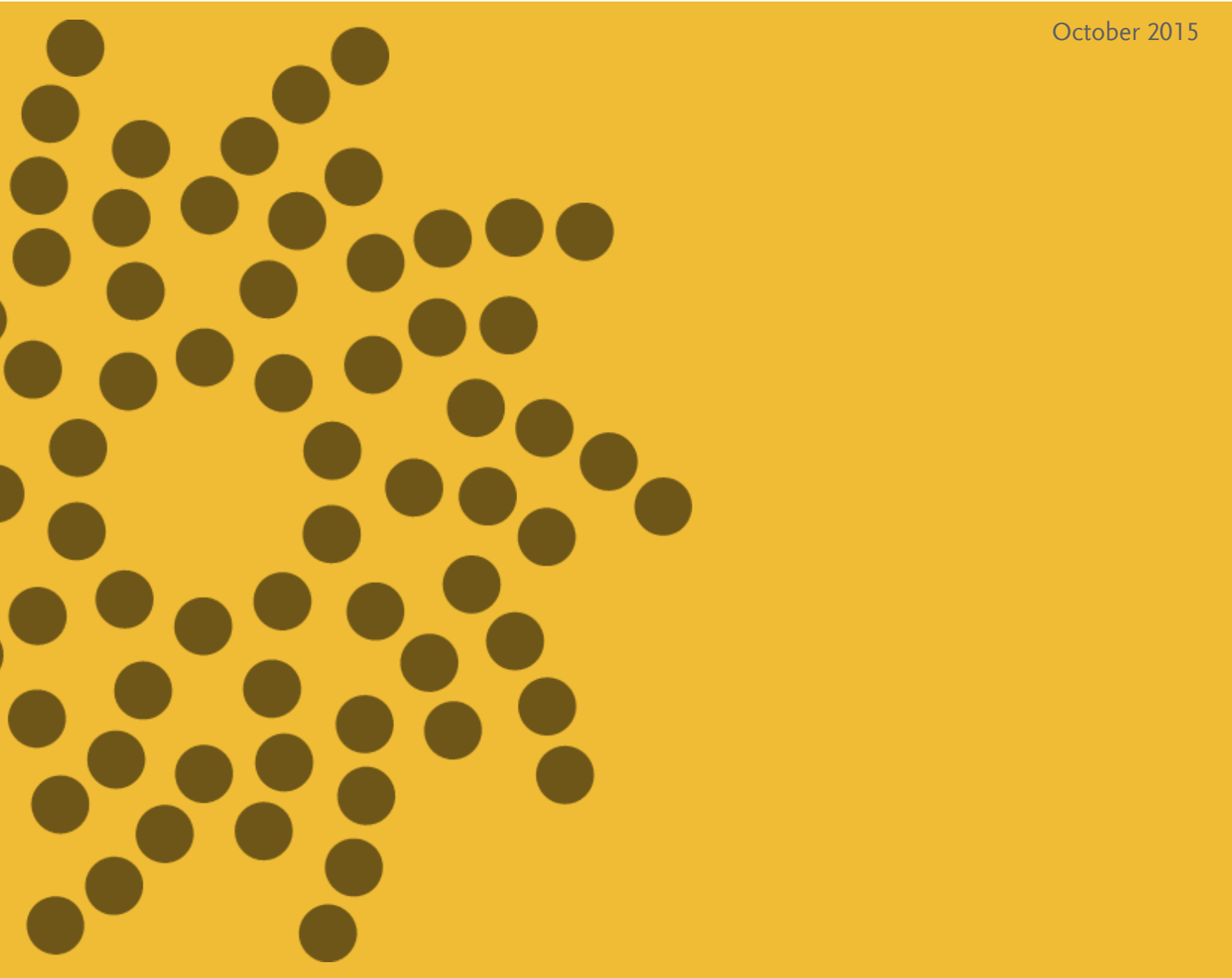




CCI
CENTER FOR CARE
INNOVATIONS

The New Agenda: Patient-Centered Strategies for the Exam Room

October 2015



IMPORTANT DATES

Informational Webinar

Nov 20, 2015, 12- 1 pm PT

Application Deadline

Dec 11, 2015, 5 pm PT

Awards Announced

Feb 1, 2016

Application at a Glance

How do I apply?

