CSHRM
CALIFORNIA SOCIETY for HEALTHCARE RISK MANAGEMENT

Optimizing Patient Satisfaction When It Overrides Professional Judgment: What Gives?

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Three Sections to Presentation

Part I. The emerging situation :Ain't it awful?

- Have to acknowledge the problems
- Detail about areas of concern and recent publications

Part II. Where's the good news?

- Who's improving Pat Sat scores without compromising care and how?

Part III. Specific interventions that can help

Part I: The Emerging Situation

- Background
- Recent publications both popular and medical

What Patient Satisfaction Measures:

- Openness and responsiveness to patient input
- Movement away from patriarchal model where providers dictate care
- Patient perceptions of care
- Suggestions for patient experience improvement
- Risk for complaints / claims

What Patient Satisfaction Scores Do NOT Measure

- Quality of Care
- Adherence to recognized professional standards or EBM
- Safer Care

Escalating Concern:

- Unbalanced focus on Patient Satisfaction can encourage providing bad care
  - Inappropriate antibiotics
  - Inappropriate pain meds
  - Inappropriate resource use
  - Inappropriate care demanded by patients

Care Compromise - ABX

- Scientific Assembly of AAFP presentation on RSV: identifying the virus, managing parent expectations of a cough for 1-2 mos. and avoiding abx.
- Audience response:
  - Not an option or lower Pat Sat. scores and can't educate in the 12 minute clinic interface time
  - One M.D. ⇧ Pt. Sat. scores by 7% prescribing abx for all pts with cough, sinus H/A or sore throat.
  - William Sonnenberg. Patient Satisfaction is Overrated. *Medscape.* Mar 06, 2014.

Inappropriate scripts for ABX

- Abx resistance is one of world's major public health challenges (CDC)
- Decline in new Abx as resistance increases
- Not only will Abx NOT help virus
  - Increases risk of pt becoming colonized with resistant bacteria
  - Adverse reactions incl. diarrhea (1/10 kids)
  - Abx resistant bacteria transmit to family + others

Care Compromise - Opioids

- So. Caroline woman ⟹ E.D. for toothache and gets IM Dilaudid. R.N. asks, "Why kill a flea with a sledgehammer?" Response: "Press Ganey scores low last month."*
- One E.D. with poor scores started offering hydrocodone "goody bags" to discharged pts to boost scores.**

