Effective Communication Strategies for Strengthening Patient-Clinician Relationships in Safety Net Settings

August 29, 2017

Webinar Reminders

1. Everyone is muted.
   - Press *7 to **unmute** and *6 to **mute** yourself.

2. Remember to chat in questions!

3. Webinar is being recorded and will be posted and sent out via email

Today's Focus

11:00 – 11:05 AM	Introduction to Webinar and Faculty
11:05 – 11:35 AM	• Overview of Webinar Objectives & FAQs • Eliciting Patient Narratives, Vulnerabilities & Resilience
11:35 – 11:45 AM	• Overview of Health Communication Literature • Skills Covered in Sept. 7 Workshop
11:45 – 11:55 AM	FAQ Session
11:55-12:00 PM	Closing

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Today's Presenters

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Director, Health Communications Research Program
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Professional Staff
Education Institute
Cleveland Clinic

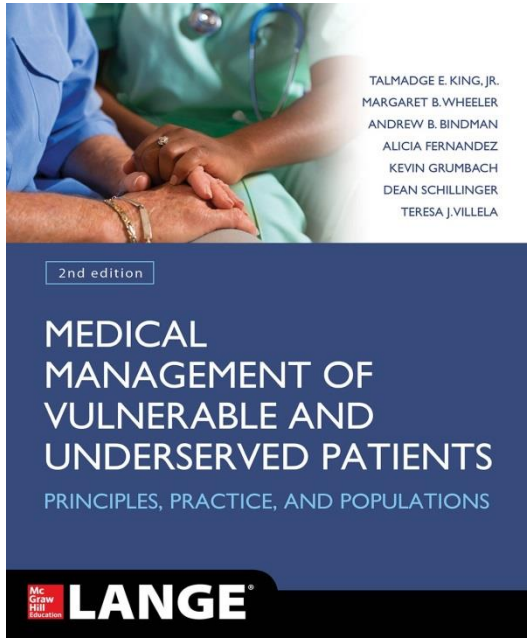
Webinar Objectives

1. Recognize the importance of eliciting the patient's narrative, assessing for vulnerabilities and identifying points of resilience
2. Identify clinical benefits of identifying vulnerabilities and resilience through case study
3. Understand the impact therapeutic relationships have on patient outcomes and clinician burn out
4. Address frequently asked questions when developing therapeutic relationships

General Training Objectives

1. Learn and practice eliciting the patient's narrative while at the same time, attending to their patient's medical concerns
2. Identify and ask open ended questions about common vulnerabilities and resilience points in their patients Practice reflective and active listening through role play
3. Communicate the linkage between physical health outcomes and social determinants to their patients
4. Identify and problem solve with their peers around challenges in developing strong therapeutic relationships with their patients
5. Practice using empathic statements under time pressure in visits with your patients

Disclosures



Some of the content of this talk come from a textbook of the care of vulnerable patients that I am a co-author of (Schillinger)

Vulnerable Populations Defined

Vulnerable Populations are subgroups of the larger population that, *because of social, economic, political, structural and historical forces*, are exposed to "greater risk of risks", and are thereby at a disadvantage with respect to their health and health care.

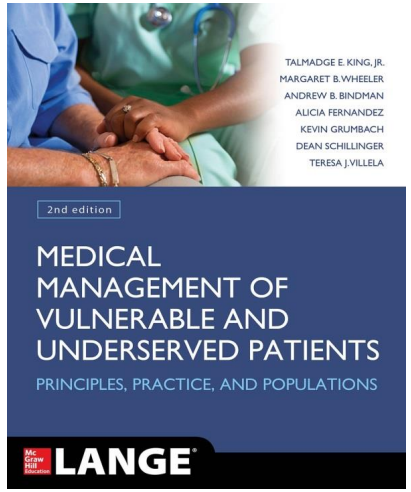
Exemplar Case

- Ms J is a 57 yo English-speaking Latina, mother of 5, with 3 grandchildren, with HTN, depression, DJD and IDDM with A1c of 8.6%. She presents for the first time after having been hospitalized for 3 days for hypoglycemia. The inpatient service was unable to identify a trigger for the hypoglycemia.

- Question for you is WHY?

