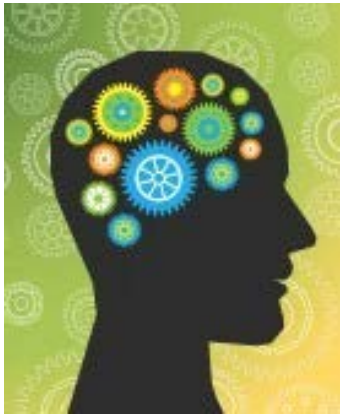
Source: https://cahps.ahrq.gov/surveys-guidance/cg/instructions/downloadpcmh.html

The Future

We must have strong patient-centered cultures and clinical systems

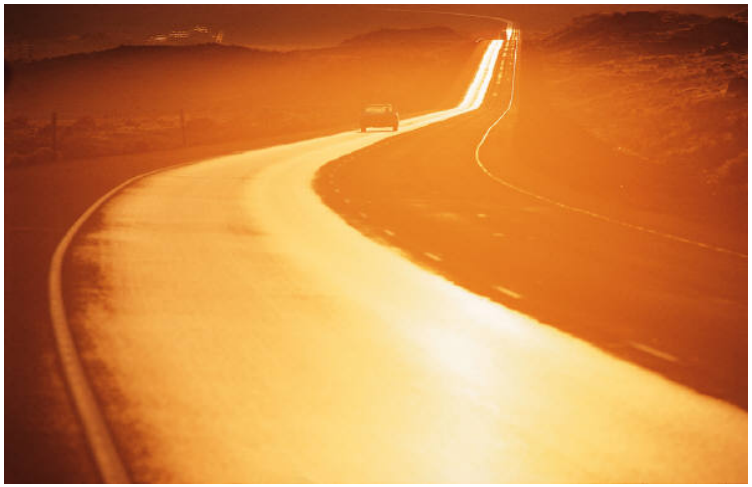
This presentation will provide you with many concepts and Tips to support your work.

There are many experts in the room so please share your ideas freely and steal from each other with wild abandon.



Flow Map

Draw a map from the parking lot to the finish of the visit. Mark and label each client stop:



- Parking
- Front door
- Reception
- Waiting
- Clinic
- Ancillary services
- Check-out and appointment desk
- General considerations

Flow Map

First Impressions:
The Building's Exterior

Tips: Outdoors

- Bus stop
- Crosswalk
- Parking spaces
- Signs
- Weather

Meeting and Greeting: Reception

Cultural Competence

"The ability of individuals to establish effective interpersonal and working relationships that supersede cultural difference."

—*Thomas Bodenheimer and Kevin Grumback,*
Improving Primary Care: Strategies and Tools for a Better Practice

Dr. Donna M. Beegle: The Culture of Poverty

Tip See Poverty … Be the Difference
www.combarriers.com
2006 Communication Across Barriers

"Those in the Black Hole of Poverty"
"Misery, hunger, shame, homelessness, hopelessness, being worthless, desperation, depression, emotional psychosis, physically, mentally and emotionally numb." Wayne Austin (author's brother)

Patient Interactions

Tip *Motivational Interviewing is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior.[1]*

The examination and resolution of ambivalence is a central purpose, and the counselor is intentionally directive in pursuing this goal.[2]

wikipedia.org

Reception

Lines

Lines in the front office cause conflict with the back office…

Clients can be late for their appointment in your lines…

People often do not feel good…

Tips: Talking Telephones

1. Set a team goal for the number of rings and monitor your success
2. Use the telephone software to evaluate “hang-ups” and improve your statistics
3. Keep the number of “push this and push that” small (call your own number)
4. Remember the way you interact on the phone makes a lasting impression
5. Avoid distraction
6. Smile while you talk (mirror idea)
7. Be sure you help the client get what they need

Discussion…

Reception-Telephones-Questions (Medical Home considerations)

