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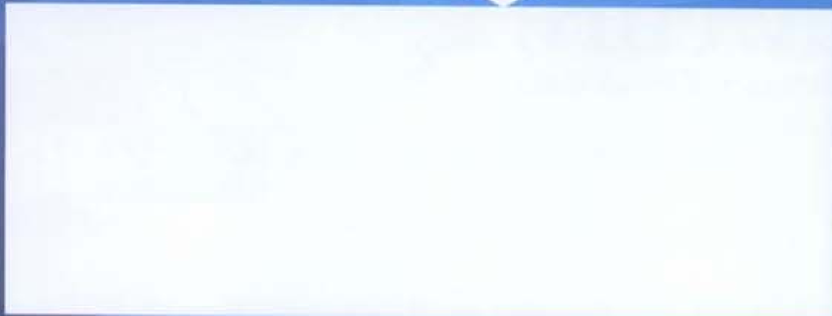
Patient Centered Care



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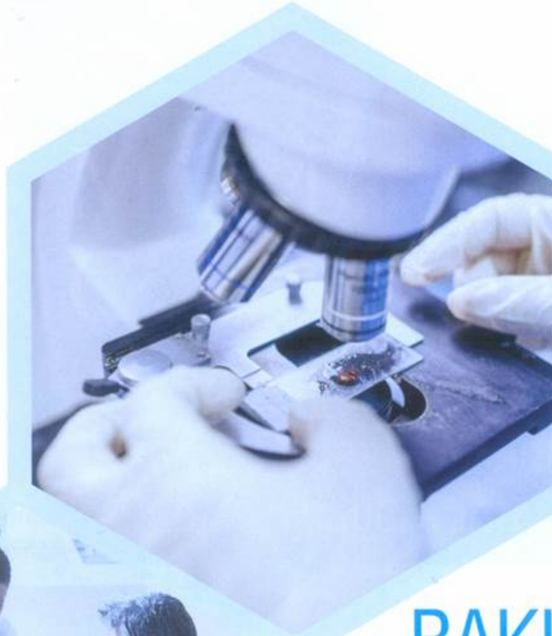
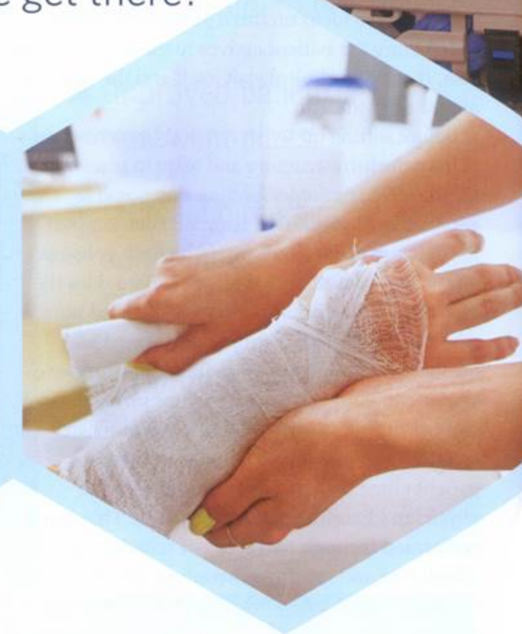


BAKING IN PATIENT-CENTEREDNESS

What does it mean to be patient-centered and how do we get there?



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By Barbara Andrews, MPPM, MPH, and Kathleen Bonvicini, MPH, EdD

In an ideal world, all care would be centered on the patient. It would align with the Institute of Medicine's 2001 definition, encompassing "qualities of compassion, empathy and responsiveness to the needs, values and expressed preferences of the individual patient" and "...ensuring that patient values guide all clinical decisions."[1]

But in the real world, patient-centered care may be more of an aspirational goal than a reality. Decades of burgeoning complexity, specialization, regulations and pressures, plus the inertia of traditions and culture, have conspired to maintain a system that doesn't consistently satisfy patients or clinicians.

Even with the gains from the Patient Protection and Affordable Care Act, too many Americans inhabit a world where healthcare is not optimally accessible and responsive.

Deliberately putting the focus of care on the patient, whether part of a patient-centered medical home (PCMH) or a traditional practice, is key to ensuring that patients' needs are met and health outcome goals are achieved for individuals and populations. Sharon Quinlan, MS, MBA, RN, vice president/CNO, ambulatory care, Aurora Health Care, Milwaukee, Wis., notes the importance of "deeply understanding customers' wants and needs" for organizations as well as for the individuals and families they serve. Organizations that meet clients' needs "in a timely, efficient and friendly way" are able to achieve far-reaching advantages.

