Communication Counts: Strategies & Best Practices for Improving Physician Communication with Patients Across the Continuum

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Back in the day as a social worker I took classes in empathy and active listening and wrote papers on the subject. Never in a million years did I imagine that the path would take me to the place that I am today where I get to put these things into practice and actually coach people on how to empathize and listen in order that they may make a difference in the lives of patients.

What I like about communication and what happens when I get asked to go and work with a group or speak with an organization is that we tend to find that it's a universal opportunity. When we talk about communication, and specifically provider communication, it encompasses our physicians, our staff and all of the care team interactions. It even includes the communication that occurs when we're not face-to-face. As big as communication is, to some it may seem like it may be insurmountable. However, I have found a way to ignite a passion for the work and that there is a way to engage physicians.

Think about how we all communicate: differently. There are a variety of efforts and styles and we each communicate a little differently and so do our patients. I find that it is really helpful for providers to feel equipped to have conversations, no matter where their patients are coming from. It is a commitment – and not one for the faint of heart. It's not easy work but it *is* extremely rewarding.

When we think about resourcing in health care today, I don't know how many of us feel like we ever have enough. Quite honestly, even if you feel like you have a true village – even then there is always more to be done.

Whether you have an amazing huge team or if you feel like a one-man or one-woman band trying to play every instrument at the same time, all of us are being challenged to do more with less. So, in that spirit, we want to think about how to make the most of the resources and the little time that we do have.

Start with a Story

When I first got involved in patient experience and specifically physician communication, I learned about two key concepts that relate to empathy and verbal communication: explaining things in a way that patients can understand and using teach back. Now when I first thought of empathy, I thought of it from a social worker's perspective of empathy. I pictured long, drawn out, supportive and empathetic conversations. Honestly though, with the physicians that I coach and work with, I find that empathy in provider communication is really more about supportive comments that communicate empathy to the patient.

Along those lines I recently had an experience that reminded me that empathy doesn't have to be huge.

It was on my birthday back in May and I had been travelling and working with a variety of folks and was on the road a lot. I came home and I was sic;, I had a crazy respiratory thing. In true Janiece style, I didn't want it to interrupt my day, so I was going to go on about my birthday as if I didn't have anything that was contagious, etc. but I felt like it was finally time to have it checked out. So, I made an appointment at my clinic, not with my provider but I was willing to take an appointment at 9 a.m. just so it wouldn't interrupt my day. I happened to be off and I was hanging out with my 2-year old son. So, while we got roomed pretty quickly, once we were in the exam room time went on and on. I rifled through my MacGyver Mom purse and thankfully did have a smashed bag of Goldfish which we later spilled on the floor. We read every automotive magazine that they had and even perused Parents magazine as well.

At 9:50 – so 50 minutes after my appointment was supposed to start – I heard an overhead page for the provider that I was going to see. And I looked at my little guy and said, "Oh, buddy we are going to be waiting a bit longer now," as I heard that the physician was paged to return a call to another physician who was holding for him. Time went on and the physician didn't actually come in to meet with me until a little bit after 10:00. So, I had spent a total of 63 minutes waiting in a room with a 2-year old boy! If you know anything about hanging out and unexpectedly waiting with a little boy that's a huge thing – because you're stressed and you don't want the entire medical complex to know that there is a toddler in their midst! I thought I had done a really good job so I was looking for some recognition of this.

When the physician walked in, he didn't even it acknowledge it. It wasn't even that he didn't apologize, but he didn't even say anything like, "Gosh, you guys have been really quiet in here, I didn't even know you had a little visitor too!" or "Wow, the weather is great outside, let's get you taken care of so you can get on about your day!" There were a lot of even not-s- direct ways that this physician could have let me know that he appreciated what I had been through. As a mom, I had been through this unenviable experience of trying to keep a little guy quiet while we were waiting for over an hour!

Pay Attention to the Basics

Brown M&M's became a bit famous back in the 80's in relation to a band that you may remember, Van Halen. I actually heard this story first on This American Life. Van Halen became known as the divas of the music industry because within their contract rider it specified that there was to be a bowl of M&M's in their dressing room with no brown M&M's included. People thought that they were just being crazy demanding rock stars. But, when you hear from David Lee Roth about what they did and why they did it, it's actually a pretty ingenious idea. This clause in the contract rider was buried in the middle of a big document. Van Halen, back in the 80's, was going into some different markets than other bands had gone into before. Their stage was huge and heavy and so safety was a huge concern. This M&M clause was their canary-in-the-coal-mine kind of idea whereby they could walk into their dressing room, see the bowl, and if it had brown M&M's in it, they knew this detail had been missed. That was a proxy for them to know that there could be other safety concerns as well.

The reason that I bring this up is that I honestly believe, after all of my work in physician communication, there is a connection between courtesy & respect, listening carefully, and explaining things in a way that can be understood.

