The Privilege of Being Busy: Balancing Productivity & Patient Experience

Margaret Leaf, MS
Gregg Heatley, MD, MMM
About UW Health

Nationally recognized academic health system associated with the University of Wisconsin-Madison School of Medicine and Public Health:

- UW School of Medicine and Public Health: 1500+ faculty, 17 clinical depts
- University Hospital: 505-bed, Level One adult and pediatric trauma center
- American Family Children’s Hospital: 87-bed pediatric facility w/ NICU
  - UW Health at the American Center: 56-bed, community-based facility
  - UW Health Rehabilitation Hospital: 50-bed, post-acute inpatient rehab facility
- 6 Regional Cancer Centers
- Regional division including 333-bed SwedishAmerican Hospital (Rockford, IL)
- More than 80 outpatient sites
- More than 600,000 patients each year
Speakers

Margaret Leaf, MS
- Senior Patient Experience Analyst
- M.S. in Sociology

Gregg Heatley, MD, MMM
- Vice Chair, Department of Ophthalmology and Visual Sciences
- Veteran of Ambulatory Patient Experience Development Processes and Politics
- Active Clinician (50% time)
Providers asked us…

• How can I give patients more attention when I’m being pressured to see more of them?

• How can I connect without lengthening the visit?

• My practice is different/busier/more complex -- does this “patient experience stuff” really apply to me?
• Is there a relationship between visit volume and patient satisfaction?
  
  $X = \text{Volume (Visits per session)}$
  
  $Y = \text{Patient Experience (Ambulatory Patient Satisfaction Survey Results)}$
  
• Analysis yielded inconclusive results
  – Variation by specialty
  – Variation by survey question
Volume has mostly positive effect on scores in these specialties:

- Family Medicine
- Medicine
- Pediatrics
- Surgery
- Urology

Volume has mostly negative effect on scores in these specialties:

- Neurosurgery
- Ob/Gyn
- Ortho/Rehab

Mixed bag (no effect OR both positive & negative effects): Dermatology, Neurology, Ophthalmology
Secondary Research

- Higher workload negatively associated with patient satisfaction – but moderated by relational climate\textsuperscript{4}
- Communication skills (rapport building, up-front agenda setting, and acknowledging emotional cues) can maximize efficiency\textsuperscript{3}
- Patients’ perception of visit length and wait times – rather than actual duration – linked to patient satisfaction\textsuperscript{2,6}
- Physicians feeling “rushed” had no impact on patient satisfaction\textsuperscript{2}
- Part-time PCP productivity was greater than full-time PCP productivity, but both part-time and full-time PCPs had similar patient satisfaction\textsuperscript{1,5}

1. Fairchild et al., 2001, J Gen Intern Med
2. Lin et al., 2001, Arch Intern Med
4. Mohr et al, 2013, Med Care
5. Parkerton et al., 2003, J Gen intern Med
The challenge…

We found providers who are both clinically busy and high-performing in patient experience:

What can we learn from them?
Defining the sample

- Identified 10 providers with:
  - Significantly more (> 1 SD) visits per session than average (compared to UW Health and within specialty)
  - Performance in the top quartile at UW Health in 3 provider communication survey items
    - Provider explained things in a way I could understand
    - Provider gave me a chance to provide input to decisions
    - Provider showed concern and sensitivity to my needs
Qualitative Research

• Completed 10 semi-structured interviews (30-60min):
  – 7 Physicians, 3 Advanced Practice Providers
  – Physicians included 1 Department Chair, 2 Vice Chairs, and 2 Medical Directors

• Completed 1 observation in clinic (~2 hours)

• Coded and analyzed 124 pages of transcribed data (constant comparative method)
Interview Framework

1. Describe a good day in clinic.
2. What challenges have you faced in trying to connect with patients?
3. What have you learned from your “off” days?
4. What motivates you to come to work every day?
5. How does your clinic team affect your connection with patients?
6. How much time do you feel you need to connect with patients?
7. How did you learn to communicate with patients?
8. What would you tell MDs who see connecting with patients as a barrier to their productivity?
15 major codes across 6 themes

**Time Management:** Preparation, Agenda Setting, Focusing

**Connecting:** Providing Assurance, Building Trust/Rapport

**Navigating Challenges:** Running behind, Managing technology/EMR

**Learning:** Humility, Experience, Training

**Working Together:** Communication with Staff, Clinic Environment

**Motivation:** Job Satisfaction, Helping Others, Privilege
“The whole philosophy of doing this job, despite the frustrations of all the computer and administrative stuff, it’s just, it’s almost an unimaginable privilege to be invited into the lives of families and children, to be able to partner with them, to help them.”

