

ROOTS Program

May 10, 2018

Empathic Inquiry Webinar


Webinar Reminders

1. Everyone is muted.

- Press *6 to **mute** yourself and *7 to **unmute**.

2. Remember to chat in questions!

3. Webinar is being recorded and will be posted on ROOTS Portal and sent out via the next newsletter.



Fill out the
post-webinar
survey!

Upcoming Events

Thursday, June 7, 2018 @ 12-1pm

Title: Idea Sharing Webinar

- **Faculty:** ROOTS Cohort
- **Focus:** TBD on coaching calls

Thursday, July 12, 2018 @ 12-1pm

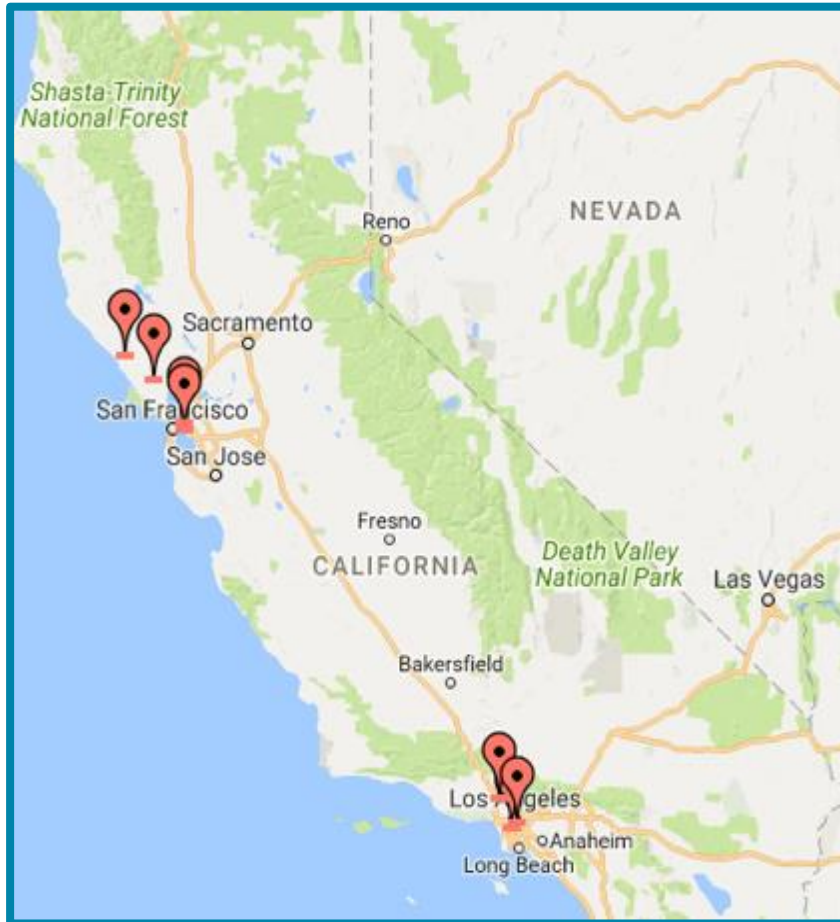
Title: Early Lessons Learned from the ROOTS Program Webinar

- **Faculty:** CCI Staff + Others
- **Focus:**
 - Share the evaluation results & get reflections
 - Share agenda & prep needs for August in-person session
 - Have teams give a brief update on progress & challenges

Thursday, August 23

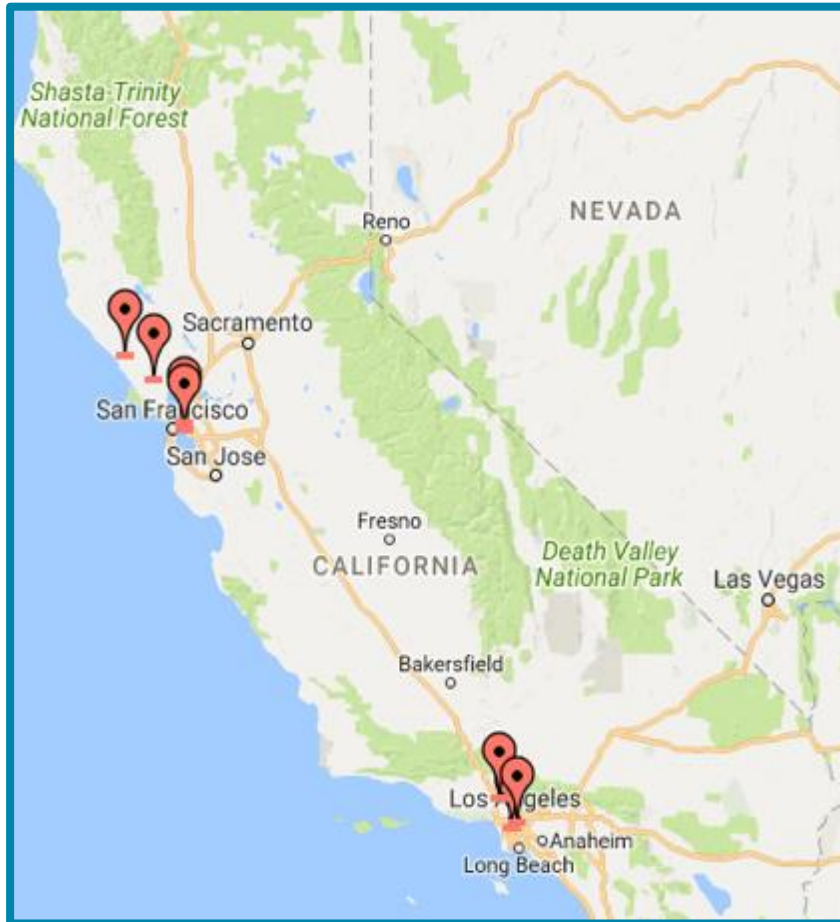
- **What:** Last In-Person Session
- **What:** Team sharing & sustainability

