



CCI

CENTER FOR CARE
INNOVATIONS



RESULTS REPORT

THE NEW AGENDA

Patient-Centered Strategies
for the Exam Room

Effective communication skills lie at the heart of both the patient experience and clinical quality of care. Results from Consumer Assessment of Healthcare Providers and Systems surveys in California and Massachusetts reveal that good communication is the strongest predictor of favorable care experience ratings. A 2015 Langer Research Associates study on satisfaction of care among Californians revealed that patients who had a feeling of connectedness to their providers were more comfortable asking questions about their care, and were more likely to be confident in their ability to make healthcare decisions. The importance of good clinician-patient communication extends to patient safety, including arrival at a correct diagnosis and making the best treatment decisions.^{1,2,3,4}

In 2016, the Center for Care Innovations (CCI) engaged 20 primary care clinicians from 8 primary care clinics in California and Hawaii to test and implement the Four Habits model of effective patient communication. The expert faculty for the program was Richard Frankel, PhD, who developed the Four Habits for Kaiser Permanente with Terry Stein, MD, and Ed Krupat, PhD. The New Agenda was supported by the Blue Shield of California Foundation, with additional funding from Kaiser Permanente.

The goal of the Four Habits of effective primary care clinician communication is “shared presence,” where the care encounter itself facilitates healing through a connection that includes trust and respect between the patient and the clinician. The Four Habits consist of the four stages of a clinician encounter from beginning to end:

Habit 1: Invest in the beginning

Habit 2: Elicit the patient’s perspective

Habit 3: Demonstrate empathy

Habit 4: Invest in the end

Each habit contains a number of specific observable actions and skills, which New Agenda clinicians tested and implemented in their visits to learn what works best for them and their patients. The complete list of communication skills is at the end of this report.



The program intervention consisted of two in-person instruction sessions, tests of skills each month by each clinician, monthly practice coaching meetings on QI methodology, and expert consultation from expert.

To measure the impact of the New Agenda program, CCI used patient experience surveys, clinician self-report on the skills they were using the most and their capability in each skill, as well as qualitative data from the anecdotal reports of clinicians and their patients. The most striking results of the program: Patient experience survey scores showed statistically

significant improvement in all twelve survey items. Other results, detailed below, include those skills that providers found most effective in their work, such as establishing an agenda for the visit, encouraging expression of emotion, and use of non-verbal behaviors to express concern.

Nine clinics enrolled in The New Agenda. The eight represented below participated in both in-person training sessions, at least half of the telephone consultations and practice coaching meetings, and submitted performance data.

New Agenda clinics and impact of Four Habits on patient experience



Following two in-person training sessions with the program's expert instructor Richard Frankel, PhD, a co-developer of the Four Habits communications model, clinicians selected specific skills within the Four Habits to test in patient visits each month. By the end of the program, pilot clinicians were able to advise leaders and peers in their clinics on both the specific skills to spread and also on how to implement each new skill. In the didactic sessions and in practice coaching meetings, CCI provided instruction on the spread of better practice to more providers. During the program, several clinics progressed to the point of developing a spread plan to take Four Habits skills to more clinicians and more clinic sites.

Patient comments

These are verbatim quotes from patients who responded to the post-program survey of their experience in clinician visits with New Agenda clinicians using Four Habits skills.

"I don't speak English. I like that she takes time to speak slowly to me to make sure I understand. She treated me well."

chose to use their own established patient survey process to provide baseline and post-program experience data.) The survey items used in the IVR survey were provided by Dr. Frankel, and were designed to capture the empathy and shared presence that underpin the Four Habits. The questions correlate with other common patient experience survey tools such as CG-CAHPS.

The IVR survey used scaled response options: Excellent, Very Good, Good, Fair, Poor. The survey effort achieved sufficient survey responses to allow statistically valid results to be calculated for the group of 14 clinicians. Statistical differences at the clinician level could not be calculated due to small samples; however, statistical differences were calculated across the cohort of 14 clinicians. The post-program survey results across all patients surveyed pre- and post-program showed statistically significant improvement over baseline for all survey items.

