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Healthy Starts Here

HMA

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Strong Patient Engagement Depends on Strong Teams

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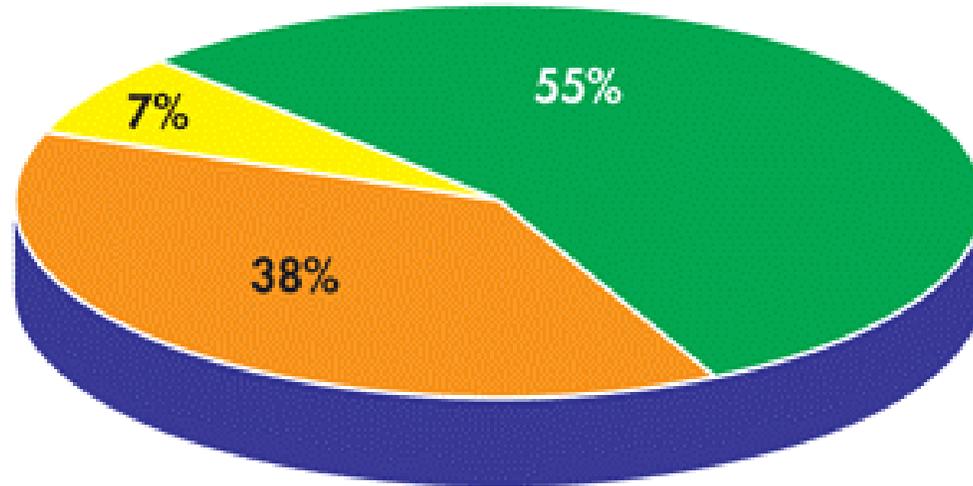
I think health care is more about love than about most other things. If there isn't at the core of this two human beings who have agreed to be in a relationship where one is trying to help relieve the suffering of another, which is love, you can't get to the right answer here.

Donald Berwick, MD

Research by Dr. R. Birdwhistle dissected live communication into three prime factors:

55% body language/physiology,
38% quality of the voice and
7% actual words spoken.

FACE-TO-FACE COMMUNICATION



Building Trust



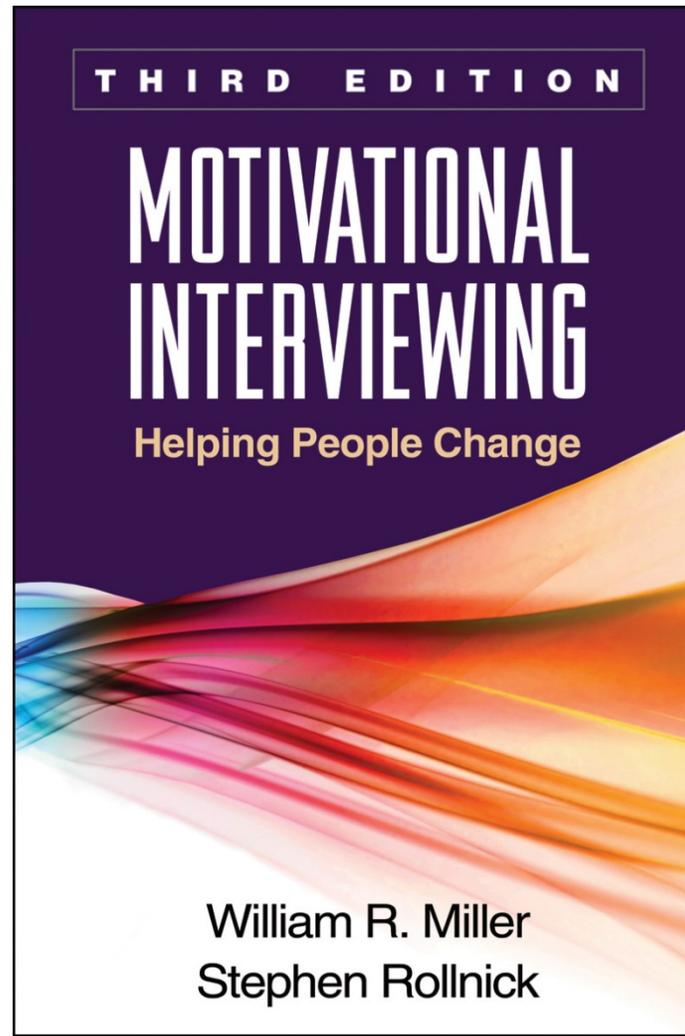
Benefits of Listening in Patient Care



Engaging: Empathic Reflection Warm Up Exercise

- You're feeling....
- You're saying....
- You're feelingbecause

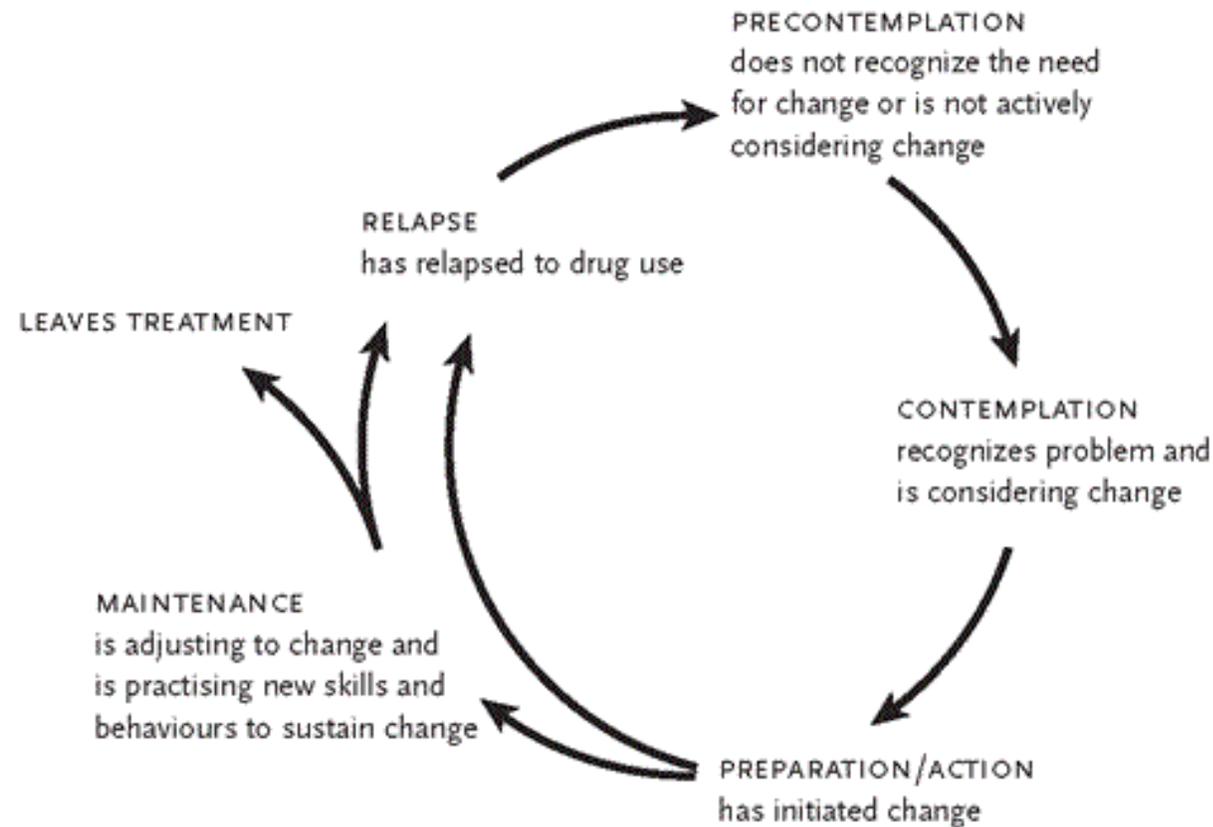
Motivational Interviewing is a Tool of Patient Activation



Motivational Interviewing

- A Pathway to Behavior Change
- More effective than giving advice
- Patient-Centered Approach

Stages of change



Source: Prochaska, J., Norcross, J. & DiClemente, C. (1995). *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. New York: Avon Books.

Righting Reflex

The “Righting Reflex” is a reflex that people have to correct someone/something. To offer advice/info/tips, etc. to correct whatever is “wrong” or “help by offering advice you would preferably do”.

The Righting Reflex

- R Resist the Righting Reflex
- U Understand Client's Motivation
- L Listen to Your Client
- E Empower Your Client

<p>Open Questions</p>	<p>Elicit crucial information that may not be gathered from closed questions</p> <p>Cannot be answered yes/no</p> <p>Allows patient to tell their story</p>	<p>Instead of asking “Are you in pain?” they could be asked “How do you feel?”</p>
<p>Affirmations</p>	<p>Statement of appreciation</p>	<p>“That’s great you lost 4kg”. “I am impressed by your commitment”.</p>
<p>Reflection</p>	<p>Understanding what the patient is thinking and feeling and saying it back to the client</p> <p>Statements not questions</p>	<p>Patient – “I’ve been this way for so long.”</p> <p>Reflection from AHP – “So all of this seems normal to you.”</p>
<p>Summaries</p>	<p>Longer than reflections</p> <p>Used for highlighting both sides of a patients ambivalence, provide recap to ensure understanding, transition from one topic to another</p>	<p>For a patient trying to lose weight – “You have several reasons for wanting to lose weight; you want to interact with the kids more, you want to be healthier. On the other hand, you are worried about the hassle and time consumption of the process, and worry if you’ll have the motivation to adhere to it. Would that sum it all up?”</p>

