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Gerri Amori, PhD, DFASHRM: Hello, everyone, and welcome to *Healthcare Perspectives 360*, a podcast dedicated to exploring contemporary healthcare issues from multiple perspectives. I'm Gerri Amori, and today, I am joined by Kris McCarty, who is an occupational therapist and a physical therapist, who is an inspired and passionate advocate, David Miller, patient experience coach from Johns Hopkins Health System, and Carleigh Zahn, a practicing board-certified internist and rheumatologist. Welcome. Today, we're talking about how the relationship between patients and healthcare professionals has changed over time and what can be done to continue the evolution.

Before we begin discussing this very important topic, it's my pleasure to tell you about a comprehensive white paper that has been developed by Coverys, our parent company, that is available for a free download to anyone who listens to this podcast. The white paper details data gleaned from Coverys medical malpractice claims and offers risk management suggestions to increase your healthcare organization's patient engagement. There is a link right on the podcast landing page. We hope you'll take advantage of this resource. And now, let's begin today's discussion.

So, to set the stage, healthcare is different today than it was even 10 years ago. Compared with the historical attitude of benevolent paternalism that we associate with healthcare, the doctor-patient relationship now is often backed by team care embedded in the organizational structure of a complex healthcare system, where relationships extend well beyond doctors and their patients. You're just the tip of the iceberg now. It's not just a one-on-one anymore. The COVID-19 pandemic not only amplified existing tensions in the doctor-patient relationship but introduced new ones around therapeutic uncertainties, access disruptions, and poor, if not deadly, outcomes, particularly for the underrepresented groups who have a history of discrimination in healthcare. With that as our background, let's begin our questions.

Carleigh, public confidence in medicine, which peaked in the 1960s, which is now a long time ago, hit a new low in the 2023 Gallup Poll. Trust in doctors is still well below pre-pandemic levels. The American Board of Internal Medicine Foundation has launched an effort to increase trust between patients and the healthcare providers who care for them. What do you see and feel in your practice related to this?

Carleigh Zahn, DO: Oh, I see this in my practice every day. Especially if I'm meeting a new patient or a patient that's new to me, there can be trepidation or hesitancy already in place before we even try to form a relationship. And some of this may stem from previous bad experiences, but some of it also comes from this general skepticism that we have now that can come from so many different things—social media, news biases—all of these different ways of bombarding us with information have certainly impacted our relationship and our trust in the medical system.

Amori: This is very true. We also see in the literature that there's been a rise in disruptive behavior and incivility, not only in healthcare but lots of places in society, and it shows

up in healthcare definitely where people are scared. Kris, how has your practice and interaction with patients changed over time, in particular, in the last 5 years? Is it a good thing or a bad thing or just a reflection of society?

Kris McCarty, OTR/MPT: Great question. I do think there's some good, and there's some bad, and some in between. But I do think it is a reflection of society. I would easily say the proliferation of that need for instant information, time-sensitive requests of those we serve has really posed a strong need for change and adaptability for our teams. As was alluded to in other discussion, you're racing the clock, and sometimes that information is delivered prior to you even being able to get there. So I think the demands that we're seeing match the reflection of society, plus the concurrent challenges of the increased violence and verbal assaults and strained mental health create very tough and dynamic challenges for our teams. I think the partnership to really ease these stress points in the system becomes our greatest opportunity to assist with these challenges.

Amori: So I hear you say that where things are the worst is where we have the greatest opportunity to change and make things better. Okay, well, let's talk more about that. David, during the pandemic, virtual care emerged as a viable alternative to many types of office visits. We have heard about all kinds of feedback from people who loved it to people who saw the doctor being too lazy to see patients in person. I actually heard a patient say that one: "Doctor's just being lazy. That's why they want to do this telehealth stuff." And I'm thinking, I love the telehealth stuff. I get an appointment faster and can see her. And it was really amazing to me how people saw differently. In your experience, how has virtual care affected trust, or has it? And what feedback have you received regarding virtual care?

David Miller: Great question. I don't believe that has decreased trust. And we are here when you need care at Hopkins, on-demand, virtual care. And for the folks that have chosen that, it's worked. It's been beneficial. We've gotten positive feedback. On the other end, folks that are not going the nonvirtual route, our focus, again, is to the word we continue to use, the relationship, and what does it look like. As far as the on-demand piece, what we're hearing, and I have a quote here from a patient that says, "I can do it wherever I am, when I'm not feeling well; I love that I don't have to drive to the nearest urgent care center or wait for a long period of time to be seen." So I think it also goes back to choice. Myself, would I choose virtual care? Maybe in some instances. What's my preference, though? My preference is to have that primary care because I feel that's where the stronger relationship for me is. It really, again, boils down to that patient's choice and the avenue they want to pursue.

