VIDEO CONSULTING: CAN INCLUDING SELF-OBSERVATION FROM RECORDED ENCOUNTERS IN PERFORMANCE CONSULTING HELP PROVIDERS IMPROVE THE PATIENT EXPERIENCE?

Thomas Howell, MD
Mayo Clinic
Rochester, MN

Abstract

This project involved exploring a Provider Video Consultation model for Patient Experience satisfaction improvement. The goal was to create a consulting model that would create transformational change on an individual provider level without negatively impacting the provider's practice. This was done by taking a traditional in-person observation model and fusing it with a video review model. Upon examining the outcomes of the piloted video consulting program it became clear that the pilot created statistically significant improvements for patients and their experiences with their providers. Through sharing this project we hope more organizations will begin to explore a video consulting model.

Background

Mayo Clinic Health System (MCHS) started in 1992 as a family of clinics, hospitals, and healthcare facilities that form a 120-mile radius around the Mayo Clinic in Rochester, Minnesota. The system supports medium and small communities with 18 different hospitals and 72 clinics in parts of Iowa, Minnesota and Wisconsin. Over 1,041 physicians and scientists and 14,944 allied health staff work in MCHS. There are four operational regions in MCHS, each with a Board that shares representation with Mayo Clinic Leadership.

Pay for performance and transparent comparative data have greatly influenced the healthcare industry to not only pay attention to patient experience and satisfaction, but to identify improvement of the patient experience as a strategic priority. The Mayo Clinic is no exception to industry trends, and has placed patient experience improvement as one of the identified strategic priorities. In examining MCHS's performance related to patient satisfaction, it was evident that improvement was needed, specifically in relation to provider communication. The MCHS goal was to improve provider communication top box scores by 1% with a long term target of reaching the 90th percentile rank. Here we outline the development of a Provider Video Consulting Model that is scalable and has shown statistically significant improvement in the patient's experience, without negatively impacting the physicians practice.

Design

In designing the new model, we believed fusing the existing in-person program with a video review process focused on the patient experience allowed the consultant to reduce the time needed for each intervention while giving the provider specific viewable moments to support insight, acceptance and learning. Best practices in provider communication and behavior were collected from various resources to create specific interventions based on what is observed from the encounter videos and patient satisfaction data. This gives specific improvement action items for each of the above mentioned identified communication gaps.

Another piece of the new model was to have the consultant blend patient satisfaction data into the feedback and consulting experience by using the individual provider's patient satisfaction scores. Within the process, the consultant identifies behaviors, communications and interactions on the video that support the data (high and low performance items). The patient satisfaction scores are also used as a way to provide baseline performance data to the provider, as well as show performance improvement post video consulting. The data received from our patients relating to satisfaction with the provider during the outpatient encounter indicated an opportunity to improve communication specifically related to explanations, involvement into care decision making, and the relationship. A study by Aspegren and Lonberg-Madsen (2005), demonstrated that while some communication skills can be learned spontaneously, other more complex skills necessary for effective physician communication (agenda setting, building the relationship, explanations, closing) are not, and require training. This project sought to assess both the strengths and deficits related to communication skills displayed by providers through a video observation format.

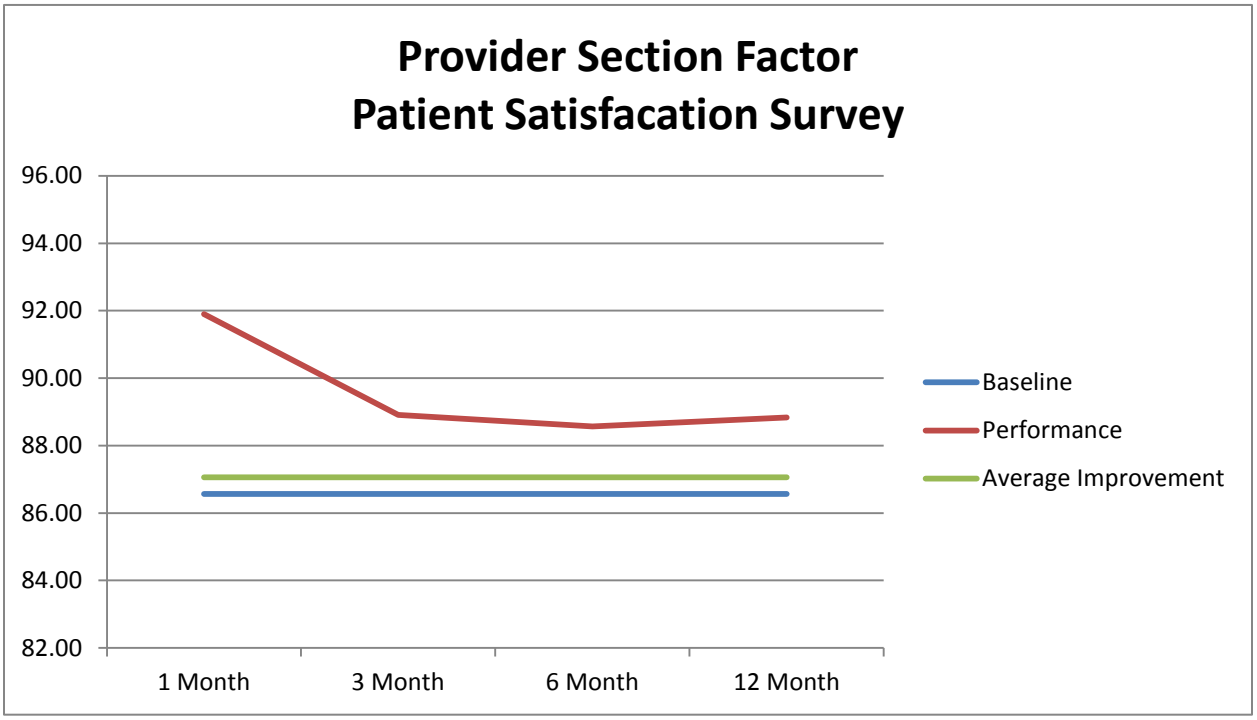
Process

The pilot location of Provider Video Consulting occurred within the Southeast Minnesota Region of MCHS. The Provider Video Consulting pilot focused on Medical Practice providers of any specialty who were performing between the 65-89% Top Box for their core provider section of the patient satisfaction survey and volunteered for the video consulting program. Key measures for improvement focused on the Provider Care scores in the patient satisfaction survey. A provider survey was also created to measure the provider's level of satisfaction with the program and their perception if the program negatively impacted their practice.

Change can be hard to implement effectively without specific strategies to aid in the change. During this pilot to help the providers understand the current gaps and the needed improvements in their patient experience a number of strategies were applied. The first strategy was to use the videos of the patient encounters/visits to show providers specific strengths and opportunities related to engagement and communication. The second strategy to aid the provider with change links their observed behaviors and communication with their patient satisfaction survey results. This allows the provider to gain clarity on the patient perspective by seeing their own behavior and how patients react and perceive it. The third strategy focused on what changes will improve the opportunities identified at the individual provider level. By collecting best practices and linking them to the specific questions or behaviors to improve, providers gained confidence in the intervention and were more likely to implement the change. The final tactic to support the changes focused on behaviorally supporting the provider via ongoing connections with the consultant to reinforce the change effort, and further refine execution by addressing fears, barriers, and concerns.

Effects of Change

The effects of the change showed a statistically significant improvement in the Core Provider Care section of the patient satisfaction survey. Participants on average showed a 4.5% Top Box Increase improvement initially, about half of that was sustained over six months.



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