

Interview with... Cooperative of American Physicians

Ongoing advancements in the healthcare sector have transformed traditional approaches to care, with patients increasingly valuing a holistic customer experience that extends beyond precise and effective medical treatment alone. Accordingly, the Cooperative of American Physicians, Inc. (CAP) has significantly augmented its efforts to help doctors and hospitals focus on delivering an overall outstanding patient experience.



Carole Lambert



Ann Whitehead

Inside Medical Liability wanted to find out about this new initiative, and the key concepts included in it, and toward that end posed some queries for two CAP executives: Carole Lambert, Vice President of Practice Optimization, CAP; and Ann Whitehead, JD, RN, Vice-President, Risk Management & Patient Safety, CAP.

Inside Medical Liability: Phrases like “engaged patient” have become virtual clichés, used with little regard for their actual definition—and their actual utility by practicing physicians. How does CAP’s program cut through this verbal clutter, and provide new insights to its members?

Carole Lambert: By providing information and tools to support them in their efforts, CAP supports CAP physician members in responding to the challenge of increasing patient engagement. Educational programs such as “The Case for Creating the Extraordinary Patient Experience,” and “The Impact of Physician Leadership on Quality and Safety” provide insights into how practice structure, environment, and staffing affect the experience of the patient and family, as well as participation in the patient’s care. Through publications, CAP physician members and staff share experiences and best practices. Webinars covering clinical as well as practice management

topics provide opportunities in real-time for physicians and staff to raise concerns and get help to promote patient safety, physician safety, and organizational safety. Patients and families who feel safe and cared for, and cared about, are much more likely to be engaged in their care and activated to pursue their healthcare goals.

IML: How does CAP content address each of these tasks? First, can you define “the patient experience across the continuum of care”?

Lambert: In CAP publications and presentations, we frequently cite the Beryl Institute, a thought leader on improving the patient experience in healthcare. The group defines the patient experience as “the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.” Along similar lines, in her post for industry publication *amednews.com*, Sue Ter Maat notes that sector experts have said that “the patient experience—focusing on care coordination, communication with caregivers, and staff responsiveness—is about protocols designed to reduce patient stress.”

The Agency for Healthcare Research and Quality (AHRQ) periodically con-

ducts surveys of hospital employees regarding facilities’ strategic initiatives to influence the patient experience. AHRQ survey results reported in *HealthLeaders Media* suggest that patient experience efforts suffer from lack of organization, including a lack of cultural fit or employee buy-in, lack of an overall game plan, and lack of management consensus. CAP physician leaders recognize the accuracy of the observation made by Richard Corder of Massachusetts General Hospital: “If the CEO [read physician] doesn’t get it, understand it, rally around it, speak to it, make it important among his or her team—then it’s not going to work.”

IML: Can you identify the three fundamental foci of the patient experience that will favorably impact healthcare outcomes?

Lambert: We believe communication of information, implementation of effective policies and procedures, and demonstration of positive behaviors will favorably impact outcomes.

First, it is not possible to overemphasize the importance and value of communication as a stress reliever. Anecdotal reports from patient and families frequently cite feelings of not being listened to or

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not having questions answered as causes for anxiety.

Second, we can improve the patient experience and alleviate stress through policies and procedures which are implemented and applied consistently. For example:

- Demonstrate responsiveness: take accurate messages and return phone calls.
- Provide access: offer available appointments.
- Be reliable: do what you say you will do.
- Be predictable: produce no surprises, including timely and appropriate cost-of-care information and accurate bills.
- Be consistent: no special treatment, because all patients and families are special.

Third, policies and procedures need to be reinforced by behaviors that help to reduce stress:

- Be focused: project an attentive, responsive attitude.
- Be friendly: the patients are why we have our jobs.
- Be flexible: one size rarely fits all.
- Be fast: everyone’s time is valuable.

IML: How do you develop protocols to reduce patient stress and create the extraordinary patient experience?

Lambert: CAP is not a proponent of the “if ain’t broke, don’t fix it” approach, or of creating or increasing unnecessary

administrative burdens. This is a matter of designing and carrying out work processes that result in a practice environment that feels safe, supportive, and successful:

- Analysis is key: an ongoing critical evaluation of facility, environmental, and support operations.
- Appropriate use of technology: serve the enterprise, support the staff, and facilitate patient-practice communication
- Seamless transitions of care: send and receive pertinent information among entities involved in the patient’s care.
- Solicit and respond to feedback: promote patient/family activation, engagement and satisfaction, and staff engagement and satisfaction.

