

Using Patient Feedback to Improve Physician Communication AND Care

Glen Iannucci, MD
 Assistant Professor of Pediatrics, Emory University
 Sibley Heart Center / Children's Healthcare of Atlanta
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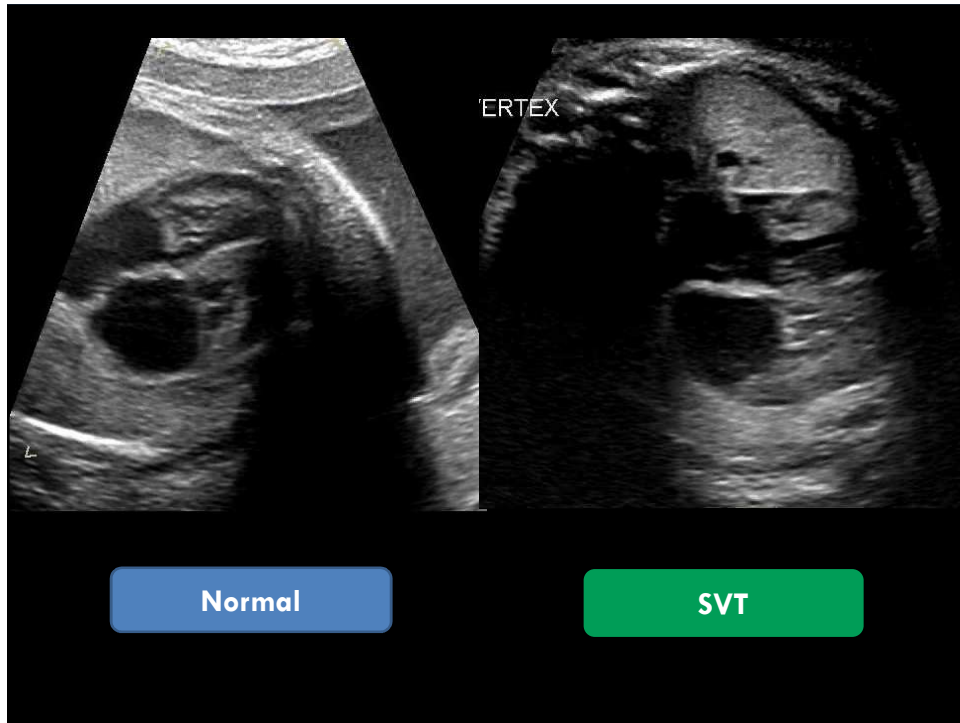
Financial disclosures

Glen J. Iannucci, MD
 Personal Professional Financial Relationships with Industry

External Industry Relationships *	Company Name
Equity, stock, or options in biomedical industry companies or publishers	None
Board of Directors or Officer	None
Royalties from Emory or from external entity	None
Industry funds to Emory for my research	None
Other	None



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Other reasons to care about patient satisfaction?

[JAMA](#), 2002 Jun 12;287(22):2951-7.

Patient complaints and malpractice risk.

[Hickson GB¹](#), [Federspiel CF](#), [Pichert JW](#), [Miller CS](#), [Gauld-Jaeger J](#), [Bost P](#).

CONCLUSIONS: Unsolicited patient complaints captured and recorded by a medical group are positively associated with physicians' risk management experiences.

[Am J Med](#), 2005 Oct;118(10):1126-33.

The relation of patient satisfaction with complaints against physicians and malpractice lawsuits.

[Stelfox HT¹](#), [Gandhi TK](#), [Orav EJ](#), [Gustafson ML](#).

