Structuring Communication for A Hospitalist Program

Bruce Genovese, MD, MHSA, FACC

November 17, 2011

Evaluations for today's program are online at:

http://www.readinghospital.org/medicaleducation/cmecalendar

Please remember, in order to receive credit for today's event you must complete an online evaluation.

For assistance please refer to the printed instructions given to you when you signed in today, or stop at a computer outside the auditorium after today's event and we will assist you. A copy of the printed instructions is also available on the CME website.

Thank you,
CME Department

The Reading Hospital and Medical Center

Case Scenario

Mrs. Elderly awoke at 11:00p.m. with sharp pains in her neck and upper arms. She was also short of breath. She called her primary care physician's office and heard a recorded message saying the office was closed and she should go to the ER for any emergencies or call 911. She did the latter and was taken to her local hospital. After seeing several nurses, blood technicians, EKG technicians and physicians (*she came at change of shift*) she was admitted to a telemetry unit with a preliminary diagnosis of R/O MI. She was admitted by the usual entourage of nursing staff and the hospitalist and had a 3 day hospitalization characterized by a slight bump in in her serial cardiac enzymes and a mild amount of heart failure. She was seen in consultation by the cardiologist on call and on the third day she was stabilized and discharged home to the care of her primary care physician.

Questions

- Where do you perceive there could be challenges to the care and continuity of care issues in Mrs. Elderly's case?
- What recommendations would you make to assure she had a good patient experience?
- Who is primarily responsible for making sure she has a good experience?
- In Mrs. Elderly's mind who has she come to see and receive care from?

Benefits of Physician Communication

- Improved Quality
- Improved Patient Satisfaction
- Improved Physician Satisfaction
- Reduced Malpractice Risk
- Better HCAHPS Scores
- Improved Efficiency

The Changing Landscape of Hospital Medicine Practice

- Hospitalists
- Specialists
  - Specialist hospitalists
- Absence of forums to converse with medical staff as a whole
  - No Grand Rounds
  - Rare large medical staff meetings
  - Disappearing primary care
- Nursing challenges

Impediments to Physician Communication

- High Hospital Patient Turnover Results in Physician Time Pressure
- Lack of communication tools
- Varying Rounding Times for Specialists
- Time pressures in Outpatient Offices
- Shift Schedule Results in Transition Gaps
- Charting Issues
  - Handwriting interpretation
  - Templates and Word Processing problems in EMR charting
- Hospitalist Role on Medical Staff

Quality

Rounding

- Availability/Readability of Notes
- Interaction/Communication with Consultants
- Interaction/Communication with Nursing Staff
- Timely DF/U of Testing and Procedures Results
- Interaction with PCP for Background Material and Previous Problems.

Handoff

- Critical to Safe Patient Care
- Large Volume of Patients Makes Thorough Handoff Difficult
- Involves Next Shift and Nursing Staff
- Includes Pending Results
- Particularly a Problem on Day of Discharge
- Possibilities include Electronic, Written, Verbal

Quality Metrics

HOSPITALIST QUALITY METRICS c. 2007

RETRO REVIEW
- 45 hospitals
- 76,926 patients

7 DIAGNOSES
- Pneumonia
- CHF
- CP
- Stroke
- UTI
- COPD
- AMI

PROVIDERS
- 284 hospitalists
- 993 internists
- 971 family medicine

	HM v. IM	HM v. FM
▲ LOS	**0.4d***	**0.4d***
Cost	**$268***	**$125***
Death	**0.95 (0.85-1.05)**	**0.95 (0.87-1.04)**
14-day readmission	**0.98 (0.91-1.95)**	**0.95 (0.87-1.04)**

