



ASSOCIATION FOR HOSPITAL MEDICAL EDUCATION

AHME Institute 2018 Session:
**“Leveraging Resources for Multiple
Purposes in QI, Scholarly Activity,
ACCME/ACGME Criteria and Board
Requirements”**

Panel Case Study Presentations

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Format

- Present 4 unique case studies of leveraging resources within their institutions
- Compare and contrast the differences and the generalizability of the case studies
- Q & A session for 10 min with panel

“Leveraging Resources for Multiple Purposes in QI, Scholarly Activity, ACCME/ACGME Criteria and Board Requirements”

1. What was your project’s problem/aim and incentives?
2. Describe the design/methods of your intervention?
3. How did you define and measure success?
4. What resources did you utilize for sustainability/integration of your project ?

QI: Improving Physician-Patient Communications

A Quality Improvement CME activity for use in departmental Grand Rounds, with MOC award

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Project Aims & Incentives

Needs Assessment

During four quarters in 2014, Our HCAHPS survey showed that patients' rating of three communication-related parameters were significantly below the database cohort means, ranking Winthrop at or near the 4th quartile.

- H3C-Courtesy/respect of doctors 86.5%
- H3O-Doctors listening carefully to patients 78.5%
- H3J-Clear communication by doctors 75.8%
- **Our immediate goal was to improve to the level of our Top Box peer average scores**

measure	baseline date	baseline measure	targeted metric (= HSTM DB Top Box)	target change in baseline
H3C-Courtesy/respect of doctors;	12/31/2014	86.50%	88.10%	1.85%
H3O-Doctors listening carefully to patients;	12/31/2014	78.50%	81.20%	3.44%
H3J-Clear communication by doctors	12/31/2014	75.80%	78.00%	2.90%

Design/Methods Overview

- Reach: Activity was presented 15 departmental grand rounds during the academic year 2016-17.
- Format: One hour, three activity components
 1. Self-Assessment pre-surveys before each case
 2. Simulated case video triad
 3. Self-assessment with MOC II credit

Design/Methods Overview

Learning Objectives: *After participating in this activity, the participant will be able to:*

○ **CASE 1: Demonstrate 3-4 important aspects of a successful initial patient encounter**

○ **Establishing Empathy**

- Introduce yourself and explaining your role in their care
- Establishing and maintaining eye contact
- Appearing unrushed by taking time to converse
- Speaking in non-medical jargon
- Offering the opportunity to ask questions without interruption
- Explaining next steps in the plan of care



○ **CASE 2: Identify three principles used in effective provider-provider communication**

- **Confirming** that our colleagues have heard/understood our message
- **Speaking** in a respectful manner and tone
- **Ensuring** that we are providing timely and accurate feedback to our colleagues



○ **CASE 3: List three essential elements in closing a successful patient encounter**

- Explaining the diagnosis (in lay terms if needed)
- Answering all questions with respect to new medications and follow-up care
- Teach-back: Asking the patient to summarize the information provided to ensure understanding of expectations



Design/Methods: Pre-Survey

- Moderated Pre-Survey before each case video:
 - Survey of Practice self-assessment questions
 - How often do you employ **specific communication behaviors** (that appear in the case)
 - Uses a Likert Scale that matches HCAHPS:
Always-Usually-Sometimes-Occasionally-Never

Design/Methods: Video Cases

- Three Video Cases
 - Developed using a **validated framework of patient communication behaviors** from American Academy of Orthopedic Surgeons(AAOS)
 - Show communication tactics used **with patients, family members and clinical consults.**
 - **Portray only recommended practices**, did NOT include “what not to do” due to time constraints.
 - **Three distinct service settings portrayed** to suggest generalizability of comm. skills:
 - **Pediatric Inpatient observation** (11 minutes)
 - **Cardiology Inpatient with primary to specialist Dx consult** (7 min)
 - **Surgical recovery, instruction and post-discharge aftercare** “Teachback” (12 minutes)

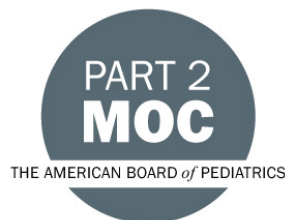
Design/Methods: Post-Test

- **Self-Assessment on Practice Skills** and Patient Health Literacy management
- Choose to complete this survey **on a mobile device or on paper**
- **MOC 2 (Pediatrics) or MOC II (Internal Medicine) awarded**

Measures of Success

- Our organization saw an average of **1.02%** improvement in HCAHPS communication scores over **31 months**.
 - Baseline date: **12/31/2014**
 - Post-intervention date: **7/31/2017**

measure	baseline measure	targeted metric	target change in baseline	post-intervention measure	actual change as %
H3C-Courtesy/respect of doctors;	86.50%	88.10%	1.85%	86.90%	0.46%
H3O-Doctors listening carefully to patients;	78.50%	81.20%	3.44%	79.60%	1.40%
H3J-Clear communication by doctors	75.80%	78.00%	2.90%	76.70%	1.19%



Activities	Board	MOC Points	MD's earning
2. QI: Improving Physician-Patient Communications: Grand Rounds Module		10	
• QI PPC-Advances in Medicine	ABIM	1	14
• QI PPC-Pulmonary	ABIM	1	5
• QI PPC-Onc/Hem	ABIM	1	2
• QI PPC-Geriatric	ABIM	1	3
• QI PPC-Renal	ABIM	1	4
• QI PPC-Cardiology	ABIM	1	3
• QI PPC-GI	ABIM	1	6
• QI PPC-Family Med	ABIM	1	5
• QI PPC-PEDS	ABP	1	11
	Total	21	52

Improving Physician-Patient Communications: *Participants as of March 1, 2017*

Date of Session	Group	number attended	physicians	allied providers	number polled	paper poll	E-Poll	number claiming MOC	number claiming CME
TOTAL	(15 sessions)	343	268	74	198	177	21	50	300
8/2/2016	Urology	15	5	10	10	3	7		15
9/9/2016	Orthopaedics	18	14	4	14	0	14		18
12/2/2016	Neurology	12	8	4	7	7	0		12
12/15/2016	PA/NP GR	24	-	24	18	18	0		24
1/25/2017	Rheum/Allergy	12	12	-	11	11	--		12
2/8/2017	Medicine	80	79	1	26	26	--	14	80
2/10/2017	ObGyn	36	32	4	9	9	--		36
2/15/2017	Pulmonary	9	8	1	7	7	--	5	9
2/22/2017	Family Med	9	8	1	2	2	--	5	9
2/28/2017	Onc-Hem	12	10	2	6	6	--	6	12
3/1/2017	Geriatrics	9	7	2	7	7	--	4	9
3/16/2017	Renal	9	7	2	5	5	--	4	9
4/11/2017	Cardiology	15	12	3	7	7	--	3	
4/27/2017	Gastroenterology	8	6	2	6	6	--	6	8
5/2/2017	Pediatrics	75	60	15	63	63	--	3	47

Leveraging Your Resources

Resources leveraged:

- QI/Patient Experience Officers for measurement
- Simulation Center for Case video development
- CME Office for MOC development
- Roll-out within existing Grand Rounds calendar

Take home points

- **Choose 1 year or shorter project cycles**
 - 3 years is too long to control for confounding factors, such as leadership change)
- **Choose a stable metric:**
 - Change in EHR, change in HCAHPS vendor, change in population size (faculty growth) are all confounders
- **Stakeholders/Infrastructure Sustainability**
 - Where should the project live for on-demand access?

Questions?

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