

Institute for Healthcare Communication



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December 2013

Letter from CEO

Season's Greetings!

Dear colleagues and friends and first time readers,

As a country, we are in the midst of massive change that has sparked intense debate about healthcare access, delivery, assessment and compensation. A variety of forces are putting a sharper focus on the patient experience. As an organization, IHC remains steadfast in our mission to improve the healthcare experience for all. We understand how important it is to stay tuned in to the larger policy debates while listening

As we approach the holidays, I pause to reflect on what we have accomplished and consider what areas we need to grow. I am ever thankful to our Board of Directors, Advisory Council, our in-house team, and community of trainers and consultants who are strong, talented, resilient, and invested in IHC's mission and growth.

Given the emphasis on **Patient-Centered Medical Home** in the United States and Canada, IHC has expanded our communication training to include team relational coordination. This new, highly interactive workshop with an emphasis on team- and patient-centered communication will be debuted in January in Toronto during a 3.5-day Train-the-Trainer program. We are very excited about the resurrection of our **Intensive Communication Skills Program**, which was offered last month and hosted at Brown University. We are also putting the finishing touches on our most up-to-date version of our flagship workshop, **Clinician-Patient Communication**, and will be launching it in early 2014. Finally, in line with the country's emphasis on measurement and assessment of patient satisfaction with physician performance, IHC has been providing a 2.5-day program, **Coaching Clinicians for Enhanced Performance**, which has been positively received over the last two years.

These are just a few of IHC's accomplishments which I am proud to mention. As always, we remain open to your feedback and suggestions for programs, services and partnerships that will lead to continued growth and contribute to positive health for all. With gratitude and best wishes for a joyous holiday season,

Kathleen



Kathleen Bonvicini, MPH, EdD

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1,656

... is the number of learners in IHC's four most popular faculty development (train-the-trainer) course: Choices and Changes, Treating Patients with C.A.R.E., Clinician-Patient Communication, and Disclosing Unanticipated Medical Outcomes.

We salute our talented and dedicated faculty members!



IHC in the news

An article in *Medscape Business of Medicine* discussed patient trust and how clinicians can explain their decisions about ordering tests, and quoted IHC CEO **Kathleen Bonvicini** and IHC Master Trainer **Monica Broome, MD** (['I Can't Give You That Test': How to Tell Patients](#)). Kathleen outlined the benefits of effective clinician-patient communication, "Besides helping physicians deliver the medical care they feel most beneficial, taking the time to explore and truly understand the patient's perspective can dramatically enhance the patient experience and ultimately reduce the risk for litigation."

Providing specific guidance to clinicians, Dr. Broome underscores the importance of "finding out the specific underlying reason that the patient is requesting a test". ...Although patients shouldn't be asked "why" they want a test because it forces them to defend and justify their request. Dr. Broome says probing their rationale and listening to understand can help a doctor address and allay concerns in a meaningful way. "By saying, 'I understand your knee is hurting you. What specifically are you concerned about?' Or 'What do you think the MRI will show?' I can better understand their concerns and go through the signs and symptoms of a particular condition and explain why it's probably not the cause of their complaint." Although these conversations certainly take time, Dr. Broome insists a few minutes will do the trick. What's more, she says, they frontload the patient visit and prevent the protracted "doorknob question," at the end of the encounter.

*** **

The Sept. 2013 issue of *AARP The Magazine* wondered, '[Is It Time to Find a New Doctor?](#) From too-quick exams to a tone-deaf bedside manner, your physician may be signaling that he's not right for you. Here's how to know when to shop around.' Author Carolyn E. Mayer quotes Gerald Hickson, MD, director of Vanderbilt University's Center for Patient and Professional Advocacy, "In any given year about 10 percent of patients at least consider switching doctors." In one two-year study,

15 percent of patients moved to different practices because of dissatisfaction with the care they were receiving." **Sandy Reifsteck**, IHC's director of development and quality outcomes in human healthcare, comments on this phenomenon, saying that one of most prevalent reasons for patient dissatisfaction is poor communication. "Patients don't really know how to evaluate medical skills, but they do know if a physician interrupts them when they're listing their concerns."