- Pediatrician
Attitude of Gratitude

• In addition to expressing engagement and personal fulfillment in their work (e.g. helping patients, teaching residents, working with a great team), these providers also expressed gratitude, viewing their work as a “privilege” and feeling “fortunate” to be busy.

• This “attitude of gratitude” emerged early in the project as key to sincerely connecting with patients, even in complicated, hurried, or less-than-ideal circumstances.

• Providers generally saw a busy day as an opportunity for more connections rather than a barrier to connecting.
Attitude of Gratitude: Interview quotes

“You get to help people help people....And so I think of it as getting on the pyramid of making the world as much a better place as you can, beyond what you can touch yourself.” (Ophthalmologist)

“I like patients. I like taking care of people. I like working with our residents, who are probably the best residents in the United States....I like my colleagues and friends, so it’s a privilege to do what we do.” (Surgeon)

“It’s nice to say after almost 10 years here, I don’t have any desire to go anywhere else. I like what I do. I like the people that I work with. I’m very fortunate.” (Physician Assistant, Surgery)
Providers can improve their effectiveness and efficiency – and improve their patients’ experience of care – if they can simultaneously:

(A) Maintain an “attitude of gratitude,” even in a busy practice, and

(B) Manifest that sense of gratitude in their communication with patients
“It’s a really unique and amazing thing to be so intimately involved with people’s health”

“I want to make a difference for people”

“I think it’s about challenging yourself to be better”

“There’s lots of good doctors, but you can be a great doctor”
Limitations

- Qualitative research builds theory and understanding – but not necessarily generalizable
- Our primary question: What can we learn from clinically busy, high-performing providers?
- Provider engagement and motivation emerged as themes, but we did not solicit specific ideas re: how to increase motivation and sense of gratitude. Further research needed.
Addressing Skeptics:
What would you tell a provider who sees connecting to patients as a barrier to productivity?

“Making that connection helps people trust you more, so they may open up more quickly. **So it might actually save you time if they trust you** enough to say, ‘I’m worried I’m pregnant.’” (Pediatrician)

“It’s part of the deal. **It would be, for a surgeon, not closing the wound.** Or for an internist, diagnosing diabetes and not treating it. I think most people, if they reach back to the reason they went into medicine to begin with, they will remember that.” (Surgeon)

“They’re in the wrong line of work. I do tell them that. I’m very vocal about that. We need to select doctors better. **Or, if they’re like 98 percent of people who respond to the way they’re taught, you know, train them better about things like this.**” (Neurosurgeon)

“That’s kind of the point of why we’re here... to help people and help make a difference. I think that connection is going to (1) help in their support structure, (2) make a difference in their outcome, and (3) they’re going to come back and see you again because of it.” (Physician Assistant, Family Medicine)
1. Focus first on building a culture of empathy and connection, rather than focusing on scores (patient satisfaction and/or operational efficiency). The scores will improve if the patient-provider connection improves.
Tactics: What Leaders Can Do

2. Emphasize in messaging the link between quality, productivity, and patient experience – e.g. the better providers connect with patients, the more quickly patients will trust them and adhere to treatment.

It is possible to connect well AND be efficient and productive.
Tactics: What Leaders Can Do

3. Support provider engagement, and emphasize its connection to patient experience.

“If a doctor is not really enjoying what they’re doing, then they need to look seriously at that, because the patients will pick up on it.” (Family Medicine Physician)

“If you don’t love what you do, you’re not going to be good....If you love what you do, patients do notice that.” (Dermatologist)
4. Recognize limitations. Additional resources may be needed if providers feel they are drowning or constantly running behind.

“I say, ‘Hi, I’m sorry to keep you waiting.’ That’s usually my line that I say to everyone when I walk in. Because I’m usually, I think for all of us... I think we all feel like we’re running behind.” (Family Medicine Physician)
Tactics: What Providers Can Do (In the visit)

1. PREPARE
   - Adjust your template/schedule when possible.
   - Review the chart before the visit.
   - Lean on your team to help you prepare.

2. CONNECT
   - Make eye contact with the patient, introduce yourself, shake hands, and/or sit.
   - Apologize if you’re running behind.
   - Connect on something personal. Use humor, if appropriate.
   - Maintain the connection with the patient while using the computer/EMR.

3. FOCUS
   - Set the agenda from the start. Explain things in a way patients can understand.
   - Beware of “fluff” and “hidden agendas” and steer the visit back.

4. REVIEW
   - Review next steps.
   - Ask what other questions they have.
Tactics: What Providers Can Do

1. **Prepare** before entering the room. Review the chart before the visit, and lean on staff to help prepare both you and the patient.