1. Have the phone functions have been moved to the Medical Home teams – how is this working?

2. Does the CHC offer ways to direct dial to teams?

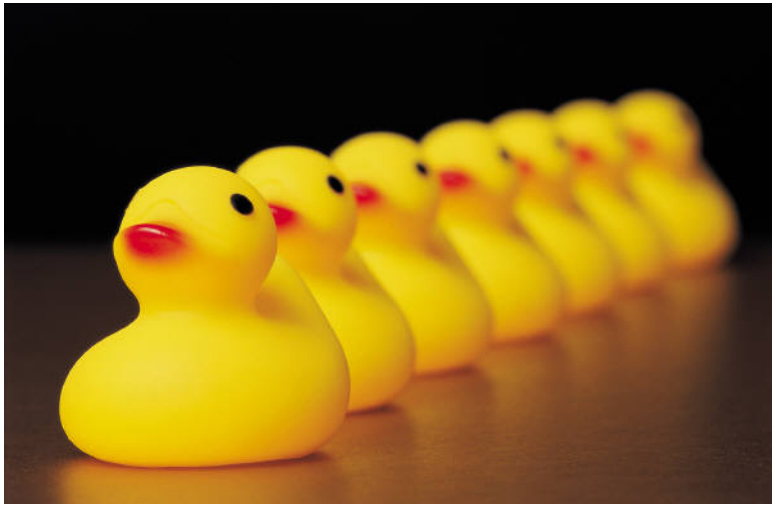
3. Are clients given a card with team phone number and chart number?

Tips: Front Desk

- Number 1 job = **greeting**
- Limit/eliminate phone calls at the front desk
- Equipment
- No moving from desk
- Staff rotation
- Glass or no glass
- Data collection/paperwork
- Telephones

"To have a great idea, have a lot of them."
- Thomas Edison

To Wait or Not to Wait: Patient Seating



Client’s Time

90 minutes = ?

60 minutes = ?

30 minutes = ?

“Waiting” Area Tips

- Waiting time: seven-minute rule
  - –Clocks
- Cultural communication
- Children’s areas
- Education
  - –Educational television

“Never go to a doctor whose office plants have died.”
-Erma Bombeck

Light

"The presence of windows in the workplace and access to daylight have been linked with increased satisfaction with the work environment. Adequate and appropriate exposure to light is critical for the health and well-being of patients as well as staff in the health care setting."

—*The Center for Health Design,*
The Impact of Light on Patient Outcomes in Hospitals

Chairs

- Assure you have enough chairs for clients and family or friends who attend the visit
- Avoid placing chairs in a row – make conversation areas

No…

Yes…

Discussion

What are you doing in your waiting area that is improving the patient experience of care?

The Art and Science: Clinical Services

Team Approach to Care

A piece of the Medical Home magic!

- Consistent panel of patients served by a consistent team of trained staff
- Start with stable support and move to the team approach

Team-Based Care

The American Journal of Medicine September 2012

- "Care delivered by intentionally created …small work groups… having a collective identify and shared responsibility for a patient or group of patients"
- Key competencies
  - Engage other professionals in **shared patient-centered problem solving**
  - Reflect on both **individual and team performance improvement**

Tip – Be sure to include the front desk in your teams.

Teams of the Future

- Primary care must find a way to increase panel size without sacrificing quality of care or adding more work to already overburdened physicians
- Primary care must redefine the physician role such that the physician no longer sees all the patients in his/her panel but acts as a leader for a well-trained, highly-functioning primary care team

—*Margolius, Bodenheimer*

Primary Care Providers

- The United States graduates only 1,000 to 2,000 generalists per year
- 31 percent of U.S. MDs are PCPs
- 50 percent of MDs are PCPs in Germany, Canada, and France
- From 1997 to 2005 generalists decreased in the United States by 50 percent
- States with a higher ratio of PCPs have better health outcomes

—Andrew Weil M.D., *Why Our Health Matters*

Familiarity

- Familiarity with a panel leads to efficiency, which leads to better results
- As much as 50 percent of a patient visit is wasted when the provider is required to meet the needs of an unfamiliar patient
- A regular provider increases the chance of the patient getting appropriate care to 90 percent. This may drop as low as 50 percent without continuity

—MGMA

Clinical Services – The importance of Teams

- How would your providers answer the question below?

"What percentage of your time do you perform functions that require a medical degree?"

Providers report around 50 percent.

—Margolius and Bodenheimer

Support Staff

- Tip: The goal is to work people at the top of their training or license
- We want to assure good outcomes by assuring adequate support staff
- Over-staffing brings an increase in costs, but not always a corresponding increase in efficiency or quality. Under-staffing can lead to decreased patient satisfaction, reduced collections and poorer financial performance
- A higher proportion of hours of nursing care correlates with better patient care in hospitals (Harvard School of Public Health)

Working at the Top of Your License

Work staff at the top of their license or training.