Substandard communication isn't just annoying, though. It also has serious implications for your health. "Research shows very clearly that when patients are actively involved in their decision making, and their opinions and perspectives are incorporated into a health care plan, there are much better outcomes," says **Maysel Kemp White**, PhD, of the American Academy on Communication in Healthcare, and a former associate director of IHC.

Kathleen Bonvicini provides guidance to veterinarians on delivering bad news by telephone

The fall 2013 issue of the American Veterinary Medical Association Professional Liability Insurance Trust (AVMA-PLIT) *Professional Liability* newsletter features a case study and analysis. A pet owner, inconsolable after receiving unexpected news by telephone of his dog's death, filed a complaint with the state veterinary board. Kathleen outlined the perspective of clients and veterinarians, and provided helpful hints for navigating this challenging interaction. Ideally, she urges, the news of a death should be delivered directly to a client as soon as possible, preferably in person. When an in-person conversation is not possible, she recommends preparing for the conversation, delivering the news in clear and direct language, managing emotions, and planning for next steps.



Where the paws meet the pathway

IHC and Bayer Animal Health, together with evaluation consultant Felsted Veterinary Consultants, Inc., have launched an in-depth evaluation of the impact of communication training for all team members in a veterinary practice in Dayton, Ohio. Does communication skills training really enhance team members' confidence interacting with clients? Do clients report greater satisfaction? Is client adherence improved? The inaugural **Communication Training: Improving Pet and Practice Health** program seeks to answer these and similar questions. This represents a new and exciting phase of development for IHC's partnership with Bayer Animal Health.

Communication Training: Improving Pet and Practice Health is a unique approach to communication training, actively involving every member of the veterinary health team: veterinarians, veterinary technicians, assistants, receptionists, managers, kennel attendants and others. It will be conducted at four additional sites in the coming weeks and months. The next training program will be in Kansas City in early December 2013.

Faculty scholarships available for innovators in medicine and nursing education

The Josiah Macy Jr. Foundation recently announced it is accepting applications for its fourth class of Macy Faculty Scholars. The Macy Faculty Scholars program is designed to identify and nurture the careers of promising educational innovators in medicine and nursing. With support from the Macy Foundation, scholars will implement new educational innovations at their home institutions and participate in career development activities. Selected scholars will receive salary support for two years, at least 50% protected time for two years to pursue educational projects, mentorship and access to program resources. The deadline for applications is **February 26, 2014**. An informational webinar for applicants will be held on **January 7, 2014** at 2:00 pm ET. Further information and application materials are available [online](#).

Physician biosketch card correlated with patient satisfaction improvement

A recent study published in the *Journal of Orthopaedic Trauma* reported 22 percent higher patient satisfaction scores among patients hospitalized for trauma who were given brief biosketches of the doctors treating them. Dr. Alex Jahangir and his co-authors randomly assigned matched patients to control and intervention groups, and found measurable improvements in patients' satisfaction along selected HCAPS measures two weeks after discharge from the hospital ([Press release 10-31-13](#)). The authors developed the study based on data that showed that an overwhelming majority of patients (82-90%) were unable to correctly name their treating physicians following hospital discharge.

That this simple and inexpensive intervention showed such positive results is promising; it also highlights an apparent low level of connectedness between clinicians and their hospitalized patients.

Congratulations & welcome, new faculty!

Bayer Animal Health Communication Faculty

New Haven, Connecticut, June 2013



Front (seated): Kathleen Bonvicini, IHC Front (left to right): Dan Lewis, U FL; Julie Byron, OSU; Sue Chmura, OSU; Kristi Flynn, U MN; April Kedrowicz, NC State U; Katie Wilson, VA Tech; Jane Merrills, MSU; Holly Brown, UGA; Stephanie Schleis, Auburn U

2nd row (left to right): Lynn Guptill-Yoran, Purdue U; Jen Sheehy, Bayer AH; Jordan Tayce, TAMU; Jason Bleedorn, U WI; Darcy Shaw, IHC Trainer (PEI), Andrew Woolcock, UGA; Susan Barrett, OSU;

3rd row (left to right): Leslie Easterwood, TAMU; Brian Patrick, Bayer AH; Kenita Rogers, TAMU; Sarah Graham, UFL; Tammy Anderson, NorthStar VETS; Jeffrey Abbott, UFL

Back Row: Karen Cornell, IHC Trainer (UGA); Chantale Pinard, U Guelph; Kelly Farnsworth, IHC Trainer (WSU); Jen Brandt, IHC Trainer (OSU); Lyndi Gilliam, OK State U; Joy Olsen, Bayer AH; Missing from photo: Jason Coe, IHC trainer (U Guelph)

Spencer Cox Center for Health

Treating Patient with C.A.R.E.

