

# The HCAHPS

Breakthrough Series™ Webinars

 Custom Learning Systems

#5 Communication with Doctors

# Skillful Physician Communication™

*Master the communication skills for a compassionate patient experience.*



The **HCAHPS** Breakthrough Series™ Webinars **Sponsors:**



## Communication with Doctors Skillful Physician Communication™

*Master the Communication Skills of a Compassionate Patient-Experience*

*“The good physician treats the **disease**; the great physician treats **the patient** who has the disease.”*  
-William Osler, MD, 1849-1919

### HCAHPS Domain – Communication with Doctors

#### Survey Question #1:

*During this hospital stay, how often did doctors treat you with courtesy and respect?”*

#### Survey Question #2:

*During this hospital stay, how often did doctors listen carefully to you?*

#### Survey Question #3:

*During this hospital stay, how often did doctors explain things in a way you could understand?*

#### Domain Leadership Owners:

- CME and Key Med Staff
- CNO
- Nurse-Managers
- Supervising Nurses

#### Domain Staff Owners:

- Doctors
- Mid-levels
- Hospitalists

#### Current National Threshold is;

(Rated a 4 – “Always”)

**79.4%**

What’s Yours? \_\_\_\_\_%

### Why Compassionate Physician Communication Matters

1. It provides **Loving-Kindness**
2. It creates **Loyalty**
3. It prevents **Lawsuits**

**1. Loving Kindness:**

Loving-Kindness affirms and honors a core of goodness in others and in oneself.

*“My religion is kindness”*

– The Dalai Lama

**2. Loyal Patients:**

- They tell me critical information more readily; I can diagnose them more accurately...
- They comply easily with my therapies/orders...
- They refer more patients to me... and the hospital

**3. Lawsuits:**

*“People don’t sue doctors they like.”*

– Alice Burkin, medical malpractice lawyer

**Hard Facts about Patient Satisfaction**

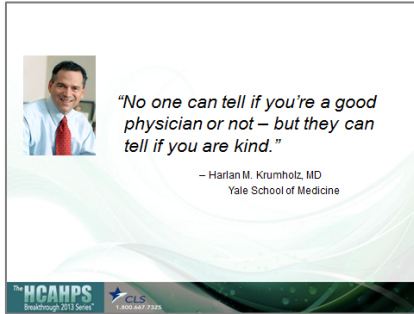
- *“Physicians with the lowest patient satisfaction ratings had **twice as many ‘risk management episodes’** as those with the highest satisfaction scores.”*  
– JAMA, October 2005
- *“Almost **one third of litigated complaints** relate in some way to communication, such as inattentiveness, discourtesy and rudeness, a general breakdown in communication, and inadequate information.”*  
– Brennan TA, Leap LL, et al *Incidence of adverse events and negligence in hospitalized patients* Harvard Medical Practice Study I. NEJM 1991
- *Deposition transcripts from malpractice litigation involving obstetrical care demonstrated that four types of communication problems were present in more than 70 percent of the depositions:*
  1. *Deserting the patient*
  2. *Devaluing the patients’ views*
  3. *Delivering information poorly*
  4. *Failing to understand the patients’ perspectives*

– Byinton M. Bender A. *Commentary: communicating with patients*. Harvard Risk Management Foundation Forum. 2000;20(6):1 – 5.

**The Point:** Let’s make a new rule of hospital life: *Always try to be a little kinder than necessary.*

**Question:** If you were charged with **being compassionate and kind** with your patients... Would you happily plead guilty?

## Crucial Best Practices: Mastering Patients' Perception



### Could it be...

- that sometimes our perception of our own work as medical professionals is skewed?
- that we may *think* we're doing a fine job, but our patient may (justifiably) feel differently?

### Two very telling studies:

- An audio study of 124 physicians in the course of 1,000 office visits found that patients participated in medical decisions in only 9% of the visits!
- A meta-analysis of doctor-patient communication found that 50% of patients leave an office not understanding what they were told by their physician!

### Question:

When Press Ganey asks patients to rate the “**skills of he physician,**” what are the patients really rating?



### The Point...

Perception  
= Deception!

*“What I believe doesn't count... as much as what my patient perceives does count.”*

-Brian Lee, CSP

## Perception is Deception

- ❑ As individuals, it's difficult to know how others perceive us.