   “In general, the way I run clinics are that I prepare before I enter the room... What’s his history? Did we get this report from another hospital? So I’m thoroughly versed. It takes a couple of minutes. It’s well spent.”
   (Neurosurgeon)

   “So if the fellow goes in and just sits and listens, often the patient is then ready for me to come in....And I can give their whole spiel in 30 seconds or 45 seconds.... It takes them from being insulted at how little time I spent to impressed by how much I knew before I even walked in.”
   (Ophthalmologist)
2. **Connect** quickly and sincerely: Make eye contact, introduce yourself, apologize if you’re running behind. Connect on something personal.

“I try to do what I was taught. Sit down and look at people in the eye. Don’t stand by the door and act like you’re in a hurry. Just really sit there and take a nice big breath.” (Pediatrician)

“I try to remember some connection beyond their problem. And it may be the patient, it may be the family. I mean, parents usually are pretty excited when you remember something about their kid.” (Surgeon)
3. **Focus** by reviewing the agenda at the start, and setting limits.

“If people come in with 10 things in a 10-minute appointment, that’s hard. And so, trying to set limits with them without making them feel bad about it. And usually I’ll put it on me, and I’ll be like, ‘That’s way too many things for me to deal with all at once, so how about pick 2 and we’ll do those, and then let’s set up another time for you to come back.” (Pediatrician)
Tactics: What Providers Can Do

4. **Review** next steps, and ask what other questions they have.

“I’ll say, ‘These are the instructions, does this make sense to you? Do these prescriptions make sense to you? Do you have any questions about that?’” (Physician Assistant, Family Medicine)

“They tend to leave feeling that they’re empowered...and it has nothing to do with time. It has everything to do with – did you cover what’s important to them?” (Neurosurgeon)
Tactics: What Providers Can Do

1. **Realize that connecting with patients does not require a naturally extroverted personality.** Several providers interviewed were decidedly introverted, but found comfort, value, and purpose in the intimate one-on-one connections with individual patients.

2. For providers who have the “attitude of gratitude,” but struggle with how to manifest it, **ask to be observed** and seek out and practice communication skills. Approach these tools as methods of expressing provider engagement.

3. **Focus on what you can change.** Providers have more control over the attitude they bring to each patient encounter than the administrative challenges that surround it.
“It” has nothing to do with how busy the providers are
“It” is not about the satisfaction metrics
“It” is not a product that we sell
“It” is about building relationships between people
“It” is a sense of Purpose

“It has nothing to do with time. It has everything to do with - did you cover what’s important to them?” (Neurosurgeon)
It’s A Sense of *Purpose*

Providers should *actively seek* that sense of purpose
Providers should *express* that sense of purpose to their patients

- It only takes longer if it’s an artifice
- If it’s genuine, it comes through in every word and action

Institutions should actively nurture it in their staff

Institutions should create and maintain work environments that support the sense of *Purpose*
Discussion

Margaret Leaf, MS
Senior Patient Experience Analyst
mleaf@uwhealth.org

Gregg Heatley, MD, MMM
Vice Chair, Department of Ophthalmology and Visual Sciences
gheatley@wisc.edu
The Privilege of Being Busy:
Balancing Productivity & Patient Experience
Margaret Leaf, MS (mleaf@uwhealth.org) and Gregg Heatley, MD, MMM (gheatley@wisc.edu) - UW Health

WHAT WE DID: Quantitative and Qualitative Analysis

<table>
<thead>
<tr>
<th>Quantitative Analysis of patient satisfaction and volume (visits per session) yielded mixed results</th>
<th>We found no pattern across specialties or by question/topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconclusive quantitative results prompted qualitative investigation</td>
<td>We found providers on the high end of both scales – what can we learn from them?</td>
</tr>
<tr>
<td>Identified 10 providers with significantly more (&gt;1 SD above average) visits per session than average (compared to UW Health and within specialty) AND who performed in top quartile in provider communication metrics</td>
<td>We completed 10 interviews (30-60min) and 1 in-clinic observation</td>
</tr>
<tr>
<td>Interviewees included 7 physicians and 3 advanced practice providers, representing 7 specialties</td>
<td>Physician interviewees included 1 chair, 2 vice chairs, and 2 medical directors</td>
</tr>
<tr>
<td>Coded and analyzed 124 pages of transcribed data</td>
<td>Identified 15 major codes across 6 themes</td>
</tr>
</tbody>
</table>

WHAT WE LEARNED: “An Unimaginable Privilege”

- All 10 providers expressed engagement and personal fulfillment in their work (e.g. helping patients, teaching residents, working with a great team).

