



CCI
CENTER FOR CARE
INNOVATIONS

Optimizing Patient Experience

Program Report



CCI
CENTER FOR CARE
INNOVATIONS

Optimizing Patient Experience: Treating Patients with C.A.R.E.

Introduction

After years of preparation, the 2014 implementation of the Patient Protection and Affordable Care Act (ACA) promises to add millions of Californians to insurance rolls. With the new law, many uninsured patients, who once had little choice but to rely on community clinics and safety net providers that see patients regardless of their ability to pay, now have access to a wider array of providers. For safety net organizations facing new competition, this epochal change is driving a conversation on how to deliver care that better reflects the needs and desires patients.

One fundamental way for community clinics to stay competitive is to build systems of care that are patient-centered, incorporate the patient voice, and result in a positive patient experience. A study conducted by Langer Research Associates in 2012 showed that low-income Californians that report having personalized healthcare experiences are more satisfied with their overall quality of care. Patients want to feel as though physicians and staff know them and understand their needs. They want to be treated with kindness, consideration and a friendly, personable demeanor. These positive care experiences help patients feel more confident about taking an active role in their health and healthcare decisions. Such active participation leads to increased compliance to treatment plans by patients, reduces costs, and improves the healthcare system for everyone, making it an integral part of the Triple Aim.

Effective communication is vital to giving patients a positive experience. For patients, how staff and providers speak to them and treat them, and how informed they are about the care process, can be as important in choosing a clinic as the medicines they are prescribed or the costs they pay. A rude comment—or even merely a rushed

one—can drive away a patient for good. Knowing what to expect during a visit, and why, can make the difference between satisfaction and frustration, and can affect whether or not a patient adheres to a prescribed treatment plan.

In partnership with the [Blue Shield of California Foundation](#), the [Center for Care Innovations \(CCI\)](#) has supported a strategic initiative focused on patient engagement and experience innovations in the safety net. In 2012, CCI partnered with the

Optimizing Patient Experience	
At a Glance	
Participating Organizations:	16
Train the Trainer Workshops:	6
C.A.R.E. Trainers Certified:	61
Staff and Providers Trained:	3,800

[Institute for Healthcare Communication](#) (IHC) to deliver a train-the-trainer program for clinic staff through this Optimizing Patient Experience (OPE) grant program. Using the Treating Patients with C.A.R.E. curriculum, this skills-training workshop focused on improving communication between clinic staff and providers and their patients.

CCI worked with thirteen community health centers and consortia to bring this communications training to their entire staff. Participating clinics selected two to five staff members to attend a two-and-a-half day workshop to become C.A.R.E. trainers. Participants were then certified by co-facilitating a C.A.R.E. workshop at their clinic under the observation of an IHC master trainer. These new trainers then brought their new skills back to their organizations, with the goal of training all staff and providers by the program’s end.

More than just a workshop, the program created an interactive learning community. CCI coordinated quarterly support phone calls facilitated by an IHC master trainer

that allowed the C.A.R.E. trainers from different sites to share their achievements, problem-solve around challenges and spread best-practices.

The C.A.R.E. Curriculum

The C.A.R.E. curriculum consists of a four-hour training workshop with guided discussion, shared storytelling, example videos and interactive exercises. The training is organized around the four principles that inspired the C.A.R.E. acronym: *Connect, Appreciate, Respond, Empower*.

Connect: The training teaches participants to make a personal connection with the patient and their family by greeting them warmly, smiling, making eye contact, using open body language, and making clear introductions.

Appreciate: Patients want to feel that they have been heard and understood. The curriculum teaches participants to listen for key phrases that denote ideas, feelings and values. Staff and providers should restate what patients say and express to make clear they understand and acknowledge the patient's needs and frustrations.

Respond: C.A.R.E. teaches staff and providers to respond in ways that are productive and helpful to the patient, focusing on information that will help them make decisions and explanations of policy that connect to the patient's situation. Instead of using jargon, participants learn to use common language.

