

# Communication Counts

How to Improve Physician Communication with Patients across the Continuum

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When I was a social worker taking classes in empathy and active listening, I never imagined that I would be putting those skills into practice with physicians. Yet here I am, coaching physicians on how they can make a real difference in the lives of their patients by empathizing and listening.

As big as communication is, it may seem like an insurmountable issue. But I see it as a universal opportunity to engage people on many different levels, and that ignites a passion for the work. It's not easy work, but it is extremely rewarding.

Communication – and specifically provider communication – encompasses our physicians, our staff and all of the care team interactions. It even includes the exchanges that occur when we're not face-to-face.

Think about the variety of styles we each use to communicate. Mere recognition of those differences helps equip providers to have meaningful conversations with their patients, no matter where each of them are coming from.

With resources constrained by economic realities, we are all challenged to do more with less.

The good news is, there's much that can be accomplished by building on existing strengths and instilling new confidence. In that spirit, we can make the most of the resources and the time that we do have.

## Say Something Human

When I first got involved in physician communication, I learned about two key concepts: explaining things in a way that patients can understand and using teach back.

In coaching and working with physicians, I discovered that empathy in provider communication is really more about genuine, supportive comments than long, drawn-out conversations. That was reinforced by a recent experience I had as a patient.

*I was sick with a respiratory thing, so I made an appointment at my clinic, not with my provider, but for the first available time so it wouldn't interrupt my day. I came in with my 2-year-old son, and we got roomed pretty quickly. But that's when things slowed to a crawl. I rifled through my MacGyver Mom purse and found some Goldfish. We "read" every automotive magazine that they had.*

*At 9:50 – 50 minutes after my appointment was supposed to start – I heard a page for the provider that I was going to see. I looked at my little guy and said, "Oh, buddy we are going to be waiting a bit longer now." It was after 10 when the physician came in.*

*So, I had spent a total of 63 minutes waiting in a room with a 2-year-old boy! If you know anything about a longer-than-expected wait with a toddler, you know what kind of stress I was dealing with. Plus you don't want the entire medical complex to know that there is a toddler in their midst. I thought I*

*"Care Team Coaching is unique from other types of coaching in that it is exclusively concerned with helping individual practitioners in healthcare acquire and maintain specific skills related to ensuring a positive experience for patients and their families."*



*had done a really good job, so I was looking for some recognition of this.*

*When the physician walked in, he didn't even acknowledge it. It wasn't just the lack of an apology for being late, 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-so-direct ways that this physician could have let me know that he appreciated what I had been through. But he exhibited not one bit of empathy.*

### Pay Attention to the Basics

Notorious 80s rock band Van Halen really did have a contract rider demanding a bowl of M&Ms backstage – with all of the brown M&Ms removed. But it wasn't because they were divas; they were operations masters. The M&M clause, buried in the middle of critical technical specifications, was their canary-in-the-coal-mine. The presence or absence of brown M&Ms was a way to quickly assess if people were paying attention to every word of their contract.

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 and respect, listening carefully and explaining things in a way that can be understood.

The doctor who showed no empathy for my hour-long wait with a toddler didn't show me any courtesy or respect. Consequently, as I shared why I was there and what I was concerned about, I didn't feel like he listened carefully to me.

I realized later that I forgot to ask about something, and it hit me that we hadn't been communicating at all. 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.

Strategies and tactics for communication across the continuum apply directly to CG CAHPS and 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, here are some best practices:

- Take a data-driven approach to identify key performance opportunities
- Focus on improvement one goal at a time
- Involve the physicians early on in practice changes
- Observe patient experience from a patient's entire journey and perspective
- Recognize that in order for patients to be happy, you have to have a happy team. Connect the dots between physician satisfaction, employee engagement and patient experience.
- 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 – make tough decisions when individual behaviors do not match organizational values

## Key Strategies for Improvement

What are some of the key strategies for improving communication across the continuum? How do you organize and implement best practices? Organizational data-based intelligence is used to focus strategies and resources in the areas of greatest impact.

### *Goal Setting & Compensation*

Start by identifying a key area of focus. 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.

### *Projecting the Patient Voice*

The words of the patients themselves resonate deeply with physicians and other caregivers. At minimum, start by sharing 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. Ultimately, many organizations then progress to having patients serve on committees alongside physicians and staff.