Amori: So, you made a really good point. It might depend on which provider you want to see and what the current issue is. Like, I can see there's some issues where just a quick talk to my doc for 5 minutes is really all I need, right, and sometimes where I really feel like I need the hands on. So, yeah, that makes a lot of sense. Carleigh, there was some research done at Stanford, that led to a 2020 *JAMA* article that delineated practices that had the potential to enhance physician presence and meaningful connection in a clinical encounter. And I love these because I like to teach communication, and they're just good

communication. I mean, these practices they advocate include: prepare with intention, listen intently, agree on what matters most, connect with the patient's story, explore emotional cues. They all just sound like good communication. I've heard physicians push back lots of times, saying, I don't have time to do that. And the question really is, how can any clinician find the time to do all this? Is this stuff to do on top of providing care? Or is it a style in which you do with what you have to do? What are your thoughts?

Zahn: I disagree that it's stuff on top of providing care. I think it is providing care. You can call it a style or a practice, but for me, it's the keystone in treating the patient as a whole. We're moving towards a patient whole-body approach, not just a disease. So, preparing with intention, listening intently. Those are all parts of treating the patient as a whole. I actually have a question I ask every new patient I meet, and I ask them, what do you think is important for me to know in order to take the best care of you?

Amori: Wow.

Zahn: For me, that gets them engaged, that gives me their story, and it helps us agree on what's most important. And that's all of 2 seconds for me to ask that. So, it's not extra stuff. It just is the way we should be caring.

Amori: Thank you. That was great. Thanks. I want to be your patient, Carleigh. I just decided that. Although I love my doctor; I'm not saying I don't. David, our healthcare world is always moving and changing, right? What do you see are the opportunities to enhance patient engagement that are on the horizon?

Miller: You know, I believe it's a combination of things, right? Patient education, shared decision-making, encouraging patients to take greater initiative to learn and ownership in their care. It's obviously monitoring patient experiences and keeping information simple, responding to that. But we have to look at, like we've said, the complete journey, as well. What is their access to the care? And what does it look like from the minute they make the call or step out of a transportation in a garage, to entering the hospital, and then navigating the hospital? What does their welcome look like? And what's the communication throughout all of the care? But most of all, it is that relationship between the provider and the patient that has to be there. It's got to be positive communication, trust, compassion, and service. And again, truly getting to know the patient better and involving them in their care plan, that's the key, I think. And there are opportunities out there, and I believe we're on the right path in implementing them.

Amori: Okay. Kris, you know, let's face it, some organizations are simply tired. And that exhaustion, it's easy to slip into expeditious medicine, you know, the easiest approach. Given the importance of patient engagement, what can organizations do to move their tired culture towards a patient-centered model to improve engagement? Is it value-based care focus, or can we take dollar signs out of the equation?

McCarty: I would agree organizations are tired. I personally don't believe expeditious or easy medicine and good medicine have to be mutually exclusive. But I do think it is very

important for organizations to make it a priority to help teach their teams how to talk and how to do it right. Most of us didn't go through our clinical practice and learn a lot of these tools, we don't come out of school, and a lot of it we learn on the job by modeling after good examples. It is important to make it a priority to help instruct and show what "good" looks like for our teams to be successful.

Amori: So, panelists, as we wrap up this discussion on the clinician-patient relationship, what is the one thing you would like our listeners to take away for today? Carleigh, I'd like to start with you.

Zahn: I think in today's ever-changing medical field, we sometimes forget what an honor it is to share these vulnerable moments with our patients. And I acknowledge it's a very vulnerable thing to do. We're asking patients to share their challenges, their fears. And so taking that 2 seconds, 2 minutes, even, to connect with them and feel and explore those challenges is a very honorable thing. And maybe we just need a reminder of that some days.

Amori: All right. Thank you. That's a beautiful thought. I like that thought. David, what is your thought?

Miller: So, whether virtual or in person, it's the human experience. It's the connection a provider and a patient have that translates into that positive patient experience. It's looking at that complete journey, like we said, from the lens of the patient, in how we can improve. And although timing can be considered a constraint in truly to get to know the patient, that's what lends to progress in safety and service.

Amori: Thank you. And Kris.

McCarty: They say in healthcare, you can't pour from an empty bucket. So, it's reinvigorating, and I think always connecting those stories back to our personal why. Why did we start in this journey in healthcare in the first place? And we all have those poignant stories that help us go back to, yeah, this is why. And I think it's important to keep bringing that back, to reinvigorate the teams that we're supporting, which, ultimately, then support the patients in a much better, healthier state.

Amori: Wow. What I'm picking up from all 3 of you is that no matter how technically advanced we become, healthcare is care, and it needs to begin by caring about humans. I'd like to thank you for your wonderful words of wisdom today, all three of our panelists, and I'd like to thank our audience for joining us today. And we will see you next time in *Perspectives 360*.

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