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How to build a robust provider improvement partnership program to enhance patient experience – A case study

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Cover Page Footnote

Author acknowledges efforts of PX staff and fellow instructors at the provider communication workshop.

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Abstract

Patient experience is emerging as a key differentiating factor in patients' choice of healthcare system. Many healthcare organizations are attempting to improve their patient experience by data-driven, patient-centered initiatives. This involves engaging all staff along all the contact points of a patient's journey in healthcare. Perhaps, the physicians or care providers are most important link in this chain but also the most challenging to engage in improvement efforts. Most healthcare organizations have some training or workshops to educate providers on communication skills and other tools to enhance patient experience. However, there seems to be a paucity of a standardized approach or a roadmap to put together a robust physician or care provider coaching or improvement partnership program with patient experience (PX) staff. There seems to be several gaps in this process. The current article attempts to develop broad guidelines and suggest a roadmap to address these gaps. The article also suggests general templates for PX staff to use in conducting these improvement work with providers and suggestions for developing a standard physician observation or shadowing template for consistency. The article has woven several commonly used tools like motivational interviewing, change management (ADKAR model), and several communication tools to suggest a detailed blue print for provider patient experience improvement partnership.

Keywords

Coaching, patient experience, provider, communication, change management, relationship building, shadowing

Introduction

The healthcare payment paradigm has changed in the recent times from volume based incentives to quality based incentives¹. Increasingly, the Center of Medicare and Medicaid (CMS) as well as private insurance companies are changing their role from passive payer for services to active purchaser of high value healthcare for their beneficiaries. This involves cost sharing with healthcare organizations. Also, as National consensus on treatment guidelines are developed for many diseases, the quality of care is becoming standardized. In this scenario, patient experience (PX) is emerging as the differentiating factor in choice of a particular healthcare organization over another. Many organizations have made patient experience their strategic goal for financial sustainability².

The major issues facing patient experience staff and healthcare organizations with regards to provider (physicians and physician extender) coaching to improve patient experience include:

1. Provider resistance to change
2. Lack of a standard approach to consultation with providers in order to form improvement partnership not only to address resistance to change but also discover their motivation (or lack of it) for change.
3. Lack of a clear roadmap to improving providers' emphatic communication skills with clear accountability in the leadership chain.
4. Failure to consolidate well know tools like tools for communication, relationship building skills, change model and others in to a comprehensive strategy and standard of work.

Table 1. Processes selected and reason for selection

Process selected to address provider improvement partnership	Reason for selection
Structured Approach or Roadmap for process improvement	Well established principles of process improvement with focus on people and processes. This is essential for success of any process improvement initiative. Establishes clear expectations and accountability.
Steps to address provider resistance to change	This will help patient experience staff to effectively communicate with providers and address providers’ concerns.
Gaps in the current work flow for provider consultation	These gaps need to be addressed with a robust plan to ensure consistency and success in provider effective consultation and improvement partnership.
Motivational interviewing techniques	Established methods of motivational interviewing help to gain provider engagement.
Communication skills observation	All new providers attend a day long “Communication in healthcare workshop” which is conducted twice a year at our organization with emphasis on well-established techniques on effective listening, information gathering, agenda setting, building relationships, communicating sad or bad news and cross-cultural communication.
Use of ADKAR change model along with Improvement Model	Both models were combined to engage, motivate, empower and reinforce change in behavior.

- PX staff being unaware of the details of provider coaching workshop, and lack of PX staff training on these techniques. This makes the provider shadowing process less effective.

The purpose of this article is to address above mentioned issues by providing a roadmap to physician improvement consultation and recommend steps in developing a successful physician improvement partnership program. The key to success for any organization to achieve excellence in patient experience is to have a culture encouraging – Respect, Integrity, Compassion, Healing, Teamwork, Innovation, Excellence, and Stewardship ([Deidentified] Primary values)³. These, or similar values, must be an expectation (the “non-negotiables”) of all staff in any organization. Table 1 below describes various processes and the reasons for their selection to address provider consultation work.

