Improving Care Through Training in Quality, Safety, and Patient-Centered Communication Skills

2014 Integrating Quality Webinar Series

Wednesday, May 14, 2014
Welcome & Introductory Remarks

• Submit your questions and comments to the “Panelists” using the Chat feature on the right side of your screen

• The recording and presentation slides will be made available within one week of this web conference at www.aamc.org/iq

• At the completion of the webinar, please complete the brief evaluation to provide feedback on today’s program and suggestions for future topic areas
Clinical Care Innovation Challenge

This program recognizes AAMC member teaching hospitals and medical schools that have implemented—or are developing—programs to address clinical care innovations, including new delivery, payment and training models, which integrate education and research to improve value and quality.

<table>
<thead>
<tr>
<th>Challenge Award Winners</th>
<th>Pilot Project Winners</th>
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<tr>
<td><em>Cleveland Clinic</em></td>
<td>University of Illinois College of Medicine at Peoria and UnityPoint Health Methodist</td>
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<td>University of Missouri School of Medicine</td>
<td>Cincinnati Children’s Hospital Medical Center</td>
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<td>University of Colorado School of Medicine</td>
<td>University of Minnesota</td>
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<td><em>LSU Health Sciences Center</em></td>
<td>NYU School of Medicine</td>
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<td>Vanderbilt University</td>
<td>Massachusetts General Hospital</td>
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Awardee profiles are available at [www.aamc.org/iq](http://www.aamc.org/iq)
**Program Goal:** To disseminate best practices and celebrate successes in care delivery transformation, interprofessional education, and research that leads to high-value, high quality care delivery across the continuum in academic medical centers.

This year's program will feature a number of plenaries, workshops and posters focused on the following areas:

- Improving Value Through Clinical Transformation and Implementation Science;
- Innovations in Medical Education and Health Professions Training in Quality, Value, and Patient Safety;
- Faculty Development and Scholarly Careers in Quality, Value, and Patient Safety;
- Student & Trainee Initiatives in Quality, Value, and Patient Safety; and
- Team Based and Interprofessional Approaches to Quality, Value, and Patient Safety
Meeting Highlights

- **Keynote Address** - James Bagian, MD, PE, Director, Center for Healthcare Engineering and Patient Safety and Chief Patient Safety and Systems Innovation Officer, University of Michigan.

- **Plenaries** on enhancing the clinical learning environment for quality; big data and health information technology; improving care delivery at the primary care/specialty care interface, and **Integrating Quality Across the Academic Medical Center**.

- Over 15 **concurrent sessions** and **interactive workshops**

- **Small group discussions** with awardees from the AAMC Clinical Care Innovation Challenge and Learning Health Systems Challenge programs.

- Three poster sessions with over 100 posters across the meeting theme areas

- New! Meet the Mentor activity, Lunch table-top discussions, Awards Presentations and Networking Receptions.

**Online Registration ends June 2, 2014** ([www.aamc.org/iq](http://www.aamc.org/iq))
Presenters:

Adrienne Boissy, MD, MA
Medical Director of the Center of Excellence in Healthcare Communication
Cleveland Clinic

Mary Coleman, M.D., PhD
Director of Community Health Clinics
Professor of Family Medicine
LSU Health Sciences Center
Engaging Physicians in Communication Skills Training...Anything Is Possible

Adrienne Boissy, MD, MA
Director, Center for Excellence in Healthcare Communication
boissya@ccf.org
A Story
In accordance with section 10331 of the Affordable Care Act, we intend to utilize Physician Compare to publicly report physician performance results.

CMS 2014 Professional Fee Schedule
...the value-based modifier has the potential to help transform Medicare from a passive payer to an active purchaser of higher quality, more efficient and more effective healthcare by providing upward payment adjustments under the PFS to high performing physicians and downward adjustments for low performing physicians (and groups).