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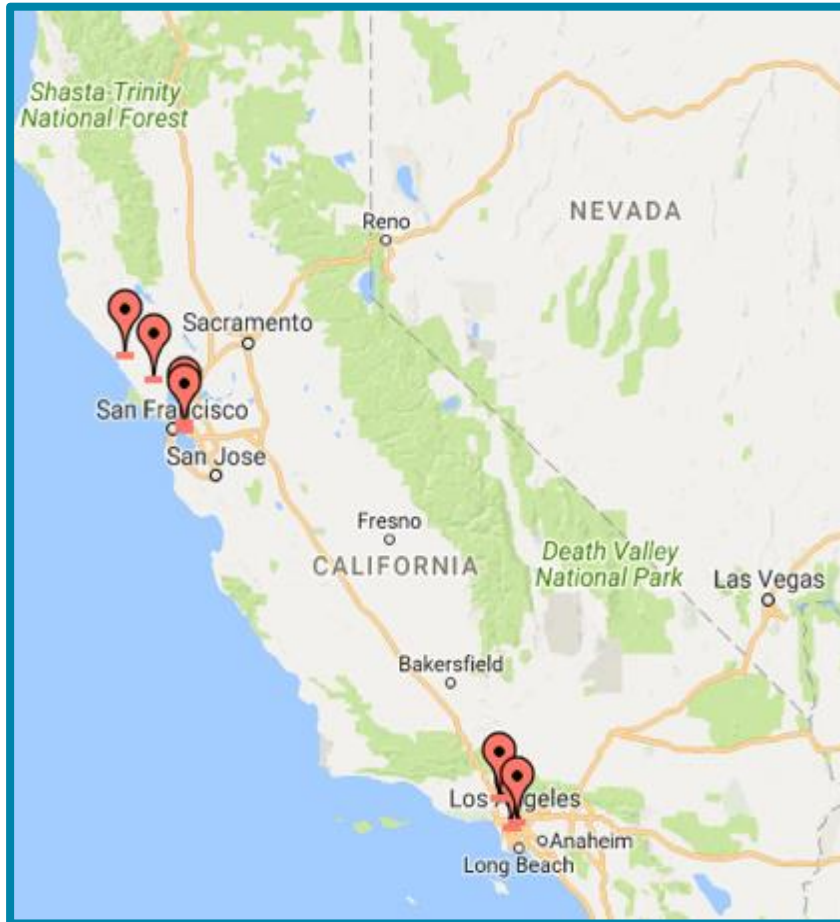
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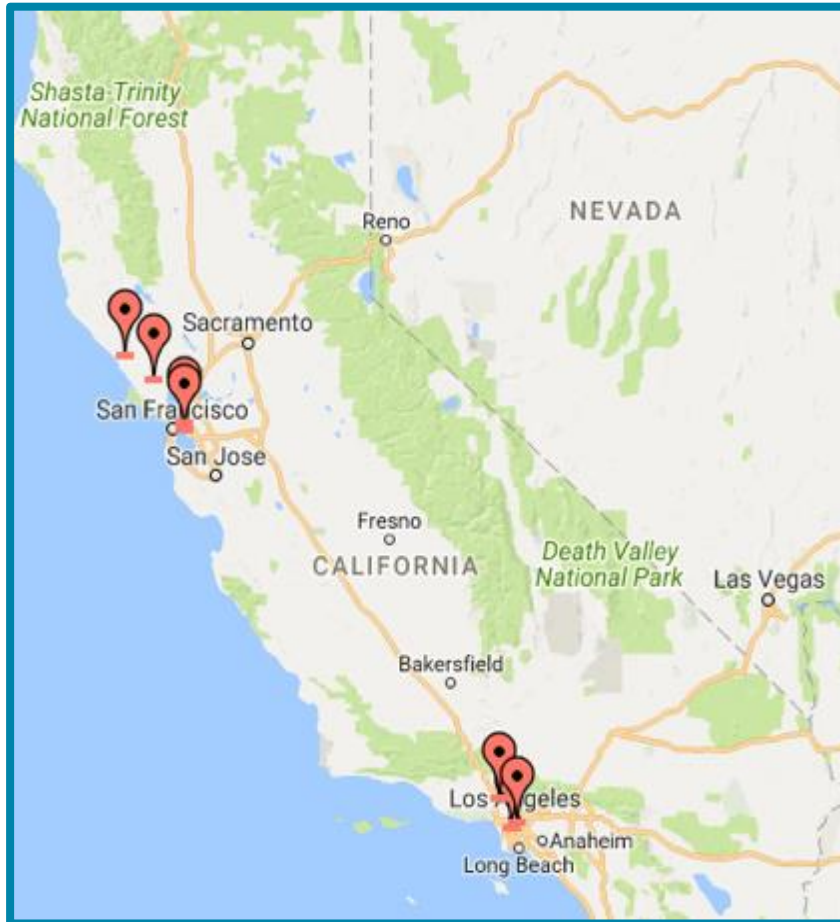
