Clinician Satisfaction Series: Episode 2- Measuring and Influencing Provider and Clinician Satisfaction

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Webinar #2

- Organizational Signs of Satisfaction
- Drivers of provider Satisfaction
- Data and Tools to measure physician satisfaction

Drivers of Quality: Statements of Success

Better Outcomes
- "I am able to give the patients what they need"

Lower Cost
- "My patients can afford the care they need and are getting what they *need*"

Better Patient Experience
- "My patients feel like they got what they needed when and how they needed it"

Needs as Humans- The Big Four

Critical Components for Ensuring a Joyful, Engaged Workforce
Interlocking responsibilities at all levels

SENIOR LEADERS
MANAGERS & CORE LEADERS
INDIVIDUALS

Real Time Measurement
Physical & Psychological Safety
Meaning & Purpose
Autonomy & Control
Recognition & Rewards
Participative Management
Camaraderie & Teamwork
Daily Improvement
Wellness & Resilience

Happy Healthy Productive People

Needs as Humans – The Big Four

- **Physical & Psychological Safety**
  - **Safe and Fair**
- **Meaning & purpose**
  - **Why I do this work; what makes a good day**
- **Choice**
  - **Some control over daily work & my life**
- **Camaraderie**
  - **Teamwork; how we work together; respect; civility**

https://healthinsight.org/tools-and-resources/send/50-in-person-events/1296-joy-in-work-plenary-presentation-slides

Clinician Satisfaction Drives Value

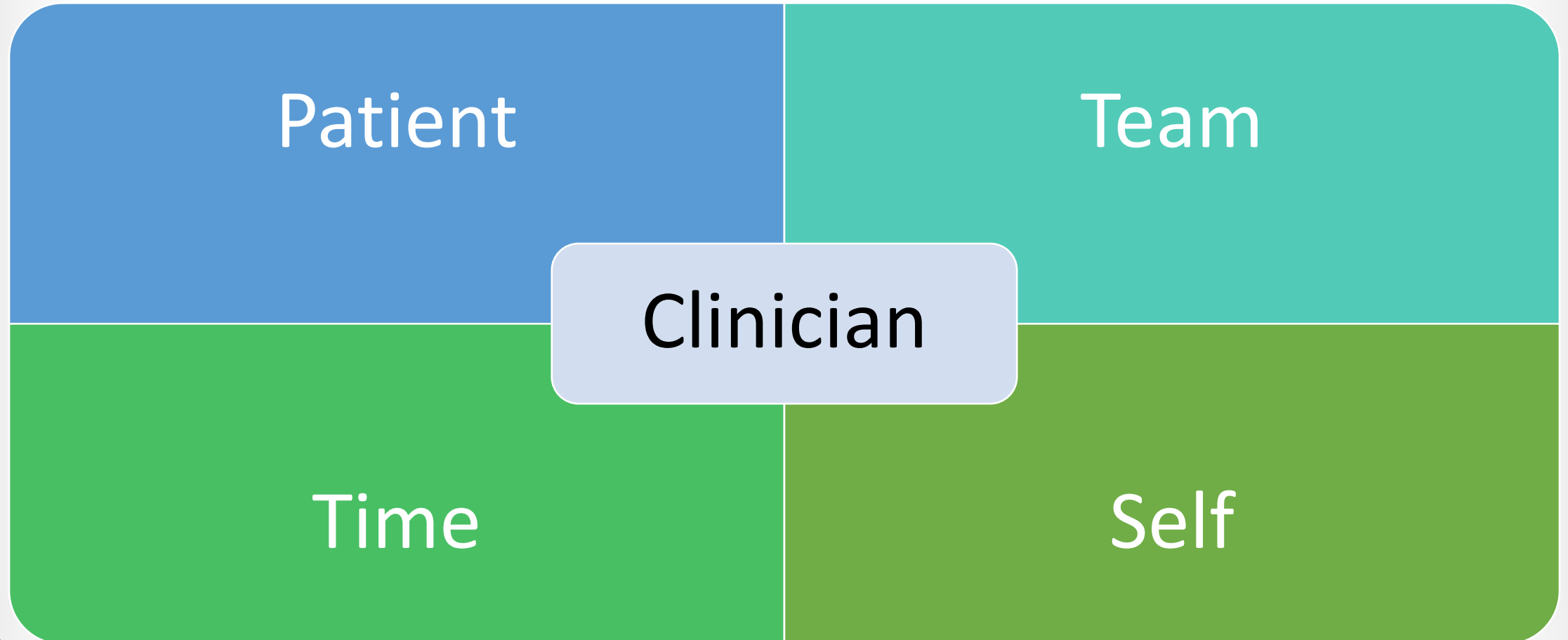| Efficiency (Minimal Waste) | ✖ | Effectiveness (Predicted outcome) | = | Quality |
| Value Add Time with Patient | ✖ | Value Add for Patient | = | Positive Clinician Satisfaction |

