



Collaborate. Strategize. Results.

Patient Partnerships and Outcomes

Brief Literature Review

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Selected Evidence

- Across countries, engaged patients reported fewer medical errors, higher care ratings, and more positive views of the health system as a whole
 - Osborn R, Squires D. International perspectives on patient engagement: Results from the 2011 Commonwealth Fund Survey. *Journal of Ambulatory Care Management*, April/June 2012 35(2):118–28. Access to full article: <http://journals.lww.com/ambulatorycaremanagement/Abstract/2012/04000/>
- In a review of 55 published studies representing a wide range of health care settings and study designs, the authors found consistent evidence of a positive association between patient experiences and clinical and safety outcomes, providing support for the inclusion of patient experience as a central component of health care quality.
 - Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*. 2013; 3:e001570. doi:10.1136/bmjopen-2012-001570.



Selected Evidence

- Institute for Healthcare Improvement White Paper on Achieving Exceptional Experience:
 - Balik B, Conway J, Zipperer L, Watson J. Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2011. (Available on www.IHI.org)
 - The primary drivers originally identified those factors that influence excellent hospital patient experience. Subsequent work identified the drivers as pertinent to clinics and other community settings:
 - Leadership
 - Engaging physicians and team members
 - Respectful partnerships with patients and families
 - Reliable care
 - Evidence based care

Selected Evidence

- Drivers of patient experience from the IHI White Paper on Achieving Exceptional Experience:
 - Governance and executive leaders demonstrate that EVERYTHING in the culture is focused on patient and family centered care, practiced everywhere in the hospital (individual, microsystem, organization)
 - The hearts and minds of staff and providers are fully engaged
 - Every care interaction is anchored in a respectful partnership anticipating and responding to patient and family needs (physical comfort, emotional, informational, cultural, spiritual, and learning)
 - Reliable care
 - The care team instills confidence by providing collaborative, evidenced based care

Selected Evidence



- A qualitative study sought to provide insight into patients' and care providers' views and experiences related to the hospital discharge process, using data from interviews and a questionnaire survey of care providers, patients, and family members from a hospital and surrounding community in the Netherlands. On the basis of their analysis, the authors identify deficiencies in communication and coordination of care as primary barriers to safe and effective discharge transitions, suggesting that efforts to improve the safety and quality of the discharge process should focus on these concerns
 - Hesselink G, et al. Quality and safety of hospital discharge: A Study on experiences and perceptions of patients, relatives and care providers. *Int J Qual Health Care*. 2013(Feb); 25(1):66–74.

Selected Evidence

- Systemic literature reviews illustrate the link among experience, clinical quality, and overall efficiency of care. For example, in a national study of hospitals by Isaac et al. (2010), examining the relationship between patient experiences and other measures of hospital quality and safety, researchers found consistent relationships between patient experiences and technical quality as measured by the measures used in the Hospital Quality Alliance (HQA) program, and complication rates as measured by the AHRQ Surgical Patient Safety Indicators.
 - Isaac T, et al. The relationship between patients' perception of care and measures of hospital quality and safety. *Health Services Research*, 2010, 45: 1024–1040.

Selected Evidence



- Greater engagement of patients and families in organizational roles and care teams has helped a number of healthcare organizations to improve quality, safety, and patient experience. Insights from exemplar organizations suggest broader opportunities to improve health system performance.
- Evidence Boost: A review of research highlighting how patient engagement contributes to improved care; Ross Baker, PhD; Institute of Health Policy, Management, and Evaluation; University of Toronto, Ca. August 2014
 - <http://www.cfhi-fcass.ca/sf-docs/default-source/reports/evidenceboost-rossbaker-peimprovedcare-e.pdf?sfvrsn=6> [accessed 9/2/2014]

Selected Evidence



- Physicians and Patient-Centered Communication – Achieving High Productivity and Positive Patient Experience
 - Behaviors and Characteristics – Strong Productivity/Strong Experience Quadrant
 - Conveys warmth; personable – connects with every patient
 - Well-planned flow of visit with focus on patient’s agenda; recaps history
 - Focused on teaching and explaining
 - Looks to see that patient understands
 - Finishes documentation and coding each day
 - Clinic staff enters orders and prepares after-visit summary
 - Boffeli, T., et al. Patient experience and physician productivity: Debunking the mythical divide at Health Partners Clinics. *The Permanente Journal*, Fall 2012. Vol. 16 No 4