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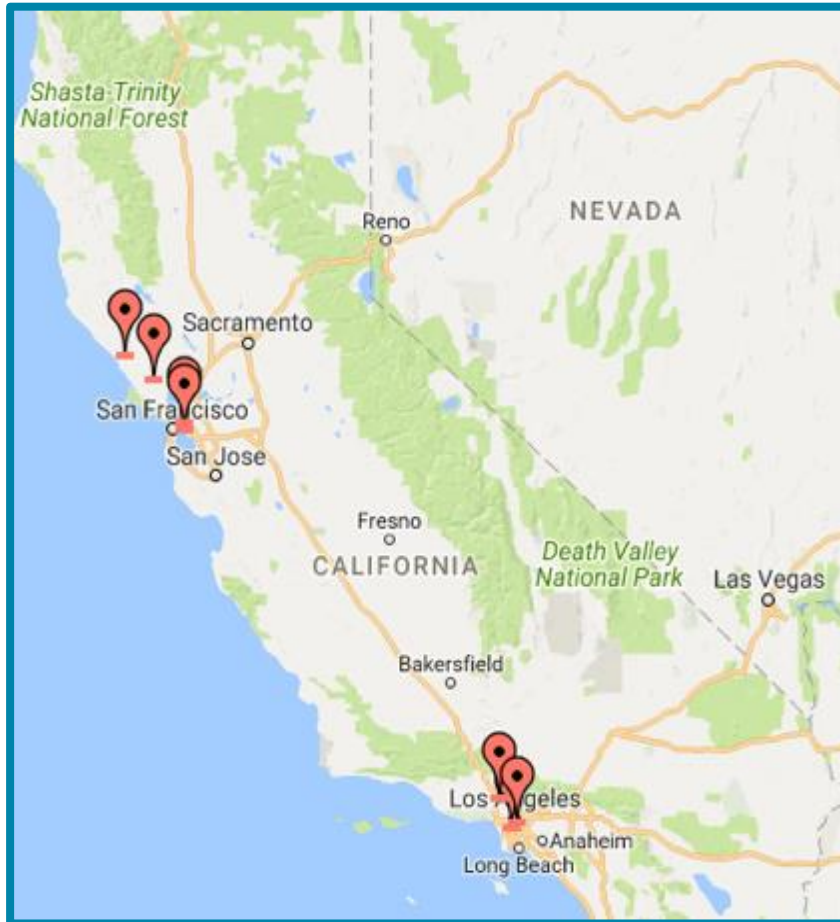
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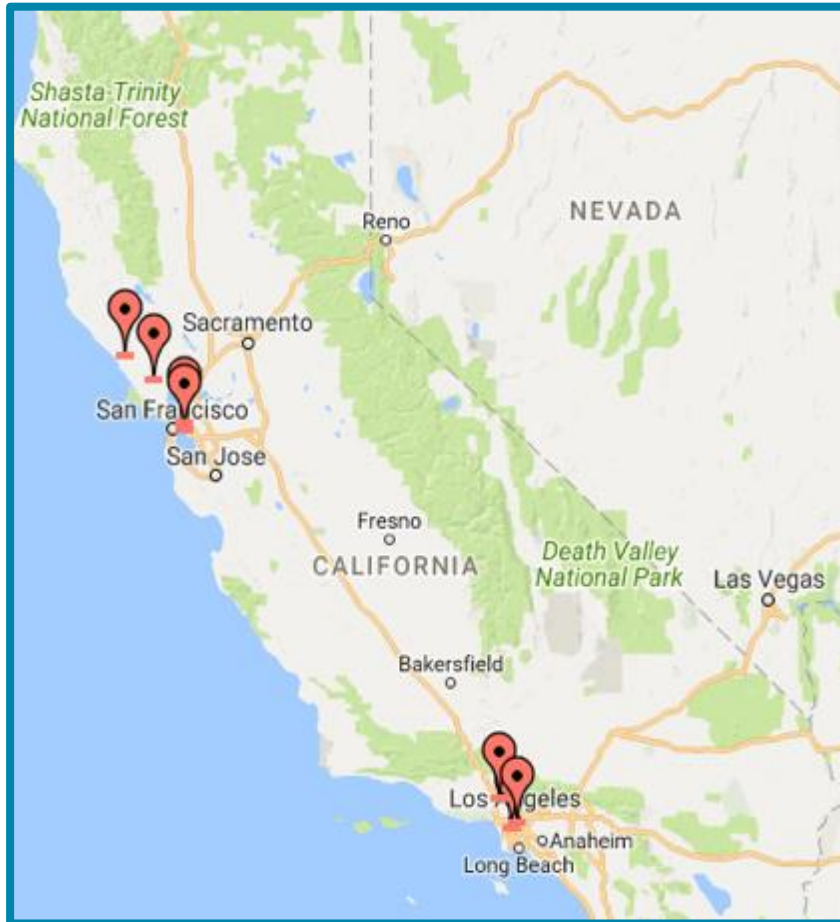
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