*statistically significant

Source: Lindenauer, *NEJM* 2007;357:2589-2600

Hospitalist Track Record

NOTABLE LITERATURE DOCUMENTS HOSPITALIST EFFECTIVENESS

Date	Journal	Authors	Analysis
1998	*Ann Intern Med*	Diamond et al	Hospitalist care reduces 14-day readmissions, LOS, and costs, suggesting both quality and efficiency improvements
2002	*Ann Intern Med*	Auerbach et al	Hospitalist care reduces 30- and 60-day mortality rates, and also lowers LOS and costs, boosting both quality and efficiency
2002	*Ann Intern Med*	Meltzer et al	Hospitalist care yields lower 30-day mortality rates and costs
2004	*Ann Intern Med*	Huddleston et al	Hospitalist comanagement reduces minor complications after hip and knee surgery, suggesting improved quality
2007	*N Engl J Med*	Lindenauer et al	Hospitalists outperform other providers on LOS but have no significant effect on mortality or readmissions
2007	*J Hosp Med*	Batsis et al	Hospitalist care yields shorter LOS but has no effect on mortality of hip fracture patients
2009	*Arch Intern Med*	Lopez et al	Hospitals with hospitalists score higher on HOA performance indicators
2011	*J Hosp Med*	Williams et al	BOOST initial results suggest hospitalists can achieve reductions in readmission rates

Are You Delivering on the Promise of Higher Quality?

From: The Hospitalist, August 2011

Studies hint at improved quality with HM, but imperfect measures and little comprehensive data spur calls for more research

by Bryn Nelson, PhD

Patient Satisfaction

Approach

- Getting the human factor right
  - Knowledgeable, skilled staff; trained staff
- Being consistent
  - Not turning service offerings or service quality off and on
  - Long term focus vs. short term
- Communicating and understanding
  - Listening to patients and responding to their wishes and complaints
  - Reliable on time service
  - Time spent communicating information

Quality from a Patient's Perspective

- Speed
- Convenience
- Customization
- Affordability
- Personalized and Skill → for the major illnesses
- Outcome as they perceive it and as you communicate it

Perception of Quality = Satisfaction

The NEW ENGLAND JOURNAL of MEDICINE

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SPECIAL ARTICLE

Patients' Perception of Hospital Care in the United States

Ashish K. Jha, M.D., M.P.H., E. John Orav, Ph.D., Jie Zheng, Ph.D., and Arnold M. Epstein, M.D., M.A.

N Engl J Med 2008; 359:1921-1931 | October 30, 2008

The McKinsey Quarterly

A **better** hospital experience

Hospitals must learn what commercially insured patients and their physicians look for when choosing facilities—and how to deliver it.

Kurt D. Grote, John R. S. Newman, and Saumya S. Sutaria

New research indicates that US patients and physicians are more and more likely to base their choice of hospital on nonclinical aspects of a visit—like convenience and amenities.

Source: ExperiaHealth, 2011

Translation

- Getting the human factor right
  - Who's interacting
    - Nurses
    - Physicians (hospitalists/specialists/others)
    - Others . . . . . And many others!
  - The role of the CEO and Executive Team

Keys

- People
- Consistency
- Communication and Understanding

USA Today Analysis Finds Gap In Hospital Performance, Perception

Medicare data show gap in hospital performance, perception

By Steve Sternberg and Christopher Schnaars, USA TODAY

Updated 08/05/2011 9:55 AM

More than 120 hospitals given top marks by patients for providing excellent care also have a darker distinction: high death rates for heart attack, heart failure or pneumonia, a USA TODAY analysis of new Medicare data has found. Hospital data, such as death and readmission rates, can help patients make better decisions about where to seek care.

Experts say the newspaper's analysis of data released today by Medicare offers a window into the relationship between patients' perceptions of the quality of their hospital care and more objective measures, such as hospitals' death and readmission rates.

"This is a very important finding," says Donald Berwick, director of the Centers for Medicare & Medicaid Services, adding that though patient-survey data offer critical insights into how it feels to be a patient at different hospitals, patients' perceptions don't tell the whole story.

Over the past decade, rising costs and a flood of complex therapies have prompted patients, employers, insurers and the federal government to demand public disclosure of health care data. Armed with this evidence, Berwick says, doctors, insurers and patients themselves can make better choices about where to obtain medical care.