The strategies and plan elaborated in this manuscript have been implemented recently and our hope is that it will lead to positive outcomes in terms of reducing provider resistance and anxiety, patient satisfaction staff feeling more confident in approaching provider consultation for improvement partnership, consistent and standardized work for consultation and finally improvement in patient satisfaction scores for providers.

The roadmap to successful care provider improvement partnership to enhance patient experience

The general strategy to implement change includes the consideration of people and processes affecting the change which will culminate into desired outcomes. Figure 1 displays the components for a successful care provider coaching.

Why are care providers resistant to change in regards to patient experience improvement?

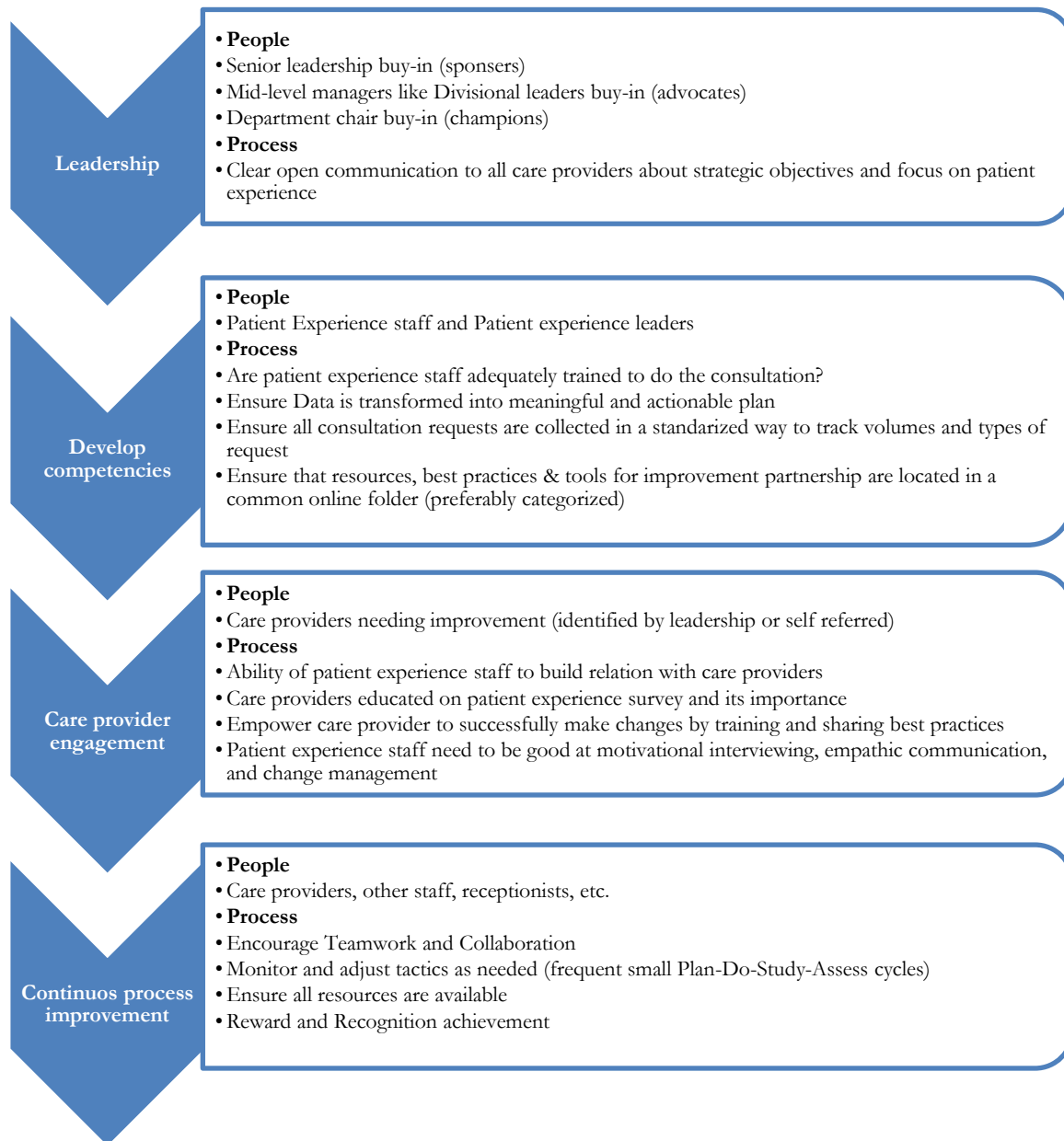
A. Difference between physician perception and patient perception⁴

Traditionally, physicians have been trained in scientific methods of research. It is important for care providers to realize that patients do not have the knowledge to judge the physician’s diagnostic skills, rather their perception of care is based on the interaction with the physician. Patient experience surveys are intended to measure *patient’s perception of care* received.