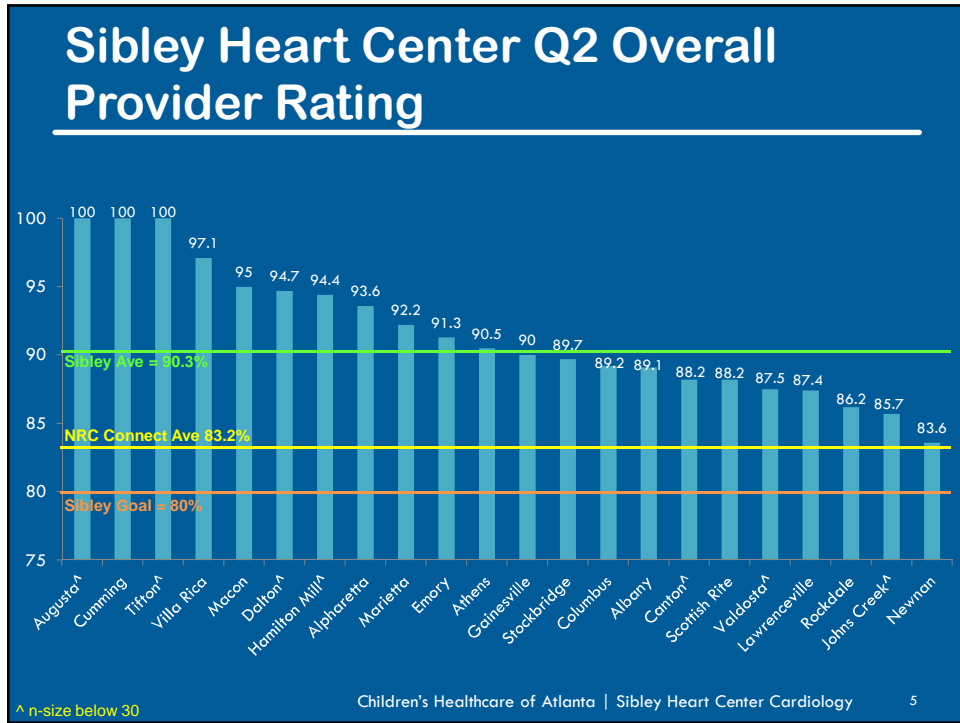
CONCLUSION: Patient satisfaction survey ratings of inpatient physicians' performance are associated with complaints from patients and with risk management episodes. Commonly distributed patient satisfaction surveys may be useful quality improvement tools, but identifying physicians at high risk of complaints from patients and of malpractice lawsuits remains challenging.

[J Emerg Med](#), 2011 Oct;41(4):405-11. doi: 10.1016/j.jemermed.2010.10.021. Epub 2011 Jan 7.

Association of patient satisfaction with complaints and risk management among emergency physicians.

[Cydulka RK¹](#), [Tamayo-Sarver J](#), [Gage A](#), [Bagnoli D](#).

CONCLUSIONS: Patient satisfaction scores are not associated with increased risk management episodes but are closely related to receiving complaints. Receiving complaints is a strong marker for increased risk management episodes and should prompt early corrective action.



Sibley Heart Center

- Wholly owned subsidiary of Children's Healthcare of Atlanta
- Private practice model with & academic appointments
- 54 pediatric cardiologists
 - 34 Outpatient physicians
- 22 clinic locations
- 41,000 annual clinic visits
- Customer Service Priority

• TEAM



Out-hustle and Out-compete

- Hospital consults - Referring physicians have a choice.
 - “Why is everyone in your practice so pleasant?”
- Outpatient visits – Patients have a choice.
- Motivate your team.



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Avoid a bad start



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Set expectations

- Depending on potential testing during your visit it may be up to 2.5 hours in duration.
- While on hold:
 - “...medical appointments can be stressful...Just ask us at the time of scheduling if you have questions about your insurance coverage, deductibles or need an estimate for your visit.”

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Front desk = First impression



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What makes a job in healthcare unique?



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Physician performance



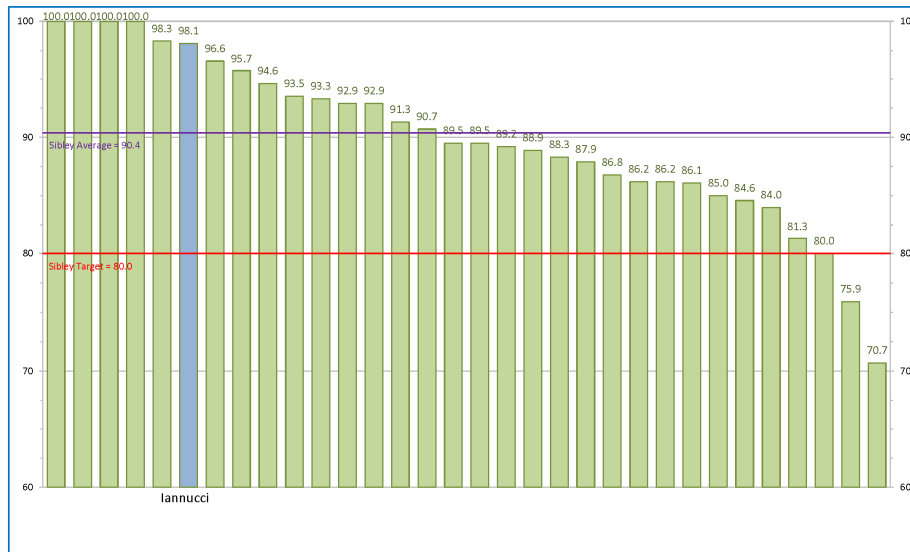
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Patient feedback

- Prior to our use of NRC Health data the n-size significantly limited the use of feedback.
 - Appropriate physician skepticism regarding “data”.
- Conversion to NRC Health:
 - Dramatic increase in n-size (320%).
 - Physicians trust the data.
- Provided quarterly to each physician.
- Reports reviewed at annual performance review with Chief.