STORY: DATA CAN HELP PATIENTS FILL PERCEPTION GAP
INTERACTIVE: DEATH, READMISSION RATES FOR THOUSANDS OF HOSPITALS
MORE: SEE HOW HOSPITALS RANK ACCORDING TO PATIENT SURVEYS

Physician Satisfaction

What Factors Satisfy Physicians

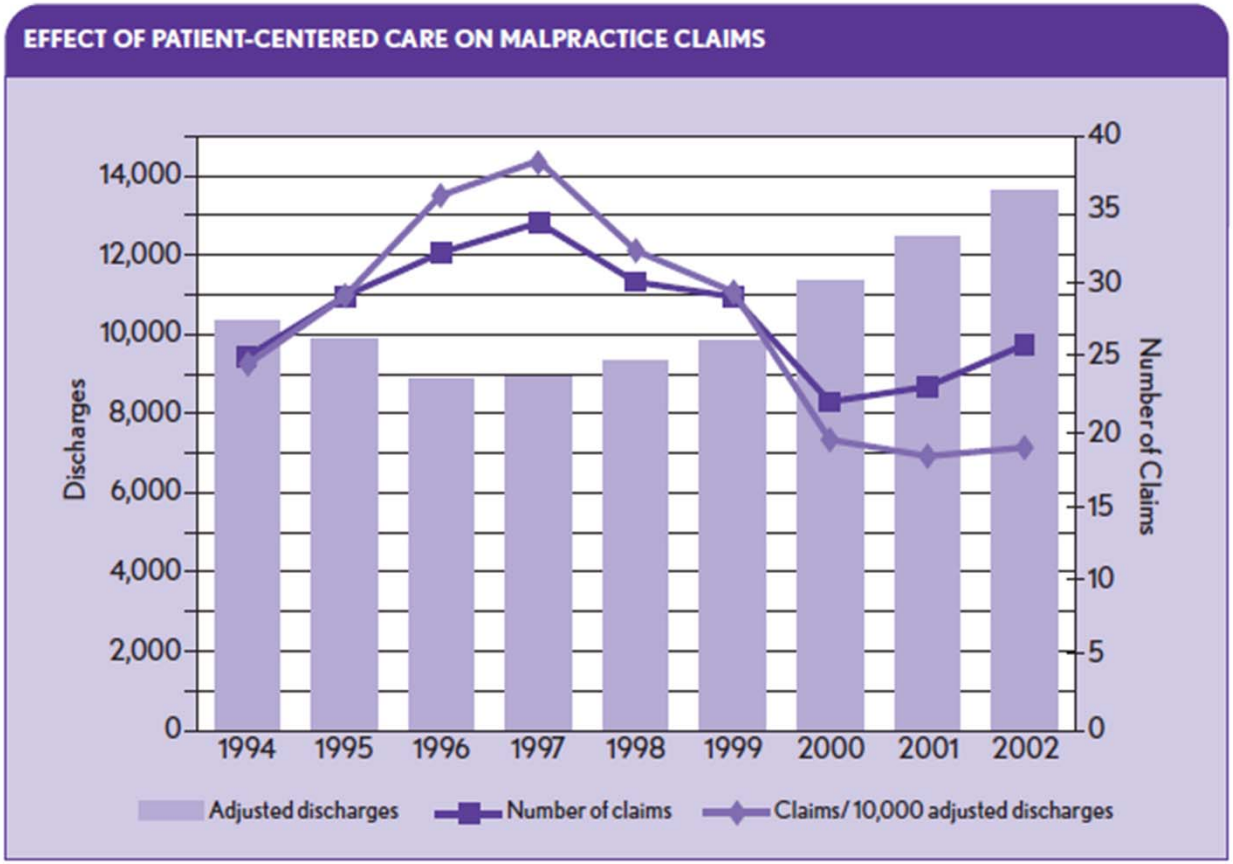
- Working Conditions
- Remuneration
- Professional Satisfaction
  - Difficult in Shift Setting
  - Lack of Continuity to Outcome
- Collegiality
- Quality

Possible Considerations

- MEC
- Hospitalist business meetings
- Alternate shifts so everyone has some weekdays
- General Staff Meetings

Reduced Malpractice Risk

Hospitals with a patient-centered care approach, see decreases in malpractice claims, despite an increase in patient care activity.