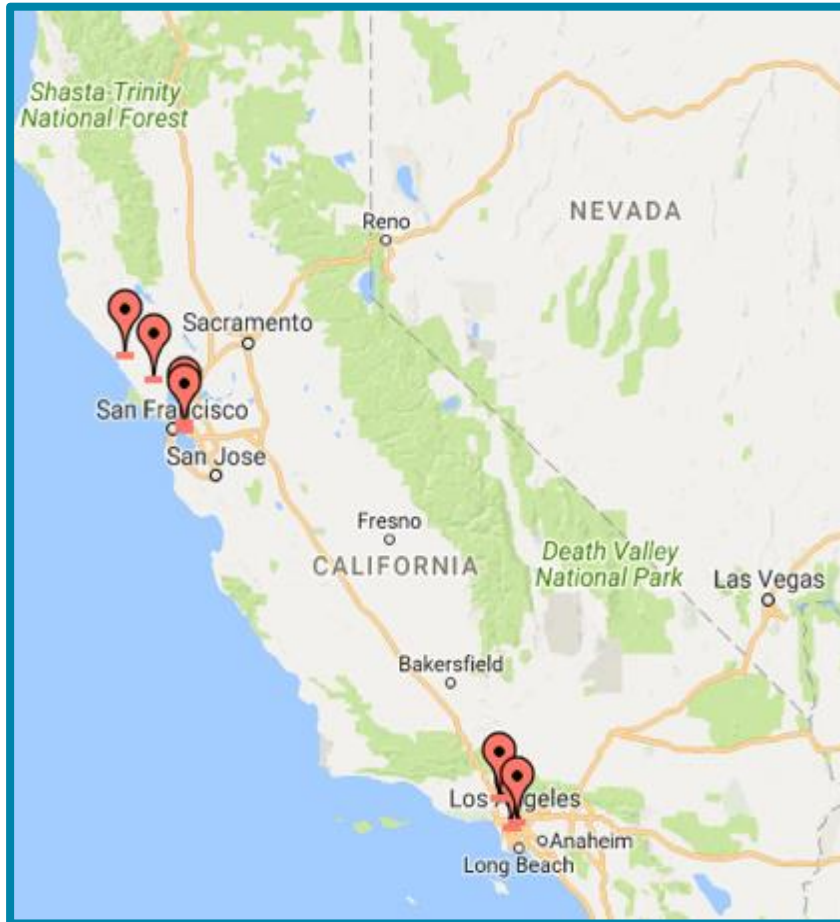
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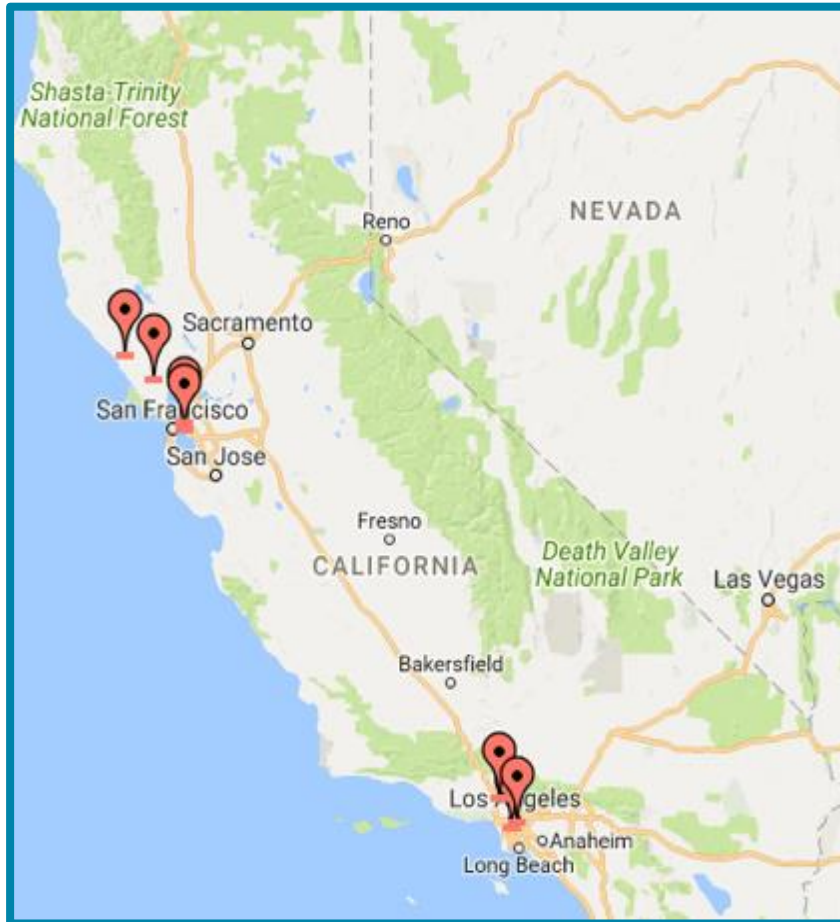
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ELEVATION
HEALTH PARTNERS