Questions to consider:

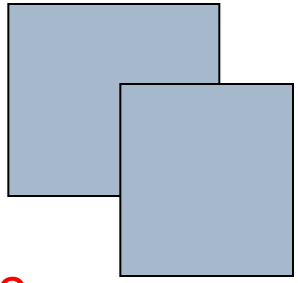
- How are you using your RNs on your teams?
- Do your RNs provide independent patient visits including care management?
- Who does the clerical work for the licensed staff?
- Do you use LPN/LVN staff?
- Who addresses behavioral health issues?
- Do your providers re-do the medical history?
- Do your physicians see only the patients that need their high level of expertise?

Space

- Best practices have plenty of square feet per provider
- Provide adequate storage room per provider
- Co-location of teams

Exam Rooms

Two to <u>three</u> per medical provider



- Good sizes: 9' x10' or 10' x10'
- Tips: Don't forget your Nurse, Behavioral Health Specialist, or Nutrition provider staff in your space calculations. Many of this group will need only one room, and it may not need to be set up as an exam room
- **Patients want a chair for their guest, a hook for their clothing, and a mirror for their hair**

Patient Rooming—
Traditional Office Visit Tips

- Decrease stops - bring care to the patient - decrease bottlenecks
  - Scales
  - Education
- Room set-up
- Room stocking
- Two to three exam rooms
- "Clock idea" —*Joe*

"There is nothing so wasteful as doing with great efficiency that which doesn't have to be done at all."

- *Anon*

Patient-Centered Care: Heavy Lifting

Seeking common ground between patient preference and evidence-based medicine.

"Medicine is the only profession that labors incessantly to destroy the reason for its own existence."

- James Bryce, 1914

Patients Want a Doctor (staff) Who Is:

- Confident
- Empathetic
- Humane
- Personal
- Forthright
- Respectful
- Thorough

—*Andrew Weil M.D.,* Why Our Health Matters

Therapeutic Alliance

Health Care Flows Across Relationships

- Mutual Trust
- Empathy
- Respect

People Skills

"A **pleasant bedside manner and attentive** ear have always been desirable traits in doctors..."

"[T]wo trends have led school administrators to make the hunt for these qualities a priority. The first is a growing catalog of studies that pin the blame for an appalling share of preventable deaths on poor **communication** among doctors, patients and nurses that often results because some doctors, while technically competent, are socially inept."

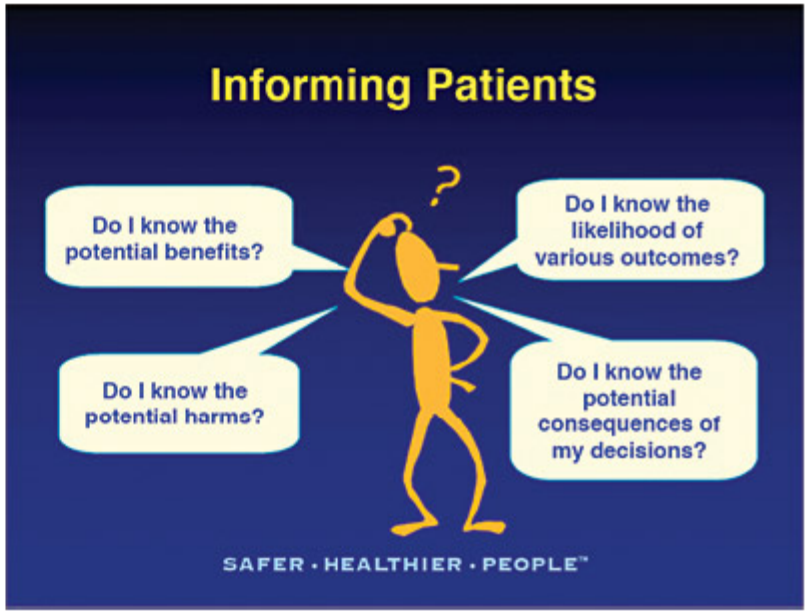
"The second and related trend is that medicine is evolving from an individual to **a team sport**… [L]arge health systems – encouraged by new government policies – are creating teams to provide care coordinated across disciplines."

