

# PROVIDER EFFICIENCY AND PATIENT SATISFACTION

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# DISCLOSURES

- ▶ This presentation has no commercial content, promotes no commercial vendor and is not supported financially by any commercial vendor. I receive no financial remuneration from any commercial vendor related to this presentation.

# THREE THINGS TO REMEMBER

- ▶ Never furious, often curious (Why is this happening now? Including, why am I acting/feeling this way now?)
- ▶ The people are never the problem, the problem is the problem. Be soft on the people. Be hard on the problem ( it must be resolved)
- ▶ Patients and families are satisfied when their questions are answered. Elicit their questions, understand their expectations and focus your energies there for highest satisfaction.

# MAKE THE MOST OF YOUR MEDICAL ASSISTANT/NURSE

- ▶ Utilize 3-5 minute briefings with your medical assistant/nurse at the start of morning and afternoon sessions, going through schedule, identifying and anticipating needs for information and adjustment
- ▶ Refer to your MA/RN by his or her name
  - ▶ Make him/her an extension of you in patient's mind
  - ▶ make use of information the patient has given her to demonstrate how closely you partner with your MA.
- ▶ Meet at the end of the day to prepare for the following day's schedule.

# COMPUTER IN THE EXAM ROOM

- ▶ Introduce computer as a valued asset.
- ▶ Log on in front of patient to show protection of confidentiality
  - ▶ “Let’s open up your record so we have all the previous notes and labs available to us.”
- ▶ Make eye contact with the patient whenever asking questions
- ▶ Never be out of eye contact with the patient for more than 10 seconds while typing or scrolling through their record.
- ▶ Make bridging statements so patients know what you are doing
- ▶ Step away from the computer to completely focus on the patient when you are discussing an emotional issue
- ▶ Turn the screen toward the patient to increase collaboration, refer to previous plans and demonstrate the value of a comprehensive data repository

# IDEAL DEMEANOR

- ▶ Patients believe that warm and concerned providers are giving better care. (the opposite frightens them)
  - ▶ Particularly important when patient disappointed
- ▶ Project the demeanor of warmth and empathy and use empathic phrases frequently
  - ▶ “I can see that that is worrisome.”
  - ▶ “I know this must be frustrating.”
  - ▶ “I wish there were a less burdensome way to accomplish this.”

# AGENDA SETTING

- ▶ Build an agenda at the start of the visit. Do not let yourself or the patient go into a diagnostic dive until you have an agenda for the visit.
  - ▶ “ Lets make a list of the things you wanted to be sure to go over with me today.”
  - ▶ For Primary care expect 3+ agenda items and negotiate if too much or find key question that can be answered briefly if there is one.
  - ▶ For specialists and surgeons the patient and family have come with questions, their own and those brought from the referring provider. Elicit these early on.

# ELICIT SELF-DIAGNOSIS AND EXPECTATIONS EARLY ON IN THE VISIT

- ▶ Patients often have diagnostic and treatment expectations
- ▶ Ask for the patient's self-diagnosis/causal explanation for their symptoms early on. This will alert you to specific questions and expectations they may have for the visit
  - ▶ “What did you think might be causing that?/ making it worse now? And why do you think that is?”
- ▶ Don't worry if the patient comes back with “You're the specialist, why are you asking me?” Instead reply, “Oh I will certainly have my ideas, but I find that many of my patients have ideas of their own and I want to be sure I am taking these into account.”



# ASK ABOUT VIEWS OF OTHER DOCTORS, INCLUDING ALTERNATIVE PROVIDERS

- ▶ It is easy to create confusion and controversy if you don't know what has already been said
  - ▶ “Have you had a chance to discuss this problem with other doctors in the past? What have you been told by other doctors about what might be causing these symptoms and what can be done about it?”
- ▶ Do not inadvertently disparage these opinions. Instead show how you are using this information to address their concerns efficiently
  - ▶ “I can see where Dr. Smith would have wanted you to have a thorough trial of acid blockers before taking the next step of referring you to us for endoscopy.”

# SHORT SUMMARIES

- ▶ Use short summaries regularly to demonstrate understanding and encourage correction.
  - ▶ “Let me see if I have got this correctly...”
- ▶ Talking out loud while using HER e.g., entering data/ordering labs & imaging/sending RX etc. reinforces facts, encourages correction now while easiest and keeps the patient from raising new topics while you’re are trying to enter data.

# INTERRUPT WHEN NEEDED

- ▶ Some patients will talk on (and on...)
  - ▶ They must eventually breathe
- ▶ Remind them, the point of their story is for you to understand it, not just listen
  - ▶ “Let me stop you for a moment to be sure I am understanding you so far...”
  - ▶ “So if I am understanding you correctly...”
- ▶ If material is irrelevant, then interrupt and bridge back to their agenda
  - ▶ “Let me stop you for a second, because I am still not sure I understand what happened after we changed your medication last time.”
  - ▶ “Let me stop you for a moment because I want to be sure we have enough time to address the other concerns you had today. Sound fair?”

# PROVIDE-ELICIT-PROVIDE

- ▶ Information is better retained when chunked
- ▶ Check for understanding and agreement on each piece before going on
  - ▶ PROVIDE: “I think we should schedule you for an upper endoscopy in which we look into your esophagus and stomach for possible causes of this pain.”
  - ▶ ELICIT “Tell me what you already know about endoscopy and I will fill in the picture for you.”

# CHECK FOR AGREEMENT FREQUENTLY

- ▶ When making diagnoses and or offering diagnostic and treatment plans check for agreement.

- ▶ Remember: you should already know self diagnosis and expectations!!

“Based on what you have told me, the physical exam, and the tests we have done so far, I think what’s going on is this \_\_\_\_\_ . Does that make sense?/Match up with what you were expecting?/Sound consistent with what you had been hearing from others doctors?”

# USE CLEAR CRITERIA

- ▶ Use clear criteria for frequent requests.
  - ▶ Meet with your colleagues to develop consistent criteria so you have more confidence in speaking for your group when addressing a patient request.

“We have given that quite a bit of thought in GI medicine and the conclusion we have come to is \_\_\_\_\_”

“There are 3 criteria we look at in deciding when a disability leave is fair to request. Let’s go over them together and see where we stand at this point.”

# PROMOTING ADHERENCE TO THE PLAN

## ▶ Conviction-Importance-Confidence- Commitment

- ▶ Conviction: “How convinced are you that stopping smoking will be needed to help with your breathing?”
- ▶ Importance: “How important is it to you to prevent that from happening again?”
- ▶ Confidence: “How confident are you that you would be able to do that? Let’s think about doing this in such a way that you felt more confident you could succeed. Would that be helpful?”
- ▶ Commitment: “Is this something you’re willing to commit yourself to today?”

# PRINT OUT AFTER VISIT SUMMARY, HANDOUTS, LINKS TO WEBSITES ETC.

While you are entering plan, say aloud:

- ▶ “As we are talking about what we have agreed to do next, I will type it out for you to take home.”
  - ▶ Get blood work in the next week when fasting.
  - ▶ Take ranitidine 2 times a day 30' before eating to reduce stomach acid.
  - ▶ Cut down on caffeine and alcohol which irritate stomach lining
  - ▶ Look at website \_\_\_\_\_ for diet ideas that reduce acid
  - ▶ Return to see me in 2 weeks