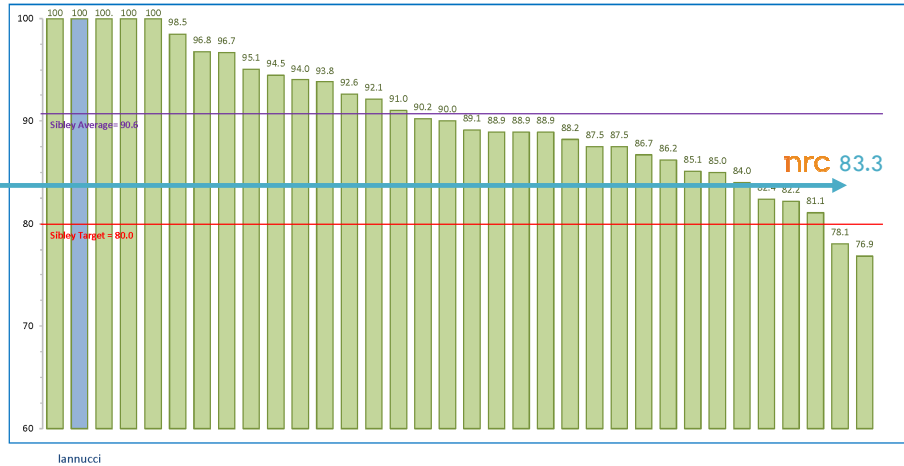
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Overall Provider Rating: Dr. Iannucci Q3 2016



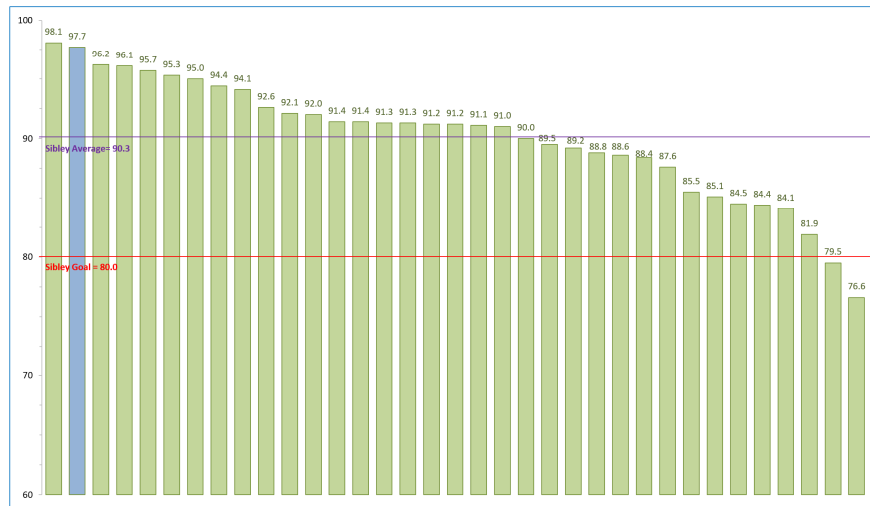
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Overall Provider Rating: Iannucci Q3 2017