### *Data & Reporting*

Sharing data at the unit, site or clinic level is a starting point. However, being able to customize and pull the data by the provider group and ultimately the individual provider can lead to transformational progress. 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 for broader analysis combining the clinical and experiential metrics.

### *Service Strategy & Training*





Incorporate discussion of patient experience at provider meetings. The next level involves developing or adopting a service mnemonic or other mechanism by which the organization decides to organize their content (e.g., 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

Be creative! Helpful strategies to incorporate include something as simple as photo business cards to physician newsletters focused on communication and patient experience. On the inpatient side, having physicians write their names on the care board is a step in the right direction. Additional resourcing can include physician coaching or mystery shopping. Many organizations also utilize a concept of SWAT teams to focus on improvement areas, as well as working towards Patient Centered Medical Home Certification.

### 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.

It has turned out to be 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.

I had a physician sign up for a coaching session when he was 18 months from retirement. When I asked why he elected to participate, he said, 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."



A psychologist explained his participation when he said, "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, **theories come to life in an observation-and-feedback situation**. Physicians report that this is where they are able to truly understand how to incorporate these aspects effectively into their practice.

I've seen coaching have an immediate impact on practice changes, becoming a positive catalyst for change in an organization. I've rounded with physicians in the morning, made some suggestions and, later that day, received emails on how those subtle changes produced dramatically different results that afternoon!

### Path to Performance – Traversing the Trajectory

After speaking 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.), I began to notice a pattern.

One of two things usually happens: they shoot the messenger or puke on the data!

I saw how groups had to go through various stages of the acceptance process – getting over their frustrations and doubts to the point where they were ready to make changes and hear how they could improve. Sometimes a group can move through this process in one meeting or conversation. Sometimes it takes a series of conversations over time.

I call this path to performance “The Puke or Shoot Continuum.” Here are some points on the spectrum.

**Don't shoot!** To counter knee-jerk reactions, I forge ahead and calmly present the rationale behind public transparency of the data.

**“My patients are different!”** Some make the case for exemptions, declaring 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 doctors (plural), groups are able to achieve huge success with transparency of data through customized physician-level reports or use of an Enterprise Data Warehouse to get at individual data.

**“Tell me what the patients say!”** This is where the value of talking to patients about the specifics of physician communication – through focus groups or Patient & Family Advisory Councils – can project 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 open to the various strategies that can help improve their communication with patients.

### Tips for Getting Started

#### 1. Don't get stuck in “analysis paralysis”

When it comes 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.

## 2. Don't "chase your tail"

In other words, don't focus on the left side of the bell-shaped curve, the "Never" responses to the questions. Without fail, groups look at their survey responses and someone will say "Can't we just find out whose patients said, 'Never'? Let's just deal with them and we'll be all set!"

Well, no. CAHPS only reports the top box percentages. So, instead of trying to eliminate the "Nevers," focus on moving the "Usually" responses to "Always." To do this means improving consistency and also exceeding patient expectations.

Another reason to avoid chasing the "Nevers" is that, in my experience, when patients are answering "Never" to aspects of courtesy and respect, listening carefully and explaining things clearly, there's usually a lot more going on with that provider. They 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.

## 3. "Few & Furious"

Be methodical, logical and reasonable when it comes to goals for improvement. If you implement five 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.

Realize that this work will take time. There may be pilots that don't work or ideas that don't yield what you hope. If you can stay the course, though, it is genuinely possible to achieve transformational success.

## 4. Find your "partners in crime"

It takes a village to realize success in this work. Building a core team of physicians and staff who care about this as much as you do is essential to achieving and sustaining results.

## 5. Get the word out!

Communication is essential and consistency is vital to getting your message out. Get on the agenda at staff meetings and provider meetings, use newsletters and blogs, make it part of ongoing conversations. And once you start, don't stop.

## 6. Improvement won't just happen

The reality is that "if it were easy, it would already be done." Organizations that have achieved success have chosen to be committed and have made it a priority to make a difference. The good news is that the reward is well worth it – certainly for the tea.

**DTA Associates** is a patient-centered quality improvement consultancy serving hospitals, clinics and health care systems. We have core competencies in process and technology improvement aimed at enhancing the patient experience and empowering physicians and other clinical staff to resolve quality shortfalls. Leveraging technology and analytics that engage physicians and drive process improvements, DTA helps clients make progress on specific goals, ultimately leaving them with the skills and tools they need to achieve goals independently and with confidence.

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