Leading Symptoms of Burnout: Your Energy Account is Negative

- Exhaustion
  - Physical Energy Account
- Depersonalization
  - Compassion- Emotional Energy Account
- Lack of Efficacy
  - "What's the Use?"- Spiritual Energy Account

https://home.svmic.com/resources/newsletters/169/the-five-main-causes-of-physician-burnout

Main Causes of Burnout

- Practicing Clinical Medicine

- Individual Jobs

- Having a Life

- Clinical Training
  - Patient Comes First
  - Never Show Weakness

- Leadership Skills of Supervisors

https://home.svmic.com/resources/newsletters/169/the-five-main-causes-of-physician-burnout

Organizational Signs of Satisfaction: Productivity

- "I have the resources needed to take care of my patients how I need to take care of them"

- "I can see all my patients that need to be seen in a timely manner"

  - Length of visit
  - "Pajama Time"
  - Care Team Model

Productivity and Satisfaction: NOT Mutually Exclusive

Table 2

Seven commonly held physician beliefs about patient satisfaction and productivity

| |
|---|
| 1. "I can achieve strong productivity or strong patient satisfaction—I can't do both." |
| 2. "If I had more time to spend with patients, I would have great patient satisfaction." |
| 3. "Physicians with strong satisfaction are that way naturally—some have 'it' and I don't." |
| 4. "Patients have unrealistic expectations." |
| 5. "My practice is different; my patients are different (they are sicker, less compliant with medications, have multiple conditions, etc)." |
| 6. "The patient satisfaction survey is flawed." |
| 7. "Only disgruntled patients fill out the survey—most of my patients are happy." |
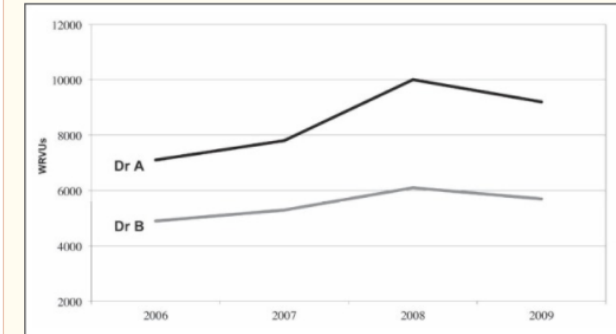
Figure 2

Productivity scores: comparison for Drs "A" and "B," 2006 to 2009.
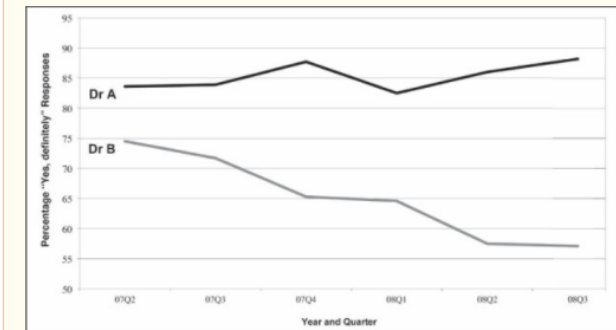
WRVU = work relative value unit.

Figure 3

Patient satisfaction[a] scores: comparison for Drs "A" and "B," 2006 to 2009.

[a] Patient satisfaction was measured by the percentage of patients who responded "Yes, definitely" to the survey question "Would you recommend this office to family and friends?" Quarterly scores represent a 12-month rolling average.