New York, New York, July, 2013



Jeffrey Fishberger, MD; Emily Gertz, MPH; Karl Hoffmann, DDS; Shanti Jimenez, MBA; Gregory Maddox, LPN; Ricardo Morales, Christine Nollen, MPA, MPH; Punyadech Photangtham, MD; Katherine Rodriguez, MSW, LCSW; Antonio Urbina, MD

Connecticut Medical Insurance Company

Disclosing Unanticipated Medical Outcomes

Glastonbury, Connecticut, July 2013



Robert Marra, BS, MA, DPM; Barbara Patterson, JD; Laura Wagner, PhD, RN, GNP

Ascension Health

Disclosing Unanticipated Medical Outcomes

Dallas, Texas, August, 2013



Donald Denmark, BMed, Sc, MD, FAAFP, FCFP, MMM, CPE; Stephanie Duggan, MD, CPE; Jane Gale, BSN, MA, CPHRM; Frank Green, MD; Susan Howard, BA; Gregory James, MD, MBA; Lisa Masters, RN; Charles Purdy, MD.

Aurora Health Care

Clinician-Patient Communication to Enhance Health Outcomes

Germantown, Wisconsin, September, 2013

Bob Climko, MD, MBA; Melissa Emons, BA; Jane Jones, BSN; Bryan Tippy, BA; Karen Viehweg.

Center for Care Innovations
Treating Patient with C.A.R.E.
Preservation Park, Oakland, California, September 2013



Clockwise from lower left: Wendy Chang, Katrina Delvati Mario Guerra, Nick Sandoval, Priscila Gonzalez, Elizabeth Martorana, Senely Navarrete, Brandon Thornock, Randy Spicocchi, Melanie Phoenix, Consuelo Mata, Anita Aguirre, Bonnie Shea, Tiffany Sitlin, Sandy Reifsteck (IHC). Missing: Elizabeth Morrison

Center for Care Innovations new faculty,
Treating Patient with C.A.R.E.
Los Angeles, California, October 2013



From lower left: Sandy Reifsteck (IHC), Debi Gannaway, Elizabeth Morrison (IHC), Sandi Franco, Josie Dowler, Brytnie Cervantes, Cindy Aguilar, Federico Guerrero, Laura Orozco, Lisbeth Torres, Karla Rodriguez, Amanda Baeza, Yolanda Paz-Gilbert, Nicole Young, Farah Alan-Lopez, Alex Sykora.



Sarah Chapman; Andrea Holliman, RN; Kristina Johnson, Jacqueline Mossakowski, RN, MSN, MAT;
Cindy Schafer, BSN, RN; Victoria Weeks, AS.

Candid Conversations Continue

YouTube is the newest venue for highlighting IHC's curriculum, **Candid Conversations: Talking with Female Patients about Sexual Health**. A brief trailer describes the two free eLearning courses: a webcast and eMonograph. Clinicians can earn 1 hour of CME for the webcast, which presents the rationale for including a sexual health history and core communication skills for discussing sexual health with patients. The eMonograph provides further detail of the research literature on sexual health issues and successful learners can earn up to 2 hours of CME credit. Visit YouTube at: http://www.youtube.com/watch?v=cp_35z33ZT0

Faculty highlights

Candid Conversations: Methods for Teaching Female Sexual History Taking

was the topic presented by IHC Master Trainer Monica Broome, MD, together with Shakaib Rehman, MD, Miranda Lane, BSc, MSc, and Rob Lane, MB, ChB(Honours), MA at the recent International Conference on Communication in Healthcare (ICCH) in Montréal. This session provided an overview of key communication considerations for clinicians as they obtain a patient's sexual history.