ELEVATING HEALTH FOR ALL

Addressing Patient Needs with Empathic Inquiry

Center for Care Innovations

Presented by: Elevation Health Partners

May 10, 2018, 12:00 pm - 1:00 pm



Objectives

By the end of the webinar participants will:

1. Understand what empathy is and the benefits of listening with empathy
2. Understand empathic inquiry strategies to help staff feel more comfortable addressing social determinants of health with patients
3. Become familiar with techniques used for listening to underlying feelings, needs and values
4. Be able to explain how cultural humility and empathic inquiry will assist all providers/staff in working with patients
5. Hear a patient story from one of the ROOTS participating clinics

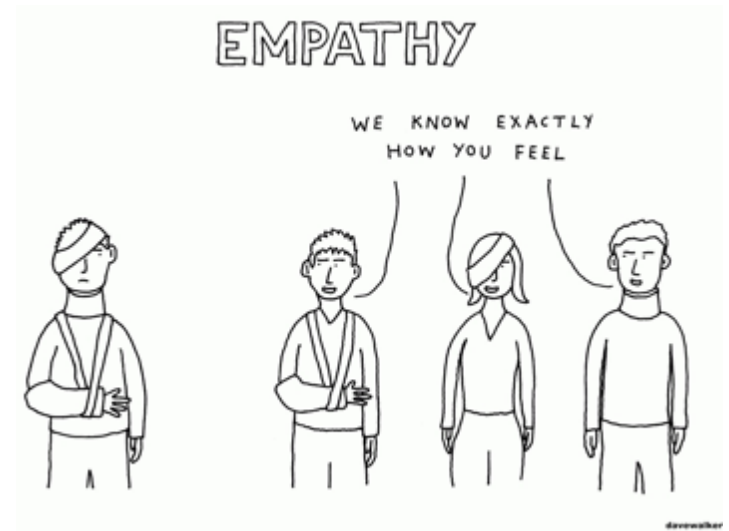


Empathy



Empathy

- What is empathy?
 - Understanding or feeling what another person is experiencing from the other person's frame of reference/point of view
 - The ability to put yourself in another's shoes
- Allows a person to feel understood, validated and respected
- Important in the building of relationships



Patient Story

- Northeast Valley Health Corporation
- Claudia Aceves-Vargas: Patient Care Navigator assigned to work on pilot PRAPARE project to assess and address SDOH
 - Mr. Gomez – 72 year old Hispanic male – diabetic
 - Referred by FMCC (care coordinator at Northeast Valley)



Empathic Inquiry

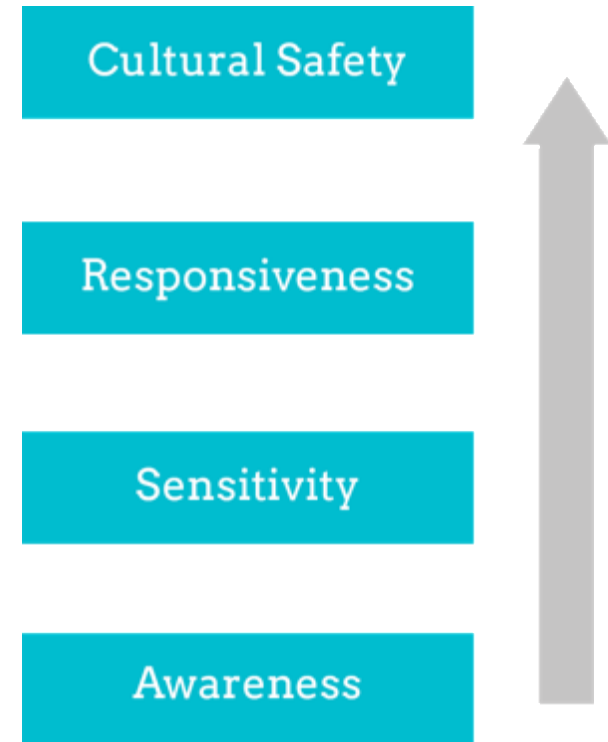
Uses empathy as a vehicle and draws upon:

- Motivational interviewing
- Communication skill building
- Cultural humility



Cultural Humility

- What is it?
 - Respectful attitude toward individuals of other cultures that pushes us to challenge our own cultural biases
 - It allows us to realize we cannot possibly know everything about other cultures
- How do we respond?
 - Increasing sensitivity regarding each person's culture while knowing we have our own set of bias
- Tip – different from Cultural Competence because it is more than knowing someone's culture – it's about asking the questions about that person – your patient's experience



Empathic Inquiry: Skill Building

What are the most important skills needed for empathic inquiry?

