

Mission Ready: Changing the Clinical Conversation

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VHA Mission

**Honor America's Veterans by
providing exceptional healthcare
that improves
their **health** and **well-being**.**

VHA is committed to serving those who have served

Individuals serving in the military can have unique service related health risks. The Veteran Healthcare Administration (VHA) is committed to offering Veterans personalized proactive patient driven care (PPPDC) to meet these needs.

A Transformative Model

Contemporary

- Focused on disease
- Physician-directed
- Disease management
- Find it, fix it
- Reactive
- Sporadic
- Biomedical interventions
- Individual left to enact

Patient Centered

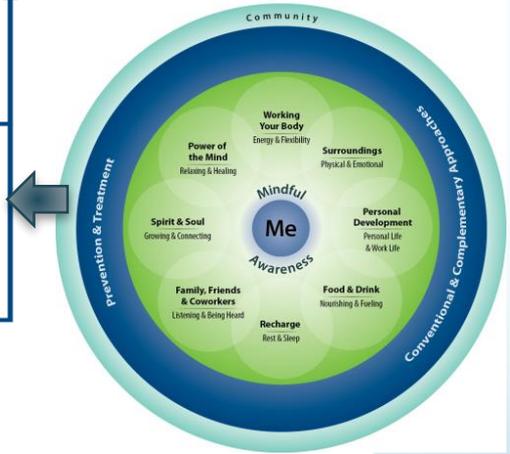
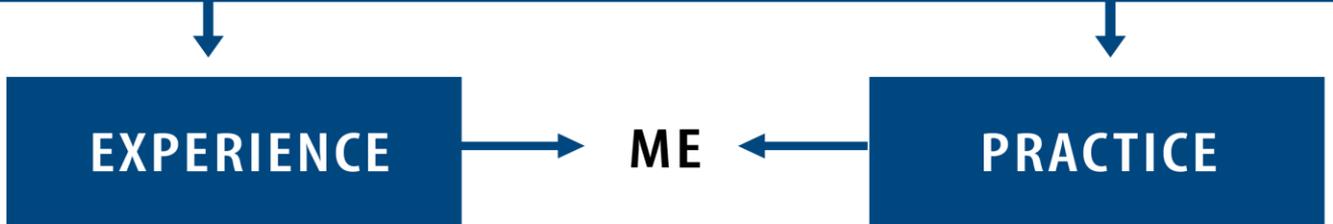
- Focused on the person
- Partnership with a team
- Health optimization
- Identify risk, minimize it
- Proactive
- Lifelong planning
- Whole person approach
- Resources & tools for implementation

Communication in the Outpatient Environment

Communication between Veterans and their healthcare team is a critical element of the transition to Veteran focused care. Changing the clinical conversation requires the reframing of healthcare professionals from “clinical experts” to “personal guides”. Evidence suggests patient satisfaction and outcomes can be influenced by improved communication.



ELEMENTS OF PERSONALIZED, PROACTIVE, PATIENT-DRIVEN CARE



INTEGRITY • COMMITMENT • ADVOCACY • RESPECT • EXCELLENCE

Systematic Review Objective:

Perform a literature review using CINAHL and Medline databases to answer the following PICO question:

“What evidence-based, patient-provider communication strategies encourage active patient involvement in the clinical setting?”



PICO components

- The “P” in this case, represents **provider interactions with Veterans and families** in the outpatient clinical setting.
- The “I” represents interventions focusing on provider-Veteran strategies to **encourage collaboration** during healthcare interactions.
- The “C” represents comparison to **provider directed interactions** in the outpatient clinical setting.
- The “O” stands for outcome studied and how strategies can be applied to enhance the patient’s experience. In this case, the outcome measured will be perceived **satisfaction with communication and care professionals**.

Steps Used to Identify Relevant Literature

1. Identification of potential research articles in the CINAHL and MEDLINE databases from 2006 – 2013.
Key words: patient provider communication, patient provider relationships, primary care communications, collaborative care, patient interactives, outpatient designs, electronic medical records
2. Review of results from independent database searches identifying articles relevant to the PICO question.

Steps Used to Evaluate Relevant Literature (continued)

- 3. Identification of articles appraised to confirm relevance to the PICO question using the Johns Hopkins Research and Non-Research Evidence Appraisals forms.**
- 4. Scoring and summarization of the level of evidence and quality for relevant articles using the Johns Hopkins Research and Non-Research Evidence Appraisals forms.**