### Question:

- *Why don't we see ourselves the way our patients do?*
- *Why won't patients tell you how they honestly feel about you while they're under your care and control?*
- *What would be the value of objectively measuring patient perceptions and using that data for continuous improvement?*

### Guess What?


CMS already thought of that!

### HCAHPS Recap:


The **H**ospital – **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems Survey

HCAHPS Mandatory *Inpatient* Survey

- ❑ 32 Questions
- ❑ 75 surveys per quarter
- ❑ Publicly Reported March 2008




www.HospitalCompare.hhs.gov

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Value Based Purchasing

**The Game Changer!**


**The HCAHPS Breakthrough 2013 Series**  1.800.667.7325



The Good News, Effective Oct 1<sup>st</sup>, 2012

**There are financial incentives for improving HCAHPS Scores!!**

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The Bad News...

*There is no new money!*

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In Year 1, hospitals lost

**\$850,000,000**





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Effective Oct 1, 2012

Hospital's base DRG payments have been **reduced by 1%**

... to pay for VBP incentive payments



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and that's just the start of DRG payment reduction...




F2013: 1.0%  
F2014: 1.25%  
F2015: 1.5%  
F2016: 1.75%  
**F2017: 2.0%**

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HCAHPS Domains  
(top box % floor minimum)

1. **Communication with Doctors (79.42%)**
2. Communication with Nurses (75.18%)
3. Responsiveness of Staff (61.82%)
4. Pain Management (68.75%)
5. Communication re Medicines (59.28%)
6. Cleanliness and Quietness (62.80%)
7. Discharge Information (81.93%)
8. Transition of Care (New Date TBA)
9. Overall Rating (66.02%)
10. Recommendation to others (TBA)

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**Recommendation:**

Leverage these winds of change as a **great opportunity to become great!**

Ps: That’s just the beginning;

- And now there is **CGCAHPS** for Clinics and Groups
- And coming soon to an office or clinic near you: **CGCAHPS!**
- And soon, **ER CAHPS!**
- And soon, **Ambulatory Surgery CAHPS**
- And soon, **Outpatient CAHPS**

Pps: Provider Comparison/Physician Compare

Are there some physicians who believe that:

- **only negative patients** respond to satisfaction surveys?
- there **never are enough responses** for a statistically sound sample?

**Common physician beliefs about patient satisfaction and productivity**

- *“I can achieve strong productivity or strong pt. satisfaction---but not both”*
- *“If I had **more time** with patients, I’d have great patient satisfaction...”*
- *“Physicians with great patient satisfaction scores are **that way naturally** --- some have ‘it’ --- and I don’t...”*
- *“Patients have **unrealistic** expectations...”*
- *“**My patients are different.** Sicker. Non-compliant. Have co-morbidities...”*
- *“The patient satisfaction survey is **flawed**...”*

-Source: Permanente Journal, Fall 2012. Boffelli, Thongvanh, Evans, & Ahrens.  
*Patient Experience and Physician Productivity: Debunking the Mythical Divide*

*“No one can tell if you’re a good physician or not – but they can tell if you are kind.”*

– Harlan M. Krumholz, MD, Yale School of Medicine

**Conclusion:**

To be successful today, a Provider must be a skillful:

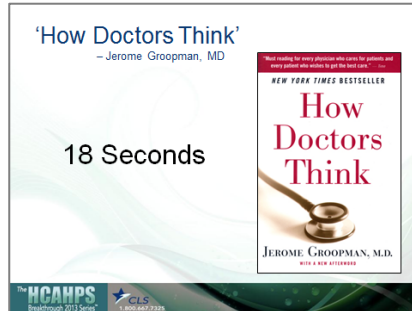
- Clinician, and
- Communicator

# 1

## Specific Best Practices

### Question:

How skillful can you become at **improving** your patient's experience?



What do *patients* want?

And, what do they expect? At bedside? In the examination room?

They want:

- Skillful Manners
- Skillful Listening
- Skillful Teaching

### Secret:

*“You Never Get a Second Chance to Make a Positive First Impression.”* -Anonymous

People judge people within 4 seconds.

