

A Governance Institute Webinar May 6, 2021

Gregory Makoul, Ph.D., M.S.

CEO, PatientWisdom NRC Health

Faculty of Medicine Yale School of Medicine







Today's Presenter



Gregory Makoul, Ph.D., M.S. CEO, PatientWisdom, NRC Health

Dr. Gregory Makoul is internationally recognized for expertise in physician-patient communication and shared decision making as well as a radical common sense, person-centered approach to healthcare innovation. He is Founder and CEO of PatientWisdom, named one of the 100 solutions in the world with the greatest potential to change healthcare; PatientWisdom is now part of NRC Health. Dr. Makoul is also on the faculty at the Yale School of Medicine and the University of Connecticut School of Medicine, following 15 years on the full-time faculty at Northwestern University Feinberg School of Medicine, where he was Professor of Medicine and Director of the Center for Communication & Medicine. He was also Chief Innovation Officer at Saint Francis Care, gaining real-world experience as a health system leader.

Learning Objectives

After viewing this Webinar, participants will be able to:



Define why learning what matters to patients at the n=1 level is the key to better care.



Identify lessons learned by listening to clinicians and staff on the frontline to create a more responsive ecosystem.



Describe an example of how listening to community members can help health organizations develop or partner with programs that people will use.

Continuing Education

Continuing education credits available



In support of improving patient care, The Governance Institute, a service of National Research Corporation, is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team. This activity was planned by and for the healthcare team, and learners will receive 1 Interprofessional Continuing Education (IPCE) credit for learning and change.

AMA: The Governance Institute designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ACHE: By attending this Webinar offered by The Governance Institute, a service of National Research Corporation, participants may earn up to 1 ACHE Qualified Education Hour toward initial certification or recertification of the Fellow of the American College of Healthcare Executives (FACHE) designation.

Criteria for successful completion: Webinar attendees must remain logged in for the entire duration of the program. They must answer at least three polling questions. They must complete the evaluation survey in order to receive education credit. Evaluation survey link will be sent to all registrants in a follow-up email after airing of the Webinar.

CPE: The Governance Institute is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its Web site: www.nasbaregistry.org.



In accordance with the standards of the National Registry of CPE Sponsors, CPE credits will be granted based on a 50-minute hour.

Field of study: Business Management & Organization

Program level: Overview Prerequisites: None Advanced preparation: None

Delivery method: Group Internet based Maximum potential CPE credits: 1

Disclosure Policy

- As a Jointly Accredited Provider, the Governance Institute's policy is to ensure balance, independence, objectivity, and scientific rigor in all of its educational activities. Presentations must give a balanced view of options. General names should be used to contribute to partiality. If trade name are used, several companies should be used rather than only that of a single company. All faculty, moderators, panelists, and staff participating in the Governance Institute conferences and Webinars are asked and expected to disclose to the audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education activity. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. Significant financial interest or other relationships can include such thing as grants or research support, employee, consultant, major stockholder, member of the speaker's bureau, etc. the intent of this policy is not to prevent a speaker from making a presentation instead, it is the Governance Institute's intention to openly identify any potential conflict so that members of the audience may form his or her own judgements about the presentation with the full disclosure of the facts.
- It remains for the audience to determine whether the presenters outside interests may reflect a possible bias in either the exposition or the conclusion presented. In addition, speakers must make a meaningful disclosure to the audience of their discussions of off-label or investigational uses of drugs or devices.
- All faculty, moderators, panelists, staff, and all others with control over the educational content of this Webinar have signed disclosure forms. The planning committee members have no conflicts of interests or relevant financial relationships to declare relevant to this activity. The presenter has a financial relationship with The Governance Institute's parent company, NRC Health. This relationship does not impact the educational purpose of this program.
- This educational activity does not include any content that relates to the products and/or services of a commercial interest that would create a conflict of interest. There is no commercial support or sponsorship of this conference.
- None of the presenters intend to discuss off-label uses of drugs, mechanical devices, biologics, or diagnostics not approved by the FDA for use in the United States.