Communication Evidence Table

Journal Information	Setting: VA Specific Non-VA Specific	Population/ Sample	Study Methodology	Analysis	Pertinent study findings and recommendations	Comments	Strength of Evidence Rating (JHNEB Evidence Appraisal Tools)	Quality Rating A = High B = Good C = Low/Major flaws
Becker, E., & Roblin, D. (2008). Translating primary care practice climate into patient activation. <i>Medical Care</i> , 46(8), 795-805.	Non-VA	Patients and Primary care teams	Mixed mode survey	Linear regression	Supporting trusting interactions minimize imbalance of power Satisfied employees associated with > pt. satisfaction and activation, proactive practice teams, productive interactions between pt and providers and activated patients are critical components of Chronic Care Model	Highlights importance of provider characteristics	Level 4	A
Cardin, S. and D. McNeese-Smith (2005). "A model of bridging the gap: From theory to practice to reality." <i>Nurs Admin Q</i> 29(2): 154-161.	Non-VA	N/A	Not a research study – educational model	N/A	Discusses 5 practices of exemplary leadership Model the Way Inspire a shared vision Challenge the Process Enable Others to Act Encourage the Heart	As care providers we are all leaders, this article provides a leadership model. The authors describe leadership as a process that ordinary people use to produce extraordinary results.	Level 5	B
Cvengros, J., A. Christensen, et al. (2009). "Patient preference for and reports of provider behavior: Impact of symmetry on patient outcomes." <i>Health Psychology</i> 28(6): 660-667.	VA specific	Patients with diagnosis of diabetes	Empirical study; Quantative study	Correlation analysis Hierarchical linear modeling using SAS/STAT	Congruence in patient preferences and provider behavior impact glycemic control and patient satisfaction. A match in information sharing, shared decision-making and encouragement of self care are predictive of glycemic control. A match in patient preference and provider behavior in socioemotional support led to greater patient satisfaction	Highlights the importance of patient preference for and preception of locus of control	Level 4	A

Results of the Review

- 52 articles initially reviewed
 - 42 Related to the PICO question
 - 10 Not related to PICO question.
- Included in Evidence Table
 - 30 Research studies
 - 12 Non-Research studies
 - 6/30 VA related research studies

Summary of Research Designs Evidence and Quality

Research Designs
Level 2; good quality

- Descriptive/ observational
- Correlational
- Cross Sectional
- Mixed Model
- Causal Relationship
- Quasi-Experimental
- Population/ Health Service
- Qualitative

Non-Research Designs
Level 4; good quality

- Systematic Review
- Expert Opinion
- Concept Analysis
- Case Study
- Literature Reviews

Categories of Strategies Identified in the Literature

- Technology related interventions
 - Patient Interactive networks
 - GetWell Network (GWN)
 - Cloud based portals
 - Electronic health records (EHR)
 - Electronic tools to enhance interactions- tablets
 - Secure Messaging
- Environmental Changes
 - Change location of computer
 - Group care for chronic illness
 - Placement of chairs to encourage collaboration
- Communication Strategies
 - Starting conversations where the patient desires
 - Focus on self-care
 - Open-ended questions
 - Personal Health Inventories
- Other Strategies
 - Peer support
 - Shared decision-making
 - Organizational cultural changes
 - Scribe for transcribing

Outcomes Reported in the Literature Reviewed

- Patient satisfaction scores; Staff satisfaction scores
- Congruence between patient expectations/ care provided
- Provider communication characteristics
- Patient outcomes for chronic illnesses with team-based care
- Provider – patient communication
- Access to Care
- Urgent Care Use

Outcomes Measured at TVHS

Outpatient Composite and Reporting Measures

- How Well Doctors/Nurses Communicate
- Overall Rating of Personal Doctor/Nurse (PACT)
- Overall Rating of Health Care
- Overall Rating of VA Specialist
- Patient Satisfaction scores
- Staff satisfaction scores

Summary of the Literature Review and Table of Evidence

Important to identify and use existing evidence when available to support practice changes.

Patient-provider collaboration and decision making can increase patient satisfaction with care and promote better outcomes for Veterans with chronic illness.

Clinicians need to ask Veterans what is important to them and let the Veteran guide the conversation.

Use of VHA Personal Health Inventory can help to broaden the clinical conversation to a whole health perspective.

Patient and staff satisfaction scores will be influenced by clinical conversations

Recommendations for use at TVHS

1. Share Evidence table of patient-provider communication
2. Meet with PACT team
3. Correlate research and EBP to problem list identified by PACT
4. Plan and implement practice and process change
5. Review patient satisfaction scores
6. Evaluate practice and process change for effectiveness and adoption

Patient Centered Care

When we encourage healthcare professionals to:

- ❖ Discover and honor what is meaningful for a particular Veteran.
- ❖ Acknowledge that the healing power of belief and hope should never be overlooked.
- ❖ Include belief and hope in the relationship and care practices offered to each Veteran.

Then the Veteran's beliefs:

- ❖ Are not discarded or ignored.
- ❖ Are encouraged and respected.
- ❖ Can be a significant factor in promoting the healing process when they are acknowledged and enabled.

Questions/Comments?