Q = Quarter.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3523929/

Productivity and Satisfaction: Influencing Performance

- What is your benchmark?
  - Similar patient populations (internal and external)?
  - What are your goals for satisfaction?

- What are the resources available?
  - Care Team Model
  - EMR utilization and training

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3523929/

Table 4

Characteristics of physicians with strong productivity and strong patient satisfaction

Focused on teaching and explanations
Conveys warmth from the start
Well-planned flow of visit with focus on patient's agenda
Controlled script with clear parts
Extremely personable—connects with every patient
Always looking for buy-in from the patient that s/he fully understands
Recap the history: "I read your chart …"
Confident but not arrogant
Finishes dictation and coding each day
Clinic staff enters orders and prepares after-visit summary

Table 5

Characteristics of physicians with weak productivity and weak patient satisfaction

Lack of "being there" emotionally
Lack of smiling
Abrupt actions
Behavior changes when not interested in the "case"
Patients kept waiting and wondering
No handshake
Sense of interrogating to get a diagnosis
No attempt to match the patient's energy

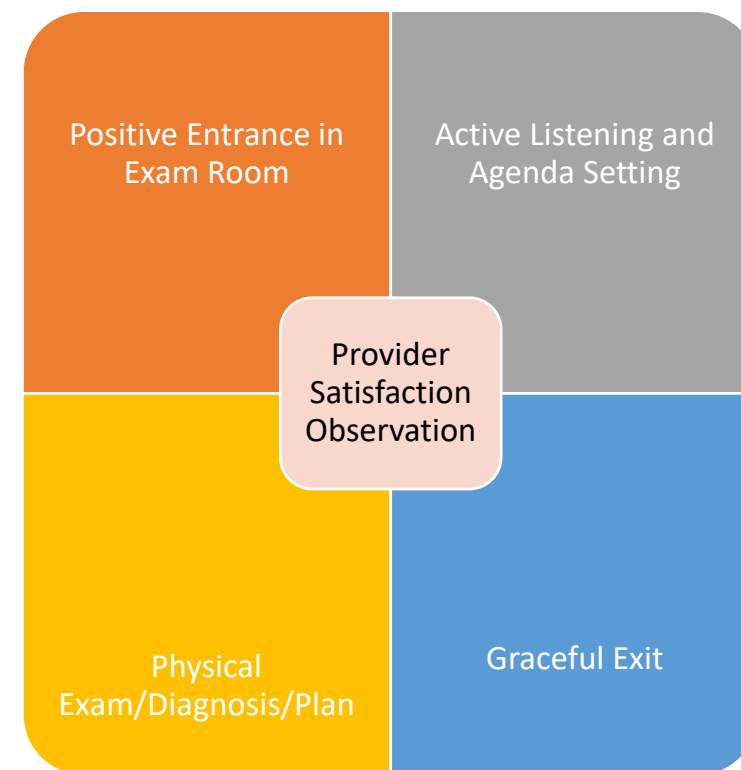# Productivity and Satisfaction: Motivational Interviewing

- Gentle knock before entering the exam room
- Smile
- Give warm/pleasant greeting; use patient's preferred name and acknowledge others in the room
- Introduce self; acknowledge new patient status
- Shake hands/initiate touch (if culturally appropriate)
- Apologize if the patient has waited for more than 15 minutes
- Sit down and face patient, not computer
- Adopt a posture that is open and inviting
- Establish and use eye contact with patient and companions or caregivers
- Create a personal connection: convey knowledge of patient history, greet follow-up patients like old friends, or use small talk to break the ice
- Maintain a professional appearance (ie, wear closed-toe shoes, clean lab coats)

- Wash or sanitize hands before and after physical exam, in front of patients
- Verbalize what is being examined
- Attend to the patient's comfort and privacy
- State positive and negative findings; explain what's happening to the patient's body and why
- Use models, photos, and diagrams to explain problems and procedures when possible
- Present treatment options to the patient (empower patient to make choices)
- Confirm understanding and agreement with patient; address concerns or frustrations
- Be explicit about good intentions
- Explain side effects of medication
- Elevate your colleagues
- Verbalize your team approach; hand off your plan in front of patients if possible
- Ensure the patient knows what will happen next and whom to contact if s/he has further questions
- Ask "Have we addressed the reason for your visit?" or "Did you get enough information?" or "Is there anything else I can help you with today?" before ending the encounter
- Provide patient instructions and an after-visit summary

- Demonstrate knowledge of patient history or reason for visit
- Ask "How can I help you today?"
- Allow patients to tell their stories without interrupting
- Listen: ask probing questions; respond empathetically; legitimize the patient's concerns
- Speak in a manner that patients can understand (ie, use nontechnical terms, speak slowly and distinctly for hard-of-hearing patients, summarize when necessary)
- Clarify the patient's agenda and negotiate what can be accomplished today
- Wait to logon to computer until you've greeted the patient and made a connection
- Have the computer screen visible to both you and patient; acknowledge and explain to the patient what you are doing on the computer; ask for permission if you're going to type the history of present illness with the patient present
- Explain what's going to happen during the visit/procedure
- Never look at your watch during the encounter
- Maintain an efficient but not rushed pace
- Ask permission to take outside phone calls and apologize for any interruptions

- Deliver a reassuring smile
- Shake hands (if culturally appropriate)
- Thank patient for coming and give a warm goodbye
- Invite follow-up business

Positive Entrance in Exam Room

Active Listening and Agenda Setting

Provider Satisfaction Observation

Physical Exam/Diagnosis/Plan

Graceful Exit

Organizational Signs of Satisfaction: Quality Outcomes

- "My patients' clinical outcomes are improving"
- "I have the resources needed to improve patient outcomes"
- "I am held accountable for quality measures that are relevant and achievable"

  - Population Based Quality driven productivity and care team models
  - Disparities in care
  - Improved quality outcomes- sustainable

Quality and Satisfaction: Alignment as the Driver

- My goals are aligned with the patient's goals
- Our interventions are aligned with the needs of our patients
- My care team is aligned with the patient's needs
- My availability allows me to deal with the patient needs

Alignment between Quality Outcomes and Provider Satisfaction

- Not necessarily a direct correlation
- Seeing outcomes improve increases the "value add" of a clinician's sense of self
  - Understand the provider's perspective in setting quality goals
  - Understand the provider's perspective in how we can achieve quality goals
  - Celebrating success and recognizing failures

Organizational Signs of Satisfaction: Retention

- "I do not plan on leaving my job at the health center in the next 2 years"
- "I do not feel burnt out"
- "My work life balance is good"
- "I feel valued"
- "My opinions are heard and respected"
- "I have what I need to do my job"

Engagement Drives Retention

- Data Driven → Information Driven
- Position Driven → Retention Driven
- Directive Driven → Participation Driven
- Compliance Driven → Program Driven

O: Open ended questions

A: Affirmations

R: Reflective listening

S: Summarize

Building Value: Open Ended Questions

- What are the barriers that stop you from being able to do your job efficiently?

- What are the barriers that stop you from being able to do your job effectively?

- What is most important to you?

- What would help you do your job better?

- What is the one thing that would cause you to leave your job right now?

- What is the one thing that we could fix to make sure you stay at your job?

- How can we better communicate with you?

Organizational Signs of Satisfaction: Patient Satisfaction

- "There is bi-directional mutual trust, respect and communication"
- "My expectations are aligned with the patients' expectations
- "My patients are engaged in a useful and relevant manner"

  - Continuity of Care
  - Patient Retention
  - "I got what I needed at my visit"
  - Appropriate Utilization

The Intersection of Provider and Patient Satisfaction

Provider Sat

Patient Sat

Expectations
Goals
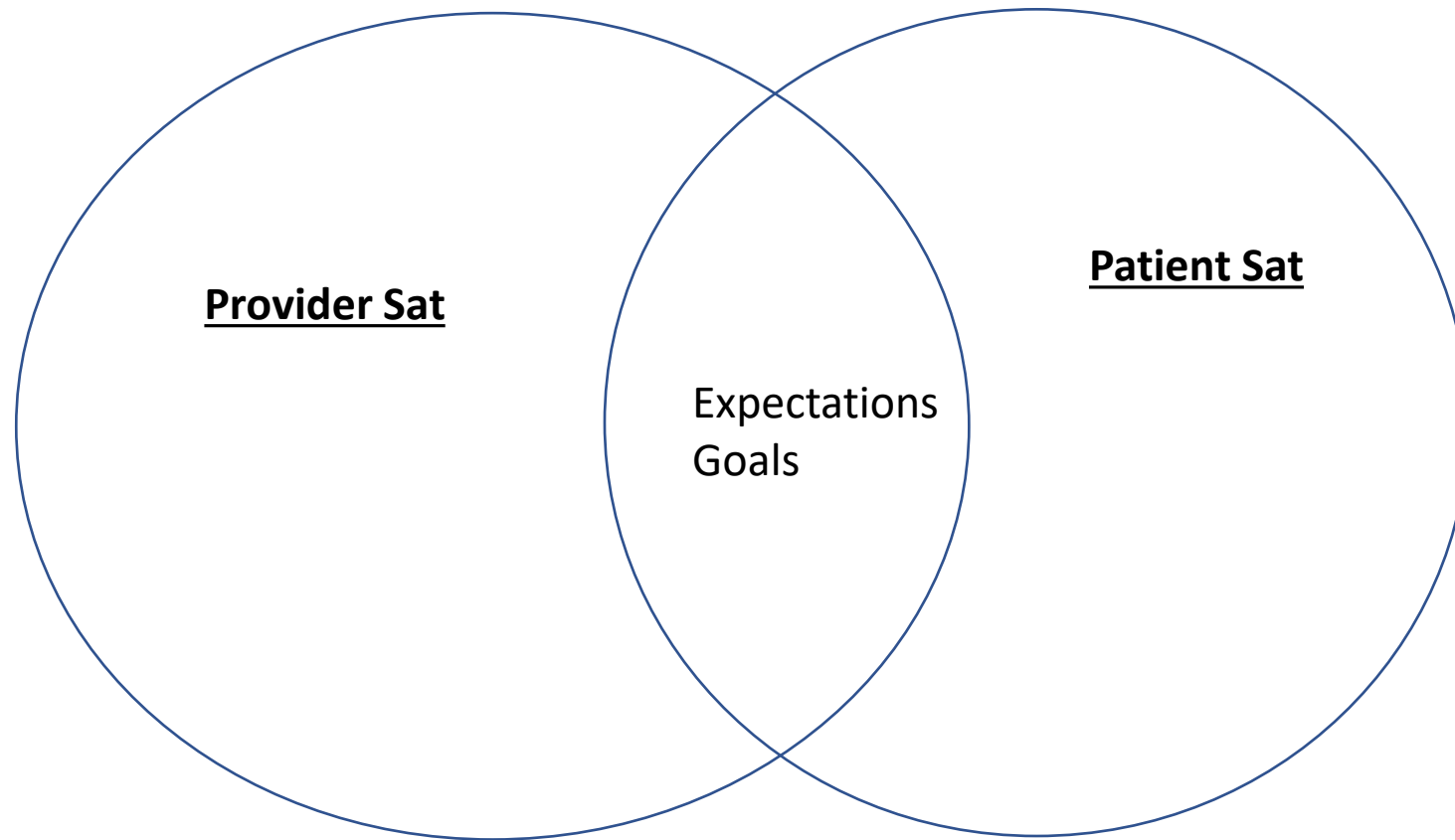
Patients and Providers: Setting Mutual Expectations

- Access to the right people doing the right things
- Transparent goal setting and care planning
- Shared decision making and motivational interviewing
- Care Management and Care Team Modeling
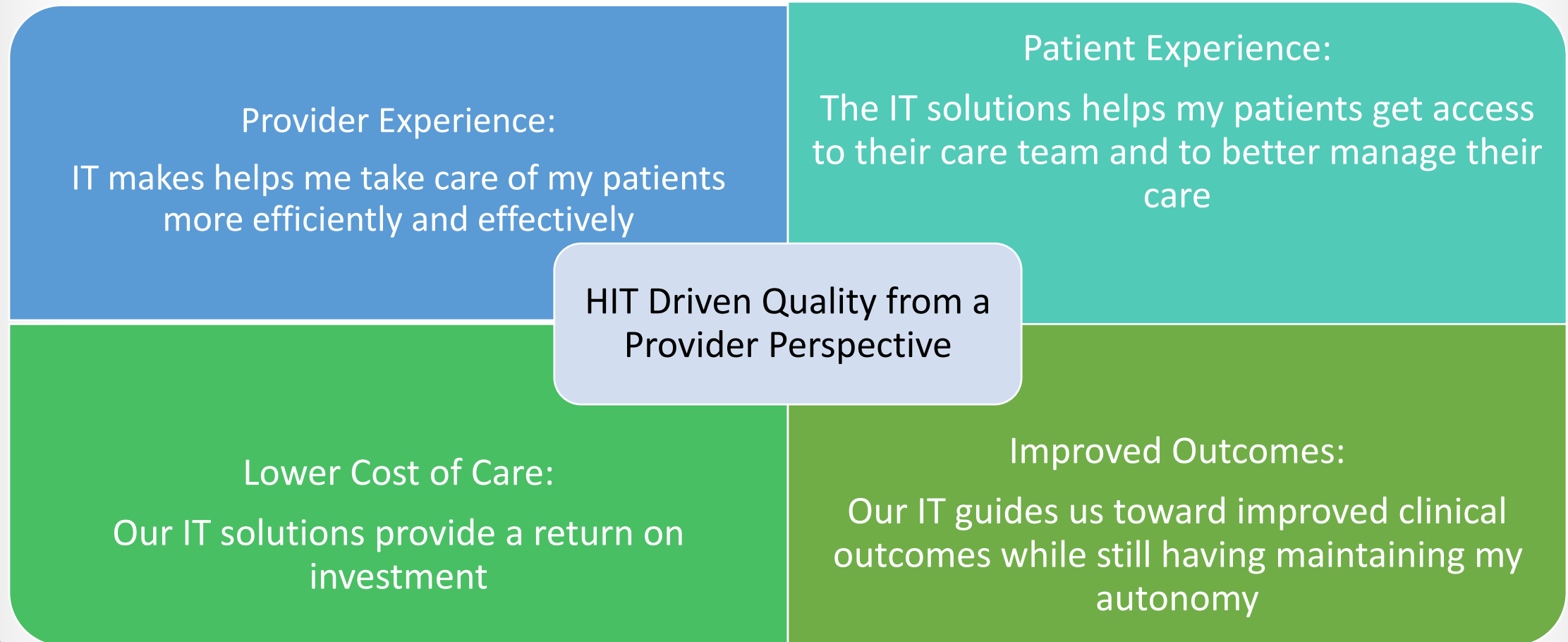- Trust
- Psychologically safe

Organizational Signs of Satisfaction: HIT Engagement

- "Our EMR helps me do my job by making things more efficient"
- "I feel appropriately trained on the EMR"
- "I have access to technology that helps me take care of my patients"
- "My patients have access to technology that helps them take care of themselves or communicate with me"

  - Cycle time
  - Laptop vs. Patient time
  - Patient utilization
  - Limited redundancy between technology and people

Sneak Peak: IT Strategy and Improved Quality

Provider Experience:
IT makes helps me take care of my patients more efficiently and effectively

Patient Experience:
The IT solutions helps my patients get access to their care team and to better manage their care

HIT Driven Quality from a Provider Perspective

Lower Cost of Care:
Our IT solutions provide a return on investment

Improved Outcomes:
Our IT guides us toward improved clinical outcomes while still having maintaining my autonomy

Great Plains Health Data Network Provider Satisfaction Survey

- 4 Dimensions

- 25 Questions

- Approx. 8 minutes to answer survey

- All Providers
  - Medical (MD/DO/NP/PA)
  - Certified Nurse Midwives
  - BH (Pyschiatrists, Psychologist, Social Worker)
  - Dental (Dentists, Hygienists)

Time Spent Working	Quality of Care
Patient Interaction	Health Information Technology

Define your Health Center's Satisfaction Correlation Equation: Question #1

1. Please select the top two dimensions that have the greatest influence on your satisfaction with the health center
   a. Time Spent Working
   b. Quality of Care
   c. Patient Interaction
   d. Health Information Technology
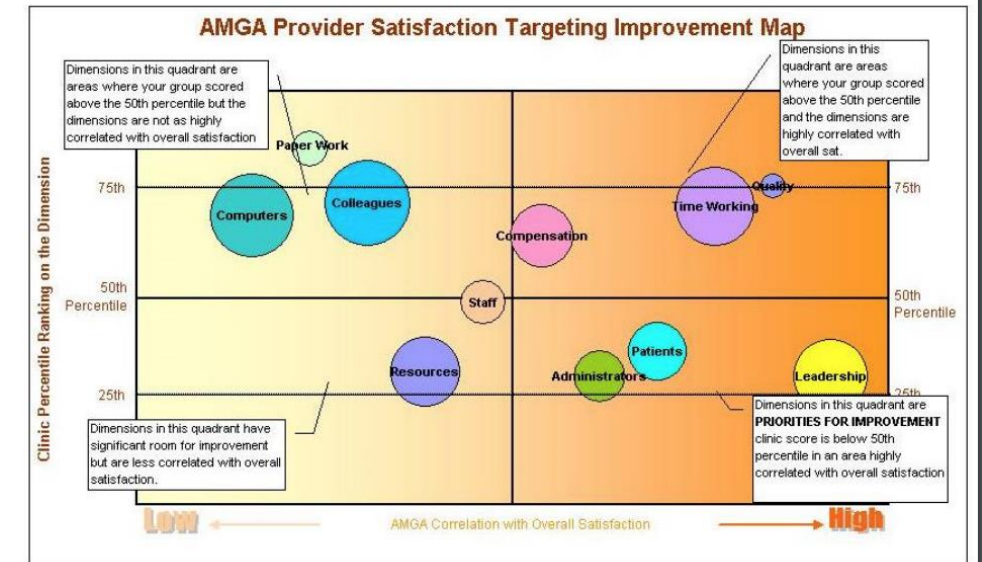
Time Spent Working

2. How satisfied are you with the nature of the work you do?
   2. Rating scale – not at all satisfied to very satisfied
3. How satisfied are you with the compensation you receive for the work you do?
   2. Rating scale – not at all satisfied to very satisfied
4. How satisfied are you with your work-life balance?
   2. Rating scale – not at all satisfied to very satisfied
5. How satisfied are you with the amount of autonomy you have while providing patient care?
   2. Rating scale – not at all satisfied to very satisfied
6. How satisfied are you with the control you have over your workday?
   2. Rating scale – not at all satisfied to very satisfied
7. How much of your day is spent performing tasks that create value for you?
   2. 0-25%
   3. 26-50%
   4. 51-75%
   5. 75-100%
8. How much of your day is spent performing tasks that create value for patients?
   2. 0-25%
   3. 26-50%
   4. 51-75%
   5. 75-100%

9. How much of your day is spent performing tasks that create value for the organization?
   9. 0-25%
   10. 26-50%
   11. 51-75%
   12. 75-100%
10. The degree to which my team works efficiently together is:
    9. Not efficient
    10. Somewhat efficient
    11. Highly efficient
11. Using your own definition of burnout, please select the answer below that most accurately describes you:
    9. I enjoy my work. I have no symptoms of burnout.
    10. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
    11. I am definitely burning out and have one or more symptoms of burnout (e.g. emotional exhaustion).
    12. The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.
    13. I feel completely burned out. I am at the point where I may need to seek help.

Quality of Care

12. The organization provides me with the resources necessary for me to provide the highest quality of care to my patients.

    Rating scale - Strongly agree to strongly disagree

13. I am satisfied with the level of care our organization provides to patients.

    Rating scale - Strongly agree to strongly disagree

14. Implementation of practice standards has not diminished my autonomy and ability to choose the right treatments for my patients.

    Rating scale - Strongly agree to strongly disagree

Patient Interaction

15. What percentage of your time spent with a patient would you consider value-add time?
      15. 0-25%
      16. 26-50%
      17. 51-75%
      18. 75-100%
16. How satisfied are your patients with the quality of time spent with you?
      15. Rating scale – Not at all satisfied to very satisfied

HIT

17. I am proficient with the Electronic Health Record (EHR).
    Rating scale - Strongly agree to strongly disagree
18. How many hours per week do you spend completing your charting outside of normal business hours?
    Answer: Free text
19. The EHR enables me to deliver high quality care.
    Rating scale - Strongly agree to strongly disagree
20. The EHR makes me as efficient as possible.
    Rating scale - Strongly agree to strongly disagree
21. The EHR is available when I need it.
    Rating scale - Strongly agree to strongly disagree
22. The EHR provides expected integration within our organization.
    Rating scale - Strongly agree to strongly disagree
23. The EHR provides expected integration with outside organizations.
    Rating scale - Strongly agree to strongly disagree
24. The EHR has the fast response time I expect.
    Rating scale - Strongly agree to strongly disagree

25. The EHR is easy to learn.
    25. Rating scale - Strongly agree to strongly disagree
26. The EHR provides the analytics, quality measures and reporting I need.
    25. Rating scale - Strongly agree to strongly disagree
27. The EHR keeps my patients safe.
    25. Rating scale - Strongly agree to strongly disagree
28. The EHR allows me to deliver patient-centered care.
    25. Rating scale - Strongly agree to strongly disagree
29. Please indicate which statement most accurately captures your experience of EHR training within your organization.
    25. My initial training prepared me well to use this EHR.
    26. Overall, ongoing EHR training/education is helpful and effective.
    27. Tip sheets and online training are helpful and effective.
    28. In-person training is helpful and effective.
30. Please indicate any additional comments:
    25. Free text

Optional Questions

31. I have sufficient time to complete my documentation in a high-quality manner.

    31. Rating scale - Strongly agree to strongly disagree

32. My professional values are well aligned with those in my department.

    31. Rating scale - Strongly agree to strongly disagree

33. I have the materials and equipment I need to do my work right.

    31. Rating scale - Strongly agree to strongly disagree

34. At work, my opinions seem to count.

    31. Rating scale - Strongly agree to strongly disagree

35. My co-workers are committed to doing quality work.

    31. Rating scale - Strongly agree to strongly disagree

36. At the end of each day, I am able to deliver the quantity of care that patients require.

    36. Rating scale - Strongly agree to strongly disagree

37. I have a sense of influence and input into key decisions to positively impact the quality of care we provide.

    36. Rating scale - Strongly agree to strongly disagree

38. How likely is it that you would recommend your health center as a place of employment to a friend, family member or colleague?

    36. Rating scale – Not at all likely to very likely

39. How likely is it that you would recommend your health center as a place to receive healthcare to a friend, family member or colleague?

    36. Rating scale – Not at all likely to very likely

Optional Questions-Continued

22. My associates are committed to doing quality work.

- ◯ Strongly agree
- ◯ Agree
- ◯ Somewhat agree
- ◯ Neither agree nor disagree
- ◯ Somewhat disagree
- ◯ Disagree
- ◯ Strongly disagree

23. At the end of each working day I was able to deliver the quantity of care that patients require.

- ◯ Strongly Disagree
- ◯ Somewhat Disagree
- ◯ Neutral
- ◯ Somewhat Agree
- ◯ Strongly Agree

24. I have a sense of influence and input into key decisions with fellow clinicians to positively impact the quality of care we provide.

- ◯ Strongly Disagree
- ◯ Somewhat Disagree
- ◯ Neutral
- ◯ Somewhat Agree
- ◯ Strongly Agree

25. How has EHR affected your practice? (Select all that apply)

- ☐ Improved Quality of Care
- ☐ Detracted Quality of Care
- ☐ Improved Efficiency
- ☐ Improved Patient Interaction
- ☐ Detracted from Patient Interaction
- ☐ Has had little to no impact on the above
- ☐ Other (please specify)

Prev   Done

How to Analyze Your Data

- Provider Type
- Age of Patient
- Language of Patient
- Race/Ethnicity of Patient

Thank You!

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