Webinar

Improving the Patient Clinic Experience

July 2019

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Jon O’Donnell, MD- Manager, Practice Transformation Unit, Duke Orthopaedics
Presenters

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For the past 5 years the Department of Orthopaedics have been leaders in our Health System, ahead of the curve at:

- Reducing HR costs
- Building new revenue streams
- Access initiatives
- Creating innovative ways to save providers time

We have consistently been behind Health System targets for CG CAHPS metrics related to:

- Provider Communication
- Global Score
- Access

We were challenged by senior leadership mid-2018 to make strides in this area. The Clinic Operations team and the Practice Transformation team each implemented independent projects early in 2019 and planned for additional projects to be introduced later in 2019 to tackle these problems.

The Clinic Ops team reviewed a successful Patient Experience initiative developed by the Duke Spine Center a few years earlier to start addressing the Provider Communication and Global Scores.
The providers at the Spine Center were not getting the type of meaningful patient feedback that could help them improve patient satisfaction.

“National surveys show that up to half of all patients leave the clinic visit with an unvoiced need,” said Oren Gottfried, MD, Clinical Vice Chair for Quality, Department of Neurosurgery at Duke University. “In a typical visit, patients might forget or not articulate all of their concerns, due to being intimidated by the doctor’s office or doctor, feeling anxious or rushed, or not knowing how to voice their questions.”

The Duke researchers assessment of the CG CAHPS tool:
- does not provide timely, actionable feedback to doctors
- is cumbersome for patients to fill out so many decline to participate
- is designed for primary care, not specialties.
- doctors find the surveys irrelevant to their practice, capturing patient frustrations with things like scheduling and parking instead of care.
- most importantly, any feedback from this survey is de-identified from the patient and delayed months from the encounter.
Development of Clinic Satisfaction Tool

Objective

- Develop and assess the impact of a single-page Clinic Satisfaction Tool (CST) to demonstrate interpretable and actionable real-time feedback, individualized responses, improved patient satisfaction and communication scores, increased physician buy-in and overall feasibility.
- The questionnaire, CST, asks patients what they wish to discuss during their healthcare encounter, whether all of the patient’s questions were answered by appointment’s end, and if the patient was satisfied.
- The CST document can benefit patients by helping them to hone in on the areas that are important to them during their visit. When patients record their important talking points prior to the appointment, the patient comes into the encounter with more focus.
- Providers can better understand the preferred topics of conversations with patient prior to the appointment even starting, preemptively improving the care encounter.
Date: 

Patient Name: ____________________________ Physician: ____________________________

**DUKE SPINE CENTER**

To ensure that you get the most benefit from your visit today, please tell us three things you wish to have addressed. (These can include questions about medication, tests, physical activity, treatment options, etc.)

1. 
2. 
3. 

*Please keep this form with you* and have it available when you speak to your provider.

At the conclusion of your visit, please complete the questions below:

*How could we support your care better?*

__________________________________________________________

Were all of your questions addressed today? □ YES □ NO

Are you satisfied with your visit? □ YES □ NO

Physician initials: ________________

*THANK YOU* for helping us to provide you with excellent care today at the DUKE SPINE CENTER! Please ask about *MyChart* to get access to your doctor and their team outside of the clinic (also see your after visit summary for more details).
The CST is completed by each patient during every appointment. While waiting for the provider, patient lists their chief concerns on the top of the form. Physician reviews the form to ensure all concerns are addressed.

After provider leaves, patient completes the feedback section of the CST. The form is collected by clinic staff. If a patient reported they were not satisfied with their visit, a rescue process is initiated and physicians return to the room or follow-up with the patient by phone within 24 hours.
Six neurosurgeons, three orthopaedic surgeons and 3 physiatrists were included for a total of 12 physicians.

Beginning January 2, 2016 the CST was integrated into the daily clinic workflow. All patients who presented for a visit within the Spine Center received a CST. During implementation 14,690 patients were seen by the 12 physicians with a 96% overall CST utilization rate.

CST usage was assessed for 12 months and then they compared patient reported outcomes to the year prior.

There were modest gains obtained in CG CAHPS scores for Physician Communication and Global scores across Spine Clinic.

Increases were statistically significant.
Results of the Study

• The CST tool worked! It became part of a broader analysis that gave physicians and their practices a way to track progress. Its success was validated by improved global rating scores for physicians on the government’s CG-CAHPS survey.

