The Burning Platform for Engaging Your Physicians

April 2013
Michael S. Oleksyk, MD
Vice President of Medical Affairs
Chief Medical Officer

Michael S. Oleksyk, MD serves as the Vice President of Medical Affairs and Chief Medical Officer for Baptist Health Care. He also continues to practice as a hospitalist for the health system, following his passion for delivering care to patients and families. He is board-certified in Internal Medicine, and previously practiced both inpatient and outpatient medicine for 24 years.

Dr. Oleksyk provides leadership and expertise on behalf of Baptist Leadership Group to our hospital and health system partners across the country. He focuses specifically on physicians and senior leadership teams, speaking and coaching on physician engagement to achieve patient centered outcomes. He is a national speaker for the practice and shares his experience as a physician and leader to help colleagues embrace strategies and tactics to create and sustain a culture that is centered on the patient.
Mike Oleksyk & Muhammad Ali
March 1997
The Worst Place to Be When You're Sick
And How to Protect Yourself

BOOM TOWN
Where a Trucker Earns $120,000

Playgrounds For Grownups And Kids, Too!

Reverse Mortgage When It's Wrong for You
Healthcare is not what it used to be

- HCAHPS
- VBP
- Accountable Care
- Reform
- Meaningful use
- Social Media
- Hospital Compare
- Recession
A Staged Approach to Achieve Engagement and Commitment

A journey, not an event!
Why change efforts fail to succeed?

Among other things, a failure to create a burning platform!!

John Kotter
OBJECTIVES

• Create the compelling story - “The Burning Platform”

• Identify, engage; agree on new behaviors and measures with the Physician leaders

• Identify clear goals and the right audience: communicate the initiative

• Achieve alignment, execute, and sustain the accomplishments
BHC’s Journey to Excellence

Challenges in 1995

- Declining market share
- Low employee morale – 15% satisfied
- Low patient satisfaction – 17th percentile
- Merger mania distraction – uncertainty
- Unclear vision for the future
Inpatient Satisfaction Percentile:

Q4 2009 94th percentile
Baptist Leadership Group

Our Mission is to help healthcare organizations improve the quality of the patient experience.
Baptist Leadership Group

• Owned by Baptist Health Care, the nationally known pioneer of performance excellence
• Patient Centered Excellence Consulting – the patient is at the center of everything we do
• Tools, tactics and best practices are evidence-based, outcomes driven, tested and proven at our living laboratory at Baptist
• Custom, individualized coaching that produces measureable, sustainable increases in patient satisfaction, employee engagement, quality outcomes, and profitability
Patient Expectations

• Don’t Harm Me
• Make Me Better
• Be Nice To Me

Health Pulse of America Center for Survey Research – State University of New York, Stony Brook

Do You Worry Something Might Go Wrong During Your Hospital Visit
55% are Somewhat Worried or Very Worried of a Wrong Treatment or Serious Infection While in The Hospital
Simple steps that drive Top Box

• Create the compelling story; “The Burning Platform”
• Identify, engage; agree on new behaviors and measures with the Physician leaders
• Identify clear goals and the right audience: communicate the initiative
• Achieve alignment, execute, and sustain the accomplishments
Step 1: Create the compelling story

“The Burning Platform”

- Work with senior leaders to establish laser beam **focus** on the initiative and desired outcomes
- Determine clear, simple **appropriate measures** of success
- Create a **compelling message** of the initiative
- Identify **key data** to share
- Include the key “**motivators**” for critical participants
- Create a **clear picture of the future** after success- what will be different, what are the potential gains and their real impact, what if this doesn’t succeed?
- What is being asked of people? What is **the real call to action**?
Motivators

• What are they?
• How do you leverage them?
• Which motivators will most impact your physician leaders?
• How will you put the motivators into the communication plan?
Why does HCAHPS matter?

- HCAHPS is no longer a “pilot” and transparency is a reality
- Value Based Purchasing has begun- July 1
- Nearly all measures count
- Everyone is in the game
- The program is growing
  - Home Health, Providers and beyond
- If you are not improving, you are getting worse
Why does HCAHPS matter?

- HCAHPS is no longer a “pilot” and transparency is a reality
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Drivers of Mortality and Readmission

**SUMMARY OF FINDINGS**

HCAHPS Ratings and Clinical Care Processes are cause-and-effect drivers of patient Mortality and Readmission.

Higher HCAHPS Ratings and higher scores on the Clinical Process of Care measures result in lower Mortality and Readmission rates.

