Engaging Patients: How to Reduce Disruptions to Improve Outcomes

Lisa M. McCorkle, RN, MSN, CPHQ, CPPS, CPHRM, Patient Safety Risk Manager II
Carol Murray, RHIA, CPHRM, CPPS, Patient Safety Risk Manager II

Enhancing Patient Relations

Objectives

After completing this activity, learners will be able to:
- Examine factors that may contribute to disruptive patient encounters
- Identify characteristics and types of disruptive patients
- Review techniques and strategies to de-escalate and address challenging patients
- Describe the administrative process to end the physician/patient relationship
What is the Triple Aim?

- The Triple Aim is a framework developed by the Institute for Healthcare Improvement (IHI) that describes an approach to optimizing health system performance.
- In 2008, the IHI proposed the Triple Aim.
- In 2010, it was adopted as part of the national strategy for US health care and developed during the implementation of the Affordable Care Act.

Dimensions of the Triple Aim

- Three dimensions:
  - Improving the patient experience of care (including quality and satisfaction)
  - Improving the health of populations
  - Reducing the per capital cost of health care
Improving the Patient Experience

- Patients are expecting and demanding greater control over their care
- Delivery of care performance is related to patient experience metrics and from there to reimbursement
- Health care organizations and individual providers will be paid partly based on how they are rated by patients

Five Hallmarks Of Patient Experience

- **Quality of Care**: Is patient satisfied medical care they sought has resolved or helped with their problem?
- **Access**: Getting through on the phone, ease of making a timely appointment, waiting times, parking, etc.
- **Interpersonal Actions**: Staff appears caring, concerned, compassionate?
- **Communication**: Patient given clear, understandable instructions, health information, explanation of medical and treatment terms?
- **Physician/patient Interaction**: Physician listens, answers questions, spends time with patient; appears late or rushed?
How Do Patients Measure Quality Of Care?

Rapport with providers…

*Patients lack medical knowledge so they use the quality of interaction as a means to define the quality of their medical care*

- Did I get what I expected?
- Did I get better?
- Did they care about me?
- Did the physician and staff project confidence?

Patient Satisfaction

Study after study has found a correlation between patient satisfaction and the filing of lawsuits

- When splitting satisfaction surveys into three groups, one study* found
  - Providers with the most satisfied patients had the least amount of malpractice suits
  - The middle group of providers had 26% more suits
  - Providers with the least satisfied patients had 110% more suits!

Why Are We Talking About This?

Challenging and disruptive patients can lead to problems

- Communication problems
- Frustration for providers and staff
- Adverse impact on relationship building
- Negative patient comments online
- Potential compromise in quality care

(continued)

Why Are We Talking About This?

Challenging and disruptive patients can lead to problems

- Disruptive patients adversely affect business
- Decrease patient satisfaction scores
- Clear communication is an important element in prevention of malpractice claims
- Many patients criticize their physician’s communication style
- Better communication will help to reduce non-meritorious claims
Challenging Patients—Contributing Factors

- **Patient factors**
  - Unrealistic expectation of care
  - In pain or not feeling well
  - Anxiety over diagnosis
  - Previous dissatisfaction or bad experience
  - Have unrecognized psychiatric problems
    - Depression
    - Mood disorders
  - Lack social/financial resources or support
  - Life stressors

(continued)

- **Medical provider and/or staff factors**
  - Overworked
  - Poor communication ability
    - Many beyond control
  - Discomfort and/or uncertainty
  - Personal beliefs/personality
  - Life stressors
Challenging Patients—Contributing Factors

- System factors
  - Productivity pressures
  - Payment/reimbursement issues
  - Fragmentation of visits
  - Lack of availability of outside information

“...30% of all medical malpractice claims involve a communication failure...where claims involve communication breakdowns between individuals...”

Malpractice Risks in Communication Failures
CRICO Strategies
February 24, 2016
Barriers To Effective Communication

- Patient anxiety
- Illness/Pain/Fatigue
- Multiple questions/instructions at once
  - “TMI”
- Culture
- Language/Hearing barriers
- Literacy
- Health literacy: patient understanding of health-related issues

Identifying Challenging Patients
Where Does The Anger Come From?