**Why Rating Your Doctor Is Bad For Your Health* Kai Flakenberg 1/02/2013 Forbes.

**William Sonnenberg. Patient Satisfaction is Overrated. *Medscape.* Mar 06, 2014.

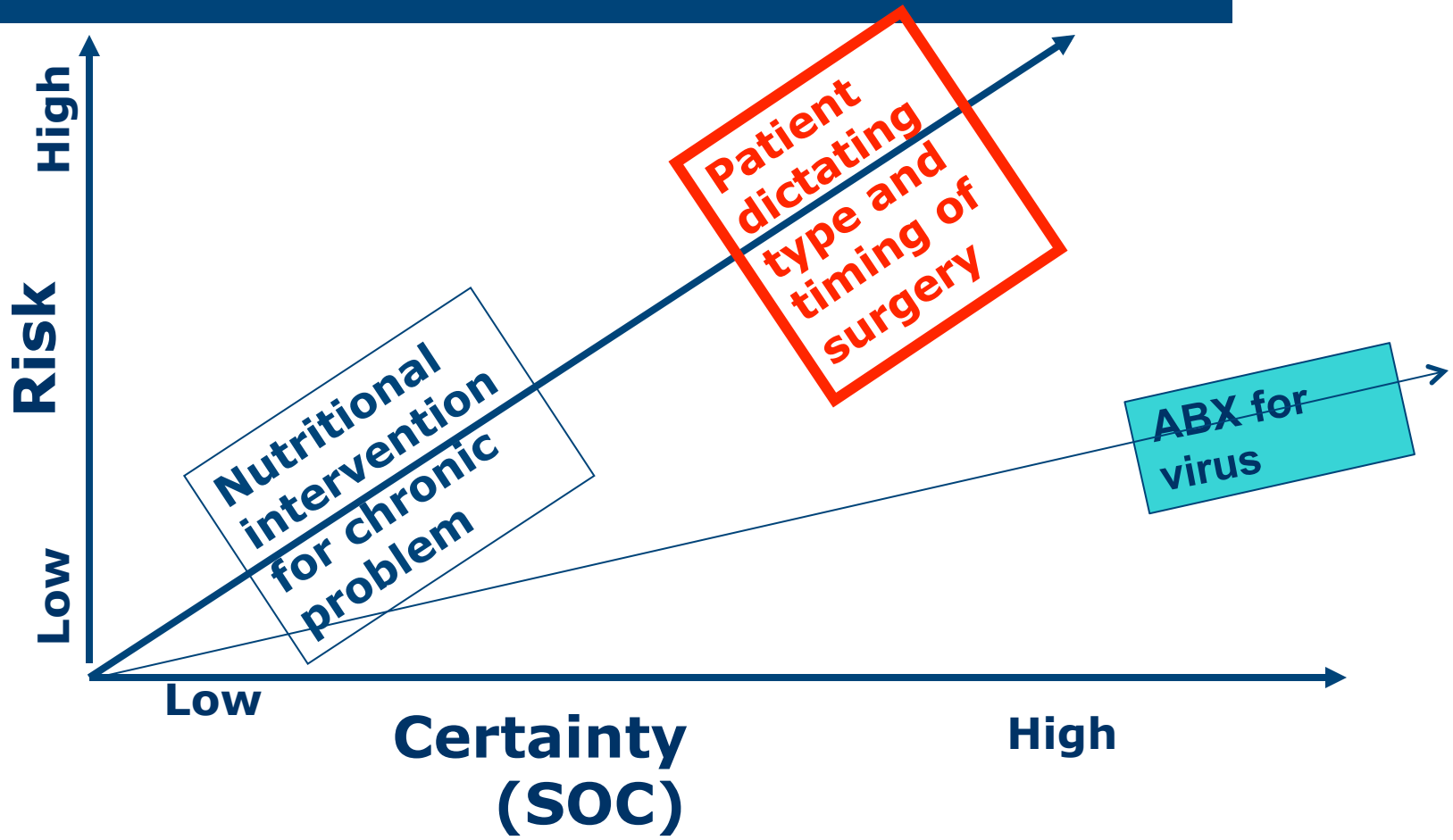
Care Compromise – Resource Use

- Hospital admissions
  - Billing concerns
  - Iatrogenic health concerns
- Imaging studies and other tests
  - Incidental findings leading to unnecessary f/u
  - Radiation exposure
- Near future: decrease resource use will be mandated by one method or another

Care Compromise – Pt Demand for Inappropriate Care

- Clinicians wrongly believe that they are not liable for care the patient demands
- Claims resulting from patient injury following indefensible care usually have to be settled unless unequivocal causation defense
- Documentation providers believe is helpful actually adds to the defense challenges

Role of Provider Becomes Critical



Clinicians' Faulty Logic Sequence

- Patient has a right to choose.
- I inform the patient of medical recommendations.
- Patient has a right to make a bad choice.
- As long as I document all of the above, I'm protected from a negligence claim if I go along with the patient's demands, right?

Reality Check: Litigation Lessons

- Patient demand will not excuse violation in the standard of care.
- Provider documenting that s/he did not think the course of treatment was correct, but complied because the patient insisted won't help and can be HARMFUL—can be used as written expert opinion against the provider's own care.
- Waivers and special consents have limits.

Measuring Unintended Pat Sat Effects

- The most satisfied patients (better ave physical and mental health) had 12% more hospital adm, 9% increased both overall care costs and prescription expenditures, increased mortality (26% more likely to die in most satisfied group compared to least satisfied)

The Cost of Satisfaction: A National Study of Patient Satisfaction, Health care Utilization, Expenditures and Mortality. Fenton et al. *Arch Intern Med. 2012;172(5):405-411.*

Patient Perception

Presumed:

- More care = better care
- More care = safer care
- More care = better outcomes

Dartmouth Institute and Atlas disproved

Fisher et al. The Implications of regional variations in Medicare spending, part 2: health outcomes and satisfaction with care. Ann Intern Med. 2003;138(4)288-298

Patient Satisfaction - Easy Target?

Often receiving the greatest attention because

- not interfering in physician or nursing practice
- Some issues like reducing noise are mechanistic/simple

- Complexity of patient perception not well understood

  (Kebede et al. *JAMA Int Med*. Oct 2014 Patients' Understanding of Their Hospitalizations and Association with Satisfaction)

- Pat Sat is NOT going away

Not Dependent on ACA

- Continuing focus on Patient Satisfaction
  - Third party payers have adopted
  - One method of decreasing expenditures
  - Administrators drawn to this focus
  - Internal and External use of Patient Satisfaction scores

Undisputed

- More care and more prescriptions = higher $
- Medicare penalties are the main effort to reduce expenditures
- More tolerated than “rationing” to reduce $
- Pat Sat scores will continue to be used by 3rd party payers to reduce reimbursement
- Pat Sat scores have become a big marketing tool

Part II: Where's the Good News?