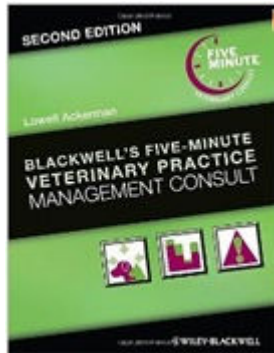
Plan B, When Things Didn't Go the Way We Were Hoping They Would was another presentation by IHC faculty member Monica Broome, Shakaib Rehman and Rob Lane at ICCH.

IHC to present at international meeting on compassion fatigue

The first International Meeting on Wellbeing and Performance in Clinical Practice (WELL-Med) recently accepted a presentation proposal by Kathleen Bonvicini, IHC's CEO. Kathleen will present the results of her ongoing work with Karen Cornell, director, development and quality outcomes in veterinary healthcare on



Compassion Fatigue: Caring until it hurts, a program that is widely taught now within veterinary schools throughout North America. The WELL-Med conference will take place **May 28-June 1, 2014 in Alexandroupolis, Greece**. The meeting will explore how **health professional burnout and wellbeing** are related to different aspects of performance in terms of **clinical decision making, communication in clinical practice and medical error**.



Kathleen Bonvicini provides guidance on communication

IHC CEO Kathleen Bonvicini contributed chapters on communication in Blackwell's Five-Minute Veterinary Practice Management Consult (Blackwell's Five-Minute Veterinary Consult) 2nd edition.

The publisher describes this text as "*a comprehensive, one-stop reference text on all things management related, from understanding the marketplace in which veterinarians practice, to appreciating hospital finances, to the nuts and bolts of marketing services for a veterinary practice. Topics are covered in a thorough but concise format and provide invaluable information for practice owners, administrators, associates and staff.*"

IHC price increases for 2014

IHC is adopting slightly higher prices for most services and materials, effective Jan. 1, 2014. For many items, this is the first increases since 2009. Existing and new prices are listed below:

Item	Current price	New Price, Jan. 1, 2014	Pct. Increase *
Workbook, each	\$40	\$42	5.0%
IHC course, open-enrollment, per day	\$1,200	\$1,250	4.2%
IHC course, hosted, per day	\$1,000	\$1,050	5.0%
License, annual	\$2,500	\$2,625	5.0%
CME fee, per person	\$15	\$16	6.6%

*The cumulative inflation rate over that same period is >9%.



Lock in 2013 prices

We will be pleased to honor 2013 prices for contracts signed by **Friday, Dec. 20, 2013**. IHC will be closed for the holidays Dec. 23, 2013-Jan. 1, 2014, reopening Thursday, Jan. 2, 2014.

Advisory Council Member Profile: Thomas L. Campbell, MD



Tom Campbell, MD, William Rocktasel Professor and Chair of Family Medicine at the University of Rochester, is a member of IHC's Advisory Council. This varied group of luminaries in the healthcare communication field provides expert guidance to IHC. Tom first became active with IHC more than 15 years ago, when IHC was part of Bayer Pharmaceuticals. His interest in the psychosocial aspects of medicine extends further back, to his participation in George Engel's psychosomatic medicine fellowship and the University of Rochester's Family Therapy Training Program.

Tom's special interest is in family communication, and he has [written extensively](#) on the topic. He has been involved in national initiatives around teaching and medical practice through the [American Academy on Communication in Healthcare](#). Over time, Tom's interests have evolved to focus more on systems-level initiatives that enable effective communication.

Early on in his career, Tom notes, there was "a lot of activity, a lot of excitement around communication," although it was mostly limited to family medicine and a few other departments. In the last decade or so, this became less emphasized as mounting pressures on productivity made it difficult to push forward the agenda for improving interviewing skills. The tide has shifted again, however. Tom is seeing it in his own organization as elsewhere: **Communication with patients is becoming a high priority.** A variety of factors are converging to highlight the importance of clinicians' communication skills. For one, healthcare reform efforts now put the patient experience front and center. Patient satisfaction scores are designed to measure the success of efforts to improve the patient experience. And Medicare payments are now partly adjusted according to patient satisfaction scores. At the University of Rochester Medical Center an additional impetus has been the personal experience of a leader, who has championed patient- and family-centered care.