Impacts of New Agenda clinicians' communication changes

In order to learn how the changes by the pilot clinicians were impacting their patients' experience, six clinics used a telephonic survey using interactive voice response (IVR) to measure baseline patient experience in April 2016, and then post-program in November 2016. (The other two clinics

Patient experience survey results

Survey item	Aggregate mean, April baseline → October post measurement	% Change
The clinician greeted me warmly and in a way that made me feel comfortable.	66.72% → 72.00%	+7.91%
The clinician asked me about my ideas about my health.	64.74% → 71.06%	+9.76%
The clinician asked me in my own words for my main health concerns.	65.34% → 71.54%	+9.49%
The clinician paid attention to me, looked at me, and listened carefully.	70.34% → 76.60%	+8.90%
The clinician let me talk without taking over.	69.96% → 74.38%	+6.32%
The clinician talked to me in ways I could understand.	71.89% → 77.99%	+8.49%
The clinician repeated information to be sure I was following what she or he was saying.	69.62% → 73.87%	+6.10%
The clinician asked me what questions I had.	69.65% → 75.44%	+8.31%
The clinician involved me in decisions as much as I wanted.	67.58% → 72.84%	+7.78%
The clinician talked with me about next steps, including any follow-up plans.	69.90% → 75.00%	+7.30%
The clinician was respectful and caring.	76.23% → 80.60%	+5.73%
The clinician spent the right amount of time with me.	67.78% → 73.37%	+8.25%

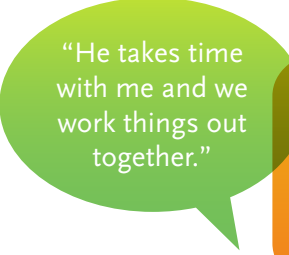
For statistical significance testing, a two-sample student's t-test with a two-tailed distribution and assuming unequal variances was used, with $p < .05$.

Mean scoring was used. Not all patients entered responses to each survey item. For the baseline survey, the average number of patients responding to each survey question was 670. For the post-program survey, this average was 629.

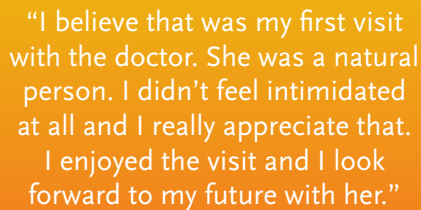
Top communication skills for New Agenda clinicians

Each clinician was free to test and implement the skills that seemed most useful and important to his or her practice's needs and personal communication style. Most clinicians selected the skills that would support their unique opportunities for improvement, as revealed in the baseline patient experience survey and their baseline self-assessment of their capability and use of each of the 23 skills.

Each month, the clinicians reported the skills they were testing in patient visits, and which skills they planned to test in the coming month. Over the course of the program, all clinicians tested skills from each of the Four Habits, with most focusing initially on Habit 1, "Invest in the Beginning."



"He takes time with me and we work things out together."



"I believe that was my first visit with the doctor. She was a natural person. I didn't feel intimidated at all and I really appreciate that. I enjoyed the visit and I look forward to my future with her."

These skills included use of a warm greeting, agenda-setting and indicating familiarity with the patient's medical history. Dr. Frankel validated this approach to ensuring the best possible start for a visit. As one clinician put it, "If you set the visit up properly in the beginning, it will be a success. If you don't start out organized and with the right connection, the visit is a loss."

By the end of The New Agenda, each clinician had tested 10 or more skills each, with some testing more than 20 of the total 23 skills. As mentioned above, scoring themselves on each skill became a challenge over time because of the interactive nature of the skills. To give another example of this symbiotic relationship between the communication skills, "Explore patient's understanding of the problem" and "Encourage the patient to expand on concerns" may become the same thing in the flow of a patient visit conversation.

Which skills saw the most improvement in capability and use over the course of program? A comparison of the scores of the 15 clinicians who completed both the pre-program

survey in April 2016 and the post-program survey in December 2016 found positive change in clinician rating of capability for 14 of the 23 skills, and increased frequency of use for 15 of the 23 skills.

The top skills that improved in capability ("very competent" being the highest response option), in order of most improvement:

1. Generate an agenda early in the visit.
2. Ask (or respond with interest about) what the patient wants to get out of the visit.
3. Openly encourage expression of emotion.
4. Display nonverbal behaviors that express great interest, concern and connection.
5. State information clearly and with little or no jargon.