- Alongside their engagement, they also expressed gratitude, viewing their work as a “privilege” and feeling “fortunate” to be busy. As one pediatrician stated:

  “It’s almost an unimaginable privilege to be invited into the lives of families and children.”

- This “attitude of gratitude” emerged early in the project as key to sincerely connecting with patients, even in complicated, hurried, or otherwise less-than-ideal circumstances.

- Although these providers recognized that being overbooked can be challenging, they generally saw a busy day as an opportunity for more connections rather than a barrier to connecting.

- Providers who can (a) maintain an “attitude of gratitude” and (b) manifest that sense of gratitude in their communication with patients will in turn be more effective and efficient, and improve their patients’ care experience.

WHAT YOU CAN DO: Tactics for Leaders and Providers

Leaders:
1. Focus first on building a culture of empathy, rather than focusing on scores (patient satisfaction and/or operational efficiency). The scores will improve if the patient-provider connection improves.
2. Emphasize in messaging the link between quality, productivity, and patient experience – e.g. the better providers connect with patients, the more quickly patients will trust them and adhere to treatment. It’s possible to connect well AND be efficient and productive.
3. Support provider engagement, and emphasize its connection to patient experience. As one provider said, “If you don’t love what you do, you’re not going to be good.”
4. Recognize limitations: Templates may need to be adjusted if providers feel they are “drowning” or constantly running behind.

Providers:
1. In the visit: Prepare (review chart, lean on team), Connect (sit, make eye contact, connect on something personal), Focus (set agenda, steer visit), Review (next steps, closing questions).
2. Connecting with patients does not require a naturally extroverted personality. Some providers we interviewed were decidedly introverted, but found comfort, value, and purpose in the intimate one-on-one connections with individual patients.
3. For providers who have the “attitude of gratitude,” but struggle with how to manifest it, ask to be observed, and seek out and practice communication skills. Approach these tools as methods of expressing provider engagement.
4. Recognize limitations. Providers have more control over the attitude they bring to each patient encounter than the administrative challenges that surround it.
Privilege:
“You get to help people help people… And so I think of it as kind of getting on the pyramid of making the world as much a better place as you can beyond what you can touch yourself.” (Ophthalmologist)

“It’s a really unique and amazing thing to be so intimately involved with people’s health, and to be able to help them negotiate through life… it’s really a treasured thing.” (Pediatrician)

“I like patients. I like taking care of people. I like working with our residents, who are probably the best residents in the United States… I like my colleagues and friends, so it’s a privilege to do what we do.” (Surgeon)

Prepare:
“In general, the way I run clinics are that I prepare before I enter the room… I review the films I’m going to be talking about, the results, or their case, or what I’ve got. What’s his history? Did we get this report from another hospital? So I’m thoroughly versed. It takes a couple of minutes. It’s well spent.” (Neurosurgeon)

“So if the fellow goes in and just sits and listens, often the patient is then ready for me to come in… And I can give their whole spiel in 30 seconds or 45 seconds, and they know full well that I know the details that are important… It takes them from being insulted at how little time I spent to impressed by how much I knew before I even walked in.” (Ophthalmologist)

Connect:
“I try to do what I was taught. Sit down and look at people in the eye. Don’t stand by the door or act like you’re in a hurry. Just really sit there and take a nice big breath.” (Pediatrician)

“I try with my patients to remember some connection beyond their problem. And it may be the patient, it may be the family. I mean, parents usually are pretty excited when you remember something about their kid, so that there’s a little bit of a connection outside of whatever the main problem is.” (Surgeon)

Focus:
“I find if I follow their agenda instead of mine, I get off track and I forget something. Or they’ll ask me something, and I’ll say, ‘I’m going to get into that a little bit more later.’ So, trying not to brush them off, but trying to put it in the context of where I think it comes up better in the visit.” (Nurse Practitioner, Internal Medicine)

“If people come with 10 things in a 10-minute appointment, that’s hard. And so, trying to set limits with them without making them feel bad about it. And usually I’ll put it on me, and I’ll be like, ‘That’s way too many things for me to deal with all at once, so how about pick 2 and we’ll do those, and then let’s set up another time for you to come back.’” (Pediatrician)

Review:
“I’ll say, these are the instructions, does this make sense to you? Do these prescriptions make sense to you? Do you have any questions about that? And I’ll review what I put in their order… And then I’ll just make sure that they don’t have any questions before they leave.” (Physician Assistant, Family Medicine)

“They tend to leave feeling that they’re empowered… and it has nothing to do with time. It has everything to do with – did you cover what’s important to them?” (Neurosurgeon)