- Listening without judgement
- Respect
- Empower through "ask"
- Ask (strengths, interests, positives)



Four C's in Empathic Inquiry

- Communication
- Connection
- Compassion
- Confidence



With these components, you are able to create a trusting and respectful relationship



Connecting and Empowering

- When patients walk in the door, they are looking for assistance
- Connecting creates the ability to empower
- Smile – handshake: little things that go so far

Goal of person-directed care is for patients to:

- Empower themselves
- Empower their word – this is where listening comes in



Empathic Inquiry Skill Building

How can we tell when someone is listening?

- Sensitivity
- In person – body language
- Voice inflection



Language Matters



"Of course I'm listening to your expression of spiritual suffering. Don't you see me making eye contact, striking an open posture, leaning towards you and nodding empathetically?"

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- The words we use have a great impact
 - Keep words relatable
 - Match sophistication of speech while keeping it professional
- Body language plays a big role in communication
 - Eye contact
 - Arm/hands/legs placement



Empathic Inquiry in Person-Directed Care

By using empathy in our communication with others it will:

- Assist in the patient stating needs as well as their desires
- Allow for increased clarification of the value and importance of each one of those things to the person's health
- Allow for exploration of obstacles and barriers related to SDOH
 - The need to explore/ask about these issues may be easier for patients to understand why they are asked these questions that they may have not connected to their health



Patient Perspective and Empathic Inquiry

What do patients think when they come in for care?

- Am I welcome here?
 - Do they care about my worries, my comfort, whether this is convenient?
- Do I belong here?
 - Are other people like me here getting care or giving it?
- Can I trust these people/this clinic?
 - Is my privacy protected?
- Are they going to ask me what I think about my care?
- Do they listen to my opinions/story?
- Do we discuss what to do next?
- Do I have the final say?



Barriers to Empathy

What gets in the way?

- Difficulty in communication– language
- Lack of two way communication
- Body language
- Example of when it is hard to express empathy



Empathic Inquiry and SDOH

- What tool is being used to obtain information from patients?
 - Who else is in room/setting/privacy concerns?
 - What are their thoughts?
 - Pause. Further assess or connect?
 - Ask questions to clarify and assess
 - Remember to listen
 - No judgment
 - Resource connections – turning it to the pros



Example: Screening for Food Access

- **By all staff:** “We ask all of our patients about food access because it’s such an important part of managing your health.” – Ask question now
- **Patient:** Responds to questions asked and states hesitantly and in a soft voice, “I just have trouble getting enough food to feed my family.”
- **Provider:** “That must be really hard. I’m glad you shared your situation with me because both the kinds of foods you eat – and don’t eat – and the amounts you are able to buy for you and your family are important for your overall health and affect the way you feel.”
- **Patient:** “Yes - That makes sense but I am not sure what to do.”
- **Provider:** “I would like to refer you to someone that can provide you with resource help. How do you feel about that?”
- **Patient:** “I think that would be ok – thank you.”
- **Provider:** “Thank you for sharing this difficult situation with me. I care and I appreciate your openness and am hopeful we can assist you. This will be a step toward improving both your health and that of your family.”



Example: Screening for Transportation

- **Care Coordinator:** “Getting to your appointments is very important. Is it okay if I ask you this question about transportation?” If patient answers that it is okay, ask:

“Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?”
- **Patient:** Responds yes or sometimes to question and states that he doesn’t have a car and the buses don’t run near where he lives.
- **Care Coordinator:** “That must be really hard. Thank you for sharing that with me. I’d like to help connect you with the Patient Navigator who can help with resources that can provide different kinds of transportation help. How do you feel about that?”
- **Patient:** “I hear what you are saying but I know that the services don’t always work... I am willing to speak to someone though.”
- **Care Coordinator:** “Thank you for sharing your experience with transportation services with me. I am hopeful we find reliable transportation options to make sure you can get to your appointments. It will allow us to help you with your diabetes and helps you get in under control.”



