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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'm joined by Kris McCarty, OTR/MPT, inspired and passionate advocate, David Miller, patient experience coach from Johns Hopkins Health System, and Carleigh Zahn, practicing board-certified internist and rheumatologist. Today, we're talking about what the engaged patient looks like and how to set the stage for success as a healthcare clinician or as a patient.

But 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, Kris, I'd like to begin with you today if I can. With the proliferation of online health information supported by AI and lots of resources, some of which are accurate and some of which we know are inaccurate, patients now feel empowered to take a very active role in their own care as a completely equal partnership with their healthcare providers. They have as much information at their fingertips as they believe their provider does. The digital era also enables patients to have infinite health information at their fingertips and more options for accessing care.

So, given the vast number of ideas about health and treatment this makes accessible to patients, including, you know, 'ask your doctor for this drug,' and, you know, 'you can take youth-forever medicines' and all this on the internet, how has this changed interactions with patients, from your experience?

Kris McCarty, OTR/MPT: Great question. For the reasons you've stated with the accurate and inaccurate information, I think it's never been more important for the providers to really navigate through that information with the patients that they're working with and ensure accurate understanding and knowledge. Again, that open-ended exchange, questions, and the need for teach-back become really, really powerful tools in working through those patient care scenarios.

Amori: I know that this is a strong one because, I mean, I can tell you about one of my family members who was giving me this crazy reason why she didn't want a particular procedure done that was like...it was clearly off-the-internet nuts, but I couldn't convince her otherwise. And I thought, wow, if I can't convince her otherwise, this is powerful stuff, right? Yeah.

David, I'd like to ask you a question now. Trust has been identified as core to patient engagement. Logically, our personal level of trust and distrust will affect our willingness

to engage with health in the healthcare system. And sometimes we feel trusting, and sometimes we don't, right? This makes getting patients to trust your organization key to engagement. How do you do it? How do you get patients to trust your organization?

David Miller: It really is, it boils down to the relationship. It's about communication, respect, compassion, honesty, transparency, it's our caring. Patients and families have high expectations, and connecting and partnering with them about a clear plan and meeting those expectations results in positive outcomes.

There's great value in truly getting to know the patient. And while some may feel that it takes too much time or it's too much work in doing so, in the long run, we all know that it saves time, and it creates a better path and a better relationship. The slowing down to speed up piece. I think the theme through all of this really is, how do we connect with patients? How do providers and patients find that common ground, and that connection, and good communication?

Amori: You just said something that really triggered me on something. You said the slow down to speed up piece. I'm a piano player, and my piano teacher will often say, play fast slower. And it's the concept of by moving at a slower pace, we actually can enhance and really feel like we're going faster.

So maybe there's a little bit of that in our interactions with patients. We feel like we have to go at warp speed, but maybe it's not warp speed after all. That was a good point. Thank you.

Carleigh, the Cures Act and Open Notes—which maybe some of our listeners don't know, the nonmedical people—the Cures Act means that my information gets in my chart on my portal before my doctor maybe sometimes sees it. I may see my test results before she does. And Open Notes, I see all the notes that's been written. They've had both positive and negative effects upon patient engagement. I know people that have found out about their cancer before their doctor had a chance to even call them.

So, what is important for both clinicians and patients to know about what they see in the patient portal?

Carleigh Zahn, DO: Oh, the Cures Act, it certainly stirred up the medical community when it first came out. From an Open Notes standpoint, I think we have to remember that notes were, when they were first created, communication in the medical community. They were never meant for patients. And that can be tricky sometimes for patients to understand. They're full of medical jargon and medicalese. And, as a provider, sometimes I don't think twice about that.

Take, for example, the word grossly. In everyday conversation, grossly is eww and yuck. But when I put in a note that something's grossly normal, for me, it's without apparent abnormalities, I'm not worried about it. So sometimes I think, from the provider

standpoint, Open Notes can be daunting to patients, and we don't realize it because of our verbiage, because of our terms.

Amori: Well, something's...and this is still for you, Carleigh...some clinicians use the strategy of routinely putting a statement at the end of their note that says, if you don't get it, if this seems wrong to you, please give me feedback if I didn't get the story right. Do you think that's a good idea or way to manage it, or is that just asking for trouble?

Zahn: I don't think it's a bad idea, but I don't necessarily think it's a must do. If you have good, open communication with your patient or your provider, and it's going back and forth, having that statement shouldn't make a difference. I can guarantee I have patients who read my notes and let me know if I misheard something or misunderstood something. And I can guarantee that there are patients who will never read their note, don't care because they care about what happens face-to-face when we're talking, and the mediacese in the note doesn't matter to them.

So, is it a must do? No, I think more important is you and that patient, you and that provider have that communication in the office during your visit.

Amori: Interesting. You know, once when I was working in the hospital as a risk manager, I had a patient call very, very upset because she had had a miscarriage, and the physician had written spontaneous abortion. And she was very angry because she was Catholic and did not have an abortion, and she did not want that in her note. That was only one of many incidences, but that was the one where the patient was incredibly upset. Because, you know, her soul was on the line, basically, in her mind. So, I can see how this gets tricky. This gets tricky. It really does.