Common Social Vulnerabilities

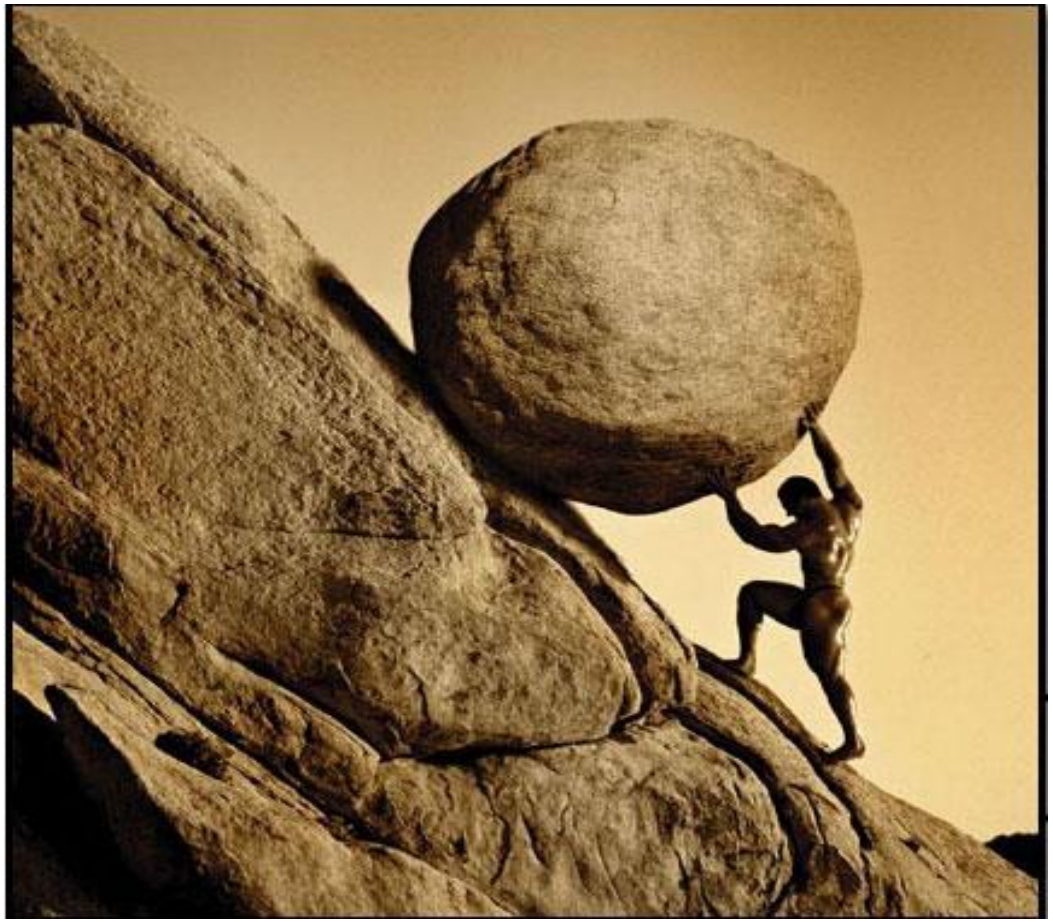
V iolence and trauma
U ninsured
L iteracy and Language
N eglect
E conomic hardship/food insecurity
R ace/ethnic discordance, discrimination
A ddiction
B rain disorders, e.g. depression, dementia
I mmigrant
L egal status
I solation/Informal caregiving burden
T ransportation problems
I llness Model
E yes and Ears
S helter



What are We Up Against?
Reversing The Inverse Care Law

“Access to and quality of healthcare is inversely proportional to the needs of the population”

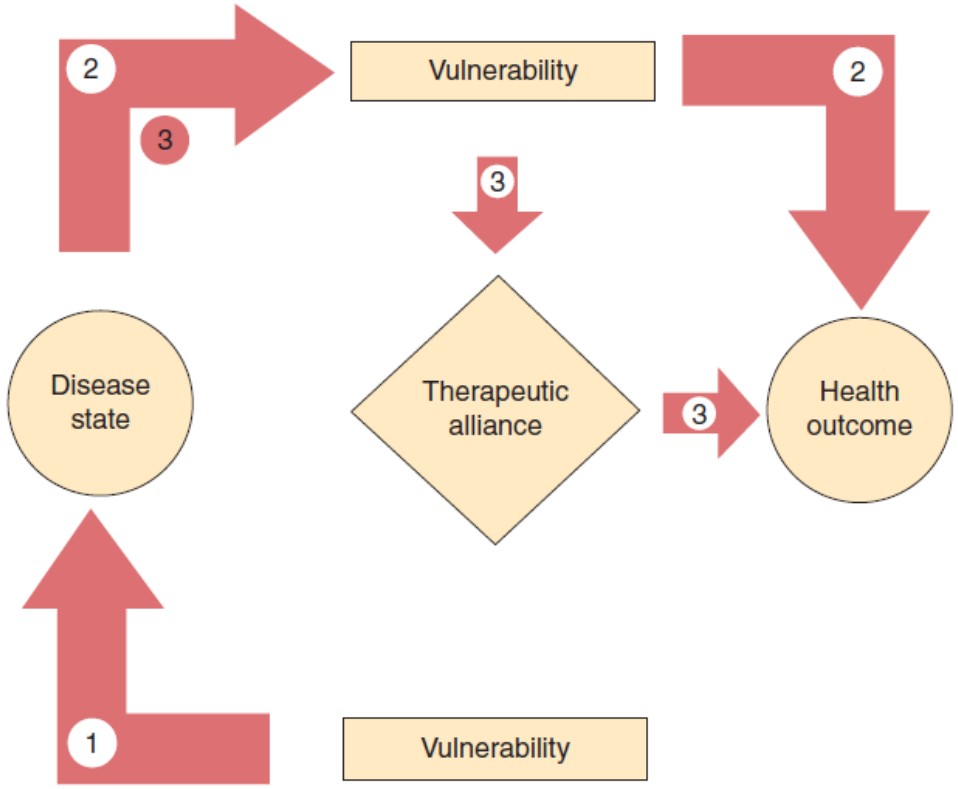
- Tudor-Hart, 1971



“Somebody has to do something, and it's just incredibly pathetic that it has to be us.”