### Skillful Manners:

Begin with a warm introduction:

- Establish eye contact
- Be alert, courteous and smile
- ***Shake hands***
- Introduce your name(s)  
*Hello, my name is \_\_\_\_\_, and you are?*
- *Make amends if you are late!*

### In praise of Authentic Introductions:

Have you ever considered introducing yourself by first name?



**These are ‘Skillful Manners’**

- You’ve read the chart before you start.
- KB4E.
- Settle in. Your “open” posture is friendly.
- You face the patient, not your laptop.
- You thank them for being your patient

**‘Join Up’ with your Patient:**

- There’s always time for a personal moment

**Poor Manners that are Not Skillful:**

- Rushed behavior
- Delayed appointments
- No attempt at establishing rapport

*“Good manners are a way of showing patients that we have respect for them.”*

-Bill Kelly

By the way... whatever happened to bedside manner?

**Skillful Listening:** engages the patient

**Listen for what *isn’t* said:**

- Establish rapport by not only hearing what the patient’s symptoms are – *but what they mean to that patient.*

Example: The patient may be asking himself:

*“Will my life ever be the same again after this?”*

**Skillful Listening Allows You to:**

- Steer clear of misunderstandings
- Give patient opportunities to voice expectations, preferences, responses
- Remind patient:  
*“There’s no such thing as a silly or foolish question when I’m in the room with you... I’ll listen and respond.”*

**Skillful Teaching Allows You to:**

- educate by partnering with patient
- turn patient concerns into understanding
- empower the patient: present treatment options

**Never Assume:**

- That patients have an easy understanding of numbers and percentages, especially when you describe treatment risks.

**The Three Minute Factor:**

“Surgeons who’ve never been sued spent 3+ minutes longer with each patient than did those who have been sued.”

– Blink Malcolm Gladwell Little, Brown & Co, 2005

*Use this time to educate your patient!*

**The Patient may be asking himself:**

- *Do I understand what is going to happen to me?*
- *Does this procedure make sense to me?*

**So Ask Questions that Lead to Patient Education:**

They sound like this:

- *“Many times, patients worry about... Do you feel that way?”*
- *“Sometimes patients are confused about... Have you any concerns that I can help you with?”*

**Recommendation:**

To ensure you understand a patient, reflect back or paraphrase and ask *“Do I have that right?”*

**Questions:**

- How does the use of these three sets of skillful behaviors differ for nurses?
- Or are these very same skills and sensitivities at the heart of the nursing profession?

**Conclusion:**

Good Manners, Good Listening, Good Teaching

**Question:**

How will you use this information to improve your practice?

**2****Tools, Equipment and Resources****Patient’s Communication Resources in the Room:**

Ten Tools used by Highly Effective Providers!

1. Whiteboards
2. Wong-Barker “Faces” Chart
3. An Anatomy Chart
4. Models, photographs, diagrams
5. Chalkboard
6. Drawing Paper  
When educating patients, it helps to draw a quick sketch... a picture is worth 1000 words.
7. A Chair  
Don’t hover over the patients bed  
Make sure each patient’s room has a bedside chair for doctor to use  
*“When you sit, you’re heart-to-heart”* -Brian Lee, CSP  
**Move the Chair to the Bedside**
8. Translators: Easy access to translators (*in-person or via telephone*) when English is not patient’s first language (“Inglés no es mi lengua materna”)
9. Smart Apps: Smart Apps - i.e. an iPad with easy access to diagrams of the body
10. A Communication Coach  
If you’re struggling with how to apply these communication skills...

**Where to find a Coach/Accountability Partner**

- A provider peer you admire
- A hospital colleague with exceptional people skills

**Which Tools will Enhance Your Professional Practice?**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Whiteboard                       | <input type="checkbox"/> 6. Drawing Paper        |
| <input type="checkbox"/> 2. Wong-Baker “Faces” Chart         | <input type="checkbox"/> 7. Chair                |
| <input type="checkbox"/> 3. Anatomy Chart                    | <input type="checkbox"/> 8. Translator           |
| <input type="checkbox"/> 4. Models, Photographs and Diagrams | <input type="checkbox"/> 9. Smart Apps           |
| <input type="checkbox"/> 5. Chalkboard                       | <input type="checkbox"/> 10. Communication Coach |

# 3

## Provider Skills and Behaviors

Empathy is the #1 Provider Skill

*“Empathy means temporarily living in the other’s life, moving about in it, delicately, without making judgments.”*

– Carl Rogers, PhD., American psychologist

*“No one can tell if you’re a good physician or not – but they can tell if you are kind.”*

– Harlan M. Krumholz, MD, Yale School of Medicine

### Empathy is Therapeutic:

- You can’t just trot empathy out.

