Becoming Truly Patient Centered: Using Data to Drive Prescriptive Action
Irv Rubin, PhD
temenos@lava.net

Alan Villiers, RN, MS
avilliers@gmail.com

Brandy Caston, MPPA
Health Systems Management Trainee
brandy.caston2@va.gov

The Veterans Health Administration (VHA) is responsible for providing comprehensive health care to United States military Veterans through 171 medical centers; more than 350 outpatient, community, and outreach clinics; 126 nursing home care units; and 35 domiciliaries. VA health care facilities provide a broad spectrum of medical, surgical, and rehabilitative care to the Veteran population. Veterans of the United States armed forces may be eligible for a broad range of programs and services provided by the U.S. Department of Veterans Affairs (VA). This healthcare is provided by the U.S government, and is therefore, in a sense, the longest standing example of ‘socialized medicine’ in the U.S. (1) Some veterans are required to make co-pays to receive VA health care and/or medications.

In the beginning of fiscal year 2010, the Veterans Health Administration began implementation of the patient centered medical home model, now known as PACT (Patient Aligned Care Team). The overall goal of PACT is to transform our healthcare delivery system by providing a patient centric care model. At the heart of PACT is the relationship between healthcare providers and the Veteran. Working as team members, the healthcare provider and Veteran forge a relationship that respects and honors the Veteran’s needs and expectations. Veterans report their level of satisfaction through the National "Veteran's Survey of Healthcare Experiences of Patients" (SHEP) surveys, which reflect the "Consumer Assessment of Health Providers & Systems" (CAPHS) surveys. Among the many dimensions of quality of care, the survey measures interpersonal aspects of the patient-provider experience. A high priority is the Veteran's interpersonal experience during inpatient and outpatient visits. Veterans expect the interpersonal aspects of healthcare – caring, respect, courtesy and listening – to be well-honed skills within the healthcare team.

The interpersonal aspects of care, such as caring, respect, courtesy and listening, are characterized as the "soft-stuff" of relationships. Literature supports that satisfaction with care enhances patient outcomes. Wickizer, et al found that satisfaction with interpersonal and technical aspects of care was strongly associated with the overall treatment experience. (2) Anderson and Zemke asserted that, of the five key factors driving customer satisfaction, assurance (the sense of confidence, competence and courtesy that the provider offers) and empathy (the degree of caring and attention to individual customers restate the concepts of respect, caring, courtesy and listening) are found in what is commonly called "bedside manner." (3) In the case of bedside manner, the primary foundation is the interaction between the provider and the patient yielding a positive or negative experience. (4) It is in the context of this experience that the loyalty of the patient and even the effectiveness of the patient encounter are affected. Research has confirmed that poor communication skills are associated with low levels of patient satisfaction and loyalty, higher rates of complaints, increased malpractice risk and poorer outcomes of health. (5)

Transforming Survey Data to Actionable Information
Transforming survey data into information to prioritize and drive prescriptive changes and improvements is challenging. In addition, process and method to improve the interaction between the healthcare provider and the Veteran by allowing the Veteran to have more control over the overall interaction of respect, caring, courtesy and listening is planned. Statistically, we wanted to learn firsthand if there is a correlation with a subset of survey questions addressing the soft-stuff to the Veteran’s preference for care at our facility.
Spearman’s rank correlation was applied to a sample of 370 Veteran survey responders. The 95% confidence level (p=.05) was chosen. Spearman’s Rank correlation is an appropriate statistical method to correlate the “soft-stuff” survey questions with the question, "If you could have free care outside the VA, would you choose to be hospitalized here again?" Response options include: Definitely would not, Probably would not, Probably would and Definitely would. Probably would and Definitely would are the preferred responses. We believed the four interpersonal constructs of respect, caring, courtesy and listening addressed in the survey questions below each contribute and drive the outcome the “free care” core question and assist in determining improvement priorities. Responses from the core question were paired with the following survey questions: During this hospital stay how often did:

- nurses treat you with courtesy and respect?
- nurses listen carefully to you?
- doctors treat you with courtesy and respect?
- doctors listen carefully to you?
- you feel nurses really cared about you as a person?
- doctors show respect for what you had to say?
- you feel doctors really cared about you as a person?

The questions above had the response options: Never, Sometimes, Usually and Always.

**Statistical Results**

The relationship between the constructs of respect, caring, courtesy and listening and the anchor question "If you could have free care outside of the VA..." are statistically strong. The high positive correlation (p < .0001) affirms that the constructs of respect, caring, courtesy and listening as reflected in the paired questions are the drivers for positive high scores of the anchor question at the <.0001 level across all pairs. The sample size of 370 Veteran survey respondents is limited to patients from the Columbia, Mo., VAMC. Survey data were de-identified. Respondent demographics were not stratified.