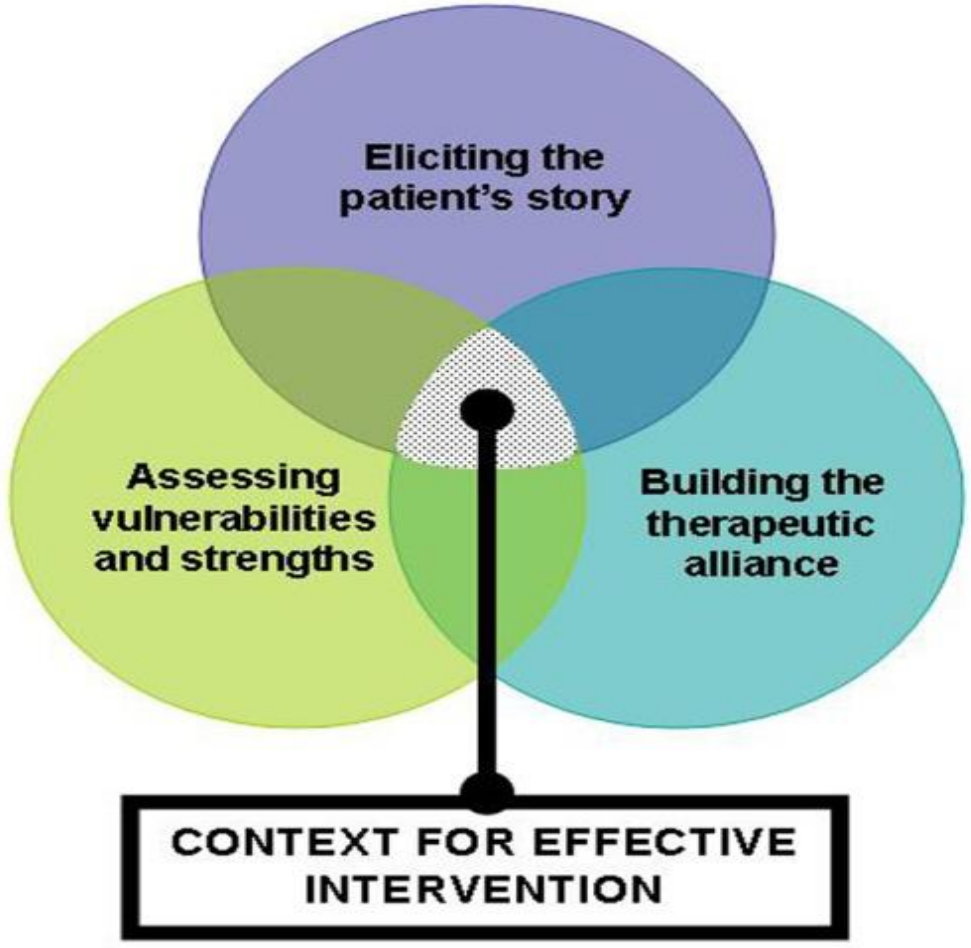
Jerry Garcia

3 Mechanisms By Which Social Vulnerabilities Affect Healthcare Outcomes



Schillinger et al 2017. McGraw-Hill

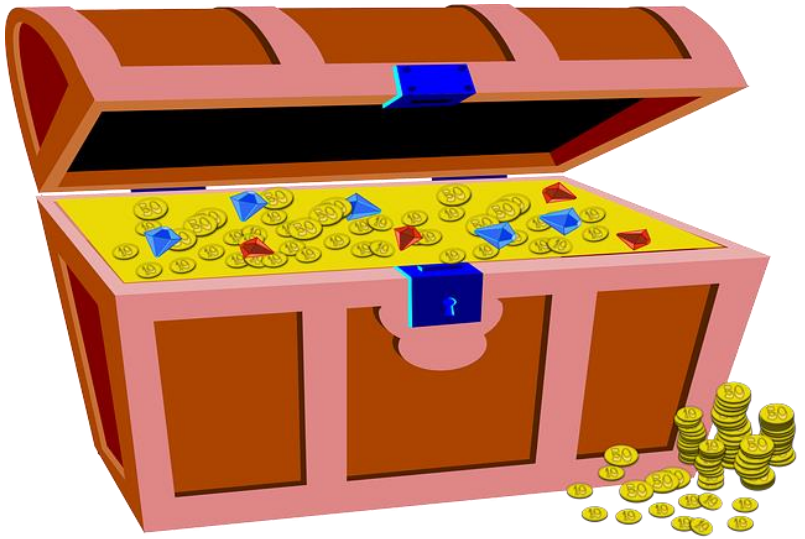
Finding the Sweet Spot for Effective Intervention with Vulnerable Patients



This approach uniformly allows a clinician to navigate the social distance and create the human connection that underlies therapeutic relationships

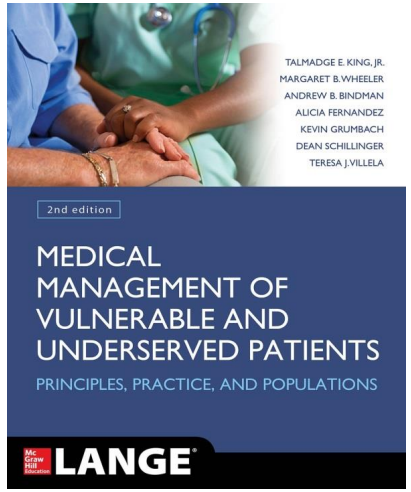
Schillinger et al 2017. McGraw-Hill

Eliciting the Patient's Story:
Reveals Hidden Treasures that Humanize



Finding Resilience

R eligion
E xpertise/Employment
S ocial support & Network
I ntimates
L aughter
I nstitutions
E nergy & Enthusiasm
N avigate Life's Difficulties
C ultural Assets
E ntertainment/Enjoyment



