Improving the Patient and Physician Experience with Relationship-Centered Communication

Josh Miller, DO, FACP
Cleveland Clinic
October 26th, 2014

Today’s Objectives

• Why patient experience matters and how communication is the key to improving both the patient and physician experience

• The evolution of patient experience at Cleveland Clinic

• Describe REDE, A relationship-centered model of physician communication
Why should we improve the patient experience?

Why Should We Pay Attention to Patient Experience?

- Patient Experience: a component of certification and compensation
  - American Board of Medical Specialties MOC exams include core CG-CAHPS items
  - Private and public payers incorporating CG-CAHPS into their compensation structures
  - Pay attention now or pay later

RWJ Foundation; Good for Health, Good for Business, The case for Measuring Patient Experience of care
Malpractice Litigation

• 8% of docs account for over 85% of claim payouts

• With every drop along a 5 point scale from very good to very poor, there is an increased likelihood of being named in a malpractice suit by 21.7%

  Fullam et al. Medical Care 47 (5)

• The most important factor in predicting who will sue...

  The quality of the relationship between the patient and doctor

  Medical Economics, July 2003

“...we intend to utilize Physician Compare to publicly report physician performance results.”

Affordable Care Act, section 10331
The Benefits of good Patient Experience

• A patient experience-centered practice is linked to lower physician turnover and greater employee engagement

• Communication and Relationship quality is a major predictor of patient loyalty

• Patients are 3 times more likely to leave a practice that they report poor quality relationships with their physician

Safran DG et al. Journal of Family Practice; 2001 50 (2)

Clinical Outcomes Improve With Better Patient Experience

• Good patient experience has well documented relationship to clinical quality

• Patients with better care experiences have better health outcomes

- Research shows better sugar control with better provider-patient relationship

The Chasm for Physician Excellence

- 74% of patients are interrupted by physicians giving the initial history
- 91% of patients did not participate in decisions regarding treatment plans

JAMA 1999 281; 283-287;
JAMA 1999 282:2313-2320

The Chasm for Physician Excellence

% of Physicians who thought patients knew their names: 67%
% of Patients that correctly identified physician's name: 18%

The Chasm for Physician Excellence

- % of Physicians believe patients know diagnosis: 77%
- % of Patients that know diagnosis: 57%

The Chasm for Physician Excellence

- % of Physicians stated they sometimes discussed patients’ fears and anxieties: 98%
- % of Patients that said physicians NEVER did this: 54%

“People place more importance on doctors’ interpersonal skills than their medical judgment, and doctors failings in these areas are the overwhelming factor that drives patients to switch doctors.”

- The Wall Street Journal 2004

“Do You Teach Empathy?”
**Cleveland Clinic Experience 2010**

Excellent patient satisfaction
Highly engaged caregivers

"THESE PATIENT EXPERIENCE SCORES ARE BOGUS. I HAVE A WONDERFUL BEDSIDE MANNER!!!"

"Dr. X was rude and treated me like I was stupid. I actually cried in the office."
Communication is the most common medical procedure

- Over 200,000 times in an average practice lifetime
- Minimal physician education in communication skills
- Communication skills decline throughout residency

Relationship-Centered Communication (RCC)

- Communication with the goal of establishing an authentic relationship
  - Relationships are therapeutic
  - Patient perspective & psychosocial context is vital
  - Partnership and shared decision making

Evidence-Based Patient Outcomes of RCC

- Symptom improvement or resolution \(^{(2, 16, 23, 54)}\)
- Functional improvement \(^{(2, 54)}\)
- Health status & quality of life \(^{(38, 44, 55)}\)
- Safety \(^{(38, 42)}\)
- Comprehension & recall \(^{(20, 38)}\)
- Trust & loyalty \(^{(20, 46, 50)}\)
- Sense of self-efficacy & support \(^{(16, 20, 56)}\)
- Satisfaction with care \(^{(16, 42, 44, 46)}\)
- Treatment adherence \(^{(38, 55)}\)
- Self management of chronic disease \(^{(20)}\)
Provider outcomes of Relationship-Centered Communication

Improves
- Diagnostic accuracy
- Efficiency
- Self confidence
- Job satisfaction & engagement

Reduces
- Professional burnout
- Malpractice claims
- Cost of providing care

The REDE Model© of Healthcare Communication

Relationship: Establishment Development Engagement

Roadmap
Overview
3 series of
- Brief didactic
- Demonstration
- Skills practice
Integrative cases
Wrap up

Our Facilitator Team

- We feel we developed the “secret sauce”
  - 56 Clinician Facilitators
  - 100s of years experience
  - Home Grown
People Impact

- 4087 practicing physicians
- 397 advanced care providers
- REDE Model adopted by med school
- 56 clinician facilitators who coach, teach advanced courses/workshops internally and nationally
- Mandatory for onboarding all staff
- Leadership integration

Doctor Communication

[Graph showing HCAHPS Dr. Communication Main Campus with Nat'l %ile]
Outpatient CGCAHPS

CGCAHPS* Dr. Communication
6 Month Pre/Post Class

% YES Definitely

95
90
85
80

Spend
(p=.009)

Know Hist
(p=.002)

Explain
(p=.004)

Listen
(p=.001)

Respect
(p=.342)

Clear Info
(p=.000)

DR Comm
(p=.000)

The REDE Model

Relationship:

Establishment
Development
Engagement

Empathy

CEHC Foundations of Healthcare
Phase 1: Establish the relationship

Skills:
A. Convey value & respect with the welcome
B. Collaboratively set the agenda
C. Introduce the computer, if applicable
D. Demonstrate empathy using ‘SAVE’

Collaboratively Set the Agenda

- Use an open-ended question to initiate survey
  “What concerns brought you in today? Before I ask you some questions that I have, what questions do you have for me?”