The skills that clinicians improved most in daily use ("daily use" was the highest frequency), in order of biggest increase:

1. Clinician greets patient in manner that is personal and warm.
2. Generate an agenda early in the visit.
3. Ask (or respond with interest about) what the patient wants to get out of the visit.
4. Use open-ended questions with minimum interruption.
5. Test for patient comprehension.

The clinicians reported seven top communication skills as being the most effective and the most used following their active testing in patient visits. These skills are listed below in the general sequence they are employed in a patient encounter.

1. Generate an agenda early in the visit to elicit the full range of patient's concerns.
2. Indicate clear familiarity with patient's history/chart.
3. Openly encourage expression of emotion.
4. Clearly accept/validate patient's feelings.
5. State information clearly and with little or no jargon.
6. Display nonverbal behaviors that express great interest, concern and connection throughout visit.
7. Test for patient comprehension.

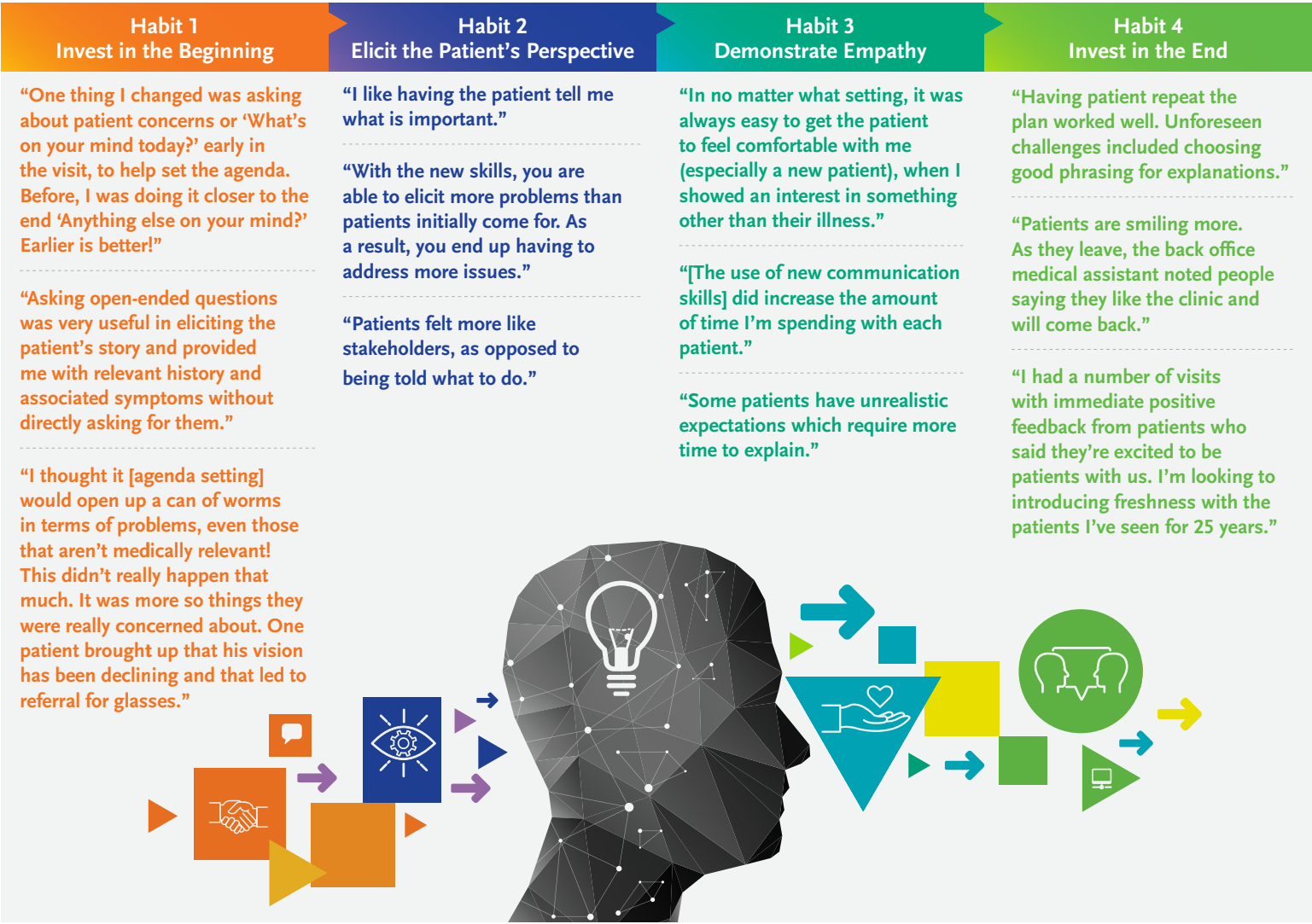
Clinician experience and lessons learned

