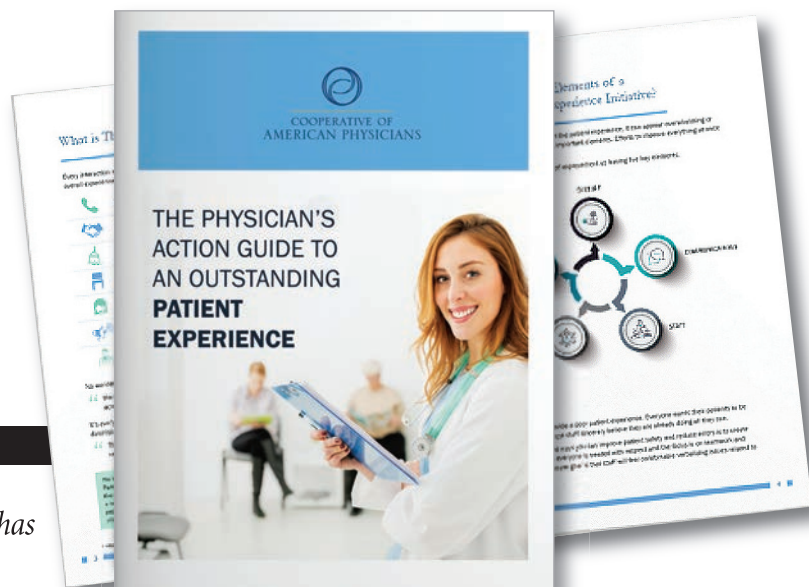


Q&A... WITH ANN WHITEHEAD



*The Cooperative of American Physicians (CAP) has published a new resource, *The Physician's Action**

*Guide to an Outstanding Patient Experience, to help physicians and their staff optimize the patient experience. They are offering this guide for free at www.CAPphysicians.com/PEML. Intrigued by the publication's title, *Inside Medical Liability* spoke about it with Ann Whitehead, Vice President of Risk Management & Patient Safety for CAP.*

Q: Do you think that some physicians don't understand the full meaning of the phrase "patient experience"?

A: The patient experience encompasses the range of interactions that the individual has with the physician and his or her staff.

Sometimes physicians may be so focused on clinical activities ("What is being done for the patient's health?") and outcomes ("Did our treatment work?") that process feels less important to them.

Our view is that patients who perceive they are being cared for are happier, less anxious, more likely to comply with a physician's advice, and more likely to build a long relationship with the practice. Those are all very powerful reasons to improve the patient experience.

Q: Why has the patient experience come to assume more importance in recent years?

A: First, healthcare costs have risen dramatically. People who pay more, expect more. Also, as consumers in the digital age, we're trained to believe everything is easy, one-click away,

and time efficient. If Amazon can ship a customer almost anything on Earth in two days, then surely a medical practice should value the patient's time and efficiently address their needs and/or complaints.

Q: What are the five key elements in any attempt at improvement?

A: Yes, and here they are:

1. Positive culture—What does the team believe, and how do they act under pressure?
2. Good communication—Good communication is core to both the patient experience and safety. Failures in communication are the leading cause of all adverse events that cause harm to a patient.
3. Trained staff—If your staff is calm, patient, kind, and organized, it immediately helps everyone to relax, and goes a long way to providing a good patient experience.
4. Established systems and processes—Map out and review the entire patient experience, from the time a patient first contacts your office through final billing. How does the work get done?

5. Efficient technology—Has your practice maximized the latest technologies to increase efficiency and reduce patient frustration?

Q: What practical considerations are included in the phrase "culture of safety"? "Culture" can seem like a very fluid sort of word.

A: The word "culture" may sound fuzzy, but it's where the rubber meets the road. Culture boils down to what the staff in the practice really believe, how they really act day-to-day, in the moment, and if the organization encourages questions and values suggestions and improvement opportunities. Consider these elements, for good communication:

1. Does your practice have defined guidelines about what you communicate and how that is accomplished?
2. Does your practice have clear rules about how the staff engages with patients and caregivers?
3. Does your practice have organized, established systems and processes in place?

If these things are all in place, you are on your way to a culture of safety. If they are not, you'll have a practice that allows inconstant and unsafe practices, which results in patient dissatisfaction and possible injury or harm, and that's not a good thing.

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Q: There is an excellent (very full) list of points on communication. So often, the people who check people in, take vital signs, etc., can seem almost cold—not interested in the individuals standing right in front of them. Isn't it important to stress that communication failures are the leading cause of adverse events?

A: Absolutely. Staff need to remember that for them, it's one appointment out of dozens or hundreds in the normal course of business. For the patient, it's THE appointment, and one they may have lost sleep worrying about. Effective communication is a basic requirement for safe healthcare and is essential to good relationships with patients and families. Staff who encourage active communication with patients will have a positive impact on the patient experience.

Q: What are the three critical things to get right in the patient experience?

A: 1. Create and maintain a good communication link between physicians and staff, between staff and patients, and between care providers.

2. Design and maintain a tickler, recall, or tracking system for patient follow-up. Ensure that patients are always updated about lab results, and always know the next steps.

3. Establish and maintain a complaint management system. Responding when patients complain is an important strategy to improve communication and improve the patient experience. Taking the time to understand the patient's concerns will build rapport, demonstrate empathy, and hopefully prevent negative online comments.

Q: If a better experience is achieved, how often should there be a checkup to make sure the improvement is being sustained?

A: Most practitioners assume that "no news is good news," and that silent patients are

happy, which is not always the case. A better practice is to routinely check in with staff and look for signs of trouble. Are complaints rising? Does staff look more harried? Are tempers short? These are all clear, visible signs that things aren't running smoothly. Excellence is a daily exercise.

To summarize, as out-of-pocket health-care expenses increase, consumers seek comparable increases in value, which most people think of as service. Service drives the patient experience, reduces patient harm, and decreases liability. Patients expect good communication, a responsive staff, efficiency, and consistency. These elements help to create a culture that is focused on the patient experience. **MPL**

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CONTACT
Jeff Brunken
PRESIDENT, MGIS
800-969-6447, EXT. 120
jeff.brunken@mgis.com