B. Lack of trust on data

While there may be many valid arguments questioning the reliability of patient satisfaction survey results, one has to remember the difference between scientific research and social science (like patient experience) research (Table 2). The most debated issue is how the patient experience scores are used in an organization.

Figure 1. Components for successful care provider coaching



Uncertainty about the benefits and reasons for focusing on patient experience

Provider improvement programs aiming to enhance patient experience need to have buy-in from top leadership in any organization. Care providers need to have the process and reasons for improving patient experience explained up front with a focus on how it will improve their practice. Few benefits of improved patient satisfaction for care providers include:

- Better patient compliance leading to improved outcomes⁵
- Fewer malpractice suits⁶
- Increased provider satisfaction
- Better reimbursement
- Improved patient loyalty leading to increased likelihood of recommendation to others

Table 2. Scientific research versus patient experience research

Scientific research	Evaluation of patient Experience
Seeks to generate new knowledge	Seeks to provide information for decision making
Begins with a hypothesis, which is tested and, if found true, leads to a generalizable theory	Begins with key questions or drivers (therefore some bias is introduced) and analysis leads to recommendations specific for that program
Occurs in a controlled setting and therefore is easily reproducible	Occurs in a setting of changing conditions, priorities, human behavior changes & timelines
Needs a large enough sample size with statistical significance to be generalizable	Needs a minimum sample size to judge relations between variables and see trends
Research is designed to <i>prove</i> something	Evaluation is designed to <i>improve</i> something

Process and gaps in provider improvement partnerships or coaching programs (Figure 2)

and also low in production or other behavioral issues

Who identifies the providers requiring improvement partnership with PX staff?

It is important to understand that PX staff are content experts in delivering unparalleled patient experience and have the tools and best practices to help. However, the PX department is not accountable to actively seek out providers needing help. This job is left to the local site leadership or the physicians themselves. The advantages of leadership or providers themselves selecting providers needing improvement partnerships are:

- Unacceptable high patient complaint volume above a threshold number of complaints compared to the volume of patients seen, for example > 20%
- Motivated individual providers requesting consultation or providers identified by local leadership

- Provider have been primed by the referring leader and this helps in better engagement with PX staff
- Leadership may be aware of specific practice situations on frontline affecting provider performance.

How is the request generated?

PX staff are often informed about improvement partnership needs informally. Due to this we are unable to track volumes and struggle with desire to help versus balancing current workload. Also the requester may not have discussed improvement needs with the concerned provider which leads to a difficult situation for PX staff to deal with when they call the provider.

The best solution to this is to develop a standard e-form across the enterprise to capture all the necessary information about an improvement partnership request. The contents of this e-form can be exported to an Excel spreadsheet, which helps in tracking volumes and types of referrals.

General Guidelines for Provider Selection to Help Leaders in Identifying Appropriate Providers for Consultation

This depends on the goals for referral.

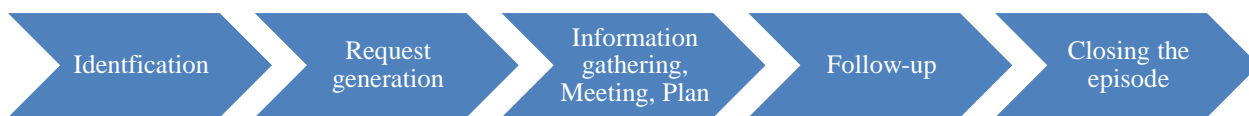
How do we handle the request once it is generated?