We empower our members to consider the following question: Are staff members educated in handling patient complaints to promote positive relationships? Patients have a desire to be heard, and any complaints may be a practice’s final chance to save a relationship. Crucial to this is proper staff training to help assuage issues as they come up.

IML: Explain how you explore the key elements in creating the extraordinary patient experience.

Lambert: The individual experiences of the healthcare team members will evolve over time as their needs and circumstances evolve. Relationships and

priorities will shift—however, the goal of creating the extraordinary patient experience will remain constant. The pursuit of that goal will be constant as well:

- We know the work has meaning beyond the task; the point of everything we do is a person.
- We thoughtfully reconsider existing systems and the need for modification.
- We establish and live by a simple set of rules that live and breathe in the organization.
- We emphasize patient-family-physician-staff alignment of values and goals.
- We share a commitment to the effort, realizing that the effort is long-term and the work is never done.

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IML: What can physicians do to personalize (customize) the general guidance provided to suit their own practice (for size, type of specialty, etc.)?

Lambert: CAP encourages physician members to recognize the challenges in practicing medicine and mobilize resources to aid them in creating their op-

timal practice and patient experience. At CAP, we suggest physician members take time to:

- Know yourself, what matters to you, and how you want your life to be.
- Take care of yourself, develop resilience.
- Know your practice, the environment, the community and its resources.
- Seek out mentors and colleagues.
- Invest in staff; find and keep the right staff for your practice.
- Make use of professional resources in practice management.

IML: How does the Risk Management Self-Assessment Kit content tie in with the other materials offered by CAP for enhancing the patient experience?

Ann Whitehead: CAP's risk management and patient safety specialists know that extraordinary patient experiences come from a staff that is engaged, informed, passionate, skilled, and empowered to deliver quality healthcare. Along these lines, our Risk Management Self-Assessment Kit is a first step toward improving the patient experience in the physician's office and the practice's financial bottom line.

The kit emphasizes patient experience, clinical and administrative policies, regulatory requirements, documentation, and office systems. Among the office systems addressed are scheduling, patient identification, recall and tracking, and medication management. The kit provides thought-filled questions that can be used to promote staff discussions on such topics as professionalism, difficult patients, missed appointments, re-fills, report review, medical records and confidentiality. Discussions about these targeted areas of risk encourage staff to identify practical strategies to reduce risk and promote a positive patient experience in all areas of the practice.

The challenge for most healthcare providers and facilities is to identify and implement systems and processes that will optimize patient care and positively impact the patient experience. CAP's Risk Management and Patient Safety materials are centered on these goals. Each of our presentations, publications, tools and the like identifies possible risks and provides improvement strategies and risk prevention tools and advice.

Other printed materials that support those provided in the Risk Management Self-Assessment Kit include action guides on HIPAA, online reputation management, and handling adverse outcomes. The sample forms and publications in our tool kit cover a variety of topics such as staff confidentiality, HIPAA, authorization for use and disclosure of medical information, consent, and partnering with your patients. We also have guidelines for medical record release, discontinuing a patient from your practice, managing difficult patients and treating minors.

Practicing good medicine will always be the best way to improve patient outcomes and reduce risk. But an office culture that promotes professionalism, confidentiality, open communication, sound office systems and good documentation as its core values will likely also improve the patient experience. Together, deploying these strategies can promote reduced liability—and happier patients.

IML: How do efforts to create a better patient experience translate to better financial results for individual providers and healthcare systems?

Lambert: We don't become the provider and place of choice by accident. As we work together to support CAP physicians and staff, their patients and families, and the wider community beyond

our organizations, we inevitably talk about accepting and mitigating risk. We build on a solid foundation of time-tested elements that are much more than a checklist at which we roll our eyes and smile:

- Accuracy in communication and documentation enables us to get paid and keep the money—because accuracy enables us to survive audits.
- Satisfied patients and families stay and—according to one CAP practice manager—pay their bills.
- Enthusiastic patients bring their family members and friends.
- Respect for the physician and the practice prompts colleagues to refer more patients.
- The positive, productive practice environment encourages staff loyalty and retention, minimizing resignation-recruitment-orientation cycles and expenses.

The theme that runs throughout our work is that everything old is new again. Communication and documentation, follow-up and follow-through, and care coordination are timeless and never go out of style. Following through on these key points helps to alleviate stress, promote patient safety, reassure patients and their families, and facilitate the work of the physician's practice. 