Selected Evidence



- Physicians and Patient-Centered Communication – Achieving High Productivity and Positive Patient Experience (cont.)
 - Behaviors and Characteristics – Weak Productivity/Weak Experience Quadrant
 - Lack presence – not ‘being there’ emotionally; lack smiles
 - No handshake
 - Interrogating style to get a diagnosis
 - Patients kept waiting and wondering
 - Abrupt actions
 - Disconnects when not interested in what going on with patient
 - Boffeli, T., et al. Patient experience and physician productivity: Debunking the mythical divide at Health Partners Clinics. *The Permanente Journal*, Fall 2012. Vol. 16 No 4

Selected Evidence



- Engaged patients have fewer adverse events – most hospitalized patients participated in some aspects of their care. Participation was strongly associated with favorable judgments about hospital quality and reduced the risk of experiencing an adverse event.
 - Weingart S, et al. Hospitalized patients' participation and its impact on quality of care and patient safety. *International Journal for Quality in Health Care* 2011; pp. 1–9 10.
- Notable factors that may affect satisfaction of patients include ability to have all of their questions answered, incomplete discussion of medication side effects, and failure of physicians to listen and form personal connections with them.
 - Blanden AR, Rohr RE. Cognitive interview techniques reveal specific behaviors and issues that could affect patient satisfaction relative to hospitalists. *Journal of Hospital Medicine*. 2009; E1-6 (9).
<http://www.ncbi.nlm.nih.gov/pubmed/20013862>

Selected Evidence

- Patient Experience correlated with other key outcomes: Health outcomes – patient adherence, process of care measures, clinical outcomes; Business outcomes – patient loyalty, malpractice risk reduction, employee engagement, financial performance
 - Edgman-Levitan S., Shaller D. et al. *The CAHPS Improvement Guide*. Boston: Harvard Medical School: 2003.

- Patient-physician communication is the primary process by which medical decisions are made, patients are diagnosed and treated. It is viewed by the Institute of Medicine as an indicator of patient-centered care, a key measure of quality
 - Roter, D. et al. *Journal of General Internal Medicine*, 2009

Selected Evidence

- Simply sitting instead of standing at a patient's bedside can have a significant impact on patient satisfaction, patient compliance, and provider – patient rapport, all of which are known factors in decreased litigation, decreased lengths of stay, decreased costs, and improved clinical outcomes. Practice implications: Any healthcare provider may have a positive effect on doctor – patient interaction by sitting as opposed to standing during a hospital follow-up visit.
- Swayden KJ et al. Effect of sitting vs. standing on perception of provider time at bedside: A pilot study. *Patient Education and Counseling*. 2012; 166–171 (86).

Selected Evidence

- First do no harm. Researchers find, “...you can improve care while reducing costs by making sure that everything you do is centered on what the patients want... specific goals are... tailor a treatment plan to ensure we provide the specific care he/she wants.”
 - Bergman J. *JAMA Surgery*. March 20, 2013

- Patient-centered communication seeks to increase health care providers’ understanding of patients’ individual needs, perspectives, and values: to give patients the information they need to participate in their care; to build trust and understanding between patients and physicians.
 - Levinson, W., Lesser, C., & Epstein, R. Developing physician communication skills for patient-centered care. *Health Affairs*. 2010; 29 (7), 20-5

Selected Evidence

- Research suggests that patients can contribute significantly to health-care improvements, in particular through their assessment of non-clinical aspects of care, their assessment of the care environment and their observations and experience with the care process.
 - Groene O. Patient centredness and quality improvement efforts in hospitals: rationale. *International Journal for Quality in Health Care*. 2011; 23, 5, 531–537
- Boulding W, et al. Relationship between patient satisfaction with inpatient care and hospital readmission within 30 days. *American Journal of Managed Care*. 2011; 41-48W (17).

Selected Evidence

- Financial benefits: Reduced length of stay, lower cost per case, decreased adverse events, higher employee retention rates, reduced operating costs, decreased malpractice claims, increased market share
 - Charmel P, Frampton S. Building the business case for patient centered care. *HFM*. March, 2008

- Patients complete their opening statements without interruption by a provider in 26% of visits; 37% of patients were never asked about their concerns/agenda
 - Swiderski, D. et al. The effect of physician solicitation approaches on the ability to identify patient concerns. *Journal of General Internal Medicine*, 2005; 20:267-270

4 Habits Model



Habit	Skills
Invest in the Beginning	Create rapport quickly; elicit the patient's concerns; plan the visit with the patient
Elicit the Patient's Perspective	Ask for patient's ideas; elicit specific requests; explore the impact on the patient's life
Demonstrate Empathy	Be open to patient's emotions; make at least 1 empathic statement; convey empathy non-verbally; be aware of your own reactions
Invest in the End	Deliver diagnostic information; provide education; involve patient in making decision; complete the visit

Tracking results in patient satisfaction for more than 10 years, Kaiser Permanente has seen a significant rise in patient experience scores among patients who see physicians trained in the four-day intensive workshop.