IV MARCH 2008 **healthcare financial management**

Source: ExperiaHealth, Inc, 2011

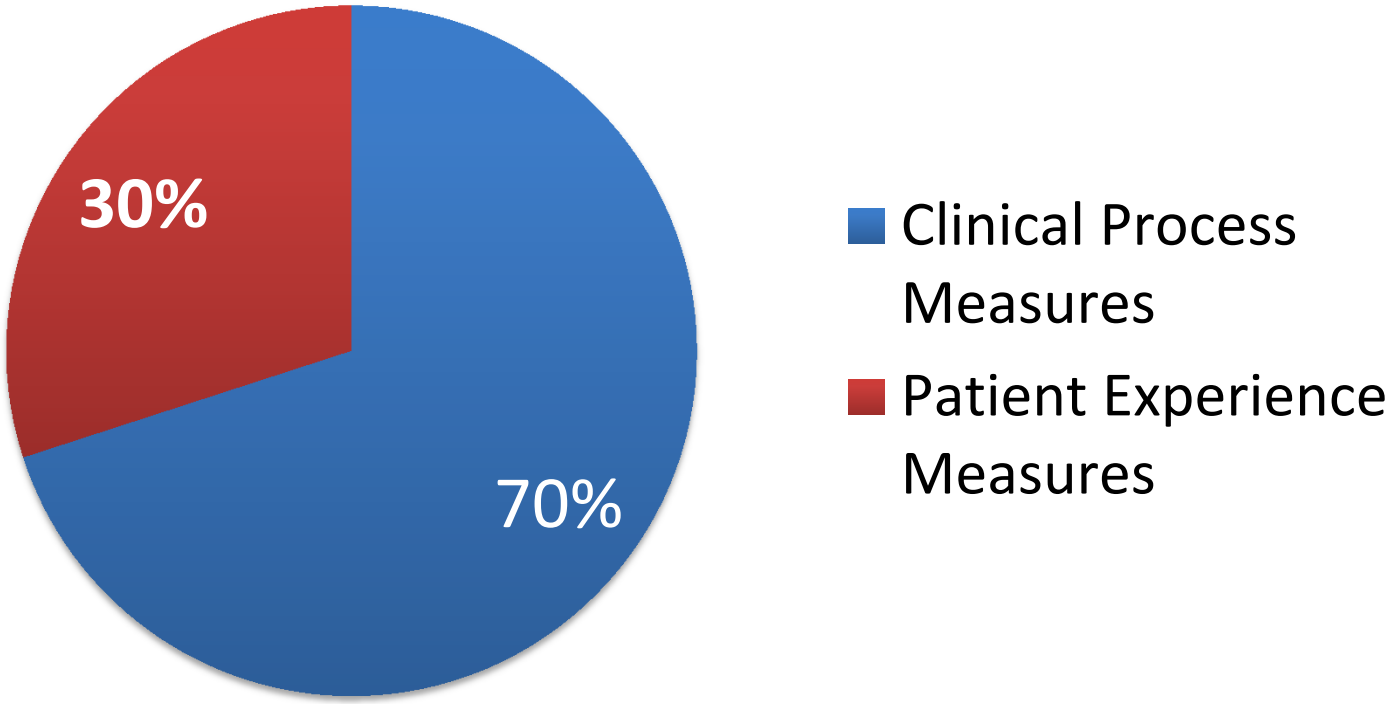
Improved HCAHPS Scores

Hospital Consumer Assessment of Healthcare Providers and Systems

Calculation of Performance Scores

- Hospitals would receive the higher of their achievement or improvement score for each measure.
- Hospitals that score at least a minimum achievement threshold would receive at least some points for achievement.
- Hospitals' improvement scores will be assigned by awarding points based on how much the hospital has improved on its performance from a baseline period to the performance period. Scores for the HCAHPS measures would be calculated in a similar fashion and also would include a component for assessing consistency among the hospital's HCAHPS scores.