Empathy **H.E.A.L.S.**:

**H – Hear** them and Tune In:

- to patients’ individuality
- to their emotional and cultural dimensions

**E- Empathize** through Intentional Presence:

“The ‘deep listening’ that is part of being empathetic is in fact the *spiritual* experience some patients seem to need.

*Simply listening becomes a powerful and moving experience.”*

– Barry Bub, MD, *Communication Skills That Heal*

**A-Align** with Their Emotions:

*“I can tell you’ve had a tough time...”*

*“I can see why you’re discouraged...”*

*“I can tell you’re disappointed...”*

**L – Listen** through Silence:

- Allow silence
- Give patient time to digest information, form questions, and not feel rushed

**SILENT = LISTEN**  
(Same Letters)

**Question:**

- Empathy is a psychological nutrient
- Would your patients say they’re getting their *daily empathy requirement* from you?

# 4

## Provider Scripting Recommended “Conversation Starters” - Examples

### Question:

What would be the value of using **key words at key times**? We don’t call it “scripting”, we call them Sentence Starters, or, Conversation Starters

### What do these organizations have in common?

- Marriott Hotels
- The Ritz-Carlton
- Hilton Hotels
- American Express
- Chick-Fil-A (and all successful restaurant chains)
- Nordstroms

Social Graces, Scripting, Why not Health Care? Your words help heal!

### Help the Patient Understand the Context of Care, and What to Expect

- “First I’ll examine you, and then we’ll have time for questions...”
- “We need to run \_\_\_\_\_ tests. This should take approximately \_\_\_\_ minutes.

### When doing ‘active listening’ use head nods and “uh-huhs...”

- “Tell me more...”
- “And then what happened...?”

### Connect with Patients by Giving:

- the right information at the right time for the right reason.
- a gentle touch, which signals caring

### Your voice is an instrument... Use IT!

- Vary tone, speed, and inflection
- Beware of an authoritative voice (It’s proven to work against everything you’re trying to accomplish)

Communication is:


- 7% Words
- 38% Tone of Voice
- and 55% Body Language




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Your body language speaks volumes!

- Your body never lies
- What message is your body sending?
- What about your facial expression? Is it “open” and welcoming?



**Hint:** Your face becomes “open” and “interested” when you raise your eyebrows. Try it!

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### Recommendation:

#### Be aware

*“Customers judge you by: The way you look, what you say, how you say it, what you do, and how you do it.”*

– Dale Carnegie

# 5

## ED Physician Communication

### Make a Positive First Impression

- In the ED there's no time to correct a wrong impression.
- Take the extra few seconds to make the right first impression.
  - a relaxed face
  - open body language
  - a warm personal introduction
  - authentic listening (hear underlying emotions, fears)

### The Magic Question:

At an ED Admitting Desk, the patients' intake questionnaire should ask this question:

*"What do you hope to get out of this visit?"*

### Recommendation:

If you can't meet the expectation, be sure to manage it.

## 6 Three Thoughtful Questions that Guarantee Improved HCAHPS Scores

Tying the Bow around your patients' visit:

To ensure your patient's experience has been a communication success... Wrap up each patient visit with these **3 questions**:

### Question #1: Skillful Listening

- Cite the key points to assure/remind patient you heard him/her
- *"I just want to make sure I've heard and addressed your concerns. They were..."* (and you enumerate the two or three major issues your patient presented.)
- *"Did I cover everything to your satisfaction?"*

### Question #2: Skillful Teaching

To be certain the patient internalized what you taught:

- *"I want to be confident you understand the steps/plan of care we'll take together to see that you get better as soon as possible."*
- *"Could you summarize what you see as our road map to return you to good health?"*

### Question #3: Skillful Manners

This is your polite thank you for the opportunity to care for the patient:

- *"Thanks for letting me take care of you... I realize that \_\_\_\_\_ is of great concern to you, and I want you to know that I take your health very seriously..."*
- *"How are you feeling about our visit today?"*

### Note: Validate the Client/Patient

- *"You were right to come in, your blood pressure was getting up there."*
- *"You were right to bring your mom in. Her blood pressure was getting up there."*

### Recommendation: "I am your doctor"

- *"Here is my cell phone number if you need me... Or,*
- *"The day and night Nurse Managers know how to contact me. You can remind them that I am your Doctor!"*

### Question:

If you were consistent about wrapping-up with these three patient focused questions, how positive would the impact be on your HCAHPS Scores?