Synopsis

- The need to humanize care has never been more apparent. COVID has put patients in hospital beds, scared and separated from their loved ones. It has redefined outpatient care with a shift from in-person to virtual visits. Everyone involved is under enormous stress.
- But the imperative to humanize care is not new. Clinicians need to quickly learn what matters to patients, just as health organizations need to focus on what matters to people on the front-line all while working to better understand the patients and communities they serve.
- Leaders are looking for practical, sustainable strategies for improving the experience and delivery of care. This session will focus on real-world examples that prioritize human understanding in the context of patients, clinicians, and communities as the foundation for a more responsive ecosystem that humanizes care by turning transactions into relationships.

Flow

Threats to common sense

Clarity on challenges and key terms

Benefits of human understanding

- Patients
- Clinicians and staff
- Communities

Bottom line

Clarity

Common sense can get lost in the routine.



iStock

The Governance Institute | May 6, 2021

Threats

Clarity

Benefits

Common sense can get lost amid URGENCY.

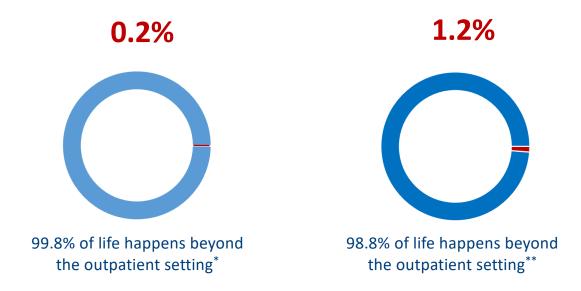


Threats

Clarity

Benefits

Common sense can be squelched by a narrow focus.



^{*16} waking hours/day x 365 days/year vs one 15-minute visit every week of the year

Threats

Clarity

Benefits

^{**365} days/year vs one hospital stay in a year at the national average LOS of 4.5 days

Every system is perfectly designed to get the results it gets.

- Paul Batalden

"I don't have time to listen to patients. That's not good for them or for me."

"Our provider and employee engagement survey results have flatlined."

"We thought we knew what the community needs. We were wrong."

"This is how we've always done it."

Need to step back and think about why.



First things first: What is health?

Physical

Psychosocial

Are you healthy? How do you know?

Capacity

Control

Source: G. Makoul, M.L. Clayman, E.B. Lynch, and J.A. Thompson, "Four concepts of health in America: results of national surveys," Journal of Health Communication, 2009;14:3-14.

Threats

Clarity

Benefits

Poll 1: Health

What does **health** mean to you?

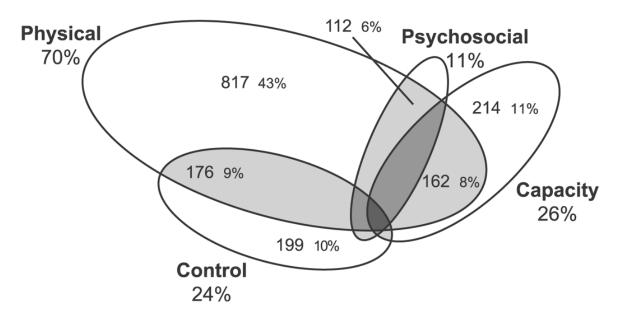
(check as many as apply)

- ☐ Capacity I have the energy/ability do what I want to do (or not)
- ☐ Control I take good care of myself; eat right; exercise (or not)
- □ Physical I look good; my doctor or lab tests tell me I'm healthy (or not)
- □ Psychosocial I feel mentally, emotionally, and/or spiritually healthy (or not)

13

Benefits

What is health?



Note: N=1917. Only areas with numbers shown are drawn approximately to scale. Unlabeled areas equal 34 (2%) participants or fewer.

Threats Clarity

Benefits Bottom Line

What is empathy in the real world of healthcare?

Shared Feeling or Experience



The Governance Institute | May 6, 2021

Threats

Clarity

Benefits

What is empathy in the real world of healthcare?



Source: C.L. Bylund and G. Makoul, "Examining empathy in medical encounters: An observational study using the Empathic Communication Coding System," *Journal of Health Communication*, 2005;18:123-140.

Threats

Clarity

Benefits

What is human understanding?



Source: NRC Health focus groups on human understanding in healthcare, 2021.