Submit an application [online here](#) by 5:00 pm PT on **Friday, December 11, 2015**. Applicants will be required to upload a response to the proposal questions and a preliminary budget worksheet.

Who is eligible to apply?

Clinic corporations, ambulatory care clinics at public hospitals, and other California-based nonprofit health centers that provide comprehensive primary care services to underserved populations are eligible to apply. Regional clinic consortia and statewide clinic associations are not eligible to apply.

Organizations must be nonprofit and tax-exempt organizations under 501(c)(3) of the Internal Revenue Service Code (IRC) or a governmental, tribal, or public entity. Examples of eligible organizations that comprise the safety net include:

- Free-standing community clinics and health centers
- Ambulatory care clinics which are part of public hospital systems either located in the public hospital or out in the community
- Primary care health centers (including those sponsored by Public Health departments)
- American Indian Health Centers

Organizations are only permitted to apply to **one** of the patient engagement programs announced in October 2015. These two programs are the Strengthening Clinics through Aligned Leadership program and The New Agenda: Patient-Centered Strategies for the Exam Room program.

Where can I find more information?

Attend The New Agenda Informational Webinar on Friday, November 20, 2015, 12-1 pm PT to hear a detailed description of the program and ask questions. [Register here](#) for the webinar.

For any other questions, please contact:

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REQUEST FOR PROPOSALS

The New Agenda: Patient-Centered Strategies for the Exam Room

A joint effort of the Center for Care Innovations and Blue Shield of California Foundation

Program Background

At the heart of the patient experience is good provider communication. From patient satisfaction to physician happiness—as well as actual health outcomes—how we communicate with patients in the exam room can impact every critical aspect of our healthcare system.

There is a wealth of literature demonstrating the importance of good provider-patient communication, particularly with patients who have chronic conditions and particularly in safety net settings where patients often have low levels of health literacy. 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. Meanwhile, patients who feel ignored or insulted by physician communication were found to be less likely to share their concerns, less likely to follow medical recommendations and less likely to trust their doctor. Doctors who use effective communication strategies are less likely to experience burnout and more likely to feel enriched by their work.

Several evidence-based approaches using these strategies have been shown to improve patient experience, including the Four Habits Model co-developed by Dr. Richard Frankel. In Frankel's model, patients enter into a 'therapeutic alliance' with their providers. Doing so effectively can support improved and timely diagnosis, shared decision making around clinical options, greater participation in personal care, compliance with medication, adherence to recommended treatment, monitoring of prescriptions, and leads to fewer unnecessary referrals or diagnostic tests. Essential communication strategies for forging this alliance include working with the patient to set an agenda for their visit, demonstrating empathy, respecting patients' beliefs and concerns, and closing the visit with clear information.

The Center for Care Innovations, in partnership with Blue Shield of California Foundation, is launching The New Agenda: Patient-Centered Strategies for the Exam Room Program ("The New Agenda") to address this need for essential communication strategies for clinicians. Using the Frankel model, this program builds on our communication training programs with the Blue Shield of California Foundation by going deeper into the relationships patients have with their clinical care providers. The New Agenda is a multi-pronged effort that combines onsite learning sessions, coaching and webinars. These tools will allow safety net organizations to test the curriculum with a few clinicians, and subsequently build a plan to spread these skills and sustain gains beyond the duration of the grant.

Program Structure and Support

The New Agenda program is a 12-month program designed to train a small cohort of 2-3 clinicians from each participating health center in optimizing their exam room communication. The clinicians can test out the model and advise leaders on how to best adapt it for their organizations. The program will also develop the selected clinicians into coaches so that they can serve as champions of this model within their organization. Finally, the program aims to assist organization leaders in the development,

implementation, and sustainability of a plan to spread these provider-specific communication skills to all clinicians in the organization.