The first two months of the program was a challenge for many clinicians, who reported feeling pessimistic that the Four Habits could be used in a regular 15- or 20-minute patient visit. As their testing of skills progressed, however, practice led to increased confidence and use of the new skills, like with any new habit. As they gained this experience, most providers found they regained time efficiency and the new skills became second nature. Another truism about personal habits emerged from the clinician reports: the skills they used most frequently (“daily” and “now and then”) were the ones where they felt most capable (“very strong” and “competent”).

The twenty clinicians who participated in The New Agenda found great value and even joy in the renewed connections with their patients through the practice and implementation of the Four Habits, with its focus on respect and shared presence in the patient encounter.

The struggle against the clock was the clinicians’ main problem in the program overall, as well as in the early testing phase mentioned above. Growing facility with each skill over time allowed the use of multiple skills without requiring more time in most visits. As well, once each new skill adopted became habitual, visits flowed better than before. CCI also encouraged clinicians to engage other care team members, particularly medical assistants, to partner with them in using the communication skills in a time-efficient way. Many clinicians did so, particularly for changes that are part of beginning and end of visits, such as agenda-setting and making follow-up plans, respectively.

More reflections and lessons from clinicians are organized under the visit stages of the Four Habits.



Summary

The communication skills of the Four Habits model establish shared presence between clinicians and patients, and improve patient experience of care and connection with clinicians. These communication skills can be learned and implemented by busy primary care clinicians. A structured and sequenced approach to this individual change process, with specific observable and measurable behaviors, allows clinicians to focus on where patient survey data show an opportunity for improvement. Such an approach creates the conditions for success by not expecting providers to change too much too soon, and provides latitude for the variables of a clinician's individual practice style and practice setting.

New Agenda clinicians found that trying new skills required more time initially, but once the clinician became practiced in a new skill, most providers found their visits did not need to be longer to incorporate better communication. In most cases, clinicians reported that visits flowed more naturally with the use of the Four Habits' structured approach to the four sections of a patient visit. Some clinicians reported patients not only being more satisfied with their visits as demonstrated on patient survey results, but adapting to the changes on the clinician side of the exam room by showing up to visits more prepared and engaged than before.

"He is very concerned about my health. He involves me in any decision making. He explained my medicine and the goal to me, regarding my insulin and my blood count."

"How he closes his appointments is my favorite thing about him. I always leave feeling positive."

"She uses language that people who aren't doctors can understand."

"I get a lot of attention. I always know what I'm supposed to do next and never leave feeling confused."

Resource

The [Four Habits monograph](#) is a guide for Kaiser Permanente primary care clinicians by CCI's expert faculty Richard Frankel, PhD, and co-authors Terry Stein, MD and Edward Krupat, PhD, originally published in 1996 and revised by the authors and the Permanente Medical Group in 2010.

The New Agenda was developed and supported by CCI in partnership with Blue Shield of California Foundation and with additional funding from Kaiser Permanente.

References

1. Jenson, BF, Dahl, FA, Saffran, DG, Garratt A, Krupat, E, Finset, A, Gulbrandsen, P. The ability of a behavior - specific patient questionnaire to identify poorly performing doctors. *BMJ Qual Saf* 2011;20:885-893
2. Thom DH, Hall MA, Pawlson LG. Measuring patients' trust in physicians when assessing quality of care. *Health Aff* 2004; 23:124-32.
3. Vincent CA, Coulter A. Patient safety: what about the patient? *Qual Saf Health Care* 2002;11:76-80.
4. Coulter A. *Engaging patients in healthcare*. Maidenhead, Berkshire: Open University Press, 2011.

The Four Habits with 23 related skills