- Ask “What else?” until all concerns are identified \(^{(5, 21)}\)
Recognizing & Responding to Fears of the Physician

- "Patients have too many presenting concerns per visit."
  - The average outpatient has 1.7 concerns. (34)
  - Eliciting a list takes ~ 32 seconds & significantly reduces frequency of “doorknob” questions. (32, 60)

- "It takes away from vital time for assessing & treating the chief complaint."
  - The first concern usually not main concern. (6, 11)
  - The “doorknob” questions are more common when an exhaustive list is not elicited early on. (32)
Demonstrate Empathy Throughout the Visit

- Shows how much we care
- Verbal and non-verbal
- Declines throughout training or with time & task pressure \(^{(15, 24)}\)
- Saves time
  - OP medical visits *save 2 minutes* & surgery visits *save 1.5 minutes* with use of 1 empathic statement. \(^{(30)}\)

D. Demonstrate empathy using ‘SAVE’

**S**upport

“*I'm here for you. Let's work together…*”

**A**cknowledge

- “*This has been hard for you.*”
- “*I'm sorry for the wait. I value your time.*”
- “*I wish there were better alternatives.*”

**V**alidate

- “*Most people would feel the way you do.*”
- “*Anyone in your position would feel upset.*”

**E**motion naming

“*You seem sad.*”
The REDE Model

**Relationship:**

<table>
<thead>
<tr>
<th>Establishment</th>
<th>Development</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open report</td>
<td>Elicit</td>
<td>CC</td>
</tr>
<tr>
<td>Build concerns</td>
<td>Negotiate &amp; rat</td>
<td>D Education</td>
</tr>
<tr>
<td>Elicit narrative</td>
<td>Meds &amp; allergies</td>
<td>Shared decision making</td>
</tr>
<tr>
<td>&amp; rat agenda</td>
<td>Physical Exam</td>
<td>CCE</td>
</tr>
</tbody>
</table>

**Empathy**

Cleveland Clinic

Phase 2: Develop the relationship

Skills:
A. Engage in reflective listening
B. Elicit patient narrative
C. Explore the patient’s perspective using ‘VIEW’
Are We Opening Pandora’s Box allowing our patients to talk more?

- How soon do physicians interrupt patients after asking a question?  
  18-23 seconds (9, 32)

- How long will a patient talk if uninterrupted?  
  90 seconds (28)

- What are the risks of not allowing patients to tell their story?
  - Most important concern won’t come out! (11)
  - 75% never finish what they were saying (28, 32)
  - Difficulty diagnosing 50+% of these cases (61)

Beckman & Frankel, 1984; Marvel et al, 1999; Weston, Brown & Stewart, 1989; Langewitz et al, 2002

Exploring the Patient’s “VIEW”

- Vital activities
  “How does it disrupt your daily activity?” or “How does it impact your functioning?”

- Ideas
  “Often people have a sense of what is happening. What ideas do you have about it?”

- Expectations (42)
  “What are you hoping we can do for you today?” or “What outcome do you hope to achieve with treatment?”

- Worries (concerns, fears)
  “What worries you most about it?”

CEHC Foundations of Healthcare
The REDE Model

**Relationship:**

<table>
<thead>
<tr>
<th>Establishment</th>
<th>Development</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>CHP</td>
<td>CC</td>
</tr>
<tr>
<td>Build</td>
<td>PMH</td>
<td>D</td>
</tr>
<tr>
<td>Elicit</td>
<td>PSH</td>
<td>Education</td>
</tr>
<tr>
<td>Concern</td>
<td>Meds &amp; S</td>
<td>Shared</td>
</tr>
<tr>
<td>Negotiate</td>
<td>F</td>
<td>Core</td>
</tr>
<tr>
<td>&amp; set agenda</td>
<td>S</td>
<td>decision</td>
</tr>
<tr>
<td></td>
<td>R</td>
<td>making</td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exam</td>
<td></td>
</tr>
</tbody>
</table>

**Empathy**

Are we speaking the same language?

- How much medical information is forgotten by the end of a visit?
  
  **40-80%**

- How much of the information that is remembered is accurate?
  
  **≤ 50%**

Phase 3: Engage the relationship

Skills:
A. Share diagnosis & information
B. Collaboratively develop treatment plan
C. Provide closure
D. Dialogue throughout using ‘ARIA’

Dialogue Yes, Monologue No

ARIA

ASSESS - using open-ended questions

REFLECT – patient meaning & emotion

INFORM – use understandable language & visual aids
  - Visual aids ↑ recall by ~60% (26)

ASSESS - patient understanding & emotional reaction
B. Collaboratively Develop Treatment Plan

- Describe treatment goals & options (including risks, benefits, & alternatives)

- Elicit patient preferences & integrate into a mutually agreeable plan

- Check for mutual understanding 53,54
  
  "I want to be sure I've explained everything clearly. What are you going to do when you get home?"

- Elicit potential treatment barriers & need for additional resources
Provide Closure

In Conclusion…..

• Why patient experience matters and how communication is the key to improving both the patient and physician experience

• The evolution of patient experience at Cleveland Clinic

• Described REDE: A relationship-centered model of physician communication
At the end of the day, improving the patient and physician experience with better communication skills is just the right thing to do.