Threats

Clarity

Benefits

Let's listen.



Sounds simple. But simple things can be hard.



The Governance Institute | May 6, 2021

Threats

Clarity

Benefits

Understanding what matters



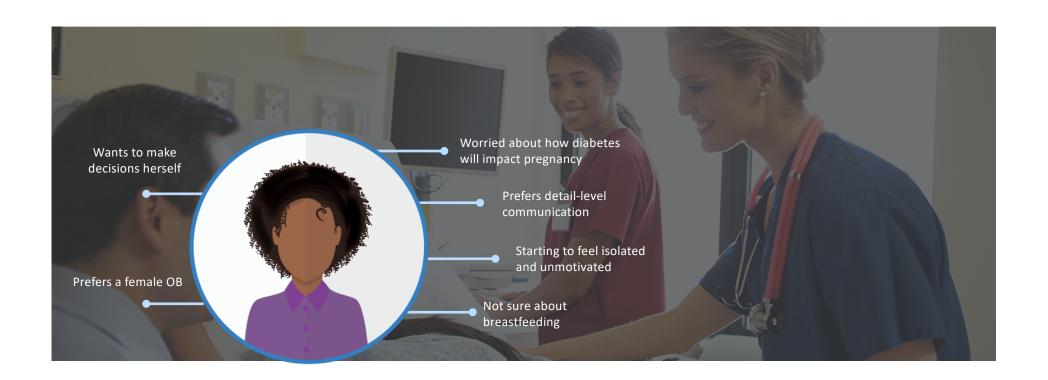
Poll 2: Human Understanding

In a health system, who do you expect to show human understanding?

(pick one)

- ☐ The clinical care team
- ☐ Everyone

21

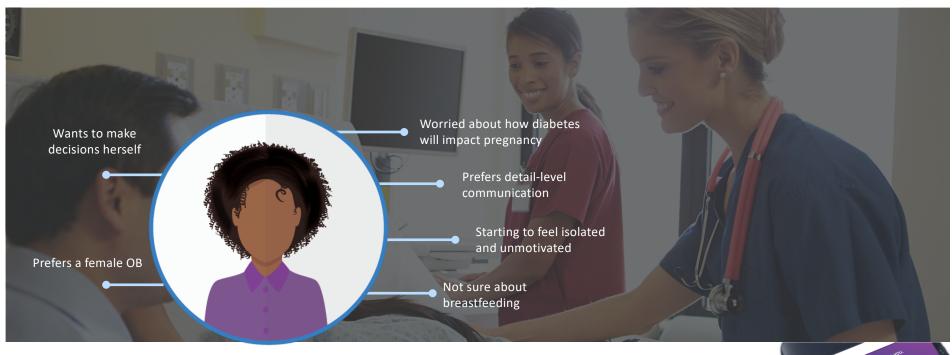






Threats

Clarity





Before a visit, patients share perspectives about what matters to them as people.



Clinicians take 15 seconds to review the summary, and do better without taking longer.



Administrators see population-level reports, curated to drive learning and improvement.





Clarity

Humanizing care at n = 1

Jacqueline Sample

Call me: Jackie Age: 34 Gender: Female Etna, New Hampshire Updated 04/10/2021





About Me

I love to be outdoors doing something active. I'm a designer, now working as an art teacher.

Main Health Issue

Diabetes





My Agenda

How will diabetes impact pregnancy? My leg is starting to hurt — could that be diabetes?

Makes Me Happy

My family

Starting a painting, whether I finish it or not

Health Priorities / Goals

Manage diabetes without meds as long as possible Be able to do the activities I want to do - no limits

Biggest Barriers to Staying Healthy

Finding time to exercise

I'm starting to feel a bit isolated

Biggest Pressure / Worry

My mom is sick - I want to be there, but it's hard to balance everything and my sisters don't help at all

How Health Affects Life

I have to constantly think about what I eat, and how it will affect my diabetes.

Advance Directive

I do not have one -- Ready to talk about it

Helps with Decisions

Marc Sample (Spouse / Partner)

Improving Care

Keep listening - it makes a big difference!