- Cleveland Clinic's Patient Satisfaction Improvement project
- Significantly improved Pat Sat scores without compromising care

Health Care's Service Fanatics: How the Cleveland Clinic leaped to the top of patient-satisfaction surveys by Kames I. Merlino and Ananth Raman. Harvard Business Review May 2013.

Cleveland Clinic Takeaway Points

- Baseline culture: focus on SOC and EBM as well as outcomes (which were all good); patient experience not important (patient satisfaction scores shockingly bad)
- Great pride that *U.S. News & World Report* repeatedly ranked it among top five U.S. hospitals for overall quality of care and heart program #1

Cleveland Clinic Success Secrets

- Top leadership dedicated priority, focus and $$$ to the effort
- Assigned respected surgeon to lead the project – he was committed to not compromising care in order to raise survey scores
- Redefined the organization's culture to include patient experience

Cleveland Clinic Results

- Overall Patient Satisfaction jumped from 55% in 2008 to 92% in 2012.
- Staff responsiveness: bottom 4% - 40%
- Room cleanliness: bottom 4% - 71%
- Quiet at night: 5% - 31%
- Doctors' communication: 14% - 63%
- Nurses' communication: 16% - 72%

Cleveland Clinic Success Secrets (cont.)

- Engaging and motivating employees in mandatory multi-disciplinary training groups
- Tracking and displaying internal survey results
- Investigating deep roots of problems
- Setting patient expectations (including interactive online video prior to admission)

Part III: Interventions

- RM message to organization leadership
- Training of clinicians
  - Liability for problem care demanded by pts
  - Closed claim / case review results, with details about indefensible care driven by patient demand
  - Skills training in aligning with patients while maintaining appropriate professional standards

Identifying Communication Strategies

- Drawing on highly skilled providers

  Identify by benchmarking (e.g. E.D. use of opioids, antibiotics or radiographic studies)
- Borrowing from behavior treatment (e.g. oppositional-defiant disorder approaches)

Where to Find Clinician Champions?

- If you benchmark the providers with the track record for lower opioid, abx, imaging studies orders while cross-matching for higher patient satisfaction scores and patient volume and you'll have your gifted communicators
- Emergency Dept. and Urgent Care Clinics are target rich for identifying these clinicians

Communication Intervention

- Seems counterintuitive
- Requires the last thing clinicians want to do with a demanding patient: align with patient
- Appears too simple
- Won’t work for every patient
- Remarkable effectiveness with majority of patients

The 3 Es

1. Empathize (aligning with patient)
2. Evaluate (H&P, physical exam)
3. Educate (address expectations, provide info and handouts on appropriate approaches to the problem and alternatives to the care being demanded)

2. Evaluation (H&P and Exam)

- Patient demanding MRI for belly pain.
- M.D. “You might need an MRI - here’s how we’ll determine if you need one.”
- Keep an eye out for supportive measures not yet considered, e.g. for stress management, smoking cessation, organization support groups.
- Reviewing the results and what they mean.

1. Empathize (Align) Ex.

- “I wish we had a pill that could cure or shorten the duration of this virus…”
- “I guess you were expecting a prescription to help and it’s disappointing that there isn’t.”
- “This bug has really been hard on you. How are you holding up?”
- “I want to work with you to see if there’s anything we can identify to help.”

3. Educate (With Treatment)

- Need for Patient Education handouts for the frequent problem areas to supplement verbal
- Alert pt to changes that might indicate a need for additional evaluation and treatment
- Encourage patient to f/u in X days if no better
- Staff f/u in X days to check on status for very demanding patients who didn't get what they wanted

Learning from Behavior Rx

- Align with the patient against the medical problem
- Avoid context of conflict
  - "You want me to (order test, prescribe med) and it's not appropriate so I'm not going to do it."
- Enhance alignment with patient
  - "I wish we could do this procedure without discomfort or risks but we can't. Here's what we can do to limit the downside."

Decades of Similar Strategy

- N Engl J Med. 1984 Jul 5;311(1):49-51.

  Malpractice prevention through the sharing of uncertainty. Informed consent and the therapeutic alliance. Gutheil T.G. et al
- Parenting and Child Development
- Happy M.D. website www.thehappymd.com

Role of the Risk Manager?

- Educate leadership and clinicians on importance of adherence to professional standards, boundaries, EBM and limit-setting.
- Coordinate with other departments to identify gifted clinical communicators.
- Encourage communication skills training for clinicians
- Continue functioning as a resource for clinicians facing impossible patients. Patient/family CAN seek care elsewhere.

Any offline questions, follow-up issues or comments…

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Thank you! …and…Questions?