**Our Challenge:**

*“The Practice of Medicine is an art, not a trade, not a business, but a calling in which your heart will be exercised equally with your head.”*

– William Osler, MD, 1849 - 1919

**A Final Thought**

**It is Just Manners**

*It is just manners.*

*There is nothing complicated about it.*

*It is just saying*

*how does one human being*

*relate to another human being.*

*We don't need complicated frameworks or communication stuff.*

*We just need a moment of thought, and then,*

*the decency the situation requires.*

– Arthur Frank, PhD., University of Calgary



## Personal DO IT Plan

- 1. Ensure you have a copy of this webinar's "Skillful Physician Communication at-a-glance" mini-poster and wallet/purse cards, to use as a handy reference.
- 2. Meet with your Hospital's HCAHPS/Patient Satisfaction Survey Report Coordinator, to get up to date on your personal HCAHPS scores and other (i.e. Clinic-CGCAHPS/ED) reports. If you are not getting this information, request a quarterly update.
- 3. If your HCAHPS/Patient Experience Scores aren't great, then recruit a coach, to assist and support you. Be sure to set your own personal goal. Record and check how your voice sounds. Get a second and third opinion. If it is less than patient – friendly, ask your coach for some quick tips.
- 4. Be sure to begin every patient consultation with a self-introduction, and small talk. (which is really BIG TALK!)
- 5. Begin every consultation with "What do you hope to get out of this visit?" Your goal is to either meet or manage patients expectations.
- 6. Focus your patient communication on skillful manners, listening and teaching.
- 7. Meet with your CNO, or Unit Nursing Director to assure all patient rooms have the necessary tools/resources for patient education
- 8. Focus on Empathy as a therapeutic psychological nutrient, that H.E.A.L.S.  
H= Hear, E= Empathize, A= Align, L= Listen
- 9. Test out the recommended "Conversation Starters," and adapt and choose those that work best for you.
- 10. Wrap up every patient visit /consult with the "Three Thoughtful Questions."  
 Question #1 – Skillfull Listening: **"I just want to make sure I've heard and addressed your concerns. They were...** (and you enumerate the two or three major issues your patient presented.) **Did I cover everything to your satisfaction?"**  
 Question #2 – Skillful Teaching: **"I want to be confident you understand the steps/plan of care we'll take together to see that you get better as soon as possible. Could you summarize what you see as our road map to return you to good health?"**  
 Question #3 – Skillfull Manners: **"Thanks for letting me take care of you... I realize that \_\_\_\_\_ is of great concern to you, and I want you to now that I take your health very seriously... How are you feeling about your visit today?"**
- 11. Form an HCAHPS Improvement Study-Group with physicians to share best practices for improved patient communication.
- 12. If you are the CMO or Chief of Staff; Facilitate a discussion with your colleagues to set an annual goal for the Physician domain questions. Ask your colleagues to approve forwarding a quarterly comparative ranking of Physician HCAHPS/Patient Experience Scores, to every provider on staff.

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# Tools & Resources

Tools

To support your team to achieve its HCAHPS performance improvement goals, we are pleased to offer these value added Educational Resources and Implementation Tools. For more information give us a call at 800-667-7325, or email [webinars@customlearning.com](mailto:webinars@customlearning.com).