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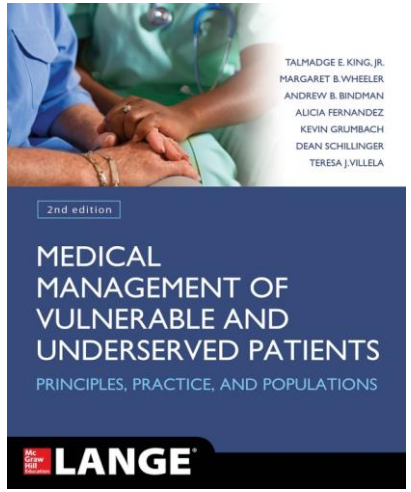
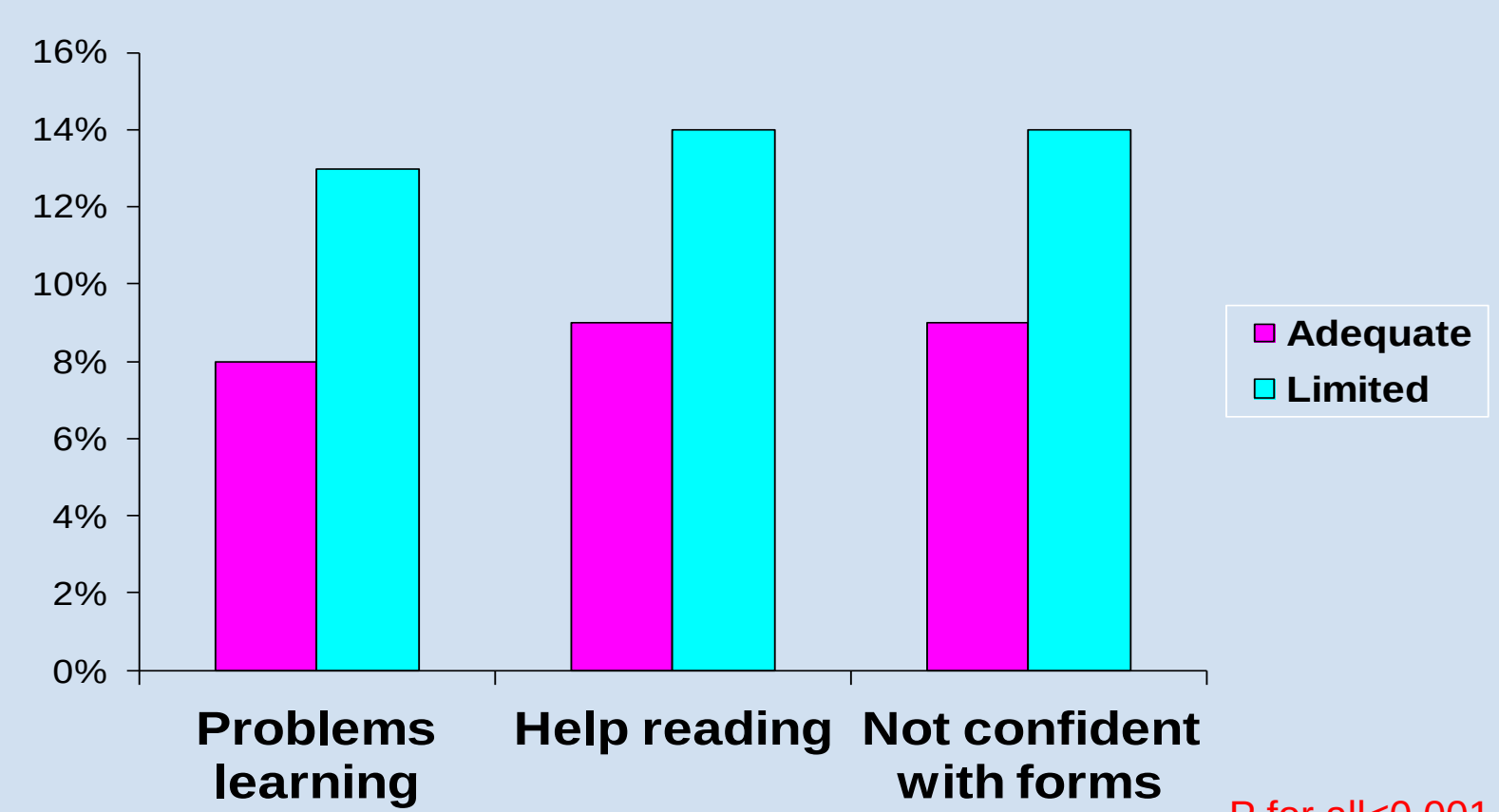


What is Health Literacy?

- “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make [informed] health decisions.”
- 3 domains: oral (speaking, listening); written (reading, writing); numerical (quantitative)
- ?Web? Patient portals?
- Capacity/Preparedness ←→ Demand Mismatch

Schillinger Am J Bioethics 2007

Limited Health Literacy Patients Experience More Serious Hypoglycemia/year N>14,000



Sarkar, Adler, Schillinger, JGIM 2010

Exemplar Case:
Clearly this was Limited Health Literacy, right?

Ms J is a 57 yo English-speaking Latina, mother of 5, with 3 grandchildren, with HTN, depression, DJD and IDDM with A1c of 8.6%. She presents to you for the first time after having been hospitalized for 3 days for hypoglycemia. The inpatient service was unable to identify a trigger for the hypoglycemia.

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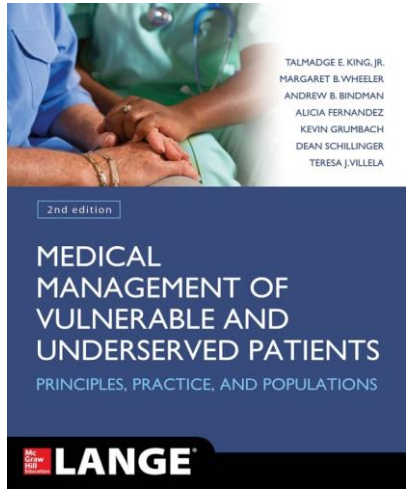
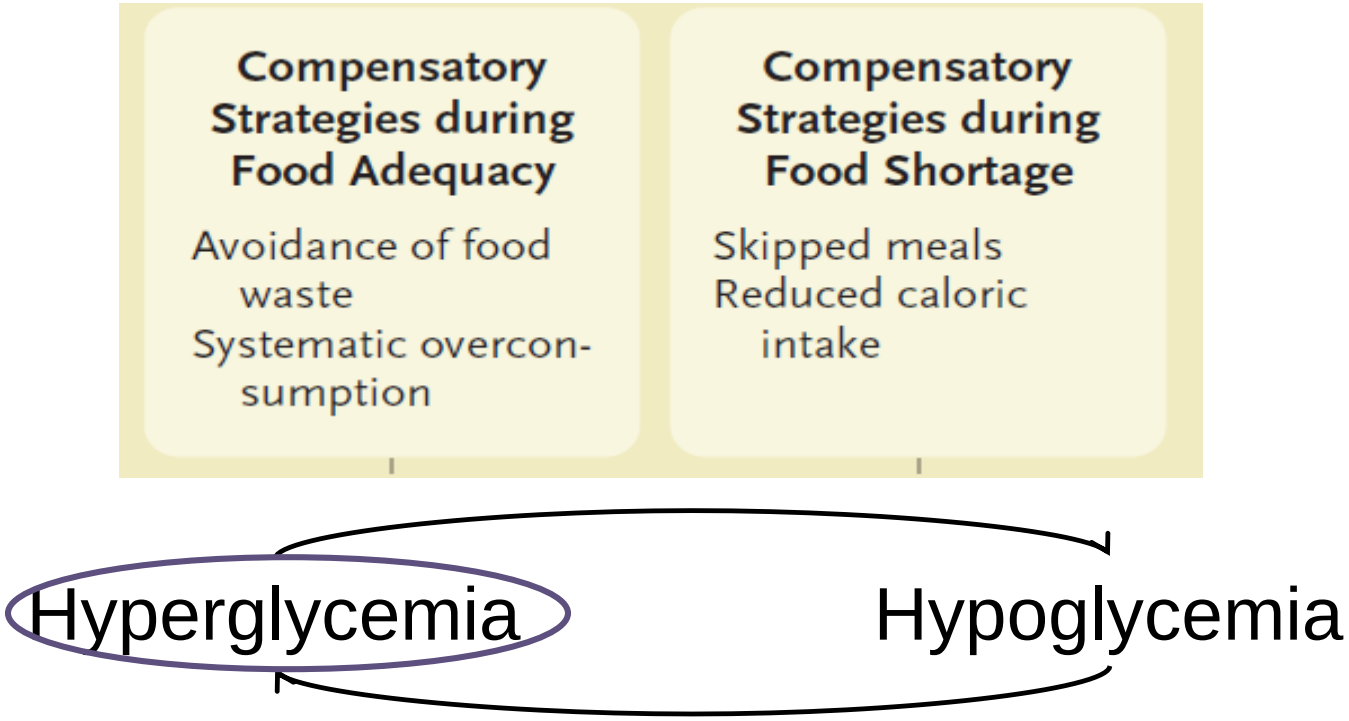


Food Insecurity

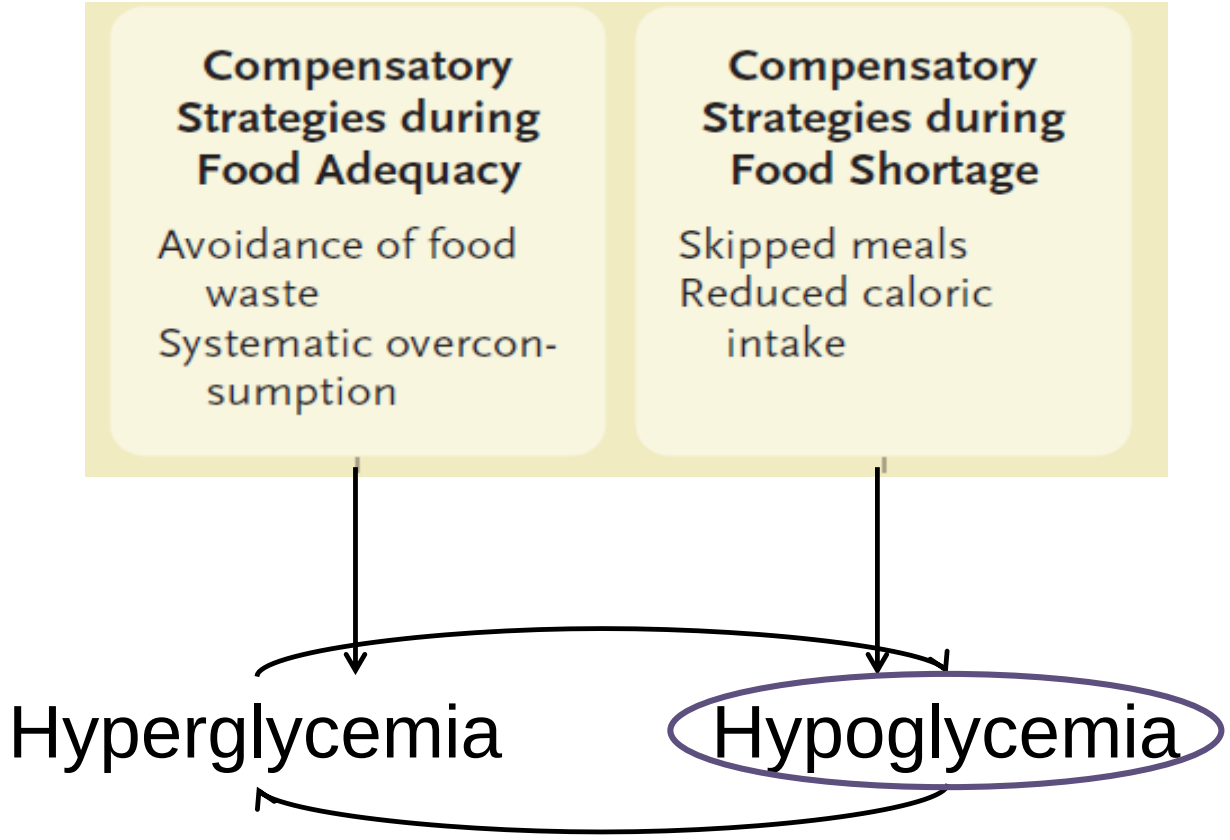
- The limited or uncertain
  - availability of nutritionally adequate and safe foods or
  - ability to acquire acceptable foods in socially acceptable ways

Cycles of Food Adequacy & Inadequacy Wreak Havoc



Seligman HK, Schillinger D. N Engl J Med 2010;363:6-9.

Cycles of Food Adequacy & Inadequacy Wreak Havoc



Seligman HK, Schillinger D. N Engl J Med 2010;363:6-9.

Exemplar Case: Clearly this was Food Insecurity, right?

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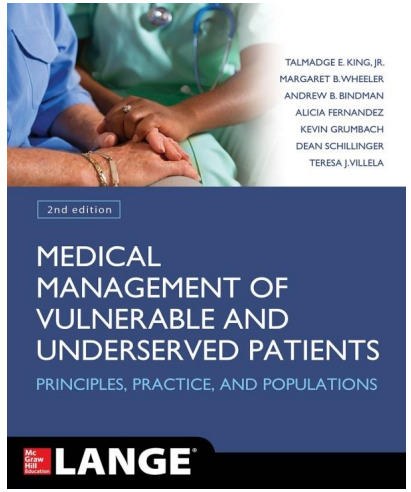


What is intimate partner violence (IPV)?

PATTERN of abusive behaviors

- including physical, sexual, verbal, emotional, economic, and/or psychological abuse
- Includes interfering with medical care
- used by adults or adolescents
- against current or former intimate partners, and sometimes against other family members
- in ANY intimate relationship: LGBTQ/straight/all gender identities

Exemplar Case: Clearly this was Intimate Partner Violence, right?

Ms J is a 57 yo English-speaking Latina, mother of 5, with 3 grandchildren, with HTN, depression, DJD and IDDM with A1c of 8.6%. She presents to you for the first time after having been hospitalized for 3 days for hypoglycemia. The inpatient service was unable to identify a trigger for the hypoglycemia.

A (Very) Brief History of History-Taking

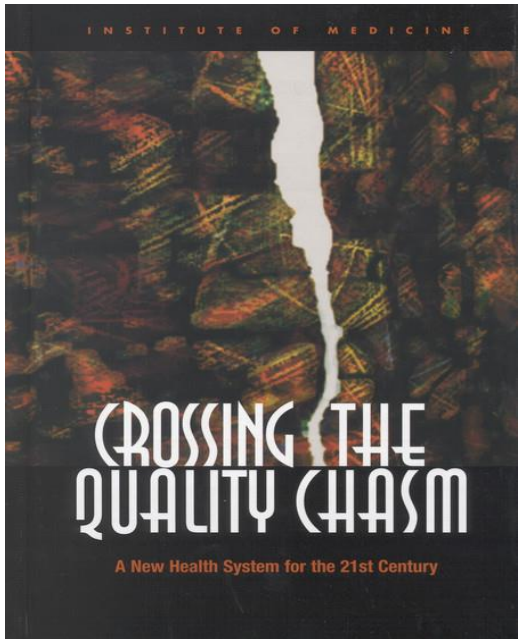
1816

1939

2017

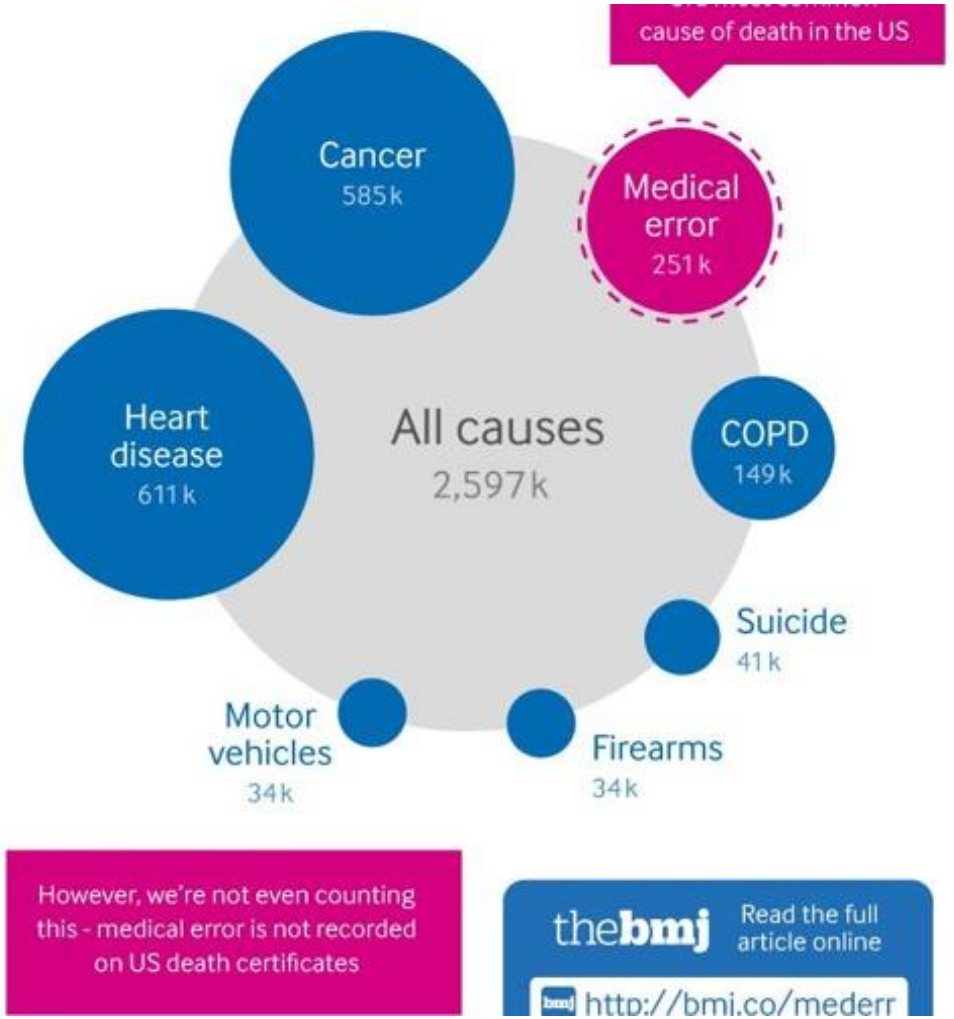
What's wrong with this picture?

In 2017, is “Very Good Care” good enough?



The IOM asserted in this highly cited monograph that patient/ relationship- centered care was one of six domains that define quality. The others are: safety, effectiveness, timeliness, efficiency, and equity.

Breaking News: Medical Error 3rd Leading Cause of Death in the US

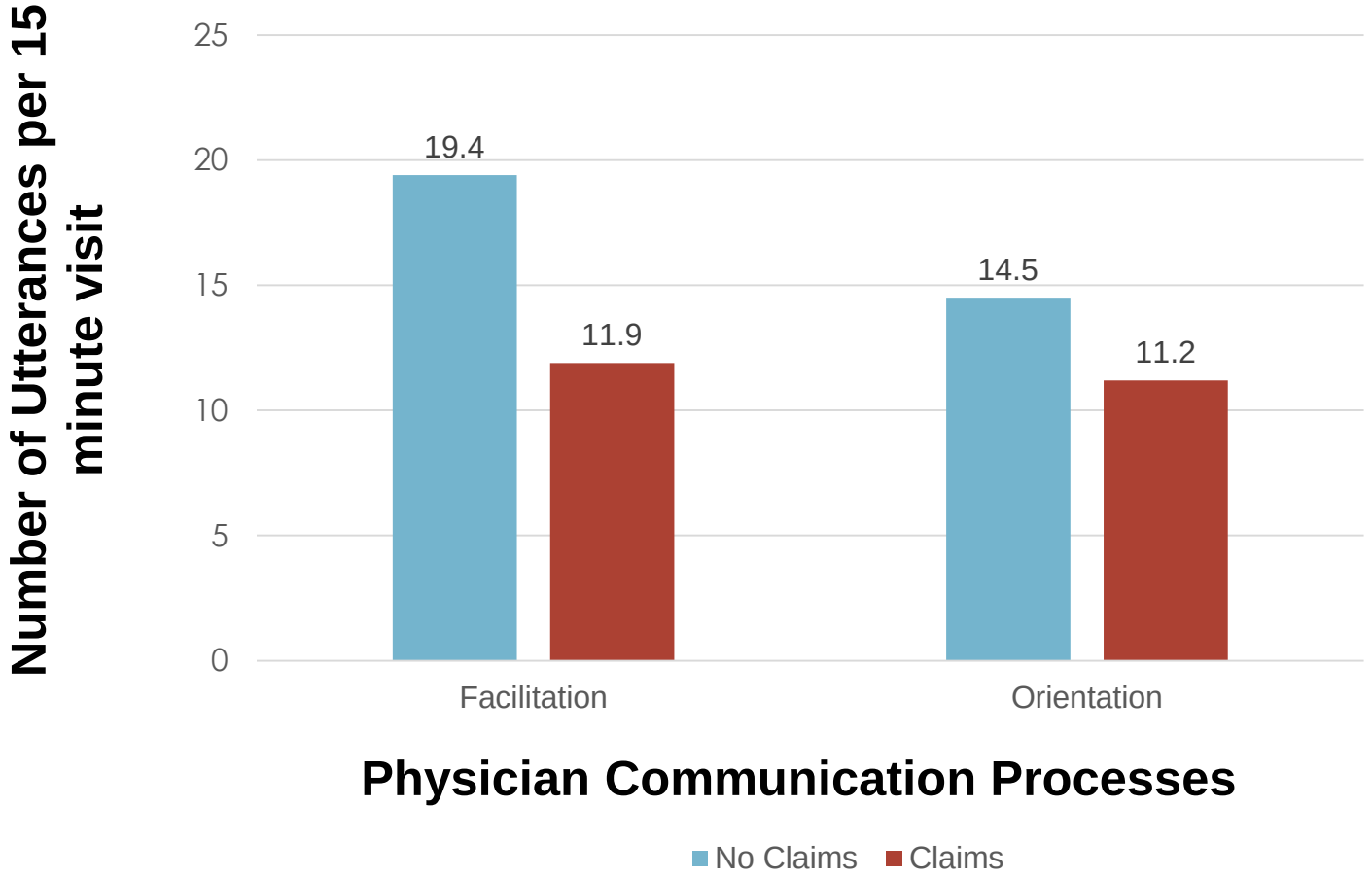


Why Are Relationships Important to Quality, Safety and Effectiveness?

The IOM documented vulnerable gaps in care

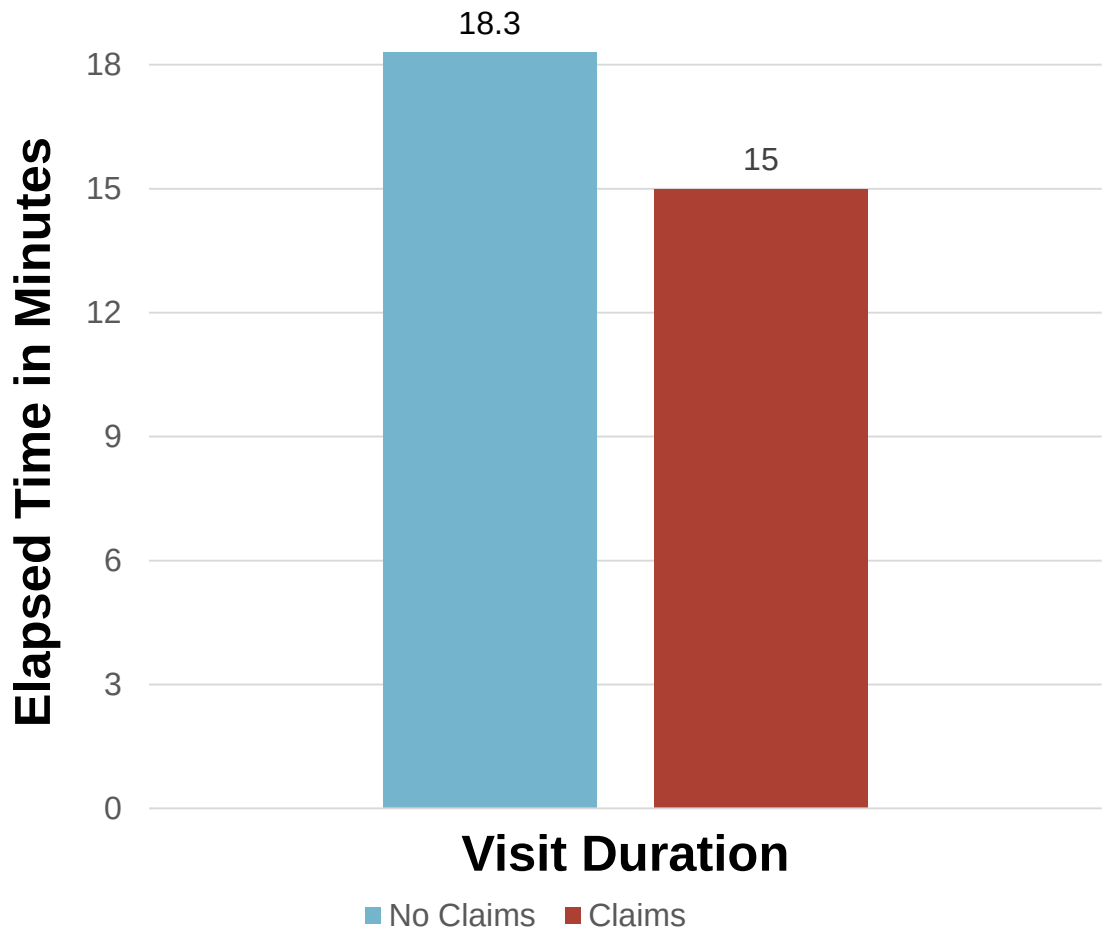
- 44,000-98,000 of these gaps led to preventable deaths
- Many more were considered “near misses” Many of these could be traced back to breakdowns in *communication and relationships*
- 80% of all adverse outcomes in hospital settings are related to *poor communication during handoffs*

Relationship Between Physician Communication and Medical Malpractice Risk



Source: Levinson et al. JAMA 1997; 277:553-559.

Elapsed Time of Visit



Four Habits of Highly Effective Physicians

Habit	Skills
Invest in the Beginning	Create rapport quickly; elicit the patient's concerns; let the patient know what to expect
Elicit the Patient's Perspective	Ask for patient's ideas; determine patient's specific request or goal; explore the impact on patient's life
Demonstrate Empathy	Be open to the patient's emotions; make empathetic statements; convey empathy nonverbally (pause, touch, facial expression)
Invest in the End	Deliver diagnosis in terms of original concern; explain rationale for tests and treatments; monitor for adherence, summarize visit and review next steps

Revised April 2003 in partnership with the Kaiser Permanente Institute for Culturally Competent Care

FAQs

1. With 30 min new patient appts and 15-20 minute F/U appts, is there really enough time to build relationships with patients this way?

2. By using this approach with my patients who have so many needs, won't I be creating a cycle of dependency, or co-dependency?

3. What is the use of searching for vulnerabilities if my clinic does not have the social services to address my patient's complex needs?

4. If I start uncovering these vulnerabilities, and being a witness to things beyond my control, will I experience secondary (so-called vicarious) trauma?

Workshop Overview

September 7, 9:30 am – 4:00 pm

Objective: Learn and apply techniques to discover and identify **patient vulnerabilities and resilience** through eliciting patient narratives and developing shared care plans

Open To: Clinicians, members of their care team and other health center staff doing work related to health communication

Register here
Limited spots available.

Contact Information

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- Dean Schillinger, dean.schillinger@ucsf.edu

Please remember to fill out the post-webinar survey!

Thank you!