For example, think back to my crazy birthday example when I went to the doctor. I felt like his not acknowledging what I had been through and that we had been waiting on him for over an hour didn't show me any courtesy or respect. Consequently, as the visit went on and when I shared why I was there and what I was concerned about, I didn't feel like he listened carefully to me. Quite honestly, I actually left there forgetting to ask this other burning question that I had wanted to ask that day. Later when I thought about why I forgot my question, I realized that I felt like we weren't communicating and I was flustered. I didn't feel like I was being heard and I certainly didn't feel like he could explain things in a way that I could try to understand.

When we look at strategies and tactics for communication across the continuum, this applies to CG CAHPS & HCAHPS; there is a progression to how the aspects relate: *When we feel like people are treating us with common courtesy, then we can actually hear each other better and we can ultimately better understand what is being explained to us.*

High Performers

In my work, I have the opportunity to collaborate with high performers in physician communication – both in the inpatient/HCAHPS realm and also in the outpatient/CG CAHPS realm. While some of the strategies that they

employ may be slightly different, there are some universal learnings from across the spectrum. Here are a few of the biggest ones:

- Take a data-driven approach to identify key performance opportunities
- Focus – do not take on world hunger but rather, approach improvement one goal at a time
- Involve the physicians early on in practice changes
- Observe patient experience from a patient's entire journey & perspective
- Recognize that in order for patients to be happy,you have to have a happy team. Realize the links between physician satisfaction, employee engagement, and patient experience.
- Understand that culture eats strategy for lunch, a.k.a. "The best laid plans…." Recognize that no plan ever goes exactly as intended and expect that there will be bumps along the road.
- Accept and expect ongoing change as a part of the reality of healthcare
- Hold people accountable – this type of Zero Tolerance requires making tough decisions when individual behaviors do not match organizational values

Spectrum of Strategies

So, what are some of the key strategies for improving communication across the continuum? How do you organize all of the best practices? There is a progression, depending on how much time and resourcing the organization can devote, to the strategies that should be employed in key areas.

Projecting the Patient Voice

At minimum, start by sharing the patient comments and verbatims. Share stories. Put together awards, letters, and recognition opportunities when physicians are specifically named in patient comments. Creating a Patient & Family Advisory Council is another amazing way to get really great feedback about various aspects of communication. It's those words from the patients themselves that resonate so greatly with physicians and other caregivers. Ultimately, many organizations then progress to having patients serve on committees right alongside physicians and staff.

Data & Reporting

Sharing data at the unit, site, or clinic level is a starting point. However, I've seen transformational progress occur when organizations are able to customize and pull the data by the provider group and ultimately the individual provider. These data accompanied by a process leading to full transparency are key to achieving even greater results. The most sophisticated level of reporting is found in organizations that create an Enterprise Data Warehouse and are able to then perform broader analysis combining the clinical and experiential metrics.

Goal Setting & Compensation

Starting by at least identifying a key area of focus is important. From there, many organizations have internal scorecards tracking these metrics and the progress towards goals. Increasingly, organizations will tie physician incentives or other components of compensation to achievement of patient experience goals.

Service Strategy & Training

To begin with, talking about patient experience at provider meetings is a discipline that must be incorporated. The next level involves developing or adopting a service mnemonic or other mechanism by which the organization decides to organize their content (i.e. AIDET, LEADER, etc.) and providing some video training or other vignettes to help illustrate key points in physician communication. Finally, providing service training and creative CME events are great ways to reinforce the behaviors and concepts key to improvement in physician communication.

Other Key Strategies

Photo business cards, newsletters written by physicians for physicians on topics of communication and patient experience, and on the inpatient side having physicians write their names on the care board, are all helpful strategies to incorporate. In terms of additional resourcing, the use of physician coaching or mystery shopping are also wonderful tactics to employ. Finally, many organizations utilize a concept of SWAT teams to focus on improvement areas, as well as working towards Patient Centered Medical Home Certification – all great for improving in these areas.

A Word (or Two) about Coaching

In 2011, Dr. Atul Gawande wrote an article in the New Yorker which highlighted the notion of coaches for physicians. Executives and top athletes have coaches, so why not physicians? The release of this article coincided with the advent of my opportunity to start coaching physicians on communication. This has been one of the most profound experiences of my career. It is such sacred space to observe the physician/patient encounter and yet it's proven to be an extremely powerful modality for making changes and having lasting impact.

Having had the privilege of coaching more than 50 physicians, I have identified some of the keys to success in physician coaching. The most obvious is to partner with physicians who want to participate. Those who self-select are more engaged and ready to hear, understand, and make lasting changes to improve their current practice.

One way to figure this out is by presenting the option to the entire group and allowing physicians to sign-up. Rarely does every member of the group elect to participate. I my coaching practice, I refuse to work with groups that mandate participation by all members of the group. The success I've seen with our model is only achieved by engaging folks who are interested and ready to make changes.

I've worked with physicians who were 18 months away from retirement and yet they signed up to go through a coaching session. When I asked why this physician elected to participate, the person told me, with a bit of emotion in his voice, "I just want to connect with my patients in a better way such that I can help them make life-altering decisions that impact their health and happiness." I've worked with psychologists (remember I'm a social worker by training) and when asked why they sign up they'll tell me, "You know, I received a lot of supervision and feedback during my training, but now that I'm out in my own practice, I'm never sure if I'm really doing a great job or if I could be doing even better."