- One Hour (Free) Coaching Call  
Problem solve & overcome barriers with this powerful value added Webinar Series benefit.
- The CEO's Service Excellence Initiative™ - (no charge – travel expenses only)  
A comprehensive 2 day Service Audit and dynamic 4 hour HCAHPS Leadership Seminar
- HCAHPS HOPE Plan™ - Implementation System  
A systematic Blueprint/Tool Kit to continually improve and sustain HCAHPS scores.
- The HCAHPS 60 Day Quickstart™  
High impact training, coaching and best practices to get HCAHPS scores moving quickly.
- HCAHPS Performance Improvement E-learning Series  
10 Module Online Interactive Education Series that enables all staff be HCAHPS competent.
- The Frontline Culture of Engagement Initiative™  
Create a sustainable culture of employee empowerment as an Employer of Choice
- The DO IT Implementation Meeting™ – Train-the-Trainer Course  
A "How-To" System to engage everyone in continuously improving HCAHPS and the Patient Experience.
- HCAHPS based Patient Experience Skills for Everyone
- Relationship based HCAHPS Skills for Nursing
- The Annual HealthCare Service Excellence - [www.HealthCareServiceExcellenceConference.com](http://www.HealthCareServiceExcellenceConference.com)
  - National Symposium on HCAHPS Success
- Brian Lee, CSP, Onsite Keynote Presentation
  - The Magic of Engagement™
  - The Six Secrets of a World Class Patient Experience™
  - The HCAHPS Hospital of Choice™

# Frequently Asked Questions (and Answers)

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If you have already registered for the series, please go to: [www.telenect.com/u/145als79p6/](http://www.telenect.com/u/145als79p6/) and at the bottom of the screen you will see an 'Already Registered' button. Login using your email address and the password you previously created. If you have forgotten your password please click 'I forgot my password' and you will receive an email from Telenect asking you to reset your password.

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## 2. I don't know my Sponsor Code so what do I put in the field?

If you do not know your Sponsor Code please contact the individual who invited you to the webinar series. This will typically be the organization and/or your hospital who invited you to participate on the series. If you still cannot find out your Sponsor Code please insert 'Unknown' in the Sponsor Code field.

## 3. It is the day before a webinar and I have not received the Learning Guide. How do I get it?

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Once you log-in to the webinar there will also be a link under the 'Description' containing the document download.

## 4. Can I get CEU's from the HCAHPS Breakthrough Webinar Series?

No. Unfortunately we do not issue CEU's for this webinar series. You can contact your governing organization to see if they are able to issue them for you.

## 5. I'm going to be late for the webinar or miss it entirely, can I still watch it? How long do I have to watch it?

Yes, you can begin the webinar any time after it begins at its set time. We don't want you to miss it so if you join late it will take you right to the beginning as we are recording it for the archive file. If the entire webinar has passed you can log-in to your account and access it anytime. You will have access to the webinar series for 1 year from the date the webinar originally aired.

## 6. How do I access the tools mentioned in the webinar including the certificate?

In order to access the tools you will need to complete the evaluation form in one of two ways. The first way is electronically. Once the webinar has finished you will be re-directed to a website where it will give you further instructions including a special log-in username and password. On the last question of the evaluation page there is a link that you can copy and paste into your browser to access all of the tools, including the certificate.

(If you are having troubles with the log-in page, please close all browser windows and try again with a fresh browser.)

The second way to access the tools is to complete the paper copy of the evaluation form and fax it into our office.

Our office will be in contact with you via email with the link to the tools.

## 7. How do I add/invite others to the watch the webinar series?

Once you are logged in, on the right side of the screen you will see a 'Register Others' icon. Enter their email address and they will be invited to register for the Webinar Series.

## 8. Is there a phone number for me to call in to hear the webinar?

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*You've just heard from us, now we'd like to hear from you. Thank you.*

We **totally employ** about # \_\_\_\_\_ full and part time staff, at \_\_\_\_\_ facilities.

1. **For me, the most valuable idea I learned and intend to use is:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

2. **What I would tell others about the quality of the speakers and value of the content:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ O.K. to quote me: YES NO

3. **Presentation improvements I would suggest:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

4. **On a scale of 1 - 5, this presentation:** (Met My Expectations) 5 4 3 2 1 (Did Not)

5. **Featured Implementation Tool:**

Yes A. **Skillful Physician** Communication at-a-glance

Yes B. Interested in Scheduling Our **Team Coaching Call**

6. **P.S. – My Best Tip:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  More on Reverse

PLEASE PRINT

First/Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Bus. Phone:(\_\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

\*Email: \_\_\_\_\_