*Results are based on data obtained between 2010 and 2011 from 1879 healthcare organizations across the United States. Structural Equations Modeling used as analytical methodology.
Sheer Scope of HCAHPS

• The December 2010 results are based on more than 2.6 million completed surveys from 3,798 hospitals

• Between April 2009 and March 2010, over 8.8 million patients (an average of more than 24,000 per day) were surveyed about their hospital experiences

Source. HCAHPS.org
HCAHPS & CG CAHPS

- Survey of the Provider’s office visit
15. Wait time includes time spent in the waiting room and exam room. During your most recent visit, did you see this provider within 15 minutes of your appointment time?

1. Yes
2. No

16. During your most recent visit, did this provider explain things in a way that was easy to understand?

1. Yes, definitely
2. Yes, somewhat
3. No

17. During your most recent visit, did this provider listen carefully to you?

1. Yes, definitely
2. Yes, somewhat
3. No
CAHPS® Clinician & Group Surveys

18. During your most recent visit, did you talk with this provider about any health questions or concerns?
   
   □ Yes
   □ No → If No, go to #20

19. During your most recent visit, did this provider give you easy to understand information about these health questions or concerns?
   
   □ Yes, definitely
   □ Yes, somewhat
   □ No

20. During your most recent visit, did this provider seem to know the important information about your medical history?
   
   □ Yes, definitely
   □ Yes, somewhat
   □ No
CG CAHPS:

21. During your most recent visit, did this provider show respect for what you had to say?

☐ Yes, definitely
☐ Yes, somewhat
☐ No

22. During your most recent visit, did this provider spend enough time with you?

☐ Yes, definitely
☐ Yes, somewhat
☐ No
Traditional Physician/ Hospital Barriers

- Directional
- Generational
- Operational
- Financial
## Generational Values

<table>
<thead>
<tr>
<th>VALUES IN...</th>
<th>SENIORS (Pre 1946)</th>
<th>BOOMERS (1946-64)</th>
<th>X-GEN (1965-81)</th>
<th>Y-GEN (Post 1981)</th>
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<tbody>
<tr>
<td>MOTHER</td>
<td>Homemaker</td>
<td>Working Mother</td>
<td>Single Mother</td>
<td>Single Mother/Father</td>
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<td>FAMILY</td>
<td>Close Family</td>
<td>Dispersed Family</td>
<td>Latchkey Kids</td>
<td>Looser Family Structure</td>
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<td>MARRIAGE</td>
<td>Married Once</td>
<td>Divorced/ Remarried</td>
<td>Single Parent</td>
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<tr>
<td>HAIR</td>
<td>Short Hair</td>
<td>Long Hair</td>
<td>Any Style Hair</td>
<td>Bleached/ Spiked</td>
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<tr>
<td>CLOTHES</td>
<td>Formal</td>
<td>Casual</td>
<td>Bizarre</td>
<td>Anything Goes</td>
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<td>MUSIC</td>
<td>Big Band/ Swing</td>
<td>Rock 'n' Roll</td>
<td>Alternative, Rap</td>
<td>Very Diverse</td>
</tr>
<tr>
<td>MONEY</td>
<td>Save It Now</td>
<td>Buy It Now</td>
<td>Want It Now</td>
<td>Get It Now (online)</td>
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<td>PURCHASING</td>
<td>Purchase w/ Cash</td>
<td>Purchase w/ credit card</td>
<td>Struggling to Purchase</td>
<td>Purchase Online</td>
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<td>MARKETING</td>
<td>Ford MarketingConcept</td>
<td>GE Marketing Concept</td>
<td>Ignored Market</td>
<td>Interactive Global Market</td>
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<td>HIGH-TECH</td>
<td>Slide Rule</td>
<td>Calculator</td>
<td>Computer</td>
<td>Smartphone/Tablets</td>
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<td>WORK STYLE</td>
<td>Team Work</td>
<td>Personal Fulfillment</td>
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<td>Networking</td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td>Letter</td>
<td>Phone</td>
<td>Email</td>
<td>Text</td>
</tr>
<tr>
<td>WAR</td>
<td>Win a War</td>
<td>Why a War?</td>
<td>Watch A War</td>
<td>Winless War</td>
</tr>
<tr>
<td>MORALS</td>
<td>Puritan Ethics</td>
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Dis-Connectivity: The Cube and The Cone

Source: Harvard Business School
Connectivity: The Cube and The Cone

Source: Harvard Business School
Step 2: Engaging Physicians

Converse with the physicians you want to engage

- What do you like about being in healthcare (or your specific profession)?
- What do you like about what you do here?
- What **legacy** do you want to leave behind - your **personal contribution** to this organization? Our team contribution?