Challenges Healthy Together



Health Rating



Care Approach



Information Focus



Know When I Need Care



Decision Making



"This is the most revolutionary thing we've done since implementing the EHR"



PatientWisdom Copyright © NRC Health

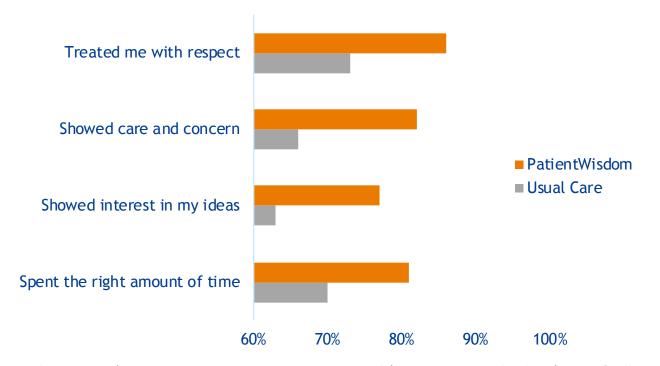
The Governance Institute | May 6, 2021

Threats

Clarity

Benefits

Improving communication



RCT with 301 patients | Outcome measure: Communication Assessment Tool | Treatment-on-Treated Analysis | p < 0.05 for all comparisons

Source: J.M. Holt, R. Cusatis, A. Winn, O. Asan, C. Spanbauer, J.S. Williams, K.E. Flynn, M. Somai, A. Talsma, P. Laud, G. Makoul, and B.H. Crotty, "Impact of Pre-Visit Contextual Data Collection on Patient-Physician Communication and Patient Activation: A Randomized Trial, *Journal of General Internal Medicine*, 2021.

Threats

Clarity

Benefits

Poll 3: Listening to patients

How does learning what matters to each patient improve care?

(check as many as apply)

We don't make assumptions about what the patient needs

The patient feels more involved and engaged

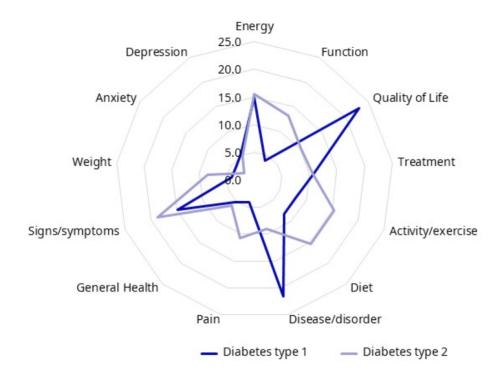
We make better use of time with the patient

Clinicians feel more connected to their patients and more fulfilled

Other

Clarity

Revealing opportunities



Source: PatientWisdom / NRC Health

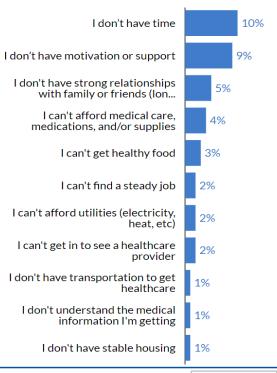
Threats

Clarity

Benefits

Revealing opportunities

Social + Personal Determinant Challenges



Biggest Pressure or Worry

Family:

"Another concern is what will happen to my daughter"

"My husband's health"

"I'm worried about my family"

"Keeping my wife happy"

"Day to day stress about family"

Souce: PatientWisdom / NRC Health

The Governance Institute | May 6, 2021

Threats

Clarity

Benefits

Changing the frame to change lives (in manual mode)

Started with patient who was coming to the emergency department ~10 times/month

```
"What can you tell me about him?"

"Nice guy — seizure disorder. Doesn't take his meds consistently."

"What's our plan?"

"He arrives by ambulance — we have to take care of him."
```

Set up a patient-centered care coordination team → down to ~2 times/month (including the first month; then 1 time/month)

"What can you tell me about him?"

"Nice guy — seizure disorder. Doesn't take his meds consistently.

Lives with his mother — she calls the ambulance if he seizes."