• “From a patient standpoint, this simple tool helps them feel and know their doctor is listening to them and addressing their concerns.”

• “From a physician standpoint, it very clearly tells them the patients’ goals, which means everyone’s time is used effectively. Physicians, like anyone, appreciate real-time feedback, including positive feedback from patients.”

• “This is all about patient satisfaction, patient-doctor communication, and doctor satisfaction. In the end it all boils down to being more patient-centric, and that’s what healthcare should be about.”

• Post-study the Spine Center continued to use the CST Tool and their results continued to improve:

<table>
<thead>
<tr>
<th></th>
<th>Physician Communication</th>
<th>Global Rating</th>
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</thead>
<tbody>
<tr>
<td>Spine Center- Jan 2018</td>
<td>94.50%</td>
<td>92.60%</td>
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</table>
We implemented the CST across our 15 clinic sites on January 2\textsuperscript{nd}, 2019.

We rebranded the tool “The Three Things” project and modified the tool slightly.

We would reference the baseline data below for fiscal YTD through 12/31/19 to measure our progress.

### PATIENT EXPERIENCE

<table>
<thead>
<tr>
<th>Measure</th>
<th>Actual</th>
<th>Target</th>
<th>FYTD Actual</th>
<th>FYTD Target</th>
<th>Freq</th>
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</thead>
<tbody>
<tr>
<td>CG CAHPS: Access to Care - 3 Months</td>
<td>82.6%</td>
<td>82.8%</td>
<td>81.9%</td>
<td>82.8%</td>
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</tr>
<tr>
<td>CG CAHPS: Global Rating</td>
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<td>89.0%</td>
<td>89.3%</td>
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<tr>
<td>CG CAHPS: Physician Communication</td>
<td>91.5%</td>
<td>93.8%</td>
<td>92.4%</td>
<td>93.8%</td>
<td>M</td>
</tr>
</tbody>
</table>
Thank you for choosing Duke Health. Your time is important and we want to ensure we address the questions most important to you. Please tell us up to three things you wish to discuss during today’s visit. Topics could include questions about your medications, test results, physical activity, treatment options etc.

1. _____________________________________________________________

2. _____________________________________________________________

3. _____________________________________________________________

At the end of your visit, please complete the questions below:

Were all of your questions clearly addressed during your visit today? Yes No

Are you satisfied with your visit? Yes No

Please rate your visit today please: 1 2 3 4 5

Poor Excellent

Please tell us how we can improve to better serve you:

________________________________________________________________

Provider Initials: _____

Thank you for choosing Duke Health. DukeMyChart is available 24/7 for all your non-urgent needs. Learn more at www.dukemychart.org. In the event of an emergency, please call 911.
The CST is completed by each patient during every appointment. While waiting for the provider, patient lists their chief concerns on the top of the form. Physician reviews the form prior to meeting the patient to ensure all concerns are addressed.

After provider leaves, patient is asked to complete the feedback section of the CST. The form is collected by clinic staff. If a patient reported they were not satisfied with their visit, a rescue process is initiated and physicians return to the room to complete service recovery at the time of the visit.
Feedback from Providers

Positive

• The top of the form helps to inform what the patient needs addressed, which saves time during the visit.
• If you answer their questions, they almost always rate the visit positively so you don’t have to go in and do service recovery and the patient leaves happier.
• Even if we did away with this initiative some providers stated they would still like to use the top part of the form.
• Providers do not feel the initiative slows them down in clinic.

Negative

• Some physicians do not use form as intended. They use the top of the form but do not ask the patient for feedback at the end of the visit. They feel it is awkward for the patient or it would delay them in clinic or disrupt their normal clinic flow.
• Some providers do not go back in the room to do service recovery as they feel it affect workflow and will send clinic support staff or APP to do service recovery.
Short-Term Results of “Three Things” Project

In our experience the utility of the CST is most limited by the different levels of physician investment in the process. Results are most robust for providers who are willing to discuss the CST with their patients and encourage them to fill out the form.

Some providers have seen as dramatic as a 13% increase in global score and 10% increase in communication score on CG-CAHPS survey results in the 5 months of data analyzed since implementation.