The challenge of the 15-minute visit

Barriers to achieving patient-centeredness persist for many primary care practices where clinician visits are typically 15 minutes. Providing acute, chronic and preventive care while building meaningful relationships with patients and managing multiple diagnoses according to a host of evidence-based guidelines is a tall – and some would argue impossible – order.

In a report for the California Healthcare Foundation, Thomas Bodenheimer, MD, School of Medicine, University of California, San Francisco, discusses the high levels of dissatisfaction associated with the expectations for 15-minute primary care visits:

- 42% of primary care physicians report not having adequate time to spend with patients.
- 50% of patients leave the visit without understanding their physician's advice.
- As a consequence of feeling rushed, physicians interrupted their patients' initial statement of their problems in an average of 23 seconds, and in 25% of visits, patients were never able to express their concerns at all.[2]

In addition, many primary care physicians find the patients with chronic diseases place the greatest demands on physician time and energy. Chronic diseases are the leading causes of death and disability in the United States and account for an estimated 86% of all healthcare spending.[3] Half of all adults have at least one chronic condition, and one in four adults has two or more such conditions. For example, patients with diabetes typically also suffer from depression, obesity, hypertension and osteoarthritis.[4] In the common event that patients present with complex conditions, clinicians struggle to spend sufficient time to discuss and evaluate all the relevant variables. Such patients are often referred to multiple specialists, which "increases the potential for miscommunication, additional testing, and polypharmacy, which may contribute to higher rates of ED visits and hospitalizations."[5] Patients with chronic conditions have more frequent visits and often require considerable monitoring of testing and self-care between visits.

Primary care physicians in the 15-minute visit can no longer do what their patients expect and deserve.

Using a team-based approach

The medical home model provides structure and funding to address gaps in patient-centered care through the use of primary care teams.

Traditionally structured practices can also make optimal use of their most highly skilled practitioners, by activating and coordinating high-functioning teams. Working within their respective scopes of practice, team members take on clinical tasks that do not necessarily have to be done by physicians, which then gives physicians additional time to provide the most complex care.

Specialty practices affiliated with the Neuroscience Service Line at OhioHealth, Columbus, Ohio, use team-based care to improve access and optimize precious resources. Adam Ueberroth, MD, neuroscience system chief - patient experience, Access and Practice Integration, Circleville, Ohio, sings the praises of skilled nurse practitioners and medical assistants who enable physicians to reach patients in a timely fashion across an expanding geographic area.

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The acute shortage of neurologists in many communities has driven the Neuroscience Service Line leaders to find creative ways to help patients get needed care quickly and locally whenever possible. Ueberroth notes that "hiring locating physician [specialists] in the right places" is part of the equation, and innovations including a mobile stroke unit (a CT scan-equipped ambulance), internet-based access to medical records and scheduling, and forays into e-health and telehealth are also in development.

Smooth-functioning teams of clinicians and nonclinical staff members don't happen by accident: They require careful planning, ongoing coordination and strong communication skills. A wide array of clinical tasks can be well performed by nonphysician members of a team – in fact, in some instances, better than by physicians – with the support of protocols, standing orders, oversight and sufficient training. Ueberroth finds that patients are usually receptive to the benefits of nurse practitioners (NP): some, in fact, feel they get more care with NPs than with MDs. Multidisciplinary team members can bring fresh and valuable skills and insights to address patients' needs. Individuals with special skills, language proficiency or common culture add value, build patient trust and save time during visits.

Quality healthcare for people with chronic conditions requires that all members of the team view patient-centeredness as part of the DNA of every interaction. Medical home team members can use a number of proven techniques to address the needs of patients with chronic disease and reduce the burdens of such care on the practice's physicians. A retrospective study of differences between PCMH and non-PCMH clinics at Walter Reed Hospital examined patient care, costs and quality outcomes.[6] The two most important drivers of patient satisfaction were whether the primary care team member listened carefully and if they provided complete and accurate information. Patient satisfaction with both measures were significantly higher in PCMH clinics.

The importance of communication

Effective communication skills, including listening carefully and sharing information in ways that patients can hear it, cannot be legislated. As with any skill, they require practice and reinforcement. Fortunately, strong communication skills can be learned by anyone. An encouraging factor is that many healthcare workers at all levels are motivated by a desire to help others. The challenge for medical practices, however they are structured, is teaching, modeling and supporting skills that convey empathy and humanize healthcare.

> The most powerful individuals in any organization bear the greatest responsibility for modeling the kind of treatment they wish patients to receive.

Embrace the values of patient-centeredness

An essential first step is embracing and articulating the values underpinning patient-centered care. If the driving motivation is raising patient satisfaction scores to shore up reimbursements, then meaningful or sustained changes to patient treatment are unlikely. Patients and families readily sniff out superficial or cynical upgrades: a pretty waiting area with a fountain doesn't reverse the harm of being treated rudely or left to wait for hours without apology.

