The Pain Scale: Evaluating Patient-Physician Relationships

By Nick van Terheyden, MD

The constant flux in healthcare regulations and policy has left physicians feeling frustrated and disconnected from the Art of Medicine. Pulled in disparate directions and forced to change how they allocate time, use technology and document patient notes, has made them feel that the most rewarding part of their responsibilities -- patient care -- has been subsumed to less important administrative duties.

Today, this pivotal point impacts physician productivity, quality of care and provider economics. The time physicians used to dedicate to interacting directly with patients now accounts for less than 13 percent of their day, with the vast majority spent providing mandated regulatory documentation of the visit. So when it comes to an office visit, every second spent with their patient counts.

The presence of an extra person in the room shifts the dynamic from a private conversation to one where the patient may worry over confidentiality and judgment. This can detract from the experience and erode trust, which is fundamental to an honest account of a patient's behaviors, symptoms, and health.

At Nuance Communications, we commissioned a new patient survey to gain insight into what patients need and want from their doctors, and what we, in the health IT industry, can do to protect the Art of Medicine. We gathered feedback from 3,000 people across the U.S., the UK, and Germany, which revealed high expectations for patient-physician relations when it comes to quality medical care.

At the heart of the visit, patients agree on the top things physicians cannot ignore when it comes to quality medical care:

- 73 percent say "time for discussion"
- 66 percent say "verbal communication of specific recommendations"

Three's a Crowd.

"It used to be the doctor, the patient and the paper chart. Now we have the doctor, the patient and up to 15 real-time sources creating a data overload, but no point of truth," says Dr Brian Yeaman, CMIO of Norman Physician Hospital Organization.

In an attempt to speed documentation and overcome challenges associated with physicians entering data in electronic health records (EHRs), some providers are using medical scribes to listen to the conversation between patient and physician, and record care plans and documentation in the medical chart. But that extra set of ears comes at a cost.

This survey found that patients in the U.S. and UK expect everything from eye contact and a handshake to verbal communication when they visit their physician, and these contribute the most to an overall positive experience. In Germany, privacy in the exam room was of the utmost importance. This ranked third in the U.S. and UK.

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"Something shared between two people is a secret … anything shared with a third person is shared with the world. If I sit in my exam room and type while the patient is talking, patients sense that their privacy is at risk. And if there is a scribe in the room, they are certain of it," notes Dr. Reid Coleman, CMIO for evidence-based medicine at Nuance and a practicing internist for 20+ years.

We found that while 69 percent of people have noticed a difference in the amount of technologies being used by their doctor over the last five years, and 97 percent are comfortable with tech as long as it doesn't interfere with the physician-patient relationship.

As healthcare providers look for ways to save time and improve productivity, they should consider that the Art of Medicine is built on the strong bond between patient and physician, and this relationship should be protected at all costs by eliminating things that threaten to disrupt it.

Technology in the Hands of Doctors.

While other studies show many physicians feel EHRs slow them down, interfere with face-to-face care, and intrude upon patient relationships, patients don't see it that way. We found that while 69 percent of people have noticed a difference in the amount of technologies being used by their doctor over the last five years, and 97 percent are comfortable with tech as long as it doesn't interfere with the physician-patient relationship. Additionally, 58 percent believe the use of technology in the exam room leads to better medical care.

As technology adoption continues to rise and innovations make their way into healthcare, patients will become more exposed to different types of tools and become more comfortable with them. For example, EHR deployments have made laptops and desktop computers a standard piece of equipment in the modern-day exam room, and high patient comfort levels reflect this acclamation. Meanwhile, patients demonstrate comfort with tools becoming more readily used, such as mobile devices (tablets and smartphones), telemedicine, and image-sharing via the cloud.

(continued on page 4)

The Pain Scale

...continued from page 3

"Clearly to deliver the high quality, safe, efficient care our patients demand, we must embrace current technologies while realizing they are insufficient and need to evolve," says Dr. John Halamka of Beth Israel Deaconness Medical Center. "We must work in care teams, and grow the number of care traffic controllers serving as the navigators for patient wellness. We must listen to our patients/families, leveraging their opinions to reform our existing workflow and processes. Now that we have data to guide us, I look forward to creating the next generation of tools."

The Doctor has No Time to See You Now.

Patients take the time to navigate the complexities and challenges of today's healthcare system in order to discuss their concerns and conditions with their doctors, and then 40 percent of patients feel rushed during their actual visit. For more than 30 percent, the appointment lasts less than 10 minutes, making it easy to understand why they want focused attention during their scarce time with physicians.

"Successful physicians know that there are certain actions that convey a deeper sense of connectivity with a patient. Fully walking into the room instead of standing in the doorway has a profound effect on the patient's perception of time. It comes down to all of those seemingly little nuances in behavior -- a hand touch, taking a seat, looking directing at the person -- that make the biggest impact. We can't promise outcomes, but we can always treat each person with the respect, care and compassion he and she deserves," shares Dr. Tony Oliva, regional medical director, JATA and former CMO of Borgess Health.

The sense of being rushed can not only negatively impact satisfaction and convey the sense that the patient is not a priority, it can also influence whether or not she recommends her doctor to others. In fact, in Germany, 68 percent of people rely on a family or friend's recommendation when selecting their physician, followed by 52 percent in the U.S. and 24 percent in the UK.

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The average office visit lasts 12 minutes, and during this time physicians are expected to listen, understand and sympathize, examine, diagnose, treat, and document the patient's story in the EHR. Given this time constraint, they need to focus on those elements of a visit that deliver the most value to better medical care in the eyes of their patients.

Physicians Get an "A".

This study found that 89 percent of people have a good relationship with their doctor, and 95 percent say they are honest during visits. Physicians are doing a great job of meeting patient expectations, and most patients said that if they weren't satisfied, they would find a new doctor.

Expectations are high, and with physician scorecards, public reporting of HCAHPS results and patient satisfaction playing a bigger role in provider success and reimbursement, no one in healthcare can ignore what matters most to patients and its primary role in the overall patient experience and keeping people satisfied and invested in their health.

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Physicians are being forced to make hard choices, and one of these sacrifices often comes at the expense of the patient story. They are making trade-offs through shorter patient notes or using copy-and-paste functions in their EHRs -- anything to save time so they can spend it attending to the people who need it and who appreciate their time, insight and care.

When that story is lost, the patient becomes a collection of somewhat unconnected data points. This has a profound downstream impact as the next physician will ask the same questions or end up sleuthing around, which not only frustrates the patient, but can waste time. While technology is a key component in the healthcare ecosystem, it should only play a supporting role. Patients need to be center stage, and physicians need to be able to communicate their clinical decision making.

Dr. Nick van Terheyden is the Chief Medical Information Officer, Healthcare Division at Nuance Communications. He can be reached at nvt@nuance.com. To find out more about Nuance's survey, "Healthcare from the Patient Perspective," visit www.nuance.com/artofmedicine.

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Accountable Care NEWS

Good to Great Healthcare Boards: Lessons for ACOs

By Kimberly Smith, FACHE, and James Gauss

It is no great secret that boards can be slow to change, and those within healthcare are no exception. This is understandable given that boards are not typically expected to exercise vision and move ahead of the curve.

Hospital and health system boards by tradition are reflective, reactive, and consultative. The proactive, visionary stuff is usually left for the CEO and executive team, or perhaps nowadays a Chief Strategy Officer who's been installed to shepherd change, or outside consultants who bring with them creative advice about new delivery models, cost structures, and collaborative partnerships.

Healthcare boards can also lag due to their composition, which often reflects where the organization has been rather than where it is going. Board members may include pillars of the local community and other leaders who have known and served the organization well through the years and have helped keep the ship steady.

With ACO boards, over-familiarity with the organization may not be a primary concern. Trustees may in fact hail from various participating organizations. They may have had little previous interaction with each other and need time to warm up to each other, and they may bring to the boardroom table different preconceptions about governance. The challenge in such settings is often getting members acclimated to each other and speaking the same language about agreed-upon objectives.

(*continued on page 5)*

In This Issue

The Fix that Was Not a Fix -- SGR, RBRVS, and the Future of Physician-led MA Plans

By William J. DeMarco, MA, CMC

The computation of the resource based relative value system (RBRVS) was designed to balance many inequities in the reimbursement system to physicians under Medicare. This computation took into account relative aspects of geographic location, complexity of service, and practice resources necessary to perform both outpatient and select surgical procedures.

This score was then multiplied by a conversion factor to arrive at a local dollar amount to be paid for Part A services. Each year Congress was supposed to compare the projected Part A spending against the actual Part A spending and adjust the conversion factor accordingly. This would have stabilized payments, by lowering payments if the Part A benchmark was exceeded or increasing payments if physicians had come in under the Part A threshold. While this budget neutral approach was used by private payers in other parts of the country, it failed when the conversion factor was not changed by Congress, and Part A always rose above the benchmark but Congress never took action to adjust the conversion factor to reduce Medicare fees.

The Fix that Was Not a Fix.

Again, without consequences, behavior does not change. After seven years of inaction by Congress that was held hostage by the fear of physicians refusing to see Medicare patients, we now face a 21% cut in the SGR (some specialties as high as 40%).

(continued on page 6)