Example: Screening for Housing Concerns

- **Pt. Navigator:** “You were asked when you registered about housing, and housing is an important issue, so with your permission, I’d like to ask you about your situation. Is that ok?” If Pt. responds with a yes/ok ask question.
- **Patient:** Responds to question asked and states, “I have a place for my family but I always am afraid that I won’t be able to pay my rent.”
- **Pt Navigator:** “That must be really hard. I’m glad you shared your situation with me. Is it okay if I get a bit more information from you so that I can try to direct you for the right kind of assistance?”
- Example questions:
 - Do they have a place tonight?
 - What does this mean exactly?
 - Is homeless now or expected?
 - How many people does this affect in addition to them?
- **Patient:** “Yes – It’s embarrassing so I don’t like people to know that every month we struggle to pay the rent and I have to make hard choices to pay rent or get medicine sometimes.”
- **Pt Navigator:** “I would like to refer you to someone that can provide you with resource assistance. How do you feel about that?”
- **Patient:** “I think that would be ok – thank you.”
- **Pt. Navigator:** “Thank you for sharing this difficult situation with me. I care and I appreciate your openness and am hopeful we can assist you.”



Example: Screening Safety Concerns

- **Question often asked by MA during intake:** “Do you feel physically and emotionally safe where you currently live?” (Also can be asked as domestic violence)
- **Patient:** Patient shares that she is being harassed by apartment manager and fearful that every time she leaves her apartment he will be there. She gets visibly upset when stating the information.
- **MA:** “How frightening! I’m so sorry to hear this and appreciate that you are sharing this with me as clearly it makes you feel anxious and threatened. I want you to know you are not alone. Would you be willing to speak with someone more about this?”
- **Patient:** “I’m not sure I like the idea of talking to someone else because I don’t know what could be done but if you think it would be helpful I guess I could try.”
- **MA:** “I’d like to make sure we can help you with this situation. I’d like to refer you to behavioral health who can get a better sense of what is happening and will know how to guide you regarding your options. She will also be able to provide tools to help you feel more in control of the situation.”
- **Patient:** “Ok I will speak to someone as long as she is a female. My apartment manager is a man and I don’t want to open up to a man right now.”
- **MA:** “Again, thank you for sharing this situation with me. I care and thank you for your openness. Talking to a professional to help guide you regarding steps to deal with your situation is a great first step. “



Example: Screening Emotions

- **Prior to asking question by Patient Navigator from PRAPARE Tool:** “I’m going to be asking you a series of questions to better understand you and any needs you might have. Is that alright with you? If Patient states this is okay, then begin tool. (this scenario is about emotional health)
- **Patient Navigator:** “Are you anxious, nervous, tense, or can’t sleep at night? Do you feel stressed at this time? Provide multiple choices answers – if Pt. states “a little bit” or “more,” ask the following question – **example only:** “How are you handling it?”
- **Patient:** Patient indicates that he is struggling with sleep and worries all the time.
- **Patient Coordinator:** “That must be really hard. I’m so sorry to hear this and appreciate that you were able to share your feelings with me. Would you be willing to speak with someone more about this?”
- **Patient:** “I’m not sure I like the idea of talking to someone else but maybe... you can make an appointment for me.”
- **Patient Coordinator:** “Again, thank you for sharing your feelings with me. I care and I appreciate your openness and am hopeful we can assist you. Talking to a professional to help you with your worries right now could really help you to sort out your concerns to feel stronger, and then sleep better, which will ultimately help you with your medical conditions as well. Can I call you to follow up and see how you are doing?”



More on Emotions

When a patient appears or expresses depression or is anxious:

- Example approach: First thing is to ask and confirm what you see: “Are you doing ok? You appear to be having a hard time and I’d like to be able to help.”
- Skill level of staff important - who is asking these questions?
- If patient is open to discussing with others: assist with referral to behavioral health
- If this is related to other social determinants of health - this is where resource knowledge will be helpful
 - Help patient create a short action plan – what will be the next steps for this patient – what is the follow up and by whom? (option based on skill level of staff)
- If they reveal potential thoughts of harm to self or others, follow protocol and get assistance from supervisor



Ending Encounter with Empathy

- Always summarize whatever has been discussed and demonstrate that it is understood
- Check to make sure nothing was missed and ask questions to ensure
- Provide referral information and/or connections where indicated
- Always ask permission for follow up
- Example final closing: “Thank you so much for sharing with me today. I want to make sure I have addressed all your questions/concerns and please know that you can reach out (provide how). Let’s make sure we look to see when you are coming in again and make arrangements for follow up. I look forward to seeing you again and helping you feel better and get the additional food you need (as an example).”



Tips to Support Staff Working in SDOH

- Very important to stress to staff: You are not responsible for how a patient feels
 - Setting boundaries are very important
 - Setting limits are very important
 - You are helping by listening and guiding and by providing resources and follow up
 - Examples of a tough situations
 - Patient begins crying
 - Patient won't stop talking
 - Patient's concerns seem overwhelming