An enormous challenge-and one that Tom feels is insufficiently addressed in clinical training and research-is **the dramatic impact of electronic medical records (EMR) on clinician-patient communication.** He feels that no teaching on communication should be conducted without an EMR. Tom is passionate in his belief that EMRs can have a profound and corrosive effect on the quality of communication, especially when clinicians use templates. There is a high risk that the patient's story is too easily lost in the process as clinicians fill-in forms. Tom laments, "Whenever I use a template, it is just a series of questions that does not promote meaningful communication between clinicians and patients."

Tom is interested in and concerned about **physician morale, particularly in primary care.** Clinicians face increased demands for clinical productivity, and EMR adoption and constraints are challenging. More work that used to be done by a team must now be done by the physician. And establishing meaningful use requires clicking a lot of buttons, which takes away from the time with patients. Additional pressures come from initiatives to shift to patient-centered medical home models, and from numerous simultaneous quality improvement projects.

Taking a broad overview of the medical care landscape, Tom describes a shift from volume-based payment to a value-based system, where providers are paid for outcomes and population health is a prime objective. That will allow changes in primary care such as team-based care and more non-visit care. Visits will be scheduled only as essential, but those visits will be longer, allowing for more in-depth and meaningful conversations with patients. This move away from volume-based payment is already underway. Tom is confident it will happen, he's just not sure how quickly.

Tom is hopeful that ultimately the full implementation of health reform will restore a better balance for clinicians and for the healthcare system as a whole. In the short term, however, he observes that **"we are in the grips of a painful transition from volume-based to value-based medical care."** The need to maintain high productivity is intense, even while reform efforts are underway. A portion of reimbursements is now based on quality, but the payment levels are not high enough to support teams that could relieve the productivity pressures.

Patient satisfaction surveys are "a big deal," although the measures now in use are crude. Hospitals have created mechanisms for tracking survey results and providing feedback to physicians. Hospitals may not know how to deal with communication problems; they want to be able to offer interventions that will show measurable results. Tom believes that IHC's clinician-patient curricula are far advanced compared to what is taught in most clinical settings. He believes there is a need for ongoing reinforcement and refinement of communication skills.

IHC offerings

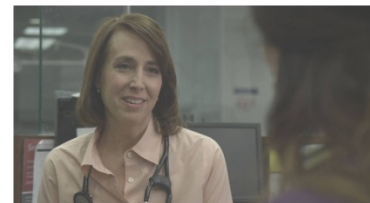
are designed to reinforce and refine communication skills among clinicians and non-clinician care team members. Organizations can enhance their capacity to support effective communication in several ways:

- By training clinician-leaders as IHC faculty to teach core communication skills to new clinicians
- By developing clinician-coaches (typically already active as IHC faculty) to work with clinicians one-on-one in actual clinical settings on communication skills.



An open enrollment program, [Coaching Clinicians for Enhanced Performance](#) (CCEP) will be held March 19-21, 2014 at Aurora Health in Germantown, Wisconsin.

CCEP is designed for healthcare professionals who value communication training and model effective patient-centered care through their clinician interactions and teaching and professional development responsibilities.



Mississauga, Ontario, Canada will be the site for a revised **Patient-Centred Communication for the Patient Medical Home** faculty development course, January 31 - Feb 3, 2014. A course description is available [online](#). For registration information, please contact Katheryne Stewart at ks@cfpc.ca.

A [Clinician-Patient Communication to Enhance Health Outcomes](#) faculty development course will be held January 13-16, 2014 in Columbus, Ohio.



Save the date for conflict resolution training



Maya Ramsey and Kathleen Bonvicini with Sienna

Steadfast 2014 will be offered **Friday, June 20-Sunday, June 22, 2014** at the RockRose horse ranch in Nicasio, California. Steadfast is a collaboration between IHC and [Rockrose Institute](#), a California-based nonprofit.

***Steadfast: A Communication Practice** is a hands-on experience providing a unique opportunity to increase one's capacity to handle conflict and to practice collaborative leadership, all while working with horses. The course is designed to be equally powerful for those both experienced and inexperienced with horses.*

Additional communication training opportunities are described on our [website](#).

IHC Team



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