CQC California Quality Collaborative
Breakthroughs for Better Healthcare

California Improvement Network. Better Ideas for Chronic Disease Care

Techniques to Engage Physicians in Improving Care

Wednesday May 26
8:30 AM - 2:30 PM
The Westin Los Angeles Airport

Objectives:

- Understand the key principles underlying successful practitioner engagement
- Learn and practice communication techniques shown to effectively engage practitioners
- Learn what preparation, data, and follow-up are necessary to initiate and maintain physician and staff engagement in improvement efforts
- Discuss the role of physician panel reporting in improving and sustaining performance

Faculty:
Howard Beckman, MD, Medical Director of Rochester IPA, Clinical Professor of Medicine

Time	Topic
8:30 - 9:00 AM	**Registration and Breakfast**
9:00 - 9:15 AM	**Introductions** *Ms. Giovanna Giuliani, California Quality Collaborative*
9:15 - 9:45 AM	**Review key principles for effective communication with physicians** *Dr. Howard Beckman* • Learn a model and principles for effectively engaging physicians in improving clinical outcomes and reducing overuse and misuse of services
9:45 – 11:15 AM	**Engaging physicians – Getting started** *Dr. Howard Beckman* • Understand who to target, techniques/methods to engage them, and what data and materials to have available • Use role plays to differentiate between effective and ineffective engagement strategies • Practice engagement techniques on interactions you have identified as particularly challenging/frustrating in your environment
11:15 - 11:30 AM	**Break**
11:30 AM - 12:30 PM	**Following up: Promoting continuous improvement** *Dr. Howard Beckman* • Understand who to target, techniques/methods to engage them, and what data and materials to have available during subsequent contacts • Observe and practice engagement techniques shown to be effective
12:30 – 1:15 PM	**Lunch**
1:15 PM – 2:30 PM	**Case Studies** • Problem-solve real-life situations • Deepen ability to apply concepts in a variety of situations and settings

For electronic versions of handouts, visit:
www.calquality.org/programs/costefficiency/resources/#PhysEngagement

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Techniques to Engage Physicians in Improving Care

Speaker Bio

Howard Beckman, MD

Howard Beckman, M.D. has been Medical Director of RIPA, a 3,200 practitioner community-wide physician organization that contracts for both capitated care and consulting services since 1998. He is also Clinical Professor of Medicine and Family Medicine at the University of Rochester School of Medicine and Dentistry where he conducts health services research and maintains a small internal medicine and geriatrics practice.

Dr. Beckman's administrative and research interests focus on creating and promoting effective partnerships. As Co-PI for the Excellus\RIPA RWJ Rewarding Results grant, Dr. Beckman has published work on successfully engaging physicians in a P4P program that reduces overuse, underuse and misuse of services. His research includes the first report of an ROI for a P4P program published in the December 2006 issue of the Journal of Healthcare Management. In addition, he and his colleagues have published critiques of incentive program methodologies for the Commonwealth Fund and the Massachusetts Medical Society. He and Richard Frankel, Ph.D. were awarded the 2007 Lynn Payer Award for achievement in healthcare communication research by the American Academy for Communication in Healthcare.

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The 10 Essential Steps to Effectively Engaging Physicians

1. Set a tone of collaboration – Make the time convenient for the practitioner, go to his/her practice/ bring food, know something that the physician excels at or is proud of. Open the conversation with, "I appreciate your visiting with us today. I've heard you trained at UCLA, did you know Dennis Cope?" Or "I see you have original photographs in your office. They are great. Who is the photographer?"

2. Explain the purpose of the project. "Our IPA has decided to focus some attention on the variation we see in patient's use of emergency department services. It's important because it has a big impact on patient's care but also because it is an important contributor to our financial performance. My visit here today is part of that effort".

3. Be non-judgmental, allowing the practitioner to become part of the solution. "As we have explored how patients use ED services, we noted that patients of some physicians seem to use the ED more than others. We are very interested in understanding why that happens. I'm hoping you can contribute to that understanding."

4. Present ONLY enough data to inform the discussion and explain why you are talking to him or her. "I'd like to show you this chart. It shows the variation we see in the frequency with which patients of different doctors use ED services. You are this point on the chart. Can you tell me a bit about how your practice uses the ED?" "Why do you think the rate is different from others in your community?"

5. Listen carefully to his or her responses. Demonstrate you want to understand without judging. "So, it sounds like from your point of view opening the practice at night has safety issues? Can you tell me more about what has happened?" or "I can understand how difficult recruiting physicians can be and opening at night is what young physicians are interested in. What do you think others have done?"

6. Engage other staff that might be present. "What do you folks hear from patients as you work with them?"

7. Offer praise whenever possible. "It seems like you are really trying to get folks in whenever possible. That's great because our patient feedback says they would rather come to the office than have to travel to the ED."

8. Encourage staff to consider solutions to problems identified so the physician won't have to be the solution to each problem. "Can you folks think of ways to respond to patient's needs before the doctor is involved? Have you talked to staff in other practices?"

9. Conclude by asking if the provider rep that has joined you can follow up on any questions emerging from the visit or provide additional information.

10. Send a follow up thank you note summarizing the results of the meeting and re-emphasizing that the IPA is really interested in reducing the frequency of ED visits, especially for symptoms that can be managed in the office.

Material from Howard Beckman, MD

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Effectively Engaging Physicians in Change: Dealing with Anger

1. Anger is a **necessary** step on the way to bargaining and acceptance. Therefore, it should be celebrated because it means you have broken through denial.

2. Key here is using the anger as a tool to understand what is in the way of the physician changing their behavior. **Don't respond emotionally to the anger!!!**

3. In response to an angry comment, glare or other non-verbal behavior like crossing arms, moving back or foot stomping, try,

"You seem angry"

If you are correct, the person will respond, "You bet I am".
Then you can ask, "What makes you so angry?"
The person will then tell you what is at the heart of their emotion.
It is that cause that you must address to get past the anger!

4. Once the cause of the anger is expressed you have a number of options:

"I can see your point. What can we do about that?"

"Wow, I wouldn't have thought of that. How did you come to that conclusion?"

"Tell me more about how that worked (or happened)."

"I see. What would make this right from your point of view?"

"I understand that you think we are only in it for the money and that you are trying to protect your patients from us but let me tell you why I do this work….."

Material from Howard Beckman, MD

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Effectively Engaging Physicians in Change: Things to NOT say

Here is a list of words or phrases to avoid. It's good to have a second person attending your meetings with physicians, especially at first, to identify why problems arise, It often is tied to the use of some of the phrases below.

Bad, Poor, Wrong, Unsatisfactory	These imply judgment and suggest you are NOT really interested in understanding their view, you have already DECIDED that they are not doing a good job.

Rather than say, "We think you are doing this wrong (or not right)." Try "We don't think this is the most effective approach."

You need to You should You must	This is an order and implies judgment. It puts you on the other side of the table From the person you are visiting.

Rather than say, "You need to prescribe more Ace Inhibitors.", try "We have found that ACEIs work as effectively as ARBs and cost significantly less. We are encouraging physicians to select these more cost effective medications. What do you think?"

Low performer Outlier	Again, judgment and scoring are inferred.

Rather than say, "I'm visiting poor performers or outliers to improve our ED utilization rate.", try "We are concerned about the cost and quality involved in the use of ED services, We are visiting physicians whose patients use these services more than others to try and understand the difference in utilization rates to see what we can do to use EDs more effectively."

Disappointed Upset, Frustrated	These raise the judgment flag again. They promote defensiveness and potentially anger when interpreted as insulting.

Rather than say, "Dr. Jones, we are disappointed by your brand name prescribing pattern. These drugs are simply no better than the generic medications we are promoting.", try "Dr. Jones, I'd like you to review this chart which depicts the percentage of branded medications each PCP in our group prescribes. As you can see, your percentage is higher than others. Can you help me understand the criteria you use to select medications?"

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Techniques to Engage Physicians in Improving Care Workshop

Visit 1 Exit Form: Questions to Answer

As you visit with target physicians, it is helpful to begin tracking the outcomes and follow-up items from your meetings in an effort to shape behavior and continuously improve subsequent meetings with target physicians. The following questions may be helpful for your Team to answer after your first visit.

1. Using the table metaphor, were we on the same side at the end of the meeting?

2. What feedback does the observer have about making the visit more successful?

   What specific things worked well?
   What did not work and why?

3. Who will write the letter thanking the practitioner for his/her time for the visit? Tip: hopefully the outreach person who can mention the follow-up items they will be working on.

4. Did the physician(s) visited understand the data presented?

5. Was there a successful hand-off to the physician outreach staff?

6. What was the physician's response to the data?
   Denial – The data is wrong, my practice is different
   Anger – I don't have time for these games! You come back and review my records and then I'll talk to you!
   Bargaining – What do others do when confronted with these results? How can I do a better job?

7. What additional data was requested for the next meeting?
   How long will it take (estimate) to put it together?
   Who will be responsible for getting the data together?

8. What other information was requested for the next meeting?
   How long will it take (estimate) to put it together?

9. What else is needed to help the practice/practitioner understand the need to improve performance and reduce his/her variation from others?

10. When is the next follow-up scheduled?
    Does the meeting have to be face to face or can there be parts of the follow up plan that can be done electronically or telephonically?

11. What are the goals for the next visit? Is there additional comparative data to share, interventions to offer, literature to provide, staff to meet with?

Material from Howard Beckman, MD

Engaging Physicians in Improving Care

Howard Beckman, MD, FACP, FAACH
Medical Director, Rochester IPA
Clinical Professor of Medicine and Family Medicine
University of Rochester SMD

The Current State of Affairs

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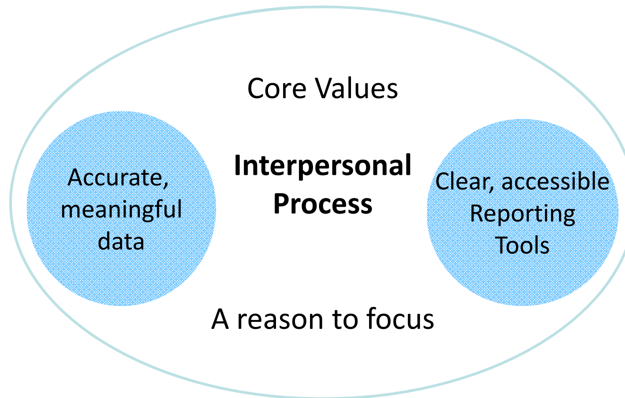
Engaging Physicians in Change: All Are Required



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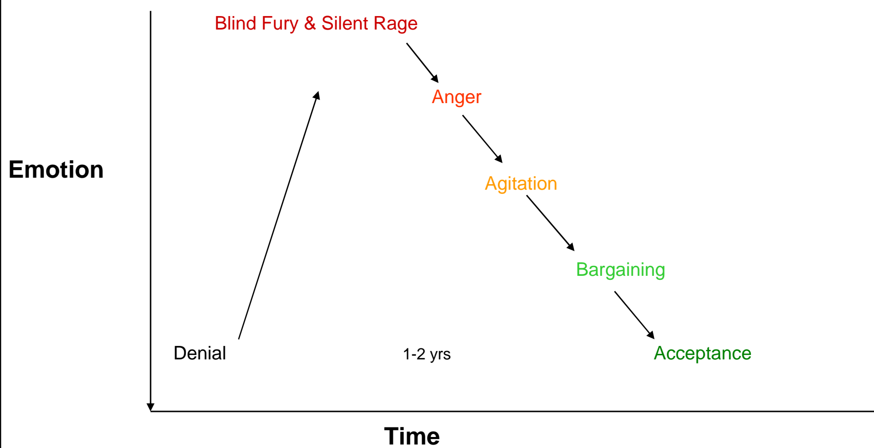
Respectful Collaboration with Practitioners: The Stages of Change



H Beckman, MD, AJMQ, 2006 Adapted from E. Kubler-Ross

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Components of a Successful Program: Engaging Physicians in Meaningful Change

1. Secure senior management and board buy-in and resources. Ensure organizational reasons to commit
2. Form an interdisciplinary **team** anchored in the project **core values** – respect, nonjudgmental and transparent
3. Recruit clinical champions for each project
4. Create reports that are accurate, dramatic and deliver a clear respectful message (pointing out unnecessary variation)
5. Conduct a non-judgmental conversation that identifies the sources of unnecessary variation

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Components of a Successful Program: Engaging Physicians in Meaningful Change

6. Collaboratively construct a way to address and reduce that unnecessary variation (a quality improvement plan)
7. Offer physician on-going feedback through a respectful process of sharing data and facilitating improvement
8. Communicate regularly with project team, physicians and key sponsors on program progress and outcomes
9. Use tracking tools to monitor and report interim measures of success, (reaching targets, % improvement, $ savings and ROI)
10. Praise success (ex. Newsletters, bonuses, plaques)!

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Questions?

Comments?