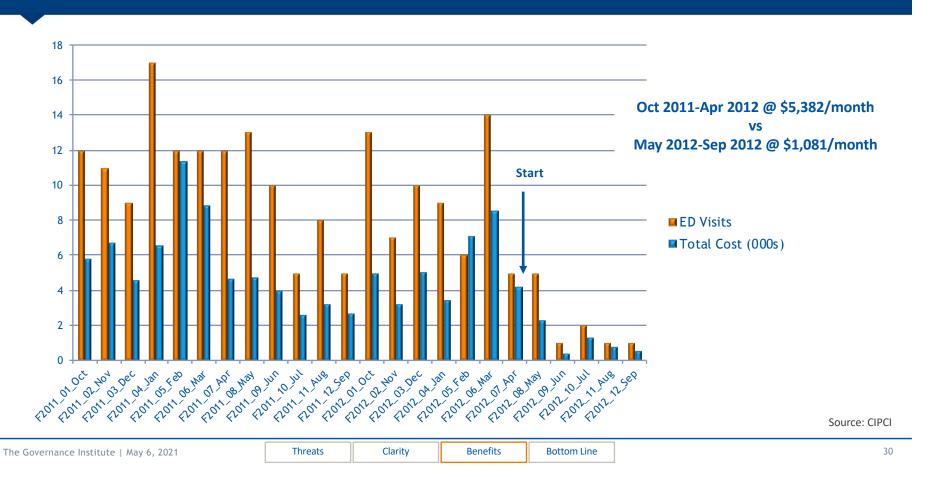
"What's our plan?"

"Let's give him a simple cell phone and have a visiting nurse see

"Let's give him a simple cell phone and have a visiting nurse see him, text, or call each day to remind him about meds."

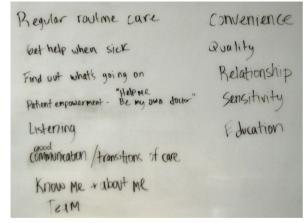
Clarity

The value-based impact of human understanding at n = 1



A system of care built with patients





The Gengras Internal Medicine Clinic is a patient-centered medical home and a learner-centered training site.

We know our patients as individuals, provide the best care for them, and empower them to improve their own health.

Source: CIPCI

31

Threats Clarity Benefits Bottom Line

Poll 4: Listening to the frontline

Threats

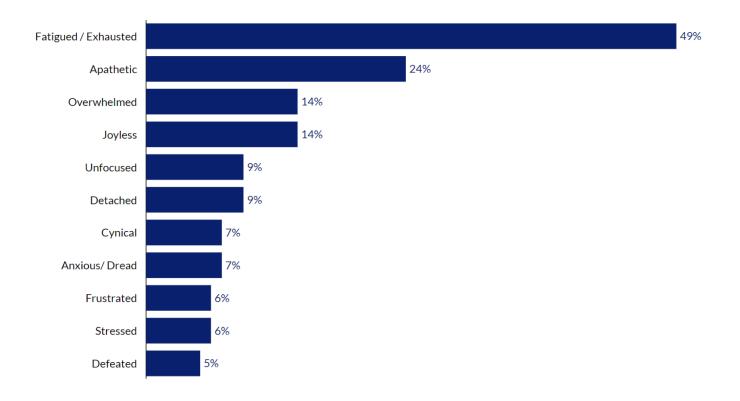
The Governance Institute | May 6, 2021

| | nat is the current state of listening to people on the frontline at your ganization? |
|-----|--|
| (pi | ck one) |
| | e do our best via engagement surveys, pulse surveys, leadership rounding, town lls, etc: |
| | But lag in terms of action and closing the feedback loop |
| | And make sure to act on what we hear |
| | And make sure to act on what we hear <u>and</u> close the feedback loop by letting people know |
| | Not sure |

Clarity

Benefits

Frontline: Clearly define burnout



Source: PatientWisdom / NRC Health

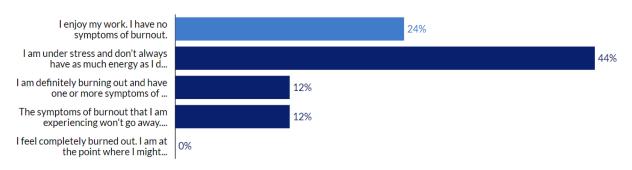
Threats

Clarity

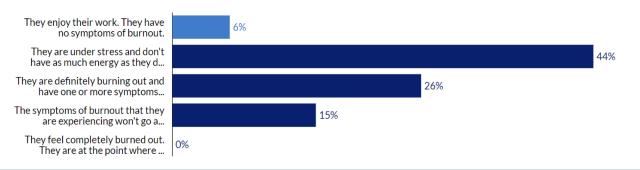
Benefits

Frontline: Clearly define burnout and see it in practice

How are you feeling?