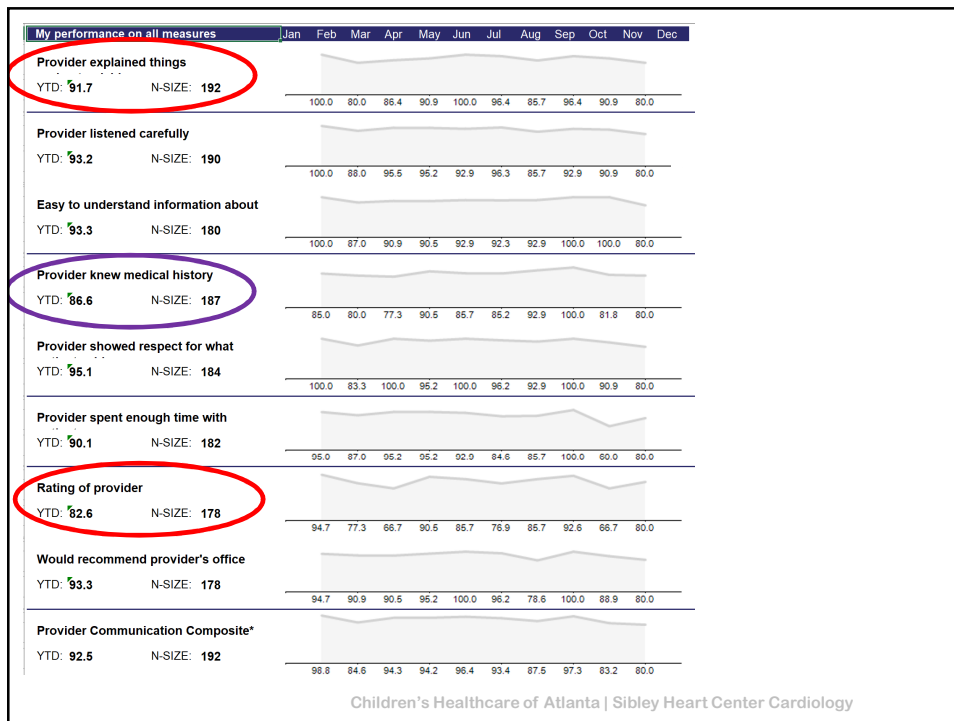
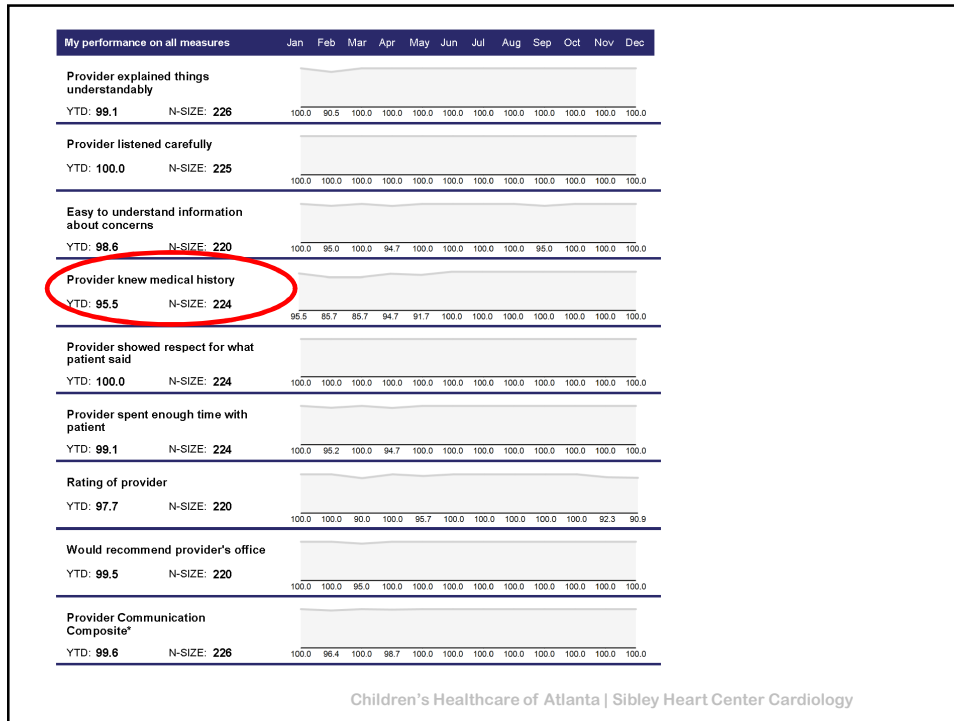


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Overall Provider Rating: Iannucci Jan – Dec 2017



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Comments

- Many focus on wait times.
- Overall theme to others has to do with provider interaction:
 - “Seemed distracted”.
 - “Did not address our concerns”, “Still worried”.
 - “Needs better bedside manner”.
- Hard to overcome initial impressions (“rude” staff).
- Still many positive comments.

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Harness spirit of competition



MEDICAL SCHOOL BY THE NUMBERS

Average MCAT® scores*

Test-takers 26	Applicants 29	Matriculants 31
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350 HOURS recommended MCAT study time*

Kaplan's MCAT course has...