Many organizations embody a culture of listening through patient and family advisory councils. Quinlan reports that Aurora Health Care has brought patients to the table to help shape a variety of organizational decisions. Patient advisory councils can be used to shape clinic flow and to clarify patient wants and needs as part of active consumer research activities.

Define desired behaviors

Healthcare workers can ensure that patients and families feel respected, listened to and understood by conveying empathy, demonstrating kindness and checking explicitly that they have understood what they hear. A host of behaviors comes into play, which may feel more natural to some people than to others. These behaviors include our body language,

Respectful and productive communications

Scenario	Desirable behavior	Undesirable behavior
Receptionist greeting patient	"Good morning. [Makes eye contact and smiles.] May I have your name, please?"	"Name?"
Medical assistant calling patient	"Hi [patient name]. [Smiles] Please follow me."	"[patient name]!"
Healthcare worker responding to patient complaint about waiting	"I'm so sorry about the wait. I know it's inconvenient for you."	"Sorry, you've got to wait your turn like everyone else."
Clinician confronting patient about an unfilled prescription	"I see you didn't fill the prescription. Let's talk a bit about that."	"Why didn't you fill your prescription?"
Clinician counseling a patient at risk for obesity	"I'd like to talk about the health issues you are most concerned about."	"You need to lose weight."

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what we say and how we say it. The communication skills that make healthcare interactions positive and productive are teachable, learnable and measurable. People of all ages and backgrounds can learn to become more aware of their behaviors and, with focus and practice, interact more helpfully with patients.

An efficient and effective way to boost desirable behaviors is through communication skills training. Even brief interactive training sessions throw a spotlight on specific behaviors and promote lasting learning. Adult learning theory holds that experiential learning – practicing new behaviors with guidance and feedback – builds confidence in new skills.

> Many managers are uncomfortable with identifying their employees' behaviors and working with employees to strengthen communication skills.

Model desired behaviors

Organizations that expect everyone to treat others respectfully are best poised to actualize patient-centered care. Tolerating poor communication, such as disrespectful comments, is not only difficult for the individuals directly experiencing it, it is corrosive to team cohesion and, ultimately, to patient care. The most powerful individuals in any organization bear the greatest responsibility for modeling the kind of treatment they wish patients to receive.

In organizations where the majority of clinicians are employed, there is a different dynamic from organizations where many clinicians are contractors or credentialed affiliates. Hospitals and health systems have extensive leverage on employed clinicians to require communication skills training as part of the onboarding process, to set standards for patient satisfaction, to link performance measures to compensation and/or to spell out expectations for professional development. Just as hospitals and health systems are increasingly subject to "compensable metrics" around patient satisfaction, individual hospitals are applying those metrics and requirements to their employed clinicians.

An irreducible factor for supporting positive behaviors is a patient-centered organizational culture. In communities where healthcare provider organizations face strong competition, "subtle shifts in patient experience can make a difference in where patients want to go," according to Ueberroth.

Cultivate coaching skills among managers

Despite how common and important communication behaviors are in healthcare, it is rare for people to receive feedback about their behavior. Annual performance reviews, as they are typically conducted, may not be specific enough to be useful. Patient satisfaction scores provide some hints, but are also not specific. "Feedback" is commonly equated with "criticism." Many managers are uncomfortable with identifying their employees' behaviors and working with employees to strengthen communication skills.

As with skills for conveying empathy, listening actively and ensuring understanding, providing feedback and coaching are also learnable, teachable and measurable skills. Many organizations that have seen measurable improvements in patient satisfaction following communication skills training have come to understand that the key to sustaining such gains rests with ongoing feedback.

Ueberroth uses the Institute for Healthcare Communication's E4 model (Engage, Empathize, Educate, Enlist) for effective healthcare communication as a gateway toward broad dissemination of sustained skills development. The organization's in-house clinician coach has a backlog of providers who wish to receive real-time, real-life feedback and help with their patient communication techniques.

Summary

Strategies for strengthening patient centeredness run the gamut, from infrastructure and process characteristics to interpersonal interactions at all levels. Among the many strategies and supports that organizations can adopt to put patients' needs front and center, communication skills training and reinforcement are especially powerful.

When leaders display – and insist others display – respect and empathy, each interaction is an opportunity for providers and support staff to honor the humanity of the people in their care. We applaud and celebrate organizations that tackle the challenge of establishing sound supports for patient-centeredness. In healthcare settings where patients, families and caregivers are all confident they will be treated with respect in every interaction, everyone can focus on the important work of helping patients. ■

Contact Barbara Andrews at bandrews@healthcarecomm.org.
Contact Kathleen A. Bonvicini at kbonvicini@healthcarecomm.org.

Notes

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