Empower: The final principle is to try to come up with solutions that work for the patient, acknowledging their strengths and prior experiences. Trainers learn how to encourage staff to ask patients for input, invite questions, and engage them in the decision making process. `

Successes

Throughout the program, 61 individuals from these organizations were trained and certified as C.A.R.E. trainers. As of January 2014, the clinics had collectively trained approximately 3,800 staff and providers in the C.A.R.E. curriculum.

“We have seen improved customer service, improved staff morale and pride bringing us back to our roots and mission to serve and advocate for the medically underserved. We feel more united and connected as an organization.”

–Asian Health Services

Creating a Common Language: C.A.R.E.

training is designed to touch every employee in a healthcare organization, from the front office team, to maintenance staff, administrators and clinic technicians. This curriculum design is unique, as non-clinical staff members are too

often left out of communication skills initiatives, despite the important role they play in improving the health and experience of patients. By using a shared curriculum for all employees, clinics are able to cultivate a common language among all staff to discuss the importance of communication skills in healthcare.

Building Capacity: The train-the-trainer model is a proven method for building internal capacity and allows clinics to administer communication skills workshops on an ongoing basis. This model also gave clinics the flexibility to train staff and providers at their own pace and in a manner that is consistent with the organizations’ needs, capacity and priorities. C.A.R.E. trainers were able to work directly with management to coordinate training schedules to maximize workshop participation while minimizing productivity loss from the hours dedicated to the training.

“One unexpected result of the C.A.R.E. trainings is that staff began discussing problems and challenges they had with one another during the training. The communication principles learned during the CARE training are not just valuable for relating to patients, but also for staff to relate to each other. There is often no other forum for these types of discussions.”

–Community Clinics Health Network

Enhancing Inter-Staff Communication: C.A.R.E. training provides organizations with a forum to discuss and work to improve inter-staff communication. Across the cohort, nearly every clinic reported anecdotal evidence of improved employee satisfaction with team communication skills. The C.A.R.E. training created a forum for organizations to openly discuss the culture of inter-staff communication and how to improve patient experience across different parts of the clinic.

Challenges and Recommendations

Not surprisingly, an effort of this magnitude faced a number of challenges. Through the experiences of our clinic partners, we have gathered some tips and best practices to ease the process of bringing C.A.R.E. training to an entire organization.

Organizations that viewed C.A.R.E. as an investment rather than an expense were more likely to succeed in overcoming these challenges and experience the curriculum in an impactful way.

Turnover: High staff turnover plagues most clinics and can often thwart progress on ambitious improvement initiatives. The C.A.R.E. training program was no different. Many clinics lost trainers and project managers over the course of the program, and clinics that lost two or more C.A.R.E. trainers or their project manager struggled to regain momentum.

The easiest way to prevent the loss of a staff member from impeding the rollout of C.A.R.E. workshops is to make sure each organization has a surplus of trainers. Smaller clinic organizations should have at least three C.A.R.E. trainers at the outset of the program and larger organizations (500+ plus staff members) should aim to train at least 5-6 staff members to start. Building a larger cohort of trainers also helps ensure that the intense workload of facilitating 4-hour workshops is distributed appropriately.

Scheduling: Implementing an organization-wide C.A.R.E. training program requires a significant investment of resources and time—for both trainers and workshop participants. Some grantees struggled to find the right balance between pulling staff away from their duties for training sessions and closing the clinic entirely to make time for C.A.R.E. workshops (potentially decreasing patient access).

To minimize the need to close or reduce appointment access, clinics held trainings during regularly scheduled team meetings or all-staff meetings, scheduled Saturday trainings, or incorporated C.A.R.E. training into an annual staff retreat. Some clinics separated the training into a pair of two-hour trainings held on consecutive weeks, or tested different combinations of grouping participants (by care teams, by roles, or by combining staff from various sites) for scheduling optimization.