11,000 practice questions	19 full-length practice tests	3.6 average GPA of a first-year medical matriculant*
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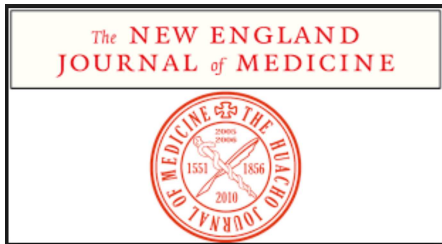
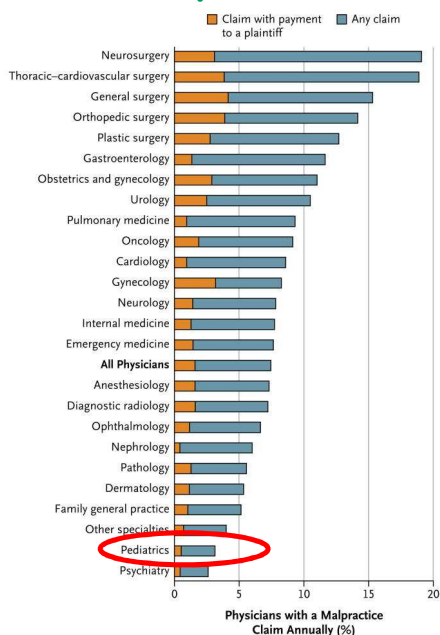
41.7% average acceptance rate*

*Source: AAMC (2012-2013), J.D. et al., 2008.
MCAT® is a registered trademark of the Educational Council for American Medical Colleges. Test-takers and other test-takers use the property of the respective trademark holder. None of the trademark holders are affiliated with Kaplan or its website.

KAPLAN TEST PREP f t i y
kaptest.com/MCAT

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If competition doesn't work, try fear



N Engl J Med. 2011 Aug 18;365(7):629-36. doi: 10.1056/NEJMsa1012370.

Malpractice risk according to physician specialty.

Jena AB¹, Seabury S, Lakdawalla D, Chandra A.

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Sample response

I just reviewed these. It was really disappointing for me to be so low (below average towards the end). I read the comments and can't find anything that is helpful in terms of behavior or things I can work on changing. Most of my scores were in the high 80s, but I got killed on rating of provider and knowing past history. The comments that were negative were based on lab results and wait time in the lobby.

Can one disgruntled family tank my number? How many gave me a low rating? Based on my calculations one person gave me a 0-6 rating and it looks like it may have hurt my average. But, maybe with 29 responses, it didn't do much. Can we find out what comments came from the disgruntled family?

Anyway, I would like to make this better.

Let me know what feedback I can use.

Thanks

From: Kimberly Cordum

Sent: Friday, October 14, 2016 1:24 PM

To: [Redacted]

Subject: NRC Picker - Patient Satisfaction Reports

Hi [Redacted] attached are the new patient satisfaction reports from NRC Picker for Q3. Please let me know if you have any questions.

Best regards,

Kim

Kimberly Cordum

Manager, Call Center & Customer Service

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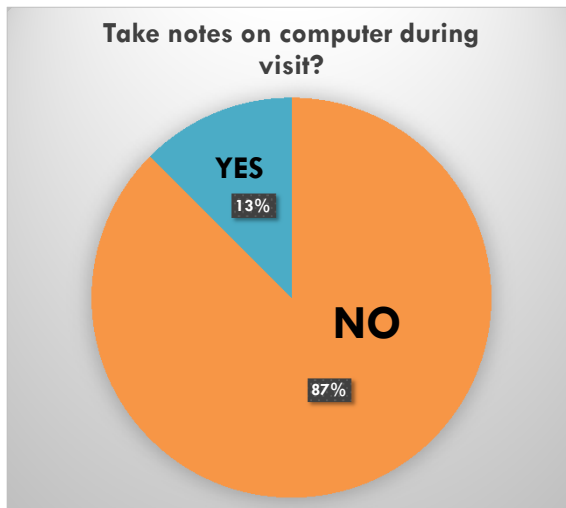
Polling our top-performers

- 9 physicians in our group had satisfaction scores greater than 90% for over 8 months of 2017.



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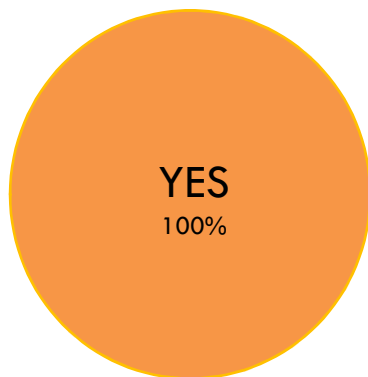
Do you take notes on the computer with a patient in the room?