Step 1. Regional sites to appoint one PX staff to check inbox for improvement partnership request and contact the requester within 5 business days. Some guidelines for this interaction (using AIDET⁷ format for communication):

- If the goal is improvement of site or departmental “overall PX satisfaction scores” then
 - Focus on Providers who need to get from “good” to “very good” for example providers between 70th and 85th percentile ranks.
- If the goal is to involve PX staff as part of performance counseling process then
 - Focus on providers with low top box and mean scores, for example below 30th percentile rank on both top box and mean score on provider domain

- Acknowledge the recipient of request
- Introduce yourself
- Duration: around 15 min

Figure 2. Process for Provider improvement partnership



Steps	Possible Gaps in Current State
A. Identification of Providers needing improvement	Who is responsible for identifying providers needing improvement? Can PX department provide some guidelines?
B. Improvement Request sent to PX	How is the request generated? Develop an organization-wide common e-form to track types of requests and volumes?
C. Information gathering, meeting with provider, and action plan creation	Develop standardized work process for: <ul style="list-style-type: none"> • timely response to the requester • first meeting with provider (What information needs to be taken? How is the interview conducted)? Triaging request depending on types & scope (Individual versus group) Guide to develop 2-3 actionable tasks for improvement & implement the plan after provider shadowing. All PX staff need to be trained to observe behaviors and techniques that the providers were taught in their communication workshop.
D. Follow-up	How and at what frequency should this be done?
E. Close the episode	What is the general time frame to close the episode? When will we provide a final report on the consultation and to whom? Develop a template for this final report. What is the plan for sustaining change?

- **Explanation**
 - What is the specific request? – Data related, specific intervention or generic request for improvement
 - Has the requester discussed with the concerned provider (if requester & provider are different individuals) – if not, please ask the requester to discuss with the provider and e-mail PX staff so that they can set up an initial meeting with the provider.
 - What is the expectation of the requester, and any timeline
- **Thank the requester for a two-way communication**
- Printed material on Provider communication or improvement best practices
- **Goals of initial meeting:**
 - Effective listening with empathic reflection to get provider engagement
 - Use motivational scale for assessing perceived importance for improvement partnership and to check the perceived readiness for change (Figure 3).
 - Do not discuss data right away.
 - Ask open ended questions to gather more information and identify perceived barriers
 - Build relationship (PEARLS⁸: Partnership for joint problem solving, empathy, sincere apology if indicated, respect for their efforts done so far, legitimize their concerns and provide support)
 - Volunteer to shadow for a day.
 - Decide on a date for shadowing and formulating a plan for improvement

Step 2: Contact the provider to set up an initial meeting (Engage & discover meeting) – See Appendix A after references

Step 3: Meet with the provider

- What should you take for the meeting?
 - Relevant data, drill down to question level, time frame: rolling 4 quarters

Step 4. Observation or Shadowing of care provider
 PX staff should use a standard check list for observed behavior as appropriate to the clinical encounter. A sample observation template is shown in Appendix B.

PX staff to contact the provider intermittently via e-mail to see if anything else is needed.

Step 5: Follow-up
 At 2 weeks and 4 weeks post plan to check:

- What’s working? What’s not working?
- Adjust tactics as needed.

Step 6: Close the Episode
 This is usually done by 3 months after initial shadowing/observation. Send a final report to the provider and the requester. A sample timeline is also provided for an improvement partnership started in January 2017 (Figure 4)

Figure 3. Motivational Scale

<p>On a scale of 0 to 10, how IMPORTANT is it for you right now to change?</p>										
0	1	2	3	4	5	6	7	8	9	10
Not at all Important					Extremely Important					
<p>On a scale of 0 to 10, how CONFIDENT are you that you could make this change?</p>										
0	1	2	3	4	5	6	7	8	9	10
Not at all Confident					Extremely Confident					

Figure 4. Final Report Template and Sample Partnership Timeline

Dear Dr. ____ and _____ (requester),

It has been our pleasure to work with you over the past 3 months. Together we have identified areas of improvement and addressed several barriers. We have shared best practices and tools to help you achieve your goals.

As a reminder, the areas of improvement we worked on were:
 #1
 #2

We will provide you with your patient satisfaction scores before (last quarter before improvement partnership started) and 3 months after the completion of improvement partnership.