- Anxiety
- Fear
- Embarrassment
- Uncertainty
- Financial stress…
  - All can manifest as anger and hostility
- Anger may be used to regain a feeling of control
- Anger is not necessarily abusive or threatening

Who Are The Challenging Patients?

- The patient who expresses unrealistic expectations
- The self-demeaning, needy patient
- The patient who is displays manipulative behavior, who is pushy
- The patient who does not follow the treatment plan
The Patient With Unrealistic Expectations

This type of patient cannot easily be reasoned with, expectations are not appropriate—common in the realm of elective procedures, but also occurs with patients who expect an unrealistic disease outcome or healing.

Suggestions

- Learn to spot these patients ahead of time
- Continuously clarify the expected outcome
- Bring expectations in line with reality prior to treatment
- Document well what the patient was told
- Consider ending the relationship if unable to correct expectations
The Needy Patient

This patient needs extra attention and reassurance—may go overboard in apologizing for bothering you, but does so to seek attention.

- May appear to be easy to deal with at first
- Needs extensive psychological support from you
- Takes up a lot of extra time and energy

Suggestions

- Be supportive but keep conversation focused on the issues. Repetition of phrases can help shorten conversations
- Ask specific questions instead of open ended ones. What was the range of your blood sugars? vs. How has your blood sugar been?
- Set boundaries, “Today let’s look at this issue, next time….”
The Pushy/Manipulative Patient

This patient pushes or manipulates, may try to appeal to your emotions or even lie to get what he/she wants. May play the front office against the back office. Also may bring internet research to attempt to direct care.

- Not always recognized as a problem
- May sway you towards medical decisions that are against your better judgment

Suggestions

1. Just say “no.” Explain reasoning and allow time for questions
2. Discuss the concept of against medical advice
3. Document your rationale well
4. Consider termination if a therapeutic relationship can not be received
The Patient Who Won’t Follow Treatment Plans

This type of patient is repeatedly non-adherent to treatment plans and often blames others for his/her choices. Usually not seen as difficult to deal with.

- Continuous non-adherence to treatment can become dangerous from a liability standpoint

Suggestions

(continued)

- Be clear and repetitive as to consequences of failing to follow treatment plans
- Document well, send letters for missed appointments, keep copies of document educational information given.
- Consider informed refusal, explain risks in lay terms.
- Consider terminating to avoid blame for a poor outcome
The Confrontational Patient

This type of patient uses threats, intimidation, or bullying to get what he/she wants.

- May verbally abuse staff
- May threaten lawsuit

Suggestions

- Manage with a calm firmness
- Let patient know you are not intimidated with threats of litigation “Of course you have that right but how can I help you with this right now.”
- Be sure you and your staff know what steps to take when patient becomes threatening or violent – practice these scenarios
- Follow proper steps to terminate the relationship
The Challenging Patient with Low Health Literacy
Health Literacy

The ability to obtain, read, understand and use healthcare information to make appropriate health decisions and follow instructions for treatment

- Proficient – 12%
- Intermediate – 53%
- Basic – 22%
- Below basic – 14%

Low Health Literacy Symptoms

- Inability to fill out registration forms
- Missed appointments
- Non-compliant
- Inappropriate response to written information
Assisting With Low Health Literacy

- Utilize varied techniques
  - Visual aids
  - Written instructions
- Teaching techniques
  - Teach back
  - Ask Me 3®

Challenging Patients and Social Media
When Angry Patients Turn to Social Media

The front desk lady snapped at me when I asked her a question about insurance. Clearly she is a cranky mean woman who should not be working in healthcare! I do not recommend this practice!

Rudest medical office staff ever. Also incompetent. I will settle for rude & competent or polite & incompetent. But both rude & incompetent is unacceptable…

…clerks, assistants, temps, interns etc. are snobbish, reluctant and snooty with their responses, oftentimes have on stink faces for lack of better words and bad attitudes

Very unorganized. I work in healthcare and know they break OSHA guidelines - they check your urine sample at a desk with paperwork, purses and files right next to it. Disgusting.

If a Negative Posting Occurs

- Resist urge to respond with negativity
- Determine if post has affected practice
- Discuss with administration
- If patient can be identified, follow up with letter or call encouraging contact with you to discuss
- Do not engage in arguments online
- Remember–plaintiff attorneys will use this information
Response To Negative Posting

“According to state and federal privacy laws, Dr. ________ is precluded from commenting specifically regarding patient treatment in public or other social media sites. However, the physician (or Dr. ________) is always available to discuss patient concerns directly to achieve a satisfactory resolution. Individuals are welcome to contact Dr. ________ office directly.”