CMS Value Based Purchasing in effect October 1, 2012



Source: ExperiaHealth, 2011

Your Care from Doctors

Questions

- During this hospital stay how often did doctors treat you with courtesy and respect?
- During this hospital stay how often did doctors listen carefully to you?
- During this hospital stay how often did doctors explain things in a way you could understand?

Response choices

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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There is an Economic Value

The Mantra

Customer Service as A Growth Strategy

Efficiency

- Defined as **appropriate** care in the **appropriate** setting
- The hospital stay is not the end of medical care
- Can defer unreimbursed testing (an issue related to prospective payment) to outpatient setting
- Requires communication with PCP and willingness to defer testing, *etc.* in face of liability concerns

Hospital Financial Risk Areas

- HCAHPS Scores
- Core Measures
- 30 Day Re-Admissions
- **Why Do You Care?**
  - Hospital is financially responsible for your income
  - Long-term health financing will be more and more “value-based”

Facts

- Building strong relationships through well managed patient/customer interactions creates real economic value
- Increasing customer satisfaction is a strategy with relatively low costs and high long-term returns
- People care about knowledgeable and friendly staff; products and services tailored to their needs; clear communication; good experiences and rapid resolution of problems (consumerism)

Tools

- Report card specific to MD Communication
- Regular reports to practices
- Enhanced nurse/physician partnerships
- Educational events under the mantra of developing growth strategies
  - Referral science™
  - Customer/patient satisfaction as a practice strategy

Referral Science™ - Components

The Hospital and Hospitalists

- Introduction
- Communication with referring or primary care physician on admission
- Discharge Summary
- Communication with
  - Referring MD
  - Patient

Referral Science™ - Introduction Script

Hello _MR./MS._. I am Dr. _____. I am a hospitalist physician and will be part of a hospital team that is caring for you during your hospitalization. Your primary care physician will be informed as to your admission and will have a full summary of all of the activities that occur while you are in the hospital.

I am going to leave you my card that has my contact information in the event that you or your family members wish to talk directly with me during the hospitalization or upon discharge.

Please know that at the time of your discharge from the hospital we will send your primary care or referring physician a full summary of all of your tests, reports and medications.

Should Talk Up Team

Referral Science™
Communication with Referring MD or Primary Care Physician on Admission

Dr. Dr. _____ I wanted to let you know that your patient, MR./MS. was admitted to _____ hospital on date at time with the following diagnoses: _____

We have initiated a care plan. If there is any information you feel we need to have in addition to that which has already been conveyed to us, we would appreciate hearing from you. Please know that upon discharge from the hospital we will send you full reports concerning all of the tests and activities that have occurred during the hospitalization. If you have a particular specialist you wish to have utilized during the hospitalization, would you kindly let us know. I can be reached at cell phone number .

Again, thank you for your confidence in asking us to see MR./MS. in conjunction with you.

Referral Science™
Discharge Summary

DATE OF ADMISSION_____

DATE OF DISCHARGE _____

LABORATORY AT TIME OF DISCHARGE _____

_____

HOSPITAL COURSE_____

DIAGNOSES AT TIME OF DISCHARGE_____

_____

MEDICATIONS AT TIME OF DISCHARGE _____

DISPOSITION – MR./MS. WAS INSTRUCTED TO MAKE AN APPOINTMENT TO SEE YOU IN YOUR OFFICE WITHIN THE NEXT _____ DAYS

Dear Dr. _____

Please find attached a discharge summary for your patient MR/MS . The attached information should be self-explanatory. Please let us know if we can be of additional assistance He/She was instructed to see you in follow up in the next 7-10 days.

Again, thank you for your confidence in letting us assist you in the care of your patient.

Sincerely,

_____

Dear MR. / MS.

It was very nice having an opportunity to assist in your care during your recent hospitalization. Please find attached a copy of your discharge summary. A similar copy was sent to your referring or primary care physician. You will note we have requested you make an appointment to see your primary care physician. If you have not done so already would you kindly do so at your earliest convenience.

We hope you continue to improve. It was a pleasure to assist in your care.

Sincerely,

_____

"This is a teaching hospital.

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