CMS 2014 Professional Fee Schedule
Special Report for Massachusetts residents

How Does Your Doctor Compare?
Opportunities for Improvement

Doctor Communication Verbatims

- Attitude / Compassion: 17%
- Listening: 10%
- Explain: 20%
- Other: 1%
- Dr Time: 3%
- Staff Dr Access: 24%
- Coordination: 25%

72% Communication

© Cleveland Clinic
Characteristics of Physician Survey Scores & Legal Finance

Source: 2012 Press Ganey, CCHS Ombudsman Complaints/Grievances and CCHS Law Dept

*incurred loss includes indemnity pay + legal expenses
## Taussig Cancer Institute

### Patient Experience Physician Report

December 1, 2009 through November 30, 2010

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Doctor Communication

- Physician leadership
- Education and Communication
- Data transparency
- Task force
  - How do we “teach” improvement?
  - Peer physician coaches
REDE© Model of Healthcare Communication

**Relationship:**
- Establishment
- Development
- Engagement
Key strategies

- Doc to Doc
- Surgeons
- Leadership support – verbiage, time
- Safe setting with 10-12 participants
- Let MDs bring their own cases that haunt them
- This is an investment in our staff
"Well, right now I'm feeling a little uncomfortable"
## Summary of scores

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<tr>
<td>Total score of perceptions</td>
<td>782</td>
<td>18.0[18.0,20.0]</td>
<td>29.0[25.0,32.0]</td>
<td>9.0[7.0,13.0]</td>
<td>&lt;0.001b</td>
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<td>Total score of confidence</td>
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<td>Total Maslach emotional</td>
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<td>exhaustion</td>
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</table>

p-values: b=Wilcoxon signed rank test
## Change in Perceptions

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<th>Perception</th>
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<th>Score (Lower, Upper)</th>
<th>Significance</th>
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<td>Relevant to Practice</td>
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<td>Teach Feasible Skills</td>
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<td>Enhance Knowledge of Skills</td>
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Outpatient Medical Practice

Total physician scoring performance pre/post course completion

%ile Rank

Pre | Post
---|---
CP1 | p0.241 |
CP2 | p0.457 |
CP3 | p0.087 |
CP4 | p0.246 |
CP5 | p0.019 |
CP6 | p0.079 |
CP7 | p0.146 |
CP8 | p0.017 |
CP9 | p0.001 |
CP10 | p0.001 |
What we have learned about teaching communication skills
DON'T WORRY - WE KNOW WHAT YOU NEED WE'VE BEEN DOING IT THIS WAY FOR YEARS!!!
Lessons

• Everyone can change something
• Effective communicators can elevate not so effective
• Staying curious…a lost art
• Its not really “good or bad”
• Disconnect between intent and interpretation
• Recognition of cues
• Importance of aloudness
Culture
Cleveland Clinic

Every life deserves world class care.
Diabetes Care Management Using Interprofessional Student Teams as a Means to Improve Care and Enhance Training in Medical Home Principles

May 14 2014
Mary Thoesen Coleman, MD, PhD
Professor, Family Medicine; Director, Community Health
Louisiana State University, New Orleans, LA

Angela McLean, MD, Lakeisha Williams, Pharm D, MSPH,
Khaleelah Hasan, MN, RN, CNE, Ellen Lee, LCSW, Caroline Munson, MBA

AAMC Improving Care through Training in Quality, Safety, and Patient-Centered Communication Skills
Today’s Objectives

• Describe an educational clinical interprofessional program that uses medical home principles to care manage uncontrolled diabetics.
• Provide underlying models used to design the program.
• Share drivers, challenges, and lessons learned.
Drivers for Developing This Clinical Educational Program

• Curricular need for ambulatory skills that improve chronic care and prevention: teamwork, access, continuity, population management, patient behavior change, quality improvement.
• Desire for interprofessional longitudinal experiences
• Limited resources for hiring care manager to address chronic illness
• Private-public partnership environment where it is important to demonstrate value that learners can bring to patient care
• Patient-centered approach to care
Program Objectives

• Improve care of a subset of uncontrolled diabetic patients in the ambulatory clinic of Internal Medicine residency training program.