Closed	Open
Have you tried walking for activity?	What are some things you can think of to get more activity into your routine?
Can you tell me what this medicine is for?	Please tell me what this medicine is for.
Can you think of anything to help you remember?	What might be some helpful reminders to take your medications?
Do you ever miss taking any of your pills?	About how many pills did you miss in the last week?
Can you tell me what the doctor told you about what it means to have diabetes?	Please tell me what you know about diabetes. https://www.accp.com/docs/bookstore/psap/p7b08.sample01.pdf Motivational Interviewing by J. Kavookjian

The Decisional Balance

	Advantages	Disadvantages
Smoke		
Don't Smoke		

Decision Balance: 4 Questions

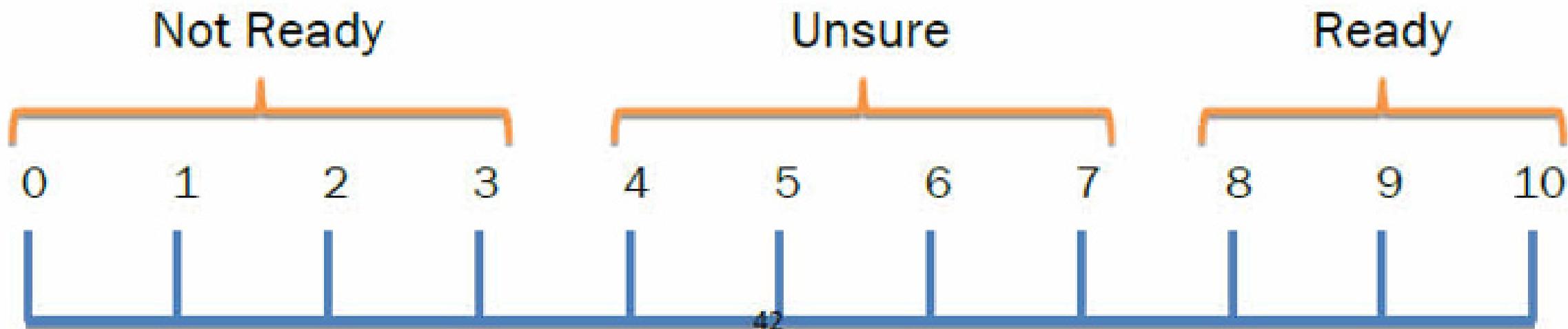
- What are the advantages to skipping your appointment?
- What are the problems with skipping your appointment?
- What are the benefits of seeing your doctor?
- What are the problems with seeing your doctor?

Example of Patient Decisional Balance for Medication Adherence

Pros	Cons
Control my own health	Dislike the expense
Prevent complications	Inconvenient or complicated regimen
Have more energy	Side effects are unpleasant
Avoid hospitalizations	Food interaction with my favorites
Have peace of mind	I feel embarrassed for people to know I have illness
Make my family happy	Represents how ill I am, do not want reminder

<https://www.accp.com/docs/bookstore/psap/p7b08.sample01.pdf> Motivational Interviewing by J. Kavookjian

Readiness Ruler



www.motivatehealthyhabits.com

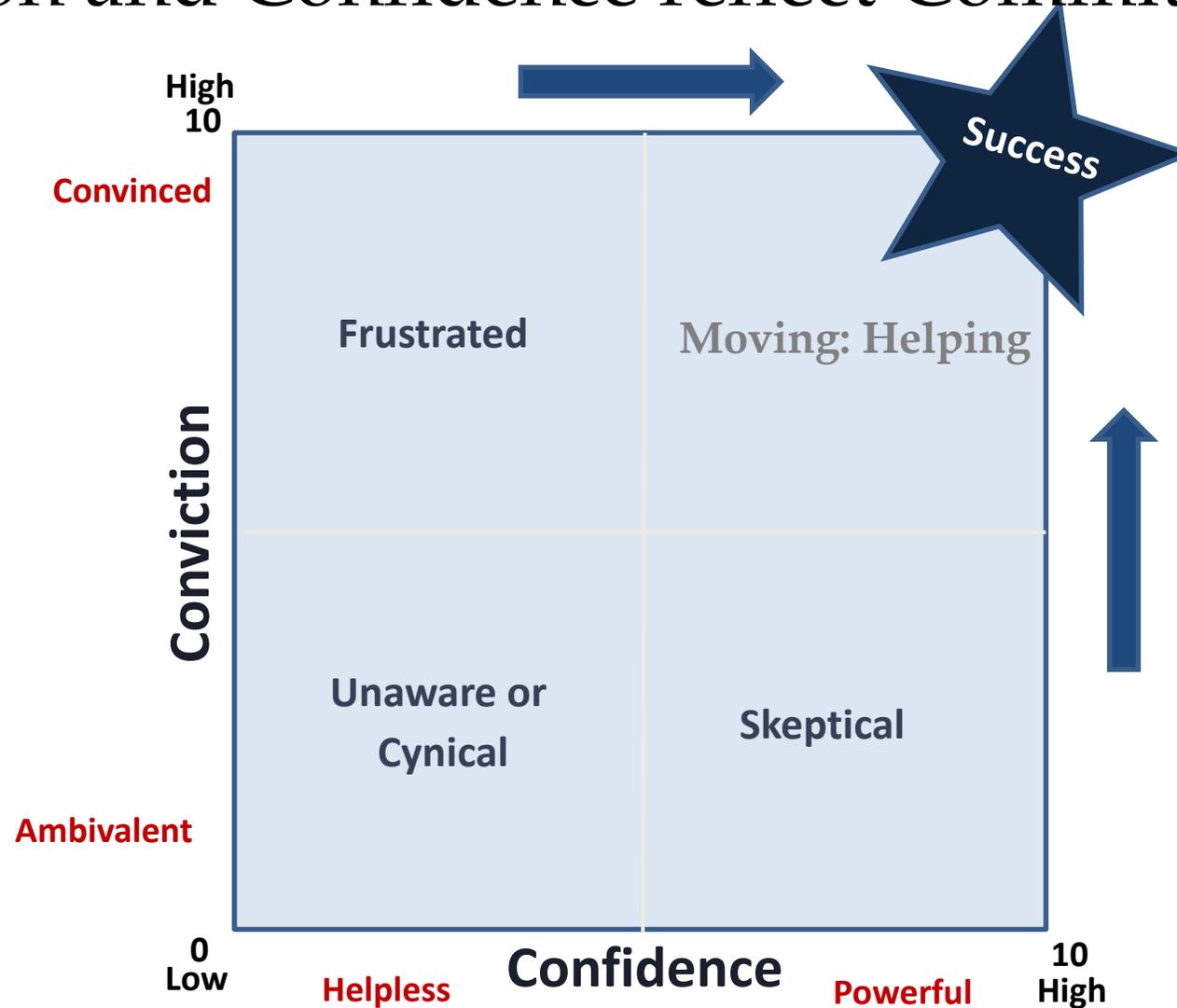
Non-Direct Interventions

- **Use simple reflection:** *“So, smoking smooths your nerves?” “...helps you think clearer if you quit?”*
- **Probe priorities:** *“Which is the most important reason to smoke? And what about the most important reason to think about quitting?”*
- **Use double-sided reflection:** *“On the one hand, smoking helps you relax, but, on the other hand, you are concerned about the effects of smoking on your son’s health.”*
- **Explore the future:** *“What do you think is going to happen to your health in the future if you continue smoking over the next 5-10 years?”*
- **Acknowledge ambivalence:** *“So it makes you have some mixed feelings about smoking?”*
- **Emphasize personal responsibility and choice:** *“It’s really up to you to decide whether to think about your smoking and quitting.”*

Direct Interventions

- **Use benefit substitution:** *“I’m just wondering if there are some other ways that you could smooth your nerves?”*
- **Bring the future to the present:** *“Imagine that you developed a health problem caused by smoking sometime in the future. Suppose that happened now; what would you do?”*
- **Clarify values:** *“What is more important to you – smoking to relax or your son’s health?”*
- **Identify discrepancies:** *“But you are saying one thing and doing another.”*
- **Use differences in motivational reasons:** *“I am just wondering if you could take the energy that you use to protect your son’s health and protect your own health as well?”*
- **Reframe events or issues:** *“You say that smoking helps you relax but it’s really just a sign of nicotine addiction.”*

Conviction and Confidence reflect Commitment to Change



- **Assess Conviction:**
'How important is this to you?'
- **Assess Confidence:**
'How hard or easy do you think it will be?'

EquiPoise

- Equanimity + Poise in the face of discord
- How do you do it?



Self Care

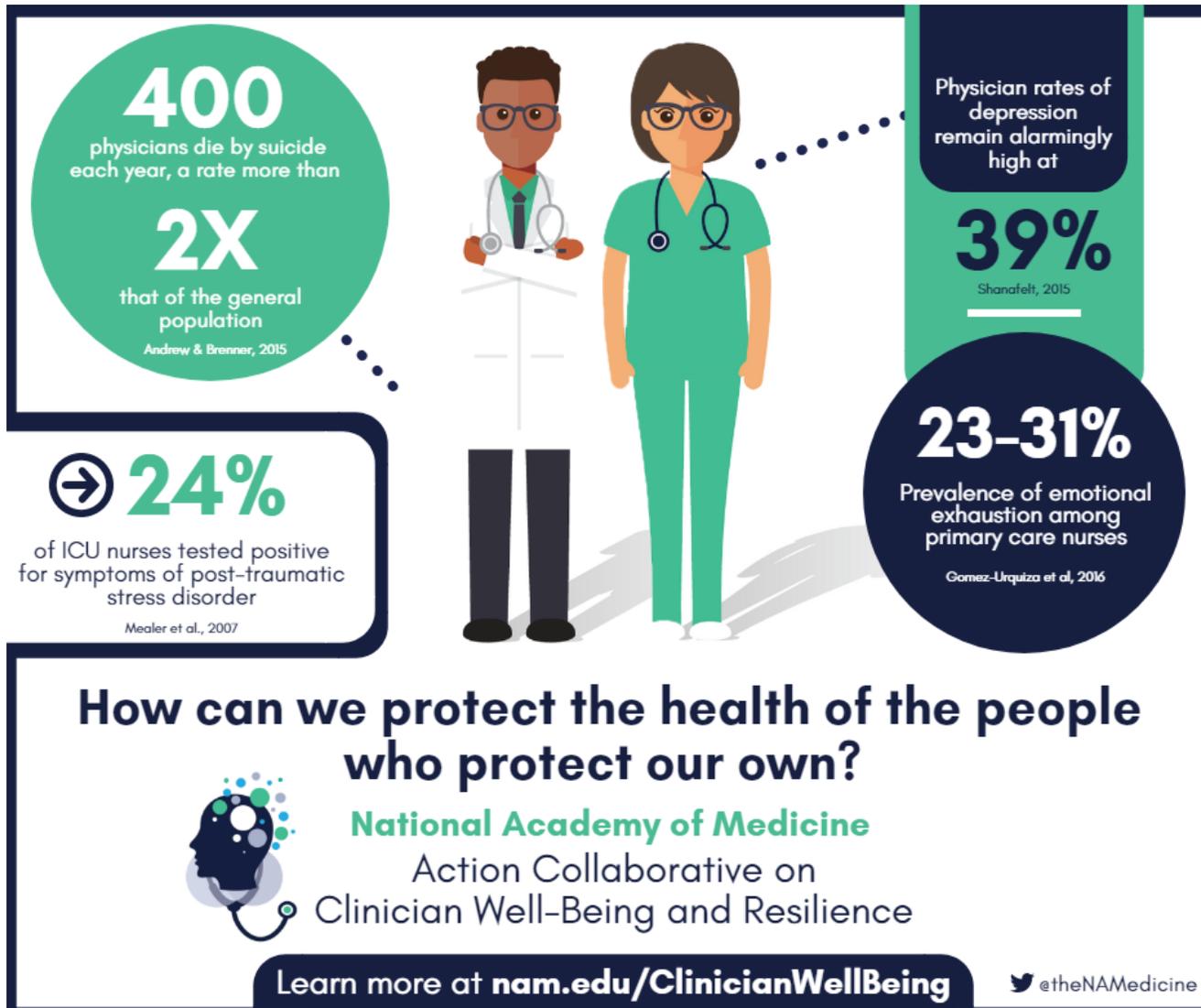


Bodenheimer, 2014



Challenges to Practitioner Vitality





Tait Shanafelt, MD JAMA 3/7/17

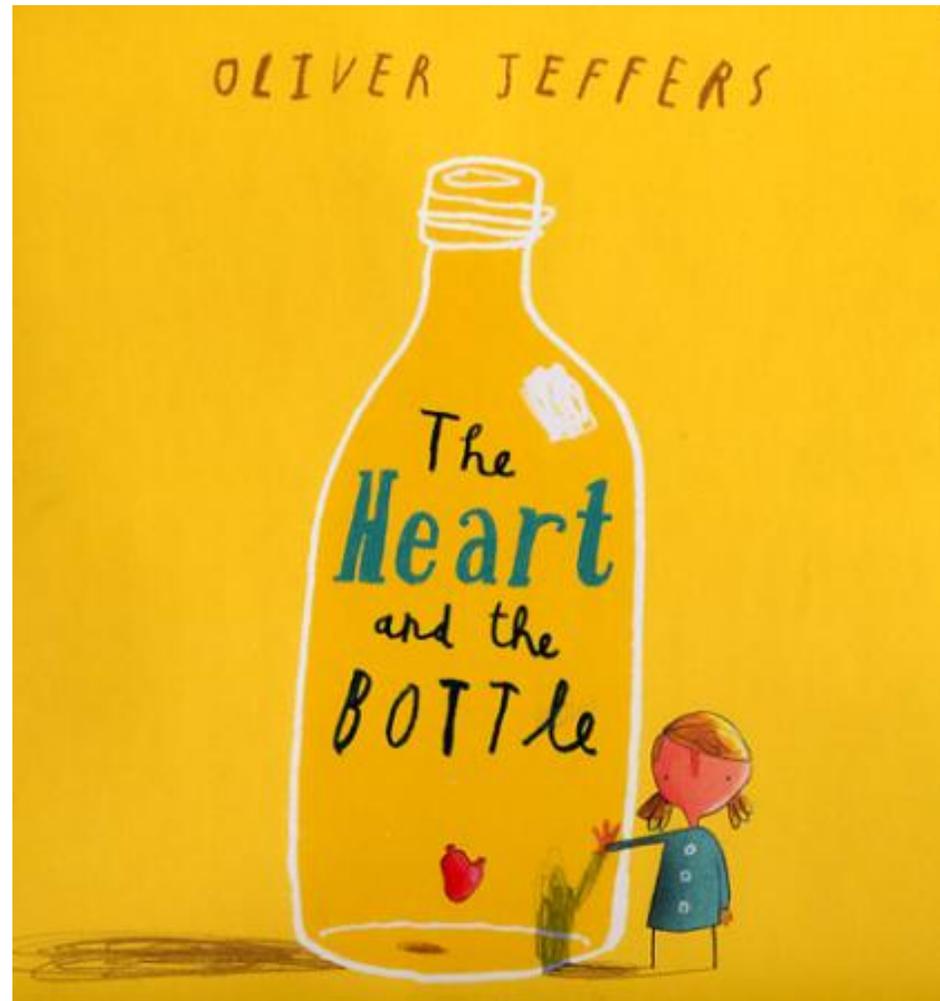
- Excessive workload
- Clerical burden (EHRs)
- Practice inefficiency
- Loss of control over work
- Problematic work-life integration
- Less time with patients
- Sub-optimal practitioner supervision
- Change fatigue
- Challenges addressing social determinants



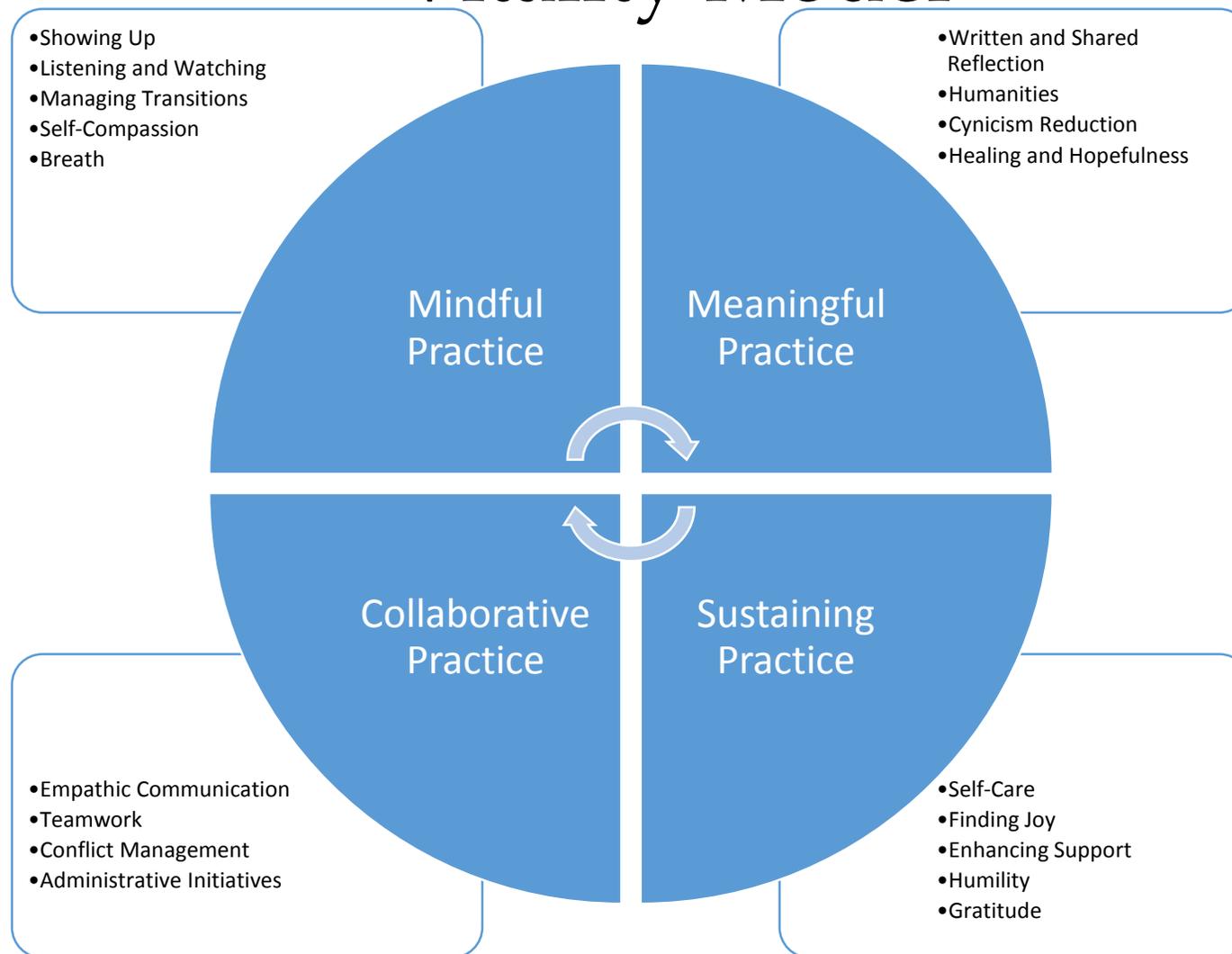
Stanford Well MD

Practitioners who take care of themselves:

- Are better role models for their patients and children
- Have higher patient satisfaction and safety scores
- Experience less stress and burnout
- Live longer



Vitality Model



Mindfulness





FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

EXTERNAL FACTORS

SOCIO-CULTURAL FACTORS

- Alignment of societal expectations and clinician's role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

REGULATORY, BUSINESS, & PAYER ENVIRONMENT

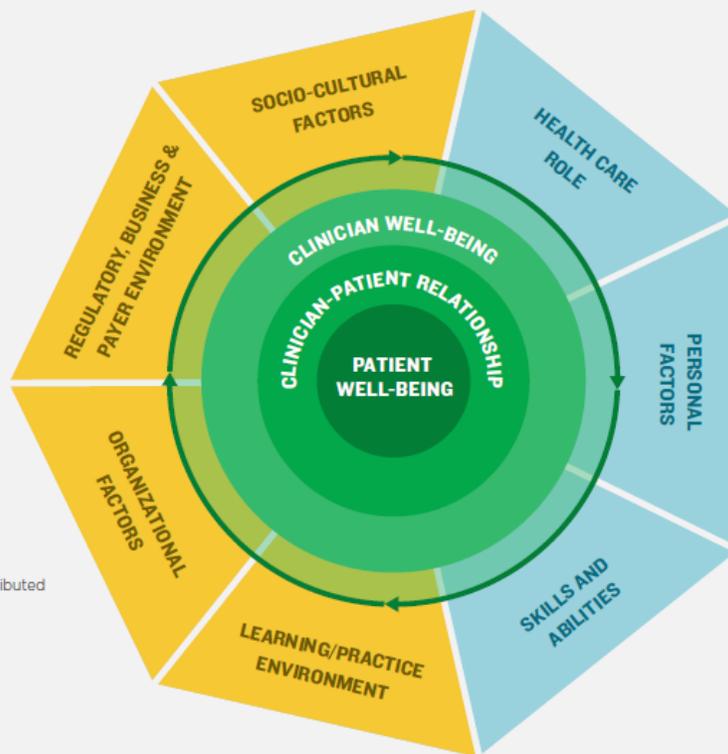
- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS

- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and Inclusion
- Level of support for all healthcare team members
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

LEARNING/PRACTICE ENVIRONMENT

- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence



INDIVIDUAL FACTORS

HEALTH CARE ROLE

- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

PERSONAL FACTORS

- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- Physical, mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

SKILLS AND ABILITIES

- Clinical Competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Mentorship
- Optimizing work flow
- Organizational skills
- Resilience
- Teamwork skills

Resources

[AAMC: Wellbeing in Academic Medicine Initiatives](#)