Yes – “It saves me a lot of time when I am writing notes at the end of the day.”

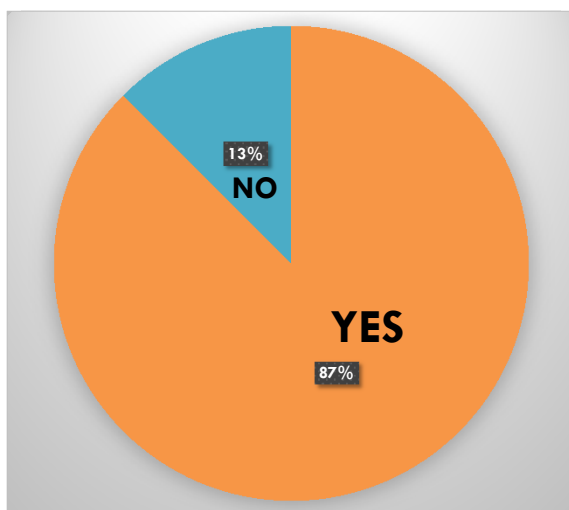
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Do you sit down?



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Do you reference that you have reviewed their prior records?



Yes – “This is what I understand about you from reviewing prior records, please correct me as we go.”

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Things you do that provide positive patient experience:

- Computer should be used for educating, not charting.
- Introduce yourself to the family AND child.
- Lower seat to be eye level (or lower with patient).
- Make sure you understand family concerns.
- “If it is okay with you I’m going to think out loud.”
 - Explain rationale for doing (or not doing) testing.
- Always apologize for wait. Never seem rushed.
- Avoid medical jargon.
- Do not start with “Why are you here.”

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Takeaway document



1 800 369 4204
nrchealth.com

Tips for Physicians Created by Physicians

Advice from top performing physicians, scoring above the 93rd percentile rank.

Prior to the Visit

- Always do chart reviews and make notes in advance. If something is odd, try to figure it out.
- Staff are the opening act with patients before the physician comes in. Staff will manage up the physician make the families feel comfortable.
- Be conscious of the wait time, minimize delays, and provide periodic updates.

During the Visit

NON-VERBAL COMMUNICATION

- First focus on the child by getting down to their eye level and find out what the family is worried about.
- Have family sit with the child for exam if the child is scared. Start exam at their feet.
- Watch for non-verbal cues while listening and answer the family concerns first – it’s far more important than just providing knowledge about the problem and creates alignment with the family that you are working together to address their concerns.
- Appear calm and unburdened. People don’t mind waiting when given time during their appointment.
- The computer is used for educating not charting.

VERBAL COMMUNICATION

- Introduce yourself to the patient and the family and always apologize for the wait.
- Always speak to the patient/child regardless of age or developmental delay, then the parent. Start and end the visit with a focus on one of the child’s interests (i.e. hobbies, sports)
- Preview what is going to happen before doing it (i.e. “I’ll start by asking some questions then do an exam, and then we can discuss any testing that may be necessary”)

- Let the patient and family know you reviewed their case. You can say, “I understand the following from reviewing your history with nurse...”. Or you could say, “From review of your prior records I understand...” and follow up with, “I should probably warn you that I think out loud” – this way as a physician you are explaining the rationale for doing (or not doing) certain tests.

- Understand the “Why” behind the patient’s presentation. Ask questions like, “Tell me what you think a murmur is? I want you to know what a murmur is and is not. My job today is to clear up if your chest pain is from your heart or from something else.”
- “Slow down” when speaking to patients and families and ALWAYS avoid using medical jargon.

Ending the Visit Successfully

- End **apocryphal** with, “We are here for you, if you need us. Here is the method for getting a hold of us. If you feel like your questions have not been answered, ask to speak to me directly and my team will get ahold of me.” If it is a surgery day, let the family know their call may be returned a few hours later.
- Always ask if they have additional questions. Have nurse check them out to give them an additional opportunity to ask questions.

NRCHEALTH

2

*Takeaway Document Included in the Event App

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Our next steps

- Distribute to all physicians in our practice
- Raise the bar
- Strategic planning
 - Incentives for lower-performing clinics
 - Price transparency

Sibley Heart Center
Cardiology -
Gainesville



Nothing could have made our experience better. Dr.
[redacted] and his nudes were Awesome!!

08/30/2016 English