The New Agenda curriculum has been developed in partnership with Dr. Frankel, an internationally recognized expert in the field of clinician-patient communication. Dr. Frankel's research is focused on clinician-patient communication, its effects on quality and safety, and the effects of exam room computing on physician patient communication. He has authored over 200 research and review articles, books, and book chapters and he has received both the American Academy on Physician and Patient's George Engel Award and the Lynn Payer Award for his contributions.

The program curriculum is based on Kaiser Permanente's Four Habits model, co-authored by Dr. Frankel, which emphasizes "actions in encounters" such as making a strong personal connection at the beginning of a patient visit, eliciting the patient's top concerns through agenda setting, demonstrating empathy during a brief encounter, patient education and motivation, and summarizing the visit. The curriculum is supplemented with techniques that allow clinicians to experience "Shared Presence," when physicians and patients enter into a deep sense of trust and respect that facilitates healing.

Supplemental material will be woven into the curriculum in areas critical to reaching a state of "Shared Presence": exploring patients concerns more deeply through self-reflection, understanding differences in perspectives and expectations, and active listening; relational contexts to understand and integrate the patient's biological/psychological/social/spiritual issues; and healing outcomes to cultivate shared understandings, foster partnerships and empower patients to improve their health outcomes. Once clinicians learn and apply these techniques, Dr. Frankel will provide additional teaching and guidance on how clinicians can be effective coaches and mentor others in their organization.

Organizations selected for The New Agenda program can expect the following activities and assistance in three phases over the course of the program year.

ORGANIZATIONAL ASSESSMENT AND ALIGNMENT

- ❖ **Assessment of Organization Culture** — At the beginning of this program, CCI and Dr. Frankel will conduct information-gathering phone interviews with 3-5 individuals per organization, including clinicians, administrators, and patients. The intent is to understand the cultural context of each organization and explore the needs and challenges in improving their patients' experiences. We will also assess the focus areas in the curriculum that are of highest priority and interest for each organization, as well as discuss challenges organizations foresee in fostering and sustaining a culture of continuously improving the patient experience.
- ❖ **Virtual Kick-off Session** — This one-hour webinar will follow the assessment interviews and is designed to help leadership and core improvement teams understand the communication model being used, expectations of the program and, most importantly, the criteria for selecting the 2-3 clinicians to receive the training.

CLINICIAN TRAINING AND SUPPORT

- ❖ **In-Person Training Sessions** — CCI will host two, full-day trainings on the communications curriculum for the selected clinicians. The trainings will be held between March and May 2016 (exact dates to be determined) and will be hosted at a central location in the San Francisco Bay Area or Los Angeles.
- ❖ **Case Conferences Webinars** — These two, one-hour webinars, held in-between the in-person trainings, hosted by Dr. Frankel, will give participating clinicians the opportunity to share their experiences with challenging patient interactions and receive coaching from their peers and Dr. Frankel on these cases.

- ❖ **Virtual Office Hours** — Each participating clinician will have the opportunity to meet with Dr. Frankel by phone for up to 1.5 hours for additional coaching and mentoring through the life of the program.

SUSTAINING PROGRESS

- ❖ **Ongoing Support Webinars** — CCI will host a series of webinars throughout the program with the goal of supporting organizations in developing, spreading, and sustaining the clinician communication skill development in their clinics.
- ❖ **Ongoing measurement** — Participating organizations are expected to assess the impact the training program has on patients' ratings of their experience during exams with their clinicians.

Successful applicants will receive a \$25,000 grant to support the implementation of this program.

Program Requirements

Each organization selected will be expected to make the following commitments:

- ❖ Identify a core project team that will be responsible for supporting clinicians in the program, as well as developing the spread and sustainability plans for their organization. At a minimum, this team should consist of at least one executive sponsor, a physician champion, and a project manager.
- ❖ Commit that the selected clinicians will attend the two, full-day training workshops and case conference webinars.
- ❖ Commit that the executive sponsor attends the kick-off webinar and stays actively involved through regular meetings with the core project team.
- ❖ Employ at least one patient experience measurement tool throughout the program year to assess the impact of the program.
- ❖ Submit a plan for spreading the communication model to more clinicians and a plan to sustain gains made in the program year.