Physicians in medical school today go through communications training, participate in simulation labs where standardized patients can rate them on their performance, and hidden cameras and audio recorders provide instantaneous feedback on their interactions. Unfortunately, many of the physicians out there in practice now weren't afforded these types of experiences as part of their training years ago. While we can talk about the concepts of showing empathy and incorporating teach back, these types of concepts come to life in an

observation and feedback situation and physicians report that this is where they are able to truly understand how to incorporate these aspects effectively into their practice.

Personally, I've never been part of something that had such an immediate impact on practice changes and that has been such a positive catalyst for change in an organization. I've rounded with a physician in the morning, provided praise for their strengths and suggested some things they might try to do differently, and received an email later that evening about how they incorporated a few subtle changes and saw dramatically different results that afternoon!

Path to Performance – Traversing the Trajectory

I'm a slow learner sometimes, but after having the same experience repeatedly, I started to notice a pattern. When I speak to groups about physician communication and patient experience (especially when I have the privilege of being the first person to speak to the physicians about CMS, public transparency of these data, what HCAHPS is, the questions, the wording, the scoring methodology, etc.) one of two things happens: they shoot the messenger or puke on the data! After a while, I saw various stages of the acceptance process in getting a group over their frustrations and questions and ultimately to a point where they are ready to make changes and hear how they can improve. Sometimes a group can progress through this process in one meeting or conversation and sometimes it takes a series of conversations over time. Nevertheless here is what I have termed "The Puke or Shoot Continuum".

- *Don't shoot!* - At first, folks tend to shoot the messenger or puke on the data and I find it takes thick skin and just calmly presenting the rationale behind public transparency of the data.
- *"My patients are different!*" – After this some folks will claim exemptions and just declare why their patients are sicker, more negative, or should be otherwise excluded from the CMS and public reporting!
- *"Show me my data!*"- Although HCAHPS asks questions about doctor*s* (plural), I have found that through customized physician-level reports or use of an Enterprise Data Warehouse to get at individual data, groups are able to achieve huge success just from transparency of data within the group.
- *"Tell me what the patients say!*" – This is where the value of talking to patients about the specifics of physician communication, be it through focus groups or Patient & Family Advisory Councils, can be a huge help in projecting that patient voice which so readily resonates with physicians.
- *"Fine, just tell me what to do!"* – This is my favorite point when a group is ready to hear how they may make an impact and are able to hear the various strategies that can help improve their communication with patients.

Tips for Getting Started

1. Don't get stuck in "analysis paralysis"
   This applies to data and improvement strategies. Don't let great get in the way of good and get started! At the same time, pause long enough to ask the patients *first.* Examine what they are already telling you through their comments, complaints, and conversations. Also, be mindful of what else they can readily tell you through the use of Patient & Family Advisory councils and focus groups.

   Another thing to be mindful of at this point is to not "chase your tail". By that I mean don't focus on the left side of the bell-shaped curve, the "never" responses to the questions. Without fail, when I am starting out working with a group, they will look at their survey responses and someone will say "Can't we just find out who those docs are, the ones whose patients said, 'Never'? Let's just deal with them and we'll be all set!"

The reality is that this is not a top strategy for a few reasons, the biggest of which is the math; CAHPS only reports the top box percentages. So, instead of trying to eliminate the "Nevers" which will be likely to occur in any natural distribution, rather, focus on moving the "Usually" responses to "Always". To do this means improving consistency and also exceeding patient expectations.

The other reason that I don't advocate for going after the "Nevers" is that in my experience, when a physician's patients are scoring them "Never" to aspects of courtesy and respect, listening carefully, and explaining things clearly, there's usually a lot more going on with that provider. These folks may also be struggling with productivity, safety and infection control concerns (hand hygiene compliance, etc.). Patient experience tends to be the tip of iceberg and there are usually a lot bigger concerns with the physician's performance.

2. "Focus, focus, focus" or "Few & Furious"
   This applies to goals – take them in a stepwise and logical function, not tackling world hunger. This also applies to improvement – if you implement 5 things at once, how do you know what works and what doesn't? When you can furiously focus on a few specific goals and strategies your messages will be clearer to the physicians and team and you'll be more likely to recognize early success and create strong momentum.

   "If at first you don't succeed…" There may be pilots that don't work or ideas that you try and that they don't yield what you hope. The reality is that this work will take time but if you can stay the course it is possible to achieve transformational success.

3. Find your "partners in crime"
   It takes a village to realize success in this work and so finding the physicians, staff, a "core team to care" about this as much as you do is essential to achieving and sustaining results.

4. "Get the word out!"
   Communication is essential and there are easy ways to do it. The trick is to find a way to consistently incorporate it. Using newsletters, talking about it at staff meetings and at provider meetings are all great places to start.

5. Improvement won't just happen
   The reality is that "If it were easy, it'd already be done." Organizations who have achieved success had to do some things (plural) in order to make a difference. The good news is that the reward is worth it – for the team but ultimately, for the patients!