Tips to Support Staff Working in SDOH

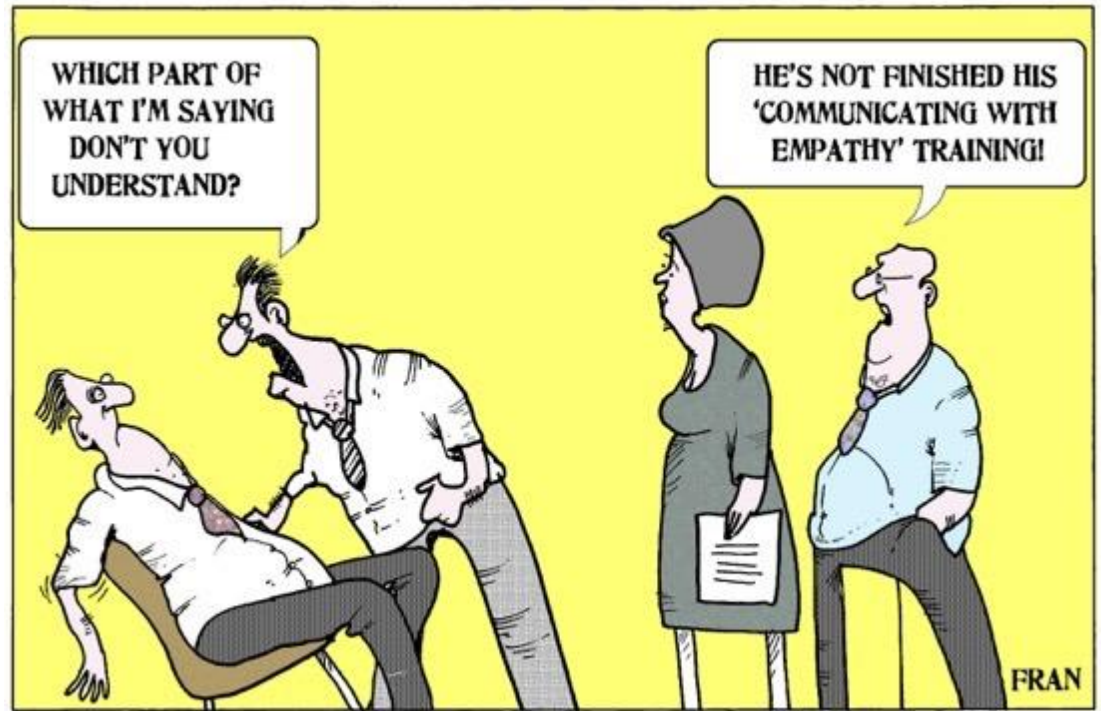
Important: Need for staff to take care of SELF

- Examples:
 - Breathe
 - Take a walk between patients (if you can)
 - Create support networks
 - Remember to engage in enjoyable activities when not at work
 - Smile and laugh (e.g., a joke emailed every day)
 - 5 minute meditations (can be downloaded)
 - Listen to music or nothing at all when leaving for day



Staff Training with Empathic Inquiry

- Training should offer experiences that increase:
 - Self-awareness
 - Listening skills
 - Awareness of the commonalities of all
 - Respect and tolerance for the differences
 - Teaching humanistic interviewing skills



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Staff Training with Empathic Inquiry

- Requires introduction (a First Step) and ongoing training follow up for all levels of staff:
 - Initial training: 4 hour minimum depending on whether it includes documentation and referral processes
 - Follow up trainings: small group along with observation
- Very important to include “teach back” and practice with role play as part of training
- Encourage practice as care teams which will encourage team work and also serve as a form of team building
- Interactive training will allow staff to become more comfortable over time and help identify specific tools which will:
 - Identify needs for more assistance
 - Increase confidence and could potentially lead to mentorship/ train the trainer



Conclusion

What does success look like with Empathic Inquiry and SODH?

- Patients are able to voice concerns
- Patients are able to feel supported and heard
- Staff are able to obtain information by creating a trusting relationship
- Patient may be more open to accepting of social connections and willing to take action
- These actions lead to increased patient engagement and empowerment



Questions



Carol Bernstein, MPH, LCSW

Carol Bernstein is a Senior Integrative Health Consultant at Elevation Health Partners. She is a seasoned and success driven health care professional and LCSW with extensive experience consulting and managing programs and projects in both clinical and educational health care environments.



Carol has extensive experience working collaboratively with both leadership and staff teams to facilitate dialogues for change and creation of new models of care delivery. With over 30 years of experience creating, implementing and delivering education programs for all levels of professionals and clients focused on communication, motivation, wellness, mindfulness, resilience, goal setting, weight management and insomnia, Carol works collaboratively with leadership and staff teams to facilitate dialogues for change and creation of new models of care delivery.

Using evidence based methodology, and previous experience from 20 years at Kaiser Permanente, Carol has tailored Elevation Health Partners Motivational Skill Building and Empathy workshops to meet the unique and specific needs of Los Angeles Federally Qualified Health Centers. Participants include executive team members, providers, practitioners and ancillary staff. Her work has evolved from years of active listening and engaging in brainstorming sessions with her health teams and clients. Recently, Carol has been working with providers and care teams to stress the need for connection and the link between empathic inquiry and effort and stronger relationships with patients that better lead to changing patient behaviors.

Carol holds a Masters of Social Work and Masters in Public Health from Columbia University in New York and a Bachelors of Art in Social Ecology from the University of California, Irvine. Carol is a LCSW from the state of California.




Thank you!

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