The Leadership Handbook - Peter R. Scholtes
The Physician Leaders’ Role

- Accountability
- Visibility
- Engagement
- Clarity
- Communicate
- Develop and Coach
- Role Modeling
Encourage Physician Engagement

- “Tight, Loose, Tight” (Defined goal, Innovation, Result)
- Identify Mutual goals
- Define Physician Standards of Behaviors
- Actionable information on performance
- Leader rounding
Step 3: Identify Clear Goals and Right Audience

• In partnership, lead sponsors and physician leaders in process to clarify goals and measures
• Again, clarify and validate the “motivators”
• Given these goals, who needs to be at the table—lead process of establishing a representative collaborative team
• Continue to “tell the story;” physician leaders now carrying the message to their peers
• Fan the flames! Communication strategy and information sharing
The Physician Engagement Toolbox: Evidence Based Practices to Engage Physicians & Improve HCHAPS

- Patient-Centered Strategies:
  10 simple things Physicians can do to improve the Patient Perception of their care; Words that Work™; Patient Rounding; and RELATE™ (Communication Model)

- Accountability and Alignment
- Standards of performance
- Measurement
- Performance Management: Vital Conversations
10 Simple Things for Physicians To Improve Patient Satisfaction

• Acknowledge everyone in the patient’s room.
• Introduce yourself.
• Shake patient’s hand (if appropriate).
• Sit (or perch) at the patient’s bedside.
• “Comfort” & “Concern”
• Share the plan with the patient.
• Notify the patient directly of any change in care.
• Smile
• “What questions do you have?” vs. “Do you have any questions?”
• Hardwire these simple actions---do it every patient!
HCAHPS-Overall Hospital Rating Trends

Chesapeake Regional Medical Center
HCAHPS Overall Hospital Rating: Top Box (9 & 10's) and Percentile Rank

<table>
<thead>
<tr>
<th>Discharge Date</th>
<th>% Top Box</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline: 10/10-12/10</td>
<td>29 64%</td>
<td></td>
</tr>
<tr>
<td>1/11-3/11</td>
<td>37 66%</td>
<td></td>
</tr>
<tr>
<td>4/11-6/11</td>
<td>26 63%</td>
<td></td>
</tr>
<tr>
<td>7/11-9/11</td>
<td>38 66%</td>
<td></td>
</tr>
<tr>
<td>10/11-12/11</td>
<td>58 70%</td>
<td></td>
</tr>
<tr>
<td>QTD: 1/12-3/12</td>
<td>84 76%</td>
<td></td>
</tr>
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</table>

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HCAHPS-Recommend Trends

Chesapeake Regional Medical Center
HCAHPS Recommend: Top Box (Definitely Yes) and Percentile Rank

<table>
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<tr>
<th>Discharge Date</th>
<th>% Top Box</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline: 10/10-12/10</td>
<td>71%</td>
<td>45</td>
</tr>
<tr>
<td>1/11-3/11</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>4/11-6/11</td>
<td>40</td>
<td>70</td>
</tr>
<tr>
<td>7/11-9/11</td>
<td>37</td>
<td>70</td>
</tr>
<tr>
<td>10/11-12/11</td>
<td>53</td>
<td>73</td>
</tr>
<tr>
<td>QTD: 1/12-3/12</td>
<td>78%</td>
<td>73</td>
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</table>

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HCAHPS Performance by Domain

Chesapeake Regional Medical Center
HCAHPS Performance by Domain

HealthStream Rank

Overall:
- 7/11-9/11: 38
- 10/11-12/11: 58
- QTD: 1/12-3/12: 84

Recommend:
- 7/11-9/11: 37
- 10/11-12/11: 53
- QTD: 1/12-3/12: 73

Nurse Comm.:
- 7/11-9/11: 27
- 10/11-12/11: 57
- QTD: 1/12-3/12: 77

Doctor Comm.:
- 7/11-9/11: 54
- 10/11-12/11: 52
- QTD: 1/12-3/12: 73

Staff Response:
- 7/11-9/11: 3
- 10/11-12/11: 23
- QTD: 1/12-3/12: 47

Cleanliness:
- 7/11-9/11: 3
- 10/11-12/11: 23
- QTD: 1/12-3/12: 57

Quiet:
- 7/11-9/11: 23
- 10/11-12/11: 23
- QTD: 1/12-3/12: 46

Pain:
- 7/11-9/11: 29
- 10/11-12/11: 28
- QTD: 1/12-3/12: 55

Rx Comm.:
- 7/11-9/11: 28
- 10/11-12/11: 28
- QTD: 1/12-3/12: 6974

Discharge:
- 7/11-9/11: 52
- 10/11-12/11: 52
- QTD: 1/12-3/12: 8591

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Step 4: Communicate the Initiative

• Develop communication strategy based on “the story”
• Use multiple channels and forums
• Help create customized message to the audience
• Simple progress measures with ongoing updates
• Build enthusiasm and support
• Celebrate!!!
Communication

What are the current venues for communicating with physicians?

- Distribution
- Message
- Frequency
- Responsible Party
How does the physician know what the patients are saying about their experience?

- How informed are physicians about HCAHPS?
- How is the physician dