Maximizing Clinical Efficiency – Best Practices during the patient visit

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NO Disclosures

Challenges with Efficiency

Background

- Patient encounters = nonlinear, unpredictable
- Electronic Health Record (EHR) + visit = nonlinear visit (HOLMAN)
- “22 tips for improving practice” (Amond ’99) and “Ten time management tips” (CROSBY ’04)
- Previous surveys – 90% residents and faculty recognize need for efficiency training
Challenge

- Providing high quality care in the time allotted.
- Most of adult primary care patients have 2 or more chronic conditions
- So much to do, so little time
- For a panel of 2500 primary care patients:
  - Estimates of time required to provide appropriate preventive care: 7.5 h/d
  - Estimates of time required to provide appropriate chronic disease care: 10.5 h/d

Objectives for today

- Look at how efficiency in the EMR while focusing on communications skills for best patient encounters.
- Look at how we can use EHR with the ATTEND method, agenda setting, and communication strategies (ICE).
- TeamSTEPPS/teamwork

Simplified Essential Elements in Clinical Practice

- Pre-clinical preparation
- Rapport Building–ATTEND
- Encounter initiation–ICE
- Agenda setting
- Visit closure

Kalamazoo Consensus Statement–Makoul
Self Recognized difficulties

- Pre-clinic preparation:
  - Organizing workflow
- Rapport building:
  - Patients that are complicated or talkative
- Open the discussion and gather information:
  - Collect more information than needed
  - Find myself having intense pressure to attend to everything
  - New onset of symptoms in follow up
- Set agenda and reach agreement:
  - Not prioritizing patient’s problems
  - Limiting issues and talking points
- Closure:
  - Lack of time sensitivity/awareness

Calgary-Cambridge Guide

Initiating the session
- Pre-clinic Preparation
  - Establishing initial rapport

Open the discussion and screen information
- Patient’s opening statement
  - Background information
  - Screening

Share decision-making
- Exploring the patient’s perspective
  - Co-creating a plan and shared decision-making

Closure
- Full summarization of issues
  - Forward planning

Teamwork and mutual respect

- Average Patient load
- Use the name of team member
- Conversation with health care team
Negative affect on efficiency

- Non-work related tasks
- Documentation on patients no longer in ER

Pre-clinic Preparation

- Epic (Your EHR) patient overview
- Pre-clinic Preparation open note/start template
- Enter known preventive data
- Dashboard (eg. Pap, PHQ, undress) – Communicate!
Preclinic Prep and communication

- How do you prepare for clinic
  - Chart review
  - Interval history
  - Your last note
  - Prob list review and update
  - Labs first, whenever practical
  - Prescriptions needed?
    - MA’s helping to identify refill needs.
    - Patient-provided data (questionnaires, emails, MyChart, Welcome)
  - Preparation starts at the end of the previous visit
  - Huddle with MA early in the session

Use the dashboard to communicate anticipated needs.

let’s talk about the “patient-physician-computer” relationship!
WORKING with EHR

Why?
- Patient satisfaction
- Adherence to recommendations
- Trust/information sharing
- Patient recall of information
- Influence health outcomes
- Efficiency?

Introducing EMR
- Introduction,
- 30–60 seconds rapport
- Turn the computer and say, “Let me bring your record up on the computer, I’ll be using it as we talk, you can see what I’m doing.”
Avoid “By the Way…” phenomena (White, Levinson, et al., 1994)
Increases patient motivation (Eisenthal, '79; Kaplan '89)
Patient identifying problem focus essential to quality healthcare (Kroenke '99; Towle '99)
*What Are We Actually Doing?

- 18–23 seconds plus 6 seconds more = usually complete list
- 75% of patients never get to complete the list (Marvel’ 99)
- 50% interrupt after 1 concern and 25% interrupt before any concerns (Braddock ’99)
- 30–80% of patient expectations are not addressed or identified (Kravitz ’96; Marple ’98)

*Why?

- Fear loss of control of time
- MDs feel compelled to address all of the patient needs the same day
- MDs are drawn the problems they can diagnose or treat (keeps comfort and control).
- Health maintenance lists get imposed on patient concerns

(Dugdale ’99, Hornberger ’97, Byrne ’76, Bass ’86; Stewart ’79)

How this alternative strategy works

- Ask patient to list all concerns at the beginning of visit.
- Resist temptation/routine of getting details about the concerns until all have been listed.
- Once list is complete, the next step is to negotiate a priority list and determine how much of the list will be addressed today, and what will be deferred until a later visit.
Why it works

- Patients can present all concerns, it allows them to feel listened to.
- The negotiation process encourages shared decision making, which improves patient motivation, satisfaction, and overall treatment planning.
- Over time, patients may learn to prepare for their appointments by making a list of concerns in advance.
- It avoids last minute or end of visit “Oh, by the way...” concerns that can interfere with completing the encounter in a timely manner.
- It increases patient satisfaction and provider satisfaction.

results

- This method increases the patient satisfaction and physician satisfaction.
- This method doesn’t increase overall time spent
- Could increase compliance, overall patient feeling of control
- It should decrease time spent in future visits
- Allow you to maintain non-anxious relationship centered presence in face of complex or lengthy problem lists
- Agree on priority listing

How to do it? What brings you in?

1. Skill- make a list- IN HPI. Never accept first answer, ask “something (anything) else?” until patient indicates completion
   Tip: remind yourself you don’t need to address all these problems in one visit
2. Skill: place relationship over need to focus- some patients need to tell the whole story before organizing. So listen and track concerns.
3. Skill: avoid premature diving- postpone diagnostic interview sequence and redirect the patient form in depth stories until all problems are listed.
4. Skill – ask the patient to prioritize the list
tip: ask yourself if you can address all the
list, if not, suggest followup even now.

5. Skill – express concerns about issues when
rank order is different from patients. Negotiate
without undermining patient autonomy


Variations – card in your notes

- Online list
- Tablet list
- Paper list
- MA/Nurse list
- Educate your schedulers

Helpful Phrases – hand out

“Before we address any of your problems today, I
would like to hear a list of all your concerns.”
(returnees, “what’s on your list today?”)

“Excuse me, but before we talk further about
your headache, I’d like to know if you have other
concerns so we make sure to use our time in the
best possible way.”

“The first problem on your list is complex and to
do a good job may mean not giving the same
attention to other issues today and make another
appointment soon to address them.”
Role play/Lets try it...

- **Remember**
  - Make list – “anything else? Something else?”
  - Keep rapport
  - Don’t prematurely dive/ don’t allow long stories
  - Ask pt to prioritize
  - Decide if you can address all
  - Negotiate order
  - Confirm/commit to list

ICE

- **Ideas** – What do you think is going on?
- **Concerns** – What concerns do you have today?
- **Expectations** – What are you hoping to get from your visit?

I think it’s cancer. I’m afraid you’ll have to cut off my arm. I want an opioid.
Visit Closure

- Press-Ganey - Patient knows what to do next??
- Time spent planning

What is your current closure?

- When you do your assessment and plan how does pt leave?
  - Make a list for patient
  - Print prescriptions/escribe
  - Get nurse to do labs and schedule
  - How could you put it in EMR- Do you?

AVS - a game changer

Put it in the aftervisit handout instructions. have this autopopulate your plan in your note. Print and review it with your patient. Sign your note!
Do you have any questions?

Goals/summary

- Try (during one whole clinic) opening clinic note template for every patient prior to a visit.
- Update dashboard once to communicate
- Agenda Set—“anything else” during one whole clinic. Try typing a list in the HPI real-time
- On EHR—try engaging the patient in what you’re doing. (ATTEND)
- ICE—Ideas, Concerns, Expectations

references

Questions?

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