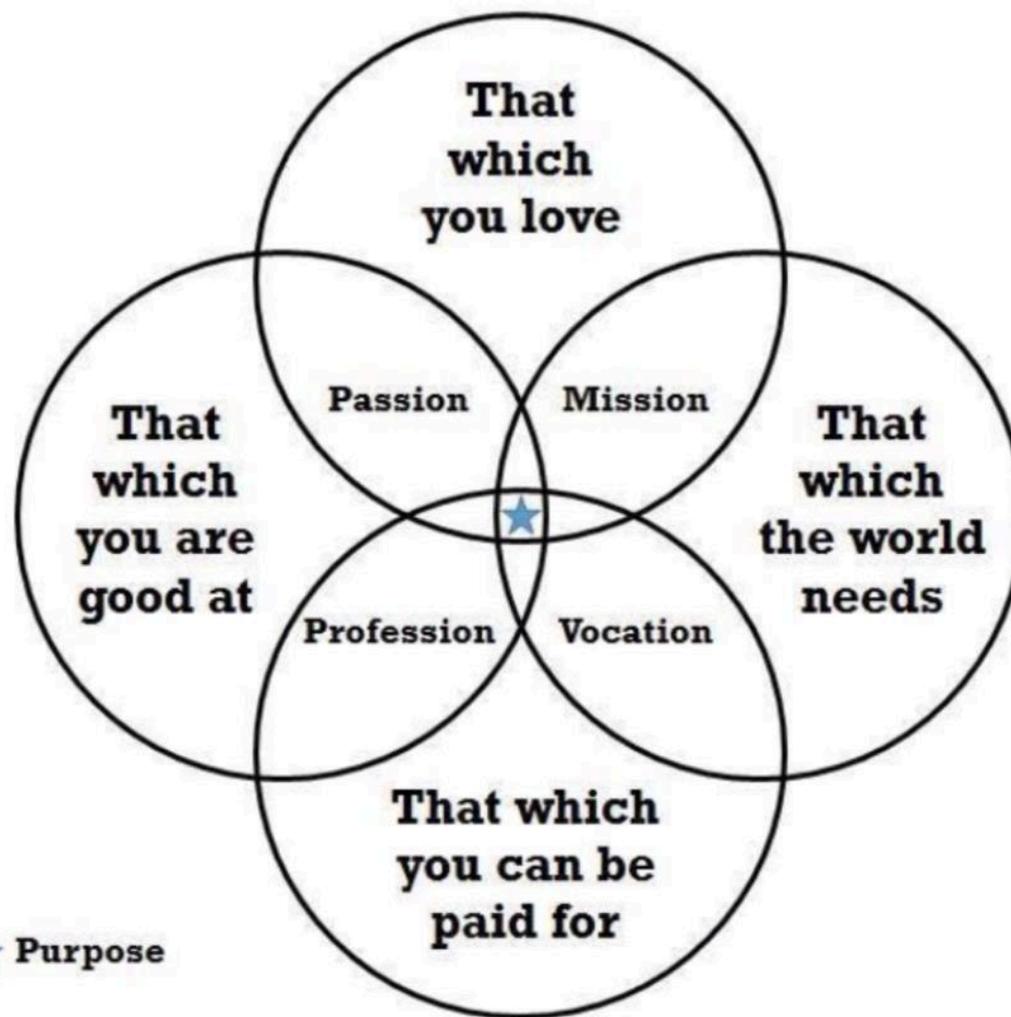
[ACGME Physician Wellness](#)

[AMA: Physician Wellness: Preventing Resident and Fellow Burnout](#)

[RISHI: Remen Institute for the Study of Health and Illness](#)

[Stanford: Well MD](#)

[National Academy of Medicine Action Collaborative on Well-Being and Resilience](#)



Shoulders by Naomi Shihab Nye

A man crosses the street in the rain,

Stepping gently, looking two times north and south,

Because his son is asleep on his shoulder.

No car must splash him.

No car drive to near to his shadow.

This man carries the world's most sensitive cargo but he's not marked.

Nowhere does his jacket say FRAGILE, HANDLE WITH CARE.

His ear fills up with breathing.

He hears the hum of a boy's dream deep inside him.

We're not going to be able to live in this world if were not willing to do what he's doing with one another.

The road will only be wide. The rain will never stop falling.

Healing and Hopefulness

- Exploring clinical successes and heroics in colleagues

Bryn Mawr Garden of Hope & Healing



Questions/Discussion



Commitment to Act

Based on our work together today, list two things you intend to do differently, enhanced or anew.



PROGRAM REMINDERS AND ANNOUNCEMENTS

- **Work with your site coach** to develop and/or evaluate your practices for patient and team engagement and ask questions about today's webinar.
- Provide input for this and future sessions using the **feedback survey** – look for an email from Tim Beger right after we sign off.
 - Reminder: If you complete the survey, you are also eligible for CME credit.
- Check the My Health GPS Virtual Community (**myhealthgps.org**) for the webinar recording and materials.
- **Save the dates** for the next My Health GPS Learning Collaborative Series Webinars.
 - December 12: Care Management with Jodi Pekkala and Dr. Jean Glossa
 - More invites to come as we finalize dates for 2019 – generally the 2nd Wednesday each month.

Thank you!