Harris, Gardiner. "New for Aspiring Doctors, the People Skills Test." New York Times 11 July 2011,natl. ed. : A1+.

Shared Decision Making: a Definition

Integrative process between patient and clinician:

- Engages the patient in decision-making
- Provides patient with information about alternative treatments
- Facilitates the incorporation of patient preferences and values into the medical plan



(Charles C, Soc Sci Med 1997; 44:681)

Slide from Michael Barry, MD, IMDF President

Presenter: Lyle J. Fagnan, MD, Professor of Family Medicine, Oregon Rural Practice-based Research Network, Oregon Health & Science University

Consequences of Unresolved Decisional Conflict

- 59 times more likely to **change mind** (e.g. not showing up for colonoscopy)
- 23 times more likely to **delay decision**
- 5 times more likely to **have regret**
- 3 times more likely to **fail knowledge test** (e.g. informed consent)
- 19% more likely to **blame clinician for bad outcomes**

Sun, Q. (MSc thesis). University of Ottawa. 2005;
Gattelari & Ward J Med Screen 2004; 11:165-169

Presenter: Lyle J. Fagnan, MD, Professor of Family Medicine, Oregon Rural Practice-based Research Network, Oregon Health & Science University

Time and Communication

- In a study of more than 300 medical encounters, physicians devoted an average of 1.3 minutes to giving information, with **88 percent worded in technical language**
- In another study, only 37 percent of the patients were adequately informed about **medications** they were prescribed
- **Patients of color receive less information about tests, procedures, treatments and prognosis than white patients**

—*Thomas Bodenheimer and Kevin Grumback,*
Improving Primary Care: Strategies and Tools for a Better Practice

Time and Communication

- 24 percent of patients did not get their questions answered
- 27 percent did not understand their treatment plan
- 50 percent were not asked their opinion

—*Andrew Weil M.D.,* Why Our Health Matters

"Who ever thought up the word 'Mammogram?' Every time I hear it, I think I'm supposed to put my breast in an envelope and send it to someone."

-Jan King

Health Literacy

- http://www.youtube.com/watch?v=dMAS2S51bM8&feature=related
- http://www.youtube.com/watch?v=ux6c3wYzRJM&feature=related
- http://info.kramesstaywell.com/BLOG/bid/66045/A-Must-See-Video-for-Health-Literacy-Month
- http://www.youtube.com/watch?v=ux6c3wYzRJM&feature=relate

Medical Director

Administrative Time Allotments

Number of full-time providers	Administrative time (Hours per week)	Notes
3 or fewer	4 to 8	
3 to 6	8 to 16	
7 or more	16 to 24	

—Pacific Health Consulting Group

Tips: Provider

"The art of medicine consists in amusing the patient while nature cures the disease." - Voltair

- Let time be a part of the visit
  - Clock in the room
  - State the time you have
- Avoid duplication of charting
- Don't try to do it all in one visit
- Integration of behavioral health
- Use the team
  - Warm handoff
- Sit with the patient

Clinical Services - Electronic Medical/Health Record- Questions

- How will you keep the patient in the center of the visit when using the EHR?
- Is the IT equipment located in a user-friendly way?
- Do patients regularly receive “after visit summaries” that support good care?

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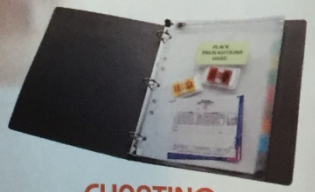

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Patient Engagement Innovations

Open Notes

- www.myopennotes.org

Patient Engagement

- **Patient** Activation and **Engagement**. Judith H. Hibbard, PhD. Institute for Policy Research and Innovation, **University of Oregon**.