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Physician Engagement Getting Started

Howard Beckman, MD, FACP, FAACH

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Getting Started: Know Your Destination

- Articulate or Review Goals of the Project
- Define desired outcomes from engaging physicians
- Clarify why practitioners should want to participate
- Run available data to determine the degree to which variation exists
- DO NOT Visit before the Data is Vetted
- Choose behaviors for which action → Improvement

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Who to Visit: Prioritizing

- Identify Practices with large patient populations and the greatest negative variation from the mean
- From those groups start with practices with whom there is a relationship already or Practices whose members contain community leaders/respected in specialty
- Seek Practices whose variation from others is in areas for which there is a clear actionable recommendation for change

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Reaching Out: Initial Contact

- Publicize the project **and its** value through organizational outlets (avoid surprises and normalize the process):
  - Board meetings
  - Committee or Specialty meetings
  - Newsletter
  - Project champion

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Reaching Out: Initial Contact

- Work through the practice manager using outreach staff if available
- Provide the reason for the visit as a usual part of organizational activity. "RIPA is working hard to help our members deliver the best possible care. Currently, we are focusing on improving heart failure guideline adherence and would like to visit with Dr. Jones to discuss our initiative"
- Conduct communications with respect, transparency, and a non-judgmental tone. ("Anything I know about you, you can know")
- Suggest that the office manager and key staff are invited to attend if the physician(s) is desires (*suggesting nothing terrible is coming*).

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Reaching Out: Initial Contact

- Suggest the meeting will last 45-60 minutes
- Schedule to take place at the physician's office (for their convenience).
- Offer for the meeting to be at breakfast or lunch time and that food will be provided for practitioner and staff (*a peace offering*).
- Inform the practice manager that a medical director and a provider outreach staff member will be attending.

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The Visit Team – First Visit

- Medical Director
  - Finds way to join with practitioner
  - Explains visit
  - Shares variation chart
  - Listens for response
  - Responds to emotion as well as concerns
  - Identifies next steps
  - Transfers follow up to team member

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The Visit Team – First Visit

- Outreach staff/QI Nurse/Provider Relations
  - Observes interaction for clues to stage of change and unaddressed issues
  - Tracks involvement and emotions of office staff
  - Records follow up tasks to ensure completion
  - Demonstrates interest in assisting with improvement effort
  - Offers feedback at debriefing about what worked and missed opportunities

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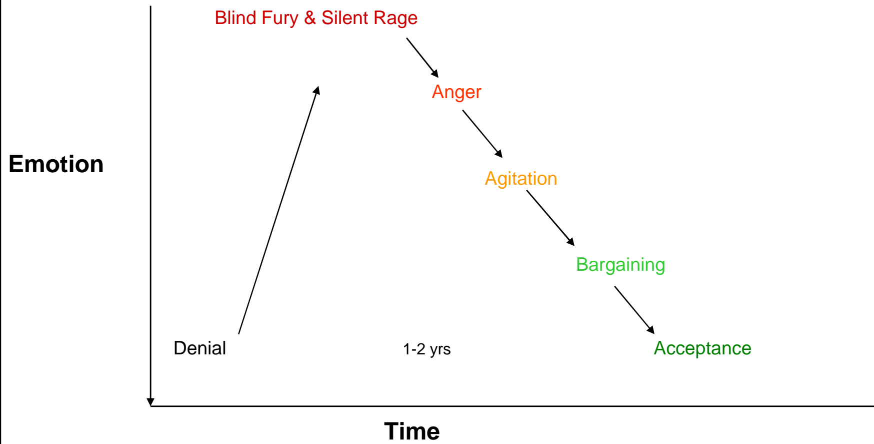
Respectful Collaboration with Practitioners: The Stages of Change



H Beckman, MD, AJMQ, 2006

Adapted from E. Kubler-Ross

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What to Bring to the First Meeting

Main Goal: "Your score appears to be different, lets explore the data".

- What type of data? The variation chart
- Objective 1 – Show the variation chart and WAIT for a response
- Objective 2 – Determine the stage of change – Denial, Anger, Bargaining Based on the Response
  - If denial – Ask what additional information is needed
  - If anger – listen and work to understand the underpinnings of the anger; continue to explain why change is needed. Do Not Respond Defensively or try to bargain !!!!!
  - If bargaining – Ask for his/her thoughts on why the variation and what additional data is needed (introduce the team member who will do the follow up)

Objective 3 – When asked, What can I do? Or What is it you want? Be prepared to offer suggestions and/or interventions.

Frame answer in good medical care!

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How much data are enough?

Show the variation chart only – peer comparison is the most compelling

Have evidence to support the recommended behavior available

Don't bring drill down data – wait for it to be requested

The purpose of the visit is to initiate reflection

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Physicians Medical Group of Santa Cruz County
ER Utilization Report for 2007

Commercial
Provider Name: Dr. Example
Specialty: Family Practice

ER/1000 in 2007 Current and Potential Visits

Opportunities for reducing ER visits include targeting conditions that can be treated in the office. In your patient population, patients had avoidable ER visits with the following diagnosis:

- acute pharyngitis
- acute sinusitis
- acute respiratory infections
- allergy
- back pain
- contact dermatitis
- edema
- headache
- joint pain
- soft tissue pain
- UTI's, cystitis

PMG is happy to work jointly with your office to improve access and patient satisfaction. Please contact Dr. Greenstreet at (831) 465-7819 for more information.

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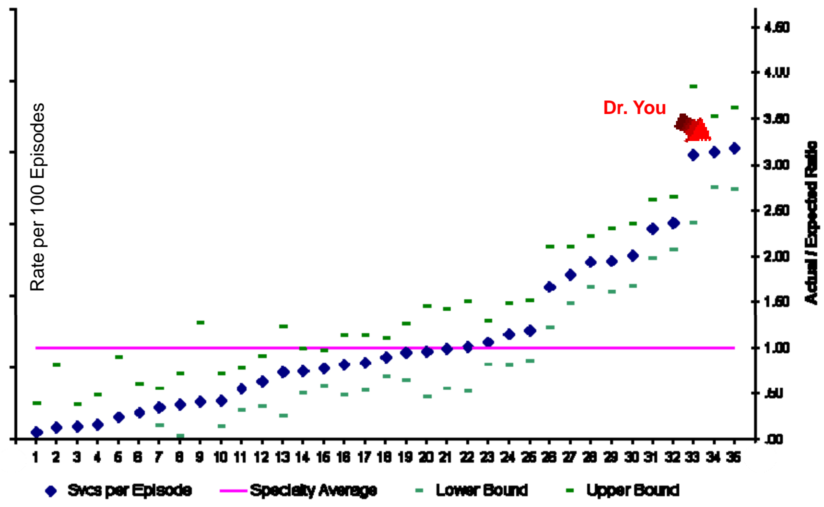
Case Mix Adjusted Utilization Curve – Fiberoptic Laryngoscopy in ENT



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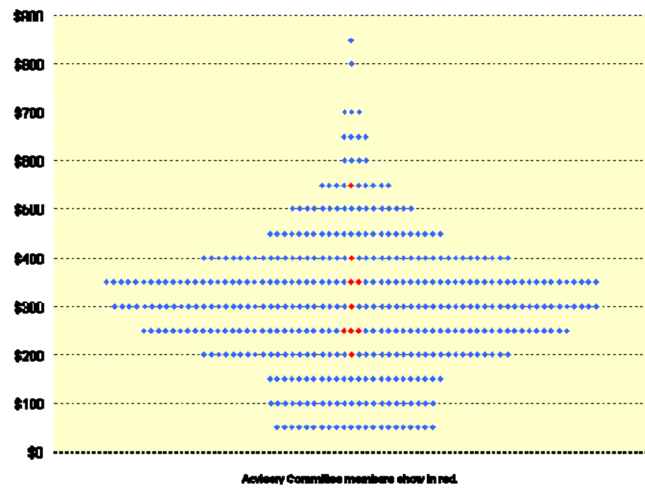
Internists HTN Rx Costs per Episode
1/1/2002-12/31/2003 data load



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After the Visit

- Create a set of deliverables and share with the group contact/leader
- Arrange regular follow up to share data reports and encourage behavior change
- Offer meetings, materials, other support as needed to help him/her/them succeed in changing behavior
- Ask if you/we are adhering to the project's core values

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Following Up

- Post first meeting thank you email with review of follow-up items
- Deliver deliverables on time
- Solicit concerns, questions, suggestions
- Reiterate core values and goals of program
- Include practitioners on planning and action committees

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Sample "Thank You" and follow-up letter
Monarch Healthcare

Dr. ______

Thank you for taking time out of your busy schedule to meet with us last week. In follow up to our discussion:

- We have forwarded ______ information to our case management department to enroll in our program
- We are enclosing a current membership list for your review (the seniors are highlighted). You had stated you would review the list to determine if any of your senior members would benefit from our Case Management/Disease Management Programs.
- We are enclosing the ACM/DM Referral guideline sheet which details our current programs & gives instructions on how to refer to the programs. * Please share this with your back-office staff.

We look forward to continuing to partner with you to help ensure your patients have the best, most appropriate care. Please feel free to contact either one of us if you have any questions or if there is anything else we can do to assist you.

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Approaching Physicians: Today's work

- What have been your biggest challenges to date?
- From your point of view, what other aspects of visit dynamics HAVE to be covered today?
- Remember to look for CLUES, attend to the SEQUENCES that create outcomes and use the TABLE metaphor
- Let's go for it – Have Fun!!!

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Role Plays

- Rules of Role Play
- Fishbowl Exercise
- Rapid Sequence Responses

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Questions/Concerns

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Bibliography

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- McDonald R, Roland M. pay for Performance in Primary Care in England and California: Comparison of unintended consequences. Ann Fam Med. 2009;7:121-127.

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Following Up: Promoting Continuous Improvement

Howard Beckman, MD, FACP, FAACH

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Goal for Successful Engagement

The Practitioner or Group has to believe that the requested intervention is fair, appropriate and reasonable

(The basis of internal motivation)

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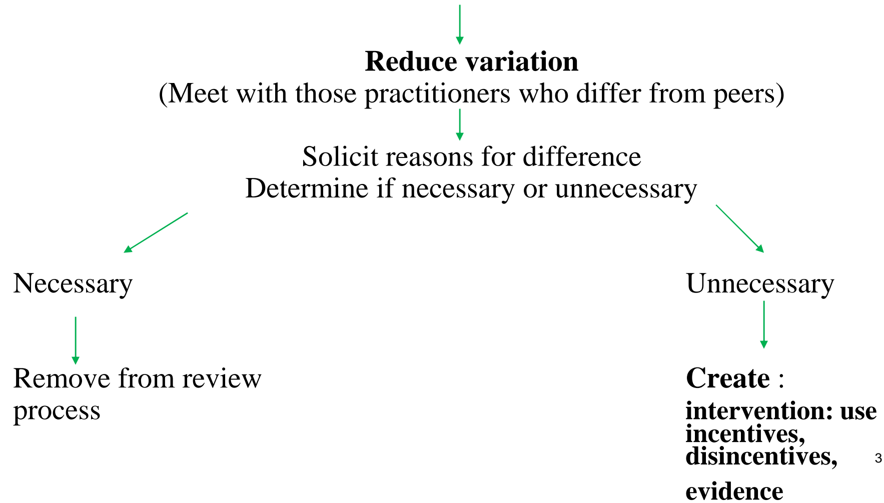
Identify Large Volume Practices that Vary Significantly from Community Standard



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Who Conducts the Subsequent Visits

- At the end of first visit, medical director suggests that follow-up will be coordinated by the staff member (outreach, QI, provider rep) attending the visit
- The person will write the post visit follow-up letter and co-sign it with the medical director
- The staff person shares follow up information with the physician and arranges future meetings
- Medical Director used on an as needed basis

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Factors in Successful Engagement

- Providing timely, accurate information
- Offering data without judgment
- Focusing on how to improve
- Correctly identifying and responding to practitioner's stage of change
- Searching for "clues" to resistance to change, listening carefully to practitioner's concerns
- Remember the table metaphor!

  In what domain does your team struggle most?

What Data to Bring?

- *Good* – Accurate
- *Better* – Carefully designed to focus attention on an actionable behavior; report at the most granular level possible
- *Best* – Created in response to practitioner's request/demand (depending on the stage of change)

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Approaching Groups

- Consistent contact person
- Post first meeting thank you email with review of follow-up items
- Deliverables delivered on time
- Solicit concerns, questions, suggestions; close the loop on follow-ups

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Approaching Groups

- Always meet with the group at THEIR convenience (time and place)
- Repeatedly reiterate core values and goals of program
- Include group representatives on planning and action committees
- Ensure individual practitioners understand the goals and interventions – don't assume group or practice leaders are getting the work out

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Common Barriers to Success

- A ‘not invented here’ organizational culture which immediately rejects ideas that come from elsewhere
- Perceived judgment increases defensiveness
- The requested change not seen as a priority to the group
- The requested change not felt to represent improved care
- The incentive to change may be insufficient
- Communication about the new approach does not reach the practitioners

Role Plays

Scenarios from the Group

1.

2.

3.

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Summary

1.

2.

3.

4.