This high positive correlation gives weight and justification to the implementation of the next step in the improvement process. In the next step, each Veteran will have the opportunity to select from a list of behaviors demonstrating how he or she wishes to be treated or regarded during the hospitalization. All staff and providers who interact with each Veteran will be made aware of these Veteran Indicated Preferences. We have demonstrated the probability that a Veteran will say “Definitely would” in response to the question, “If you could have free care outside the VA, would you choose to be hospitalized here again?” and also say, that they “Definitely agree” their nurse/doctor “cared about them as a person” resulting in a correlation of enormous statistical power and action significance. While this is a factual statement of correlation, logic suggests that the causal arrow is from being “cared about as a person” to “choosing to be hospitalized here again” versus the other way around.

This facility follows the Performance Improvement paradigm – Plan, Do, Study, Act – to guide the implementation and analysis of the results. The initiative is named the "The New Frontier.”

**The New Frontier**

In the New Frontier, the overall intent of the V.I.P. project is to improve the customer experience. It is our intention to explore the impact of each individual patient’s selection of two or three priority behaviors that the patient believes they must personally experience to conclude that they have been “cared about as a person.”

Veterans choose two or three priority behaviors from a list of 10 options below:
1. Explain clearly what you find when you diagnose me.
2. When I ask a question, explain your answer simply.
3. Check your understanding of what I say before going on.
4. Ask me if there is anything unclear about what you have said.
5. If you have made a mistake [e.g., are late], apologize for it.
6. Give me “atta boys/girls” when I am making progress.
7. Empathize with me when I am facing a difficult situation.
8. Explain why you have prescribed a particular drug/regimen.
9. Let me finish speaking before you respond.
10. Encourage/motivate me to do all I can to help myself.

These options, by conscious design, are taken and adapted directly from the *The ABCs of Effective Feedback: A Guide for Caring Professionals* (6) training behaviors that all supervisors, mentors and, eventually, the entire hospital staff will complete by the end of fiscal year 2012. The impact of Veterans choosing two or three priority behaviors coupled with the staff training should be positively demonstrated as an overall improvement in SHEP satisfaction survey results.

**The Future**

The New Frontier embraces the three guiding principles of the VA. These principles are to be people-centric, results-driven and forward-looking. One of the 13 major Initiatives for the VA 2010-2014 strategic plan is to design a Veteran-centric health care model and infrastructure to help Veterans navigate the health care delivery system and receive coordinated care. Ultimately, the New Frontier will allow Veterans to navigate through the VA (both inpatient and outpatient care areas) with the confidence of knowing that the selected behaviors that they find to be most important are transparent and incorporated in their individual care plans by all providers, which they encounter.

The Plan-Do-Study-Act (PDSA) cycle will be used to evaluate the success of the New Frontier. The PDSA cycle guides the test of a change to determine if the change is an improvement.

**Cycle 1:**
- **Plan:** Educate and train staff in pilot area on the VIP project.
- **Do:** Implement VIP in piloted area.
- **Study:** Describe lessons learned from pilot study. Collect and analyze comparative SHEP data and pre/post pilot survey data to gain knowledge of Veteran perspective on individualized care and patient satisfaction.
- **Act:** Describe lessons learned from pilot study

**Cycle II**
- **Plan:** Develop any new strategies or modifications to the current strategies
- **Do:** Implement new strategies or modifications in two (2) stages. Stage I being inpatient units and Stage II being outpatient clinics
- **Study:** Collect and analyze new set of SHEP data from Stage I.
- **Act:** Proceed with of implementation of stage II then recycle PDSA for outpatient clinics with new set of SHEP data.

**Summary**
The literature clearly demonstrates that a positive, respectful, caring, courteous and listening relationship between the healthcare provider and the patient has a positive impact on patient satisfaction, clinical
outcomes and customer loyalty. Our research indicates a high positive statistical correlation between the constructs of respect, caring, courtesy and listening and whether our Veterans would choose to have care at our VA Medical Center.

We are moving forward with our New Frontier initiative as a pilot project on one of our acute care wards. Pending successful implementation and results as evidenced by our SHEP scores, the project will roll out to the remaining inpatient areas and, eventually, into the outpatient clinic areas. Leadership and staff buy-in have been accomplished and training has begun. We plan to report our successes in the near future.

[Note: For the purposes of the pilot testing phase, the patient’s three VIPs are captured on the bottom of a large white board by their bedside. The white board also contains vital patient medically related information, e.g., dietary restrictions, etc. This insures that everyone who comes in contact with each patient sees the VIPs. Once the pilots have been successful completed, the next step will be to strive to include the VIPs into the patient’s computer record.

References