What are we looking for?

This program is best suited for primary care health centers and clinics that demonstrate the following:

- ❖ Strong leadership commitment to build a patient-centered culture through improving communication skills across the organization.
- ❖ Prior initiatives focused on building communication skills training among clinicians. Clinic organizations that previously participated in CCI's Treating Patients with C.A.R.E. programs will be strongly considered.
- ❖ Demonstrable experience in spreading a change initiative from a pilot phase to the whole organization.
- ❖ Commitment to allocate the time needed to fully engage and participate in the initiative's training and support activities.
- ❖ Ongoing patient experience measurement, including data collection at the clinician level.

Eligibility

Clinic corporations, ambulatory care clinics at public hospitals owned and operated by public hospitals (either at the hospital or in the community), and other California-based nonprofit health centers that provide comprehensive primary care services to primarily underserved populations are eligible to apply.

Organizations must be a nonprofit and tax-exempt organization under 501(c)(3) of the Internal Revenue Service Code (IRC) or a governmental, tribal, or public entity. Examples of eligible organizations that comprise the safety net include:

- ❖ Free-standing community clinics and health centers
- ❖ Ambulatory care clinics which are part of public hospital systems either located in the public hospital or out in the community
- ❖ Primary care health centers (including those sponsored by Public Health departments)
- ❖ American Indian Health Centers

Organizations are only permitted to apply to **one** of the patient engagement programs announced in October 2015. These two programs are the Strengthening Clinics through Aligned Leadership program and The New Agenda: Patient-Centered Strategies for the Exam Room program.

How to Apply

STEP 1 | ATTEND AN INFORMATIONAL WEBINAR

Interested organizations are encouraged to participate in an informational webinar on **Friday, November 20, 12-1 pm PT**. Register here: <https://cc.readytalk.com/r/9sygkp7lumg8&eom>

STEP 2 | APPLY ONLINE

Applications must be submitted online by **5 pm PT on Friday, December 11, 2015** using the application submission form here: <https://www.tfaforms.com/395318>

Applications should include the following:

- ❖ Application submission form information
- ❖ Responses to application questions
- ❖ Program budget— download budget template [here](#).

Proposals will be reviewed by CCI and an external review committee and awards will be announced by February 1, 2016.

Application Questions

Please answer the following questions in five pages or less using at least 11-point font.

1. How are the program's objectives relevant to your organization and patient population?
2. Tell us about any prior or current participation in initiatives focused on training clinicians and/or clinic staff in engaging patients in their care. How would this program complement these efforts?
3. Describe your organization's experience in tracking patient experience measures, especially in regard to collecting data at the clinician level?
4. Describe an improvement project specifically focused on improving patient care outcomes where you started with a pilot and spread it across your organization. How was the pilot selected, what changes did you spread, what did you learn, and what were your challenges?

5. The impact of the program is dependent on how a clinic incorporates the tenets of the training program into its everyday workflow. What ideas or approaches would you implement at your clinic to systematize the communication strategies gained from the program in order to engage more clinicians in improving communication and experience of care?
6. Clinics must appoint a core project team to manage this program to ensure that the training and organization-wide patient experience activities are completed. Please list the name, title and project responsibilities of each member of this team, including an executive sponsor, project lead, and other staff that would work on this program.

A joint effort of



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Center for Care Innovations (CCI) partners with health care safety net providers to help them transform care for underserved populations. CCI is a vital source of ideas, best practices and funding to support the adoption and spread of innovations to improve health, reduce costs and improve the patient experience of care. By bringing people and resources together, we accelerate innovations for healthy people and healthy communities.

www.careinnovations.org

Blue Shield of California Foundation (BSCF) is committed to making health care effective, safe and accessible for all Californians, particularly underserved people, and to ending domestic violence. BSCF believes safety and access to health care are fundamental rights of everyone and that ensuring Californian's health and safety requires the involvement of individuals, employers and government agencies.

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