How are most of your colleagues feeling?



Source: PatientWisdom / NRC Health

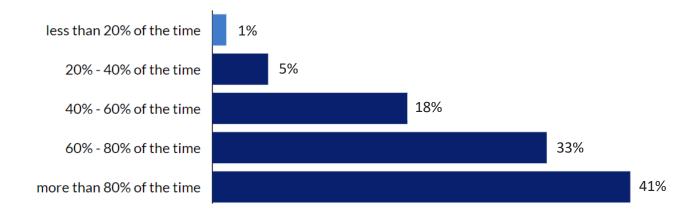
The Governance Institute | May 6, 2021

Threats

Clarity

Benefits

Frontline: Fewer than half able to do their best work >80%



Things that would help reduce burnout and restore balance:

The Governance Institute | May 6, 2021

Ways to make it easier to do my best work:

"Good communication"

"Feedback"

"Lower patient load"

Source: PatientWisdom / NRC Health

[&]quot;Better communication"

[&]quot;More control over schedules"

[&]quot;Fewer/more productive meetings"

[&]quot;Lower census"

Poll 5: Listening to community members

How has listening to the community your organization serves been beneficial? (check all that apply)

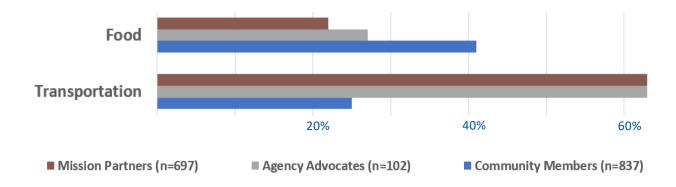
- ☐ Helps us set priorities
- ☐ Helps us refine our messaging
- ☐ Helps us make better investments
- ☐ Helps us create sustainable partnerships
- Other _____

Perception vs. reality in the community

We asked people working in a health system, community agency advocates, and people living in the community the same set of questions.

Well-intentioned professionals thought transportation was the biggest problem.

Community members highlighted issues with food security (availability/access, balanced diet, healthy choices) → Led to a significant and sustained initiative on food security.



Source: PatientWisdom / NRC Health

Threats

Clarity

Benefits

Two more examples of better investments via listening

Streator YMCA and OSF HealthCare Collaboration Announced



Health System Provides \$1M Grant to Catapult Health and Wellness Initiatives

By adding open-ended responses to their CHNA, a major health system learned that the community:

- Is seriously concerned about the opioid epidemic.
- Sees exercise as the most important issue impacting well-being.

Neither opioids nor exercise were on the traditional CHNA instrument's checklist for these items, so would not have surfaced.

Human understanding builds relationships.

FROM TRANSACTIONS

Patients as cases

What's the matter with you?

Within the care setting

Disconnected

Aggregated

TO RELATIONSHIPS

Patients as humans

What matters to you?

Beyond the care setting

Engaged

n = 1

Clarity

Human understanding = Listening = Radical common sense

My Christmas present was finding out that I have pancreatic cancer.

Once my doctor understood that I want to live — not just be alive — we agreed to do chemo with "chemo vacations."

I'm doing just fine. So lucky to have my family and friends around me. And a doctor who really cares.



The Governance Institute | May 6, 2021

Threats

Clarity

Benefits

Questions & Discussion

Contact Us...



Gregory Makoul, Ph.D., M.S. CEO, Patient Wisdom NRC Health (800) 388-4264 gmakoul@nrchealth.com



The Governance Institute 1245 Q Street Lincoln, NE 68508 (877) 712-8778 Info@GovernanceInstitute.com