Preparing for and facilitating the trainings is a significant time commitment for the C.A.R.E. trainers and this extra preparation time should be taken into account when launching the program. Some trainers were able to outsource the clinic-wide scheduling and event planning to staff more familiar with these processes or rely on clinic volunteers to coordinate workshop logistics. Other trainers were granted permission to carve out specific C.A.R.E. planning time in their schedules. One organization is building a C.A.R.E. coordinator position into their staffing requirements to streamline the coordination process.

Initiative Fatigue: Staff members were often resistant to C.A.R.E. training at first. With the numerous conferences, workshops and webinars that clinic staff and management are expected to attend on a regular basis, there was a persistent skepticism that the C.A.R.E. curriculum was “the flavor of the month.” Clinic leaders and providers often balked at the 4-hour time commitment the workshops required.

Early endorsement of the C.A.R.E. training from leadership and management proved to be the most important part of addressing initiative fatigue. To generate enthusiasm and counter skepticism among staff, organizers incorporated leadership figures into the first few workshops and explicitly asked for their vocal support of the ongoing trainings. Also, organizations that actively worked to incorporate C.A.R.E. skills beyond the trainings (see “Building and Sustaining a Culture of C.A.R.E.” below) found that the program slowly transformed from being a one-off training into an organizational culture shift.

Provider Resistance: The most resistance to participating in the C.A.R.E. program was seen among providers, who are less thoroughly incorporated into the examples, videos, and exercises used in the workshop. Some clinics also had other provider-specific communication trainings already underway that covered similar material.

One way grantees found they could overcome this resistance was to pick providers to become the trainers for the rest of the organization. Clinics that used this strategy reported that provider participation was a key component of the workshop’s success. Additionally, in response to the clinics’ feedback about the lack of provider-specific examples, IHC is working to incorporate more videos and exercises with a provider focus into the workshop curriculum.

Measuring Outcomes: Because most clinics are in the nascent stages of developing patient experience measurement tools, collecting standardized data about the effectiveness of the program proved difficult. Very few clinics have implemented any version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey; most organizations use in-house surveys or work with external vendors to administer custom patient surveys. Additionally, few clinics are actively

using the data from these surveys to drive improvement initiatives in a regular, systematic way.

There is a substantial need for patient experience measurement tools to help clinics gather and use patient experience data more effectively. This entails building short, rapid-cycle patient surveys into the clinic workflow to complement a standardized annual measurement tool. More regular patient surveys allow clinics to better measure the pulse of the patient experience and more effectively assess the impacts of improvement initiatives (such as C.A.R.E.). Administering this type of survey before, at regular intervals throughout, and at the conclusion of a C.A.R.E. training initiative, would be a valuable tool for objectively gauging the impact of the program.

Building and Sustaining a Culture of C.A.R.E.

The C.A.R.E. curriculum is designed to be more than just a one-time workshop—it seeks to create an organizing structure to build a lasting culture of communications excellence. The expanding cohort of trainers offers a wellspring of expertise and ideas to spread the principles of C.A.R.E. to all parts of their organizations.

At the end of the program, almost all of the participating organizations indicated plans to continue with an ongoing C.A.R.E.

How to Create C.A.R.E. Culture

- Incorporate C.A.R.E. skill reviews into regular meetings—pick a skill of the month!
- Form a “C.A.R.E. Committee” composed of leadership, staff and trainers to move the C.A.R.E. culture forward.
- Recognize exemplary communications skills in all-staff gatherings or with certificates.
- Incorporate C.A.R.E. trainings in new hire orientation and include communication skills in employee annual reviews.
- Create branded items: shirts, pins, badge clips.
- Develop C.A.R.E. newsletters and marketing flyers to announce upcoming trainings, goals and accomplishments of the C.A.R.E. program.

training program. Many sites described plans to incorporate C.A.R.E. training into the onboarding process for new employees and administer booster C.A.R.E. trainings to already-trained staff. There was also wide-spread interest in offering additional workshops on the C.A.R.E. Repair component of the curriculum, a one-to-two hour workshop that focuses on rebuilding trust with a patient after a negative interaction.