Sample timeline

Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Apr '17	May '17	June '17	July '17	Aug '17	Sep '17	Oct '17
Pre-intervention data			Improvement partnership			Period of impact of changes on patient			Post intervention Completion of surveys from previous 3 months			Present comparative data pre vs post



Outcomes

The above mentioned blue print have been recently implemented in our region. It may be early to judge the success of this approach. Preliminary interviews with senior leadership, mid-level managers & patient experience staff have been positive. Standard work around collecting requests for consultation are helping us in judging volume of consultation work so that appropriate resources can be allocated. Patient experience staff are more confident in approaching a physician with consultation request as they are able to better address their concerns and have a robust standardized improvement process in place. We have also been able to get better provider engagement using motivational interviewing techniques and building partnership with them. Author has completed a quasi-experimental study of comparing providers attending communication in healthcare workshop in April 2016 (intervention group) with providers who did not attend the workshop (control group). Patient experience scores collected for three quarters before and after intervention for the two groups were compared. The intervention group showed statistically significant increase in the patient satisfaction scores (5.3% increase in Top Box percentage) for provider care domain of medical practice survey (Wilcoxon signed rank test, $p=0.016$). This data is being submitted for publication separately.

Implications and Generalizations for Provider Coaching to Improve Patient Experience

This case study highlights the essential steps in formation of a robust provider consultation process to ensure a successful improvement partnership with patient experience staff.

1. Every healthcare organization needs to have certain non-negotiable core values which all employees must adopt.
2. Develop a clear roadmap to implement change with strong senior leadership support and accountability.
3. Map the current state of provider consultation, identify gaps and address them.
4. Empower patient experience staff with knowledge and information to address provider resistance. PX staff must receive the same training that providers received in the workshops conducted by organization. This helps in effective provider shadowing process.
5. Develop standard work around provider consultation with appropriate use of motivational interviewing to gain engagement.
6. Develop a template (for patient experience staff) for initial and subsequent visits with provider (for example utilize ADKAR change model combined with Improvement Model)

7. Develop a standard consultation request intake form to track volumes (essential for resources allocation) and ensuring that the requester has discussed the need for consultation with the concerned provider
8. Be flexible and innovative
9. Develop a provider communication curriculum or workshop with frequent reinforcement.
10. Recognize and celebrate any improvement effort

Suggestions for Further Exploration

The success of a well-organized standardized approach to provider consultation becomes apparent after some time as it takes time to change behaviors. Patient adherence to a plan with frequent adaptations is crucial. There a need for studies looking critically the impact of a structured provider consultation on:

1. Provider satisfaction with consultation process
2. Patient experience staffs' satisfaction and confidence in conducting provider consultation
3. Impact of communication workshop and subsequent reinforcement of learned skills (by provider shadowing) by patient experience staff on provider domain of patient satisfaction scores.