Promote Positive Posts

Ask satisfied patients to provide feedback...

- Provide survey cards
- Post a sign
- Have staff encourage patients to give feedback
- Positive responses push negative responses lower on the response list
Positive Social Media

The Dr. is awesome! She’s funny, very cool, easy to talk to, and even gives you a hug at the end! Never had such a great doctor before! It’s also super easy to set up an appointment, unlike with so many others that might not be available for months.

The doctors clearly care about their patients and are diligent with the treatment they provide…

Waiting area is clean, plenty of toys that would keep my son occupied. The doctors are friendly and very knowledgeable. In fact all of the doctors have children and a few of them are new parents, which I found comforting so they understand the concerns of parents.

Online Forums

"A north Jacksonville mom wants your recommendation for an OB-GYN who delivers at St. Vincent's Hospital. I just moved here..."

- Participants tend to dispute one another
- Overall tone tends to go downhill quickly
- Refrain from responding
- Instruct your family members to refrain from responding
Challenging Patients: Where To Start

- Communication statistics
  - 60% of communication is by body language
  - 30% is in delivery and tone of voice
  - 10% is our choice of words
- When dealing with an upset patient, you have approximately seven seconds to set the tone for that encounter with facial expressions and body language
What is the Patient Thinking?

Ignored

- Not seeming to know what's going on
- Phone calls not returned

No Apology

- Everyone tells me something different

Addressing Challenging Patients

- Understand your reactions are normal
  - Anger
  - Resentment
  - “I don’t get paid enough for this”
- Take a deep breath and moment to collect thoughts
- Do not get sucked into an argument
Addressing Challenging Patients

- Pay special attention to the speed and volume of your speech
  - Make a conscious attempt to slow down
  - Use a confident and calm tone of voice
- Be aware of your body language
- Do not ignore the disruptive patient
- Do not talk down to disruptive patients

(continued)

Set protocols ahead of time
Separate the hostile person from others
Establish a personal connection
  - Use patient’s preferred name
  - Correct pronunciation
Actively listen to the patient
  - Avoid interrupting if possible
Addressing Challenging Patients

(continued)

- Listen to and acknowledge concerns
  - Try to remember where their actions might be coming from
- Empathize with the situation to defuse tension
- Apologize for the situation
  - “I’m sorry you are going through this…it must be very frustrating for you. Let’s see what we can do to make things better.”
- Respond to questions, concerns, and complaints if you can
  - “What can I do to help?”

(continued)

- Always alert the provider to the situation
- If appropriate, include a witness/2nd party in the room
- Clarify expectations and financial obligations
- Explain why a particular demand cannot be met
- Negotiate a plan to reach a compromise
  - Alternate providers to see patient
  - Alternate locations to seek care
  - Unique ways to pay for services
  - Community resources
Addressing Challenging Patients

- If you do not know the answer, promise to follow up and then do so.
  - Knowledge decreases anxiety
- Always have an exit path

(continued)

Addressing Challenging Patients

- Recognize challenging/disruptive patients:
  - Not familiar with office routines or peculiarities
  - Have limited to no knowledge of medicine
  - Have unrealistic expectation of care
  - Are in pain or have been in pain for some time

(continued)
Helpful Phrases

- Eliciting statements
  - What were you hoping we might be able to do?
  - Tell me what you were expecting
- Disarming statements
  - You’re right
  - I agree
- Probing questions
  - What concerns you the most?

Avoid “Blocking” Behaviors

- Offering generic advice
- Providing empty reassurance – patronizing
- Attending to other things
- Switching the discussion
- “That’s just normal”
When Addressing Challenging Patients Well

- **Increased**
  - Problem identification
  - Event management
  - Patient satisfaction
  - Relationship
- **Decreased**
  - Anxiety
  - Work stress
  - Malpractice potential
  - Negative social media

**Interactive Scenarios**
Mrs. Jones has come in with her 4 year old son, Sam. As usual, Mrs. Jones has a printout from Web MD in her hand and wants to talk about the best treatment for Sam’s asthma.