Many organizations adopted creative approaches to create a C.A.R.E. “brand” in their organization to bring the spirit of the training into the everyday pulse of the clinic. These initiatives ranged from creating C.A.R.E. pins for workshop participants, to presenting awards to staff with exemplary C.A.R.E. skills at monthly meetings. Others even established a C.A.R.E. committee—including trainers, providers and members of leadership—to form a long-term strategy around communication excellence.

Clinics have sought to make communications skills not just rewarding but required: including them in job descriptions, hiring procedures, annual performance reviews, and staff satisfaction surveys. Some have even developed a coaching program to teach management staff how to promote and build communication skills on their teams. These above-and-beyond steps build a workplace where communications are considered in every part of the organization.

Conclusion: Towards Communication Excellence

“Empathy is evidence-based medicine.”

–Elizabeth Morrison, Golden Valley Health Center

Good communication skills aren’t just nice to have—they are an essential part of delivering high quality care. Evidence is mounting that patients who feel listened to, and who clearly understand the details of their care, follow treatment plans better and have better health outcomes. Building the skills required to give patients a positive

and personalized care experience should be a vital priority for our healthcare system today.

The initial C.A.R.E. training program was only the first step in building a lasting culture that requires and celebrates strong communication skills among all of its clinic staff and providers. In 2013 CCI launched a second round of C.A.R.E. training with four additional organizations as a part of our Engaging Patients to Improve Care program. This growing cohort of C.A.R.E. trainers offers the safety net a rich learning community for sharing best practices around training and promoting communication excellence.

In order to ensure that new skills and perspectives extend beyond the four-hour workshops, organizations should continue to offer C.A.R.E. trainings on an ongoing basis and work to incorporate the tenets of the C.A.R.E. curriculum into their culture.

The most valuable attribute of the C.A.R.E. training is its ability to generate a larger discussion among staff, management and leadership about the importance of strong communication skills among healthcare workers. These discussions spur ideas about how the organization can unite the principles of patient experience with its strategy and mission.

Looking forward, CCI hopes to support the ongoing transformation in how clinics engage with their patients. By connecting with, appreciating, respecting and empowering both patients and each other, we can work towards improving the care experience and health outcomes of patients, and invigorating our healthcare system.

Grantee highlights

Asian Health Services

- Staff/Providers Trained: Over 330.
- Collected pre- and post-C.A.R.E. surveys on staff satisfaction to help shape improvement initiatives.
- Created a “C.A.R.E. Committee” of leadership, staff and trainers to move the communication culture forward in an operational and motivational way.
- Designed and manufactured “C.A.R.E. Culture” items, such as t-shirts and polos, a banner hanging in the clinic, and ID badge clips given out when staff complete the training—all with an “AHS CARES” insignia.
- Continuing in 2014 with quarterly C.A.R.E. trainings, communications recognition programs and events.

“By creating a CARE culture, we are sharing common values and service standards across the entire agency. We have been able to use CARE as a foundation for performance evaluations and CARE has helped us to do an internal self audit of what we do are doing well and where we can improve to become a health care center of excellence. In a time of uncertainty and change with health care reform, clinic expansion, and transitioning to electronic health records, CARE has allowed us to embrace change and take better care of ourselves, our organization, patients, and the diverse community that we serve.”

–Asian Health Services

Northeast Valley Health Corporation

“Leadership support sent a strong message to the entire organization about the importance of improving our customers service and communication skills to our patients and to each other. We acknowledge that CARE Training is only the first important step. NEVHC has a strong commitment to continue efforts to transform the organization.”

–Northeast Valley Health Corporation

- Staff/Providers Trained: Over 750.
- Developed C.A.R.E. marketing flyers to announce upcoming trainings to in the clinics.
- Used the PCMH CAHPS survey to measure patient experience and to look at the impact of the program on experience scores.
- Developed a “C.A.R.E. skill of the month” initiative. Based on feedback from their patient and family advisor council, the C.A.R.E. project team picked a communication skill to have all staff focus on each month, such as introducing oneself by name.