Selected Evidence



- We found positive associations of Family Centered Care with improvements in efficient use of services, health status, satisfaction, access to care, communication, systems of care, family functioning, and family impact/cost.
 - Kuhithau K, et al. Evidence for family centered care for children with special health care needs: A systemic review. *Academic Pediatrics*. 11:2 March-April 2011, 136-143
- Epstein RM, Street RL Jr. The values and value of patient-centered care. *Ann Fam Med*. 2011 Mar-Apr;9(2):100-3.
<http://www.ncbi.nlm.nih.gov/pubmed/21403134>
- Jagosh J, Donald Boudreau J, Steinert Y, Macdonald ME, Ingram L. The importance of physician listening from the patients' perspective: enhancing diagnosis, healing, and the doctor-patient relationship. *Patient Educ Couns*. 2011 Dec;85(3):369-74.
<http://www.ncbi.nlm.nih.gov/pubmed/21334160>

Selected Evidence



- Levinson W, Lesser CS, Epstein RM. Developing physician communication skills for patient-centered care. Health Aff (Millwood). 2010 Jul;29(7):1310-8. <http://www.ncbi.nlm.nih.gov/pubmed/20606179>
- Locke R, Stefano M, Koster A, Taylor B, Greenspan J. Optimizing patient/caregiver satisfaction through quality of communication in the pediatric emergency department. Pediatr Emerg Care. 2011 Nov;27(11):1016-21. <http://www.ncbi.nlm.nih.gov/pubmed/22068060>
- Martinez LS, Schwartz JS, Freres D, Frazee T, Hornik RC. Patient-clinician information engagement increases treatment decision satisfaction among cancer patients through feeling of being informed. Patient Educ Couns. 2009 Dec;77(3):384-90. <http://www.ncbi.nlm.nih.gov/pubmed/19815365>
- Mauksch LB, Dugdale DC, Dodson S, Epstein R. Relationship, communication, and efficiency in the medical encounter: creating a clinical model from a literature review. Arch Intern Med. 2008 Jul 14;168(13):1387-95. <http://www.ncbi.nlm.nih.gov/pubmed/18625918>

Selected Evidence



- Patient and Family Centered Care: Academic Centers Six Core Elements of Sustainable Change:
 - Visionary leadership: Each organization is characterized by strong, visionary leadership committed to achieving the goals of patient and family-centered care.
 - Dedicated champion: A dynamic, dedicated champion must be responsible for driving necessary changes at the operational level.
 - Partnerships with patient and families: Central to the change strategy is developing active collaboration with patients and families on multiple levels, including policy and planning, patient care, and medical education.
 - Focus on the workforce: Principles of patient and family-centered care must be incorporated into human resource policies that determine the way staff are recruited, trained, and rewarded.
 - Effective communication: Clear communication at every level, from board to management to front line workers to patients and families, is required to spread and reinforce patient and family-centered values and procedures.
 - Performance measurement and monitoring: Continuous measurement and monitoring are needed to assess progress and identify new opportunities for improving performance.
 - Shaller D, Darby C. High performing patient and family centered academic medical centers. 2009 Picker Institute.

Selected Evidence

- “To gain deeper insights into what experiences patients were using when responding to the overall satisfaction questions, we found that hospitals that score high on questions such as ‘skill of nurses (physician),’ ‘how well the nurses (physician) kept you informed,’ ‘amount of attention paid to your special or personal needs,’ ‘how well your pain was controlled,’ ‘the degree to which the hospital staff addressed your emotional needs,’ ‘physician’s concern for your questions and worries,’ ‘time physician spent with you,’ and ‘staff efforts to include you in decisions about your treatment’ also tended to score high on patient overall satisfaction. In contrast, there was no association with scoring high on questions concerned with the room, meals, tests (e.g. ‘time spent waiting’), discharge (e.g., ‘speed of discharge process’) and the patient overall satisfaction score. Moreover, patient satisfaction with nursing care was the most important determinant of patient overall satisfaction, thus highlighting an important area for further quality improvement efforts and underscoring the role of the entire health care team in the in-hospital treatment of patients with AMI.” p. 193.
- Glickman SW et al. Patient satisfaction and its relationship with clinical quality and inpatient mortality in acute myocardial infarction. *Circulation: Cardiovascular Quality and Outcomes*. 2010; 188-195 (3).

Selected Evidence



- “. . . both theory and the available evidence suggest that such measures are robust, distinctive indicators of health care quality. Therefore, debate should center not on whether patients can provide meaningful quality measures but on how to improve patient experiences by focusing on activities (such as care coordination and patient engagement) found to be associated with both satisfaction and outcomes, evaluate the effects of new care-delivery models on patients’ experiences and outcomes, develop robust measurement approaches that provide timely and actionable information to facilitate organizational change, and improve data-collection methods and procedures to provide fair and accurate assessments of individual providers.” p. 20
- Manary MP et al. Perspective: The Patient Experience and Health Outcomes. New England Journal of Medicine. 2013; 201-203 (368). <http://www.nejm.org/doi/full/10.1056/NEJMp1211775> accessed 2 February 2013

Selected Evidence



- Catron, T. et al (Hickson) Patient complaints and adverse surgical outcomes. American Journal of Medical Quality. May 2015
 - Surgeons with more patient complaints had a greater rate of surgical occurrences is the surgeon's aggregate preoperative risk was higher.

- Emotional Harm from Disrespect: The Neglected Preventable Harm; Sokol-Hessner L, Folcarelli PH, Sands KE. BMJ Qual Saf. 2015(Jun 17)
 - While the patient safety movement has led to extensive efforts to prevent physical harms associated with medical care, much less attention has been focused on the psychological or emotional harms that patients may experience as a result of aspects of their treatment or their interactions with the health care system. The authors argue that although damage to patient dignity can arise from many sources and does not always result from deliberate disrespect by care providers, health care professionals and organizations have an obligation to address emotional harm in the same way that they must prevent physical harm to patients. Drawing on discussions of a working group convened at their institution, the authors illustrate how existing frameworks for identifying and analyzing preventable physical harm could be applied to develop a systematic approach to addressing emotional harm.

Selected Evidence

Rand-based Cost Containment Strategies

- Adopt comprehensive payment reform
- Adopt and use health information technology
- Implement evidence-based coverage informed by comparative effectiveness information
- Develop health resource planning
- Support system redesign
- Implement health plan design innovation to promote use of high-value care
- Enact malpractice reform and peer review protections
- Implement administrative simplification
- **Engage consumers**
- Encourage healthy behaviors
- Further promote transparency

http://www.mass.gov/lhqcc/docs/roadmap_to_cost_containment_nov-2009.pdf

Selected Evidence



- Patients' Perceptions of Bedside Handoff: The Need for a Culture of Always Ford Y, Heyman A, Chapman YL. J Nurs Care Qual. 2014(Oct–Dec); 29(4):371–378.
- The authors note that although previous research suggests that conducting nursing change-of-shift reports at the patient bedside can be a helpful approach for communicating with patients and involving them in their care, few studies have provided quantitative assessments of the effects of bedside handoffs on patient experience. In this study, an analysis of data from a survey of 103 adult hospital patients showed that those who reported “always” experiencing bedside handoffs had significantly more positive perceptions of safety, communication, and understanding of their care than did those who “rarely” experienced bedside handoffs. The authors conclude that although this evidence of favorable impact is “encouraging,” efforts are needed to ensure that bedside handoffs are performed consistently in order to achieve these benefits.

Selected Evidence – Diagnostic Accuracy



Mark Graber, MD, FACP; President, Society for the Improvement of Diagnosis in Medicine; Personal Communication, June 2014

The current gap in papers that clearly link effective communication with improved diagnostic accuracy is that we do not currently have a good way to measure diagnostic accuracy. However, there is an abundance of indirect evidence to support the relationship between effective communication and diagnostic quality:

- Communication breakdowns are a common cause of diagnostic error. (Graber et al. Diagnostic Error in Internal Medicine. Arch Int Med (2005). 165:1493-99). Hardeep Singh also has a series of publications on diagnostic errors arising from breakdowns in lab communications, which is a related issue.
- As Charlene Weir points out, there is evidence that the diagnosis emerges from the history alone in the majority of cases. (Peterson MC, Holbrook JH, Von Hales D, et al. Contributions of the history, physical examination, and laboratory investigation in making medical diagnoses. The Western Journal of Medicine. BMJ 1992;156:163-5. Wahner-Roedler DL, Chaliki SS, Bauer BA, et al. Who makes the diagnosis? The role of clinical skills and diagnostic test results. J Eval Clin Pract 2007;13:321-5.) There is also a famous Osler quote on this: "Listen to your patient, he is telling you the diagnosis".

Selected Evidence – Diagnostic Accuracy



- There is substantial evidence that high levels of patient satisfaction (typically reflecting communication) correlate with improved health outcomes in general. Articles that David sent me address this point:
- Doyle, C., Lennox, L., & Bell, D. (2013). "A systematic review of evidence on the links between patient experience and clinical safety and effectiveness." *BMJ Open*, 3. Available at <http://bmjopen.bmj.com/content/3/1/e001570.full>. This study finds consistent positive associations among patient experience, patient safety, and clinical effectiveness for a wide range of disease areas, settings, outcome measures, and study designs. It finds that patient experience is positively associated with clinical effectiveness and patient safety, and the results support the case for the inclusion of patient experience as one of the central pillars of quality in health care.
- Boulding, W., Glickman, S. W., Manary, M. P., Schulman, K. A., & Staelin, R. (2011). "Relationship between patient satisfaction with inpatient care and hospital readmission within 30 days", *American Journal of Managed Care*, 17(1), 41-48. Focusing on three common ailments-heart attack, heart failure and pneumonia-the authors measured 30-day readmission rates at roughly 2,500 hospitals and found that patient satisfaction scores were more closely linked with high-quality hospital care than clinical performance measures. Hospitals that scored highly on patient satisfaction with discharge planning also tended to have the lowest number of patients return within a month for all three specified ailments. Overall, high patient satisfaction scores were more closely linked to a hospital's low readmission rates than a solid showing on clinical performance measures.

Selected Evidence – Diagnostic Accuracy



- Glickman, S. W., Boulding, W., Manary, M., Staelin, R., Roe, M. T., Wolosin, R. J., et al. (2010). "Patient satisfaction and its relationship with clinical quality and inpatient mortality in acute myocardial infarction", *Cardiovascular Quality and Outcomes*, 3(2), 188-195. Hospitals use patient satisfaction surveys to assess their quality of care. The objective of this study was to determine whether patient satisfaction is associated with adherence to practice guidelines and outcomes for acute myocardial infarction and to identify the key drivers of patient satisfaction. The authors found that higher patient satisfaction is associated with improved guideline adherence and lower inpatient mortality rates, suggesting that patients are good discriminators of the type of care they receive. Thus, patients' satisfaction with their care provides important incremental information on the quality of acute myocardial infarction care.
- Jha, A. K., Orav, E. J., Zheng, J., & Epstein, A. M. (2008). "Patients' perception of hospital care in the United States", *New England Journal of Medicine*, 359, 1921-1931. This study assessed the performance of hospitals across multiple domains of patients' experiences and found a positive relationship between patients' experiences and the quality of clinical care. The authors found that patients who received care in hospitals with a high ratio of nurses to patient-days reported somewhat better experiences than those who received care in hospitals with a lower ratio, and hospitals that performed well on the HCAHPS survey provided a higher quality of care across all measures of clinical quality than did those that did not perform well on the survey.

Selected Evidence – Diagnostic Accuracy



- Hardeep Singh, MD, MPH; Traber Davis Giardina, MA, MSW; Ashley N. D. Meyer, PhD; Samuel N. Forjuoh, MD, MPH, DrPH; Michael D. Reis, MD; Eric J. Thomas, MD, MPH. *Types and Origins of Diagnostic Errors in Primary Care Settings*. Downloaded From: <http://archinte.jamanetwork.com/> on 07/25/2014

Selected Evidence – Diagnostic Accuracy



- Links to selected articles:
- <http://archinte.jamanetwork.com/article.aspx?articleid=1656540>
- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2359508/>
- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2787842/>
- <http://pediatrics.aappublications.org/content/126/1/70.full>
- <http://jco.ascopubs.org/content/25/31/5009.abstract>
- <http://qualitysafety.bmj.com/content/21/2/160.short>

Selected Evidence

- Ruzicka, Amelia Considering the Influences of the Physician-Patient Relationship on the Patient's Quality of Life: An Interpretive Phenomenological Analysis of the Experience of being Dismissed by One's Physician Among Women with Autoimmune Diseases.
 - Available through: Proquest dissertations

Leadership Impact

- Tsai, T., Jha, A, Gwande, A., Huckman, R., Bloom, N., Sadun, R. Hospital Board and Management Practices are Strongly Related to Hospital Performance on Clinical Quality Metrics. *Health Affairs*, August 2015, 1304-10.
- Steve Swenson's article leadership related to burnout
- Taylor, N. et al. High Performing Hospitals: a qualitative systemic review of associated factors and practical strategies for improvement. *BMC Health Services Research* (2015) 15:244.