• Enhance learning by engaging students in medical home principles of care: access, quality improvement, care management, population management, and patient self engagement.
Exemplary Care and Learning Site Model


- Better
  - Patient care
  - Professional development
  - System performance

- Care and Learning continually improving

- Health professionals, patients and families, learners, leaders, and data interrelating around
  - Culture
  - Environment
  - Resources
Patient Centered Medical Home

- Enhanced Access and Continuity
- Identification and management of populations
- Planning and managing care
- Self care and community support
- Tracking and coordinating care
- Measuring and improving performance
# Program Participants

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<td><strong>22</strong></td>
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*Internal Medicine, Family Medicine, Social Work, Pharmacy, Nursing, Health Care Management*
DIME Patient Participants

• 42 Patients with uncontrolled diabetes, A1c > 9 who seek primary care at Internal Medicine Residency practice or faculty practice in Family Medicine or Internal Medicine
Description of Clinical Program

- Clinic is scheduled half day/week 16 weeks each semester
- 5-6 diabetic patients assigned to each medical or physician assistant student per semester each functioning as patient liaison with faculty or resident primary care provider
- Patients scheduled to participate in face to face visits approximately once/semester, invited to group visits once a semester, and offered frequent phone calls throughout the semester
Description of Educational Program

• Instruction in Components of Medical Home with emphasis on Fundamentals of Health Care Coaching, Behavior Change, Diabetes Mellitus disease management, Engagement in improvement of care

• Participation in Team meetings for creation of patient care plans, for didactic sessions relevant to Care management, Quality improvement

• Orientation and Wrap up meetings with suggestions for improving clinical as well as educational components
Team Meetings

- Huddles prior to visit
- Care plans after visit
- Didactics
Specific Medical Home Principles Addressed

- Population Management
- Team-based care
- Patient self management support
- Access
- Quality Improvement
Desirable Resources

- Facilities: Clinic conference room for group visits, team meetings
- Office area with tables and phones, internet access
- Equipment: Projector/computer, dedicated whiteboards for display of quality indicator progress, file cabinets set up for educational in sessions in clinical outpatient area
- Personnel:
  - On site nursing/physician/pharmacist faculty
  - Off site social worker faculty
  - Course coordinator
- Educational materials: Moodle course for sharing of patient information, educational resources for both learners and patients,
Electronic Course: Moodle
White Board For Data Display
“The value of specific goals”
“How to reframe questions”
QI Focus: Health Literacy

REALM-R WORD
LIST
Fat
Flu
Pill
Allergic
Jaundice
Anemia
Fatigue
Directed
Colitis
Constipation
Osteoporosis

Pilot Health Literacy Screening

"The excitement of QI when it works"
Teach Feed Back Loop

**Student Comments**

- “I learned about continuous quality improvement. I think this was so important for me to appreciate—because the system is obviously not perfect, and it’s nice to learn about how to improve things, even in some small way.”

Asking Patients what they understand about insulin and blood sugar measurement
Challenges

• Hospital required pre-participation clearance for student participation in clinic
• Limited student access to electronic medical records
• Lack of permission for students to document within electronic medical records
• Patient recruitment/no shows/ level of engagement
• Scheduling conflicts among different disciplines
• Curricular limitations on length of experience for certain disciplines creating discontinuous teams
• Lack of continuity of resident providers
• Data Collection for evaluation
Lessons Learned

• Electronic depository for all of the information such as Moodle helps to organize both educational and clinical information needed.

• Student access to the electronic medical record is important for efficiency.

• Extending the experience to two semesters provides more time to develop relationships, learn systems, and affect outcomes.

• Students develop own strategies to improving quality of care.
Summary

• A team of interprofessional students provides care management in a longitudinal clinical educational experience based on medical home principles.

• The patient centered medical home and the Exemplary care and learning site model provide a useful framework for shaping the experience.

• Challenges remain but lessons learned indicate value in expanding the experience.