The Department of Orthopaedics plans to continue using the “Three Things” tool as we strive to improve the clinic experience for our patients.

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Action Items Based on Results

• Providers who have CG CAHPS scores 10% below average of providers in the Department will have a coaching session with the Patient Experience Director. These sessions have just started.

Coaching involves:
• Direct clinic observation
• Tips to improve patient experience based on observation and best practice
• Help providers identify 2-3 things they can change during the patient encounter to improve their CG CAHPS scores
## Improvement Activities

### Personal Checklist Patient Communication:
- Identify 2-3 tactics or phrases from the materials provided in this PowerPoint or from our discussion.
- Identify your difficult patient scenarios and design a model for responding.
- Work with your support staff to elicit help in improving communication and patient experience.
- Watch for your next report and look at your trends. If you have not improved, contact Sanne Henninger.

### TeamSTEPPS checklist:
- Have regular briefs/debriefs and huddles with your primary support staff.
- TeamSTEPPS – attend a training session.
- Practice positive communications that are honest, careful, and clear. Be approachable.
- Follow standard procedures and decisions made by the clinic.
- Enjoy positive moments with staff, give positive feedback, and show appreciation.
- Create a learning environment, encourage questions, and make it safe to talk.
- Minimize involvement in negativity and conflict that you are not directly involved in – redirect to clinic leaders.
- Manage your stress and respond to others positively.

### Stress management Checklist:
- Commit to building resilience.
- Take advantage of courses offered at PDC and Duke Safety.
- Contact Sanne Henninger to discuss personal strategies.
- Use the tips from the “Monthly Tip” or other key techniques we offer at PDC.

## Interaction | Observation | Opportunities
--- | --- | ---
**General Guidelines** | Identify 2-3 tactics or phrases from the materials provided in this PowerPoint or from our discussion. | Work with your support staff to elicit help in improving communication and patient experience.
| Identify your difficult patient scenarios and design a model for responding. | Watch for your next report and look at your trends. If you have not improved, contact me.

### Acknowledgement of feelings/story

### Closure

### Non-verbals

### Listening

### Clear explanations

### Know Medical Records

### Show Respect

### Easy to understand instructions

### Time spent with provider

### Affirmations
Dr. Gottfried and his team also conducted research that illustrates the negative impact of wait times on CG-CAHPS scores for:

- Provider Communication
- Global Rating
- Access
- The study was implemented over 15 month span and covering 27,090 patients.

Wait Time Affect on Access:

- Waiting room time independently predicted 4 of the 6 individual communication questions
- Longer wait times equated with lower global scores
- Every ten minute increase in waiting room time was associated with a 9.8% decrease in access scores
- Increased exam room time was also an independent predictor of poor scores, but not as dramatically as waiting room time.
Value of reduced cycle times?

- Patient wait times are directly tied to overall patient experience.
  - “20% of patients will change providers altogether following a long wait time experience.”
  - “84% of people believe wait time is either ‘somewhat important’ or ‘very important’ to the overall patient experience.

- Decreased cycle times enable more efficient utilization of space/resources.
  - Visibility into variability of processes and staff workflows

- Opportunity to increase capacity
  - Additional Providers
  - Additional Patients
  - More efficiently use capital infrastructure (exam rooms, x-rays)
• Reduce idle time, therefore reduce cycle time
• Re-arrange attending clinic scheduling templates
• Hardware
  – Inexpensively and passively generates time stamp data from people-movement through space and time

• Qualitative survey
  – Provider clinic schedule preferences

• Data Science
  – Thousands of simulations *on clinic-wide level* for individual attending (given appointment constraints)

• Re-program templates in electronic health record

• Monitor, feedback

• Revise
## Hardware

### Personnel badge
![Personnel badge image]

### Location beacon
![Location beacon image]

### Patient vehicle
![Patient vehicle image]

### Output: passive, automatic

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</table>
Baseline data: Provider preferences, Objective data

• Provider preferences
  – Formal / unwritten scheduling policies
  – Documentation timing (real-time, sometime during clinic, after clinic), support (personnel, vendors)
  – Flow of clinic session (breaks or not)
  – Length of clinic sessions
• Objective patient- and team-flow data
  – Current state – no lies!
  – Interaction time, idle time
• Thousands of machine learning simulations to integrate objective data with attending preferences to generate more efficient session scheduling template, dependent on:
  – Volume: Target number of encounters
  – Mix: of encounter types (new / return / etc)
  – Desired breaks (or not)
  – Length of day
  – Team make-up
  – Natural provider interaction time (e.g. 5 min, 15 min?)
Example schedule change

Historical Template

Adjusted Template
Pilot Timeline

• Engage vendor IT approval January 2018
• Hardware installed in 2 days February 2018
• Badging workflow established Feb-March 2018
• Baseline personnel and encounter tracking March – June 2018
  – 18 providers
  – >6,000 patient encounters
• Contracting considerations Summer 2018
• Qualitative surveys Fall 2018
• Reprogram schedules Winter 2018-19
  – 6 providers with greatest volume
• New schedules in effect March 2019 – present
  – >6,000 patients

Of note: no EHR integration to-date – patient variables, encounter information, etc unavailable in real-time or to inform predictive models
## Results

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<th>Typical Volume Clinics</th>
<th>High Volume Clinics</th>
<th>Off-template Scheduled Clinics</th>
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<td>+8.8%</td>
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<td><strong>Cycle Time From Scheduled</strong></td>
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<td><strong>Number of Patients</strong></td>
<td>10th-75th percentile</td>
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<tr>
<td>% Typical Load Sessions</td>
<td>79% (74% by patients)</td>
<td>53% (45% by patients)</td>
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<tr>
<td>% High Load Sessions</td>
<td>21% (26% by patients)</td>
<td>47% (55% by patients)</td>
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### Results

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<th><strong>Baseline Cycle Time</strong></th>
<th><strong>Intervention Wait Time</strong></th>
<th><strong>Baseline Wait Time</strong></th>
<th><strong>Median Volume-per-session</strong></th>
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<td>Typical Volume Session data</td>
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<tr>
<td></td>
<td>(non-operative)</td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>NA</td>
<td>35.6</td>
<td>32.9</td>
<td>26.6</td>
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<td>50.8</td>
<td>42.8</td>
<td>35.7</td>
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### Results

<table>
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<tr>
<th>Attending Identity</th>
<th>% sessions in High Volume Sessions</th>
<th>% sessions in Off-template Sessions</th>
<th>% sessions in Typical Volume Sessions</th>
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<tr>
<td>A</td>
<td>52.2</td>
<td>30.4</td>
<td>17.4</td>
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<tr>
<td>B</td>
<td>20.0</td>
<td>40.0</td>
<td>40.0</td>
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<tr>
<td>C (non-operative)</td>
<td>29.3</td>
<td>5.9</td>
<td>44.8</td>
</tr>
<tr>
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<td>7.9</td>
<td>92.1</td>
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</table>
What do the results mean?

- Integration – clinic volume is dynamic
  - Monitor clinic patient volume trends
  - Provider availability
  - Template deviations
- Make scheduling policies explicit - Unwritten policies persist
- Education - Several attendings do not know their scheduling preferences and their impacts
  - Elicit preferences
  - Immediate feedback on preferences
- Acceptance – hardware was passive, acceptable, and durable
• Increase exam room utilization
• More efficient staffing
• Real-time wait time tracking (for patient wait-time boards, more efficient clinic workflow)
  – Interaction there-of
  – Modeling staff or facility changes
• Integrate with EHR for patient variables to enhance predictions
• Time-Driven Activity-Based Costing

Potential results:
• Increase volume
  – For same provider in smaller space
  – Or add providers to same space
• Maximize existing facility / personnel / capital infrastructure
• Improve satisfaction for patient, staff, and provider
• We will launch a new “Fast Track” initiative in October 2019 for all patients who complete the Registration and Intake portions of their encounter at home on MyChart.

Patients will have ability to do the following at home:
• Verify insurance and demographic information
• Pay co-pay
• Complete/Review PMH Health Questionnaire
• Complete HPI which populate provider Progress Note
• Complete any assigned PROs

• If patient fully completes all data above in advance of arriving for appointment, they will not have waiting room time and will be “Fast Tracked” to an exam room.
• Reduce Waiting room time for patients
• Reduce Cycle time for patients
• Reduce workload for Registration staff
• Reduce workload for Clinical staff
• Reduce charting burden for providers
• Improve patient experience and satisfaction

• If we achieve the goals above, we should see an increase in Access and Global scores.