Discussion

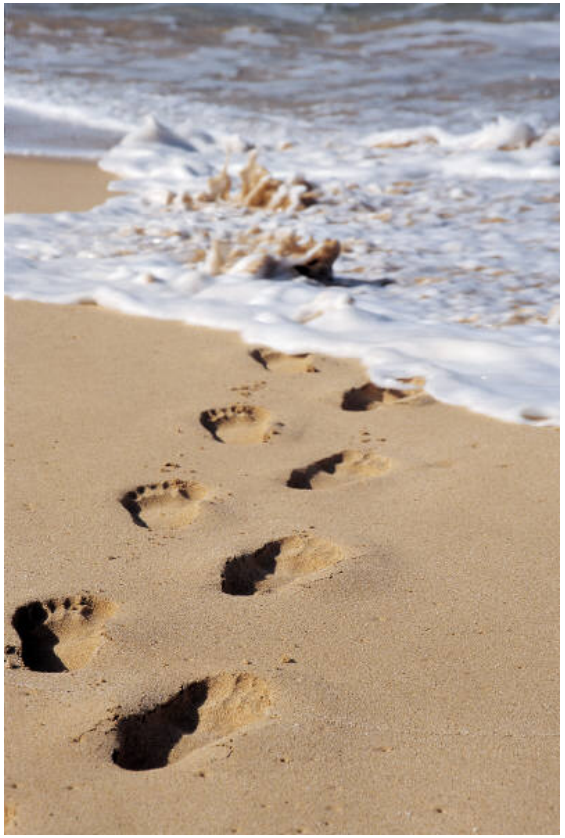
What are you doing in your back office to make the patient experience even better?

Ancillary Services

Tips: Ancillary and Appointment

- Ancillary coordination
- Increase show-rates
  - Appointment-making ideas
  - Length of visit to fit patient needs
  - Advanced access
  - Reminders

The Exit Experience



Next Steps

Improvement Plan

Topic	Problem	Idea	Plan	Responsible person	Timeline	Notes
Mentoring						

Conclusion

Let the young know they will never find a more interesting, more instructive book than the patient himself.

~ Giorgio Baglivi

Great Resources:
Workbook Sample

Train the Trainer Workbook:
Patient Experience

August 2014

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Great Resources

MGMA

- www.mgma.com
- 303-799-1111
- Toll-free 1-888-608-5601

Patient Visit Re-design

- www.patientvisitredesign.com

Family Practice Management

- www.aafp.org/fpm

CAHPS Survey

- https://cahps.ahrq.gov/

Great Resources

The Center For Health Design

- www.healthdesign.org

"Improving Primary Care: Strategies and Tools for a Better Practice" by Thomas Bodenheimer and Kevin Grumback

The Foundation for Informed Medical Decision Making and Health Dialog (patient decision aids)

- www.informedmedicaldecisions.org

California Health Literacy Initiative

- www.cahealthliteracy.org

Great Resources

Sharon N. Black Consultants, LLC

- www.snbconsultants.com

National Association of Community Health Centers

- www.nachc.org

“See Poverty … Be the Difference” by Donna M. Beegle

- www.combarriers.com

Studer Group

- http://www.studergroup.com/

Great Resources

Migrant Clinician

- www.migrantclinician.org

IHI

- www.ihi.org

Institute for Family-Centered Care

- www.familycenteredcare.org

National Center for Cultural Competence

- nccc.georgetown.edu/

Great Resources

"Reaching New Heights: Assessing Organizational Capacity to Provide Culturally Competent Services"

An organizational assessment, protocol review, on-site assessment, community mapping and action plan

For more information, contact Cardea

- Seattle: 206-447-9538 or seattle@cardeaservices.org
- Austin: 512-474-2166 or austin@cardeaservices.org

Qualis Health Safety Net Medical Home Initiative

- http://www.safetynetmedicalhome.org/safety-net/index.cfm

Great Resources

The National Committee for Quality Assurance (NCQA)

- https://www.ncqa.org/

URAC

- www.medicalhomeinfo.org/national/recognition_programs.aspx

The Joint Commission

- www.jointcommission.org/accreditation/pchi.aspx

The Accreditation Association for Ambulatory Health Care (AAAHC)

- www.aaahc.org/en/accreditation/primary-care-medical-home/

Great Resources

"Healthy Caregiving: A guide to recognizing and managing compassion fatigue" by Patricia Smith

- Fatigue awareness project http://www.compassionfatigue.org/
- Compassion Fatigue Self-Test: ProQOL R-IV Professional Quality of Life Scale
- http://www.compassionfatigue.org/pages/selftest.html

"Fried: Why you burn out and how to revive" by Joan Borysenko, Ph.D.