Zahn: Very much. And I think from the provider side, that's something we can be more cognizant of, things like morbid obesity, noncompliance, spontaneous abortion. In the medical world, sure, they have something that is a factual jargon statement. But in the everyday world, there's such a stigma and a bias attached to them that we, as providers, can take a minute and step outside in this Open Notes, Cures Act era and realize that this documentation goes beyond just us in the medical community now.

Amori: Yeah, it does. It really does. Thank you.

So, David, let's face it. Healthcare is big business now. Gone are the days of Marcus Welby and Dr. Kildare, and I bet our younger listeners don't even know who they are. So, is it even possible for organizations to tailor healthcare services to my individual needs and preferences and values? Or, is it possible that we have entered a new era of healthcare in which patients should just forget about it being personal, it's big business now, you know, sort of the old-fashioned idea of, you know, the CAT scan is just a machine we run over you, right? What do you think? What are your thoughts?

Miller: This is really a great question, and it's something that I actually feel very passionate about. I don't believe that we should forget about that personal relationship,

and that we can still truly connect with patients. Knowing patients and family members as people, each unique, is vital. It's getting to know their preferences, beliefs, values, their cultural, financial, religious beliefs. Building all of that positively impacts the care and the services provided. And this relationship can not only positively impact the patient experience but translates in how the patient views their entire journey.

Amori: Okay. That's good. So, Kris, the pandemic truly opened a Pandora's box of both rapidly changing and conflicting information from which patients had to choose what to place their values on, right? And this has spilled over into our post-pandemic world. So, we're already still talking about building relationships, having to keep it there, recognizing patients see the information. Patients have many differing beliefs about what they heard during that time, as well as what is true.

Now, so they're seeing their notes right away. They're seeing their test results right away. We're having to still try to build a relationship with them. They have all these different beliefs. How in the world can clinicians and organizations convey respect and engender trust even when the goals of care might be mismatched? How do we treat others who truly believe information that is out of sync with our most recent literature-based information? What do we do?

McCarty: I appreciate that question. And I echo that which David just shared in that, that infinite responsibility to develop a relationship with the patients that we serve, you know, as we look to our vital and effective communication, you know, active listening, empathy, giving clear explanations, the respect for autonomy and diverse views, shared decision-making has never been more important. And it allows, as you build that relationship, you have that trust bank, and there's give and take that is allowed to make deposits and make withdrawals.

And the better that relationship is, the more effective that dialogue is with the patients and the families that we serve. And it allows a respectful, informed consent for us as providers to keenly listen and not just listen, but to hear what the patients that we are serving are telling us.

Amori: I like that distinction between listen and actually hear. Truly let it come into us, let us feel it.

Carleigh, at a 2021 study at David's place there, Johns Hopkins, explored engagement for patients with multiple chronic conditions. And the study recommended a shift to a whole-person view rather than a disease orientation. So, this implies a systems kind of organic view, right? That the whole system look at a human organically moving to goal-based care rather than body system focus. It may take more than a minute.

How can you engage with the patient to discover the goals while productivity metrics are looming, and they're pressuring us for expeditious care? How do you do this?

Zahn: Oh, I think this highlights a challenge for many medical professionals nowadays. Most of us didn't get into medicine to meet the metrics and keep the lights on. We got in there to care for the patient. So, it's a huge challenge. We know we can't ignore the patient in favor of metrics. But if I'm being honest, whether we like it or not, metrics is here to stay, at least for now.

So, from a technical documentation standpoint, there are ways of streamlining your work in the EMR to allow more time with the patient. And then I think, more applicably, from the practical side, little things go a long way. Make the eye contact with the patient. Ask those open-ended questions. Acknowledge their emotional cues. Engaging with the patient, even for a couple minutes in the beginning, will help make that appointment go smoother and make that relationship stronger, despite whatever metrics you may still have to meet.

Amori: Okay. I heard you say very clearly there are ways to do this, so I'm game to learn more about that. That's great.

And here, we've come to the end of today's conversation, and I'm going to ask our usual ending question so that you have a chance to kind of put all your thoughts in one place here. I'd like to ask you each to comment on the one thing that you'd like our listeners to take away today. If they remember nothing else about today's communication, what would that one thing you want them to take away be? And I would like to start this one with you, David, if you would.

Miller: Certainly. As patient or family member, your voice, your relationship with healthcare provider is based on communication, trust, and service. So, ask questions, get involved, make your needs clear, and your expectations. Your voice is not only going to improve your personal journey but the experience of others.

Amori: Oh, that's good. Thank you. Kris?

McCarty: It boils down to that ever-present question, what's in it for me? And as providers, if we can find that one thing, build that one bridge and then build off of that with personalized plans and clear information and that shared decision-making, it becomes a win-win.

Amori: Okay. Carleigh.

Zahn: For me, my one thing echoes kind of David and Kris in that, to my medical community peers, letting the patient know you're invested, too, can go such a long way. Letting them know their goals are valid, and you're trying to meet them in the middle will only make that relationship stronger.

Amori: Excellent, excellent. So again, what I hear this group saying is: patients, make sure that you communicate your values. And providers, be sure that you listen to those values and communicate your own with them. That's great.

Well, this has been a really great conversation. So, I'd like to thank our panelists and our listeners for being here today and participating.

I hope our discussion has provided you with some new insights. And thank you again for joining us. I look forward to seeing you again in our next *Perspectives 360*.

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