Sam has been a patient in the office since birth, and Sam does not have a diagnosis of asthma.

Mrs. Jones is sure, that according to Web MD and Google, Sam has asthma. She insists that he be evaluated using the test she has read about and has his suggested medication regimen all written down for the doctor to prescribe.

What is the best way to handle Mrs. Jones’ request?

It's great that you have researched this so well. Asthma can be a very complicated disease process and there are a lot of different theories out there.

There may be other factors that are individual to Sam's situation that the doctor has to consider using his/her medical knowledge and experience.

I’ll let Dr. ____ know that you want to discuss whether or not what you have found is valid / credible research.
Mrs. Smith's daughter Susie has been seen in the office once before, a year ago. Today Mrs. Smith signs in and lets the receptionist know that she now has Medicaid for Susie.

The receptionist tells Mrs. Smith “We don’t take Medicaid.”

Mrs. Smith threatens to report the office for discrimination.

Is there a better way to convey this information to Mrs. Smith?

Suggestions

“I’m so sorry Mrs. Smith, but we are not contracted with Medicaid, we won’t be able to see your daughter, but I can give you a referral number where you find a list of doctors to choose from.”

“Medicaid is a voluntary program and our doctors aren’t contracted to participate, I’m very sorry for the inconvenience.”

Remember, embarrassment can manifest as hostility. Try your best to keep the conversation private.
Interaction Three

Mr. James brings his 6 month old son to the office for a well baby check. After his appointment Mr. James comes to the checkout desk and begins yelling because he will have to wait for pre-authorization before being referred to a specialist.

The patients in the waiting room are, of course overhearing the angry outrage, and Mr. James’ baby has also begun to cry.

Everyone in the office – patients and staff alike becomes tense and upset.

What is the best way to handle this situation?

Suggestions

- Move the upset person to a private environment
  - Have a designated area that you can take the patient to
  - “Let’s go into my office and sit down so I can try to help you”

- Don’t take it personally
- Take a moment to collect your thoughts
  - I am going to get us a drink of water, I’ll be right back

- Ask for the patient’s perspective of what is upsetting him/her
  - Listen without interrupting
  - Take notes
Managing The Risk

Patient Selection Guidelines

- You don’t have to accept everyone
- Red flags
  - Unrealistic expectations
  - Hostile, angry, demanding
  - General dissatisfaction or unhappiness
  - Argues with the plan of care
  - Praise at first appointment
**Potential Risk Management Events**

- Demanding or disgruntled patient
- Adverse outcome/medical error
- Delayed response
  - Diagnostics
  - Phone call
- Issues with medical records / data breach

**Your Role**

- You make the difference
- You are the first line of defense
- You set the tone
Risk Management Strategies

- Establish a patient centric culture
- Establish and reinforce realistic expectations
- Involve patients in care
- Actively manage incidents
- Utilize tracking systems

(continued)

Risk Management Strategies

- Training
  - Communication
  - Documentation and record keeping
  - Privacy and security (HIPAA)
When Is It Appropriate To Terminate A Patient?

- Termination is a last resort
  - Talk to the patient first
  - Proper steps must be followed to avoid allegations of patient abandonment, to meet contractual, managed care contracts

- In general, relationship with a patient may not be terminated if the patient can be considered to be “in an acute phase of treatment”
  - No exact definitions available in the law
  - Definitely includes recent hospitalizations, post, procedure, pregnancy, and mid diagnostic work-up
Understand Your Termination Procedure

- Document events that lead to decision for termination
- Discussion physician, practice manager
- Emergency provisions – 30 days
- Make this a decision for the group
- Staff awareness
- Verify no appointments in system
- Letter of dismissal – certified and U.S. Mail

Contact Information

Lisa McCorkle, RN, MSN, CPHQ, CPPS, CPHRM, LNCC
Regional Patient Safety Risk Manager II, NE Region
Department of Patient Safety and Risk Management
lmccorkle@thedoctors.com
(800) 421-2368, ext. 5182

Carol Murray, RHIA, CPHRM, CPPS
Regional Patient Safety Risk Manager II, NE Region
Department of Patient Safety and Risk Management
cmurray@thedoctors.com
(800) 421-2368, ext. 5181

Additional resources and activities please visit
www.thedoctors.com