Additional Resources

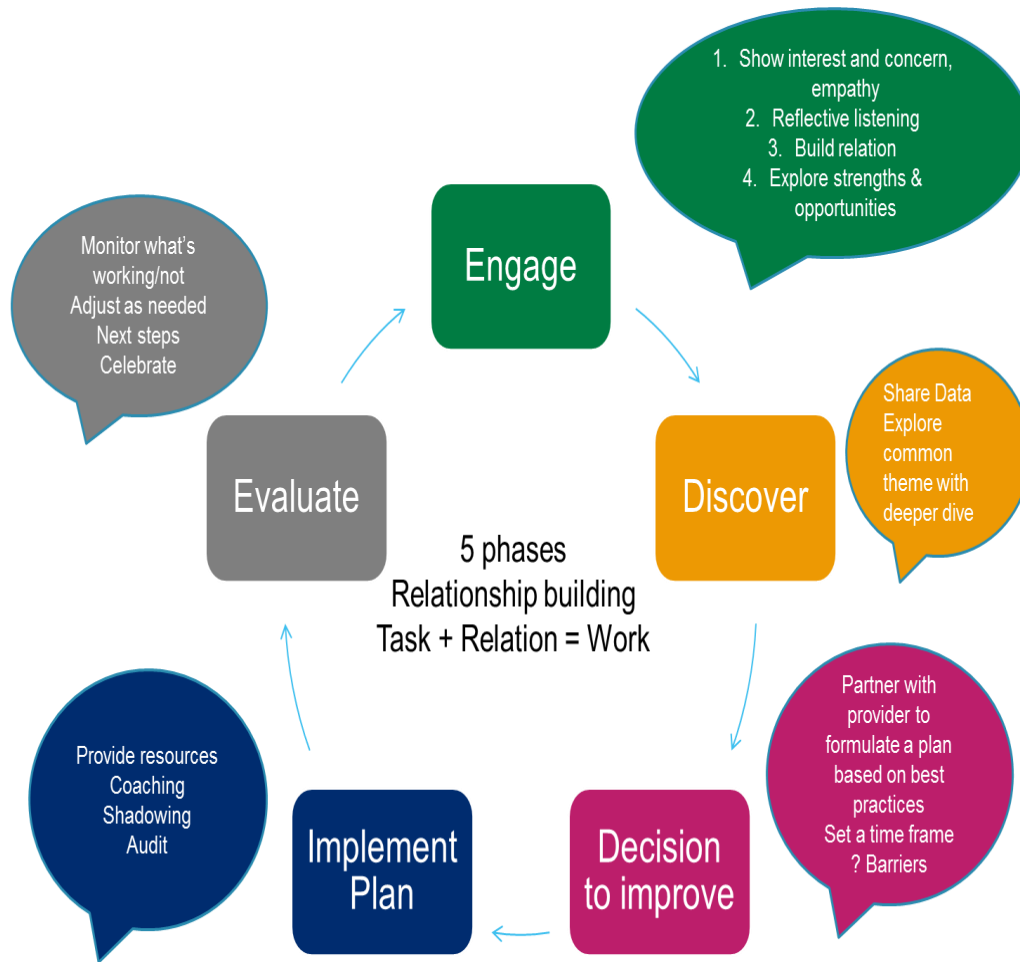
1. Improvement Model (Appendix A)
2. ADKAR¹⁰ – Change Management Model (Appendix C)
3. Relating Improvement Model and ADKAR Model for care provider improvement partnership efforts (Appendix D)
- 4.

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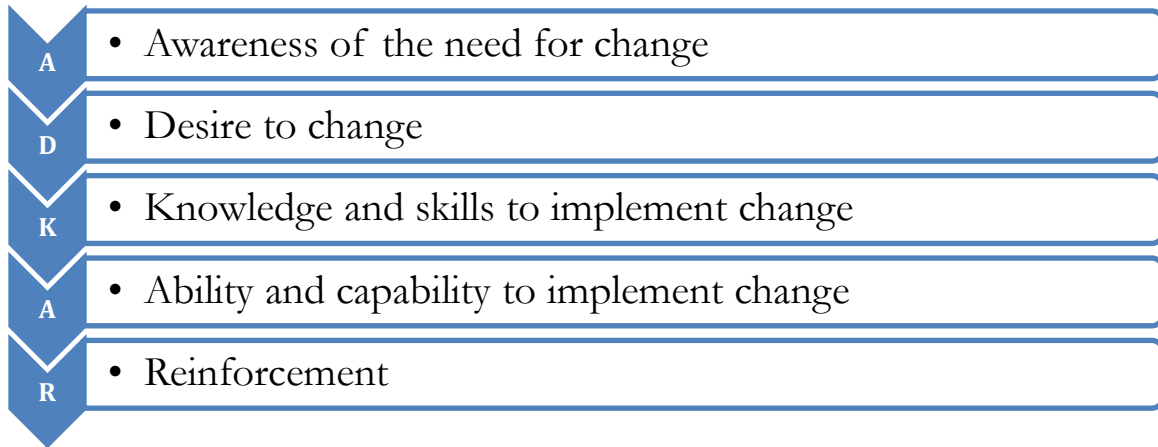
Appendix A. Improvement Model



Appendix B. Sample Observation Template

Process observed	Tactic observed	Observation Comments
Communication (AIDET)	Acknowledge patient/ family <input type="checkbox"/> Introduce/manage up Computer <input type="checkbox"/> Duration stated <input type="checkbox"/> Explanation <input type="checkbox"/> Thanking <input type="checkbox"/>	
Effective Listening	Listening with intent: verbal and non-verbal cues <input type="checkbox"/> Interrupts patient within 1 m <input type="checkbox"/> Use of reflective statements <input type="checkbox"/> Displays empathy / compassion <input type="checkbox"/>	
Information gathering and agenda setting	“what else question” <input type="checkbox"/> Open ended questions <input type="checkbox"/> Empathic redirection if needed <input type="checkbox"/> Joint agenda setting <input type="checkbox"/>	
Relationship building	P= Partnership (joint solution) <input type="checkbox"/> E = Empathy <input type="checkbox"/> A = Sincere apology if indicated <input type="checkbox"/> R = Respect of past efforts <input type="checkbox"/> L = Legitimization of concerns <input type="checkbox"/> S = Support (“I am here”, Follow-up instructions) <input type="checkbox"/>	
Patient Education	Ask-Tell-Ask <input type="checkbox"/> Chunk and Check <input type="checkbox"/> Teach back <input type="checkbox"/>	
Biases and assumptions	Awareness of one’s biases and assumptions <input type="checkbox"/>	
Giving sad or bad news(SPIKES)	S = appropriate Setting or place <input type="checkbox"/> P = find patient’s Perception <input type="checkbox"/> I = Invitation(Permission) to share information <input type="checkbox"/> K = Knowledge (give information) <input type="checkbox"/> E= Emotions, Empathy <input type="checkbox"/> S= Summarize and plan <input type="checkbox"/>	
Service Recovery if appropriate	L = Listening effectively <input type="checkbox"/> E = Empathize <input type="checkbox"/> A = Sincere Apology <input type="checkbox"/> D = Do something meaningful for patient <input type="checkbox"/>	
Kleinman’s question in case of cultural differences (some of these questions may be asked) ⁹	What do you call the illness? What do you think is the cause of your problem? Why do you think it started when it did? What does the sickness do to you? Do you think the problem will be short or long lived? What do you fear most about the illness? What kind of treatment do you think will help? What are the most important results that you hope to receive from treatment?	
<p>Recommendations based on observed behavior: PX staff to state the strengths first and then discuss the opportunities of improvement. PX staff will encourage care provider to choose 2 behaviors that they want to improve and give them the tools & resources for those behavioral changes. Change #1 Change #2</p>		

Appendix C. ADKAR¹⁰ – Change Management Model



Appendix D. Relating Improvement Model and ADKAR Model for care provider improvement partnership efforts

	A	D	K	A	R
Engage (empathy, educate, empower)	“It must be difficult as a provider to balance various demands of the practice. I am here to help. What are your perceptions about your patient experience scores?”	“How do you wish to make things better for your patients?” On a scale of 1 to 10 how important is this to you.	“What information do you need to meet your patient’s needs?” Educate that patient experience scores measure a patient’s perception of care.	What’s going well and not so well in your practice?” On a scale of 1 to 10 how would you rate your ability to make changes?	“It is appreciable that you are willing to look at ways to enhance your patients’ experiences.” “What do you see as next steps?”
Discover	“Can we together look at your data to see what it tells?”	“Can I answer any questions about your data?”	Explain -top box versus percentile rank. Point out strengths and possible opportunities.	What are the possible barriers you see in addressing the opportunities that the data is showing?	“You have many strengths.” “We can together work on some of the opportunities that we identified.”
Decide	“Would you like to formulate a simple improvement project?”	“When can we meet to formulate the plan?”	Share best practices and resources on improvement	“Would it be okay for me to observe you for a day?”	“I am confident that if you implement the changes that we came up with, that will help.
Implement	“How can I best help you as you implement changes?”	What changes are you excited about?	What information do you and staff need as you implement changes?	Do you need some hands-on demonstration on how to use the tools we discussed?	How would you assure consistency in plan execution?”
Evaluate	What is going well? What is not?	Is this helping you?	Do you need any more help?	Are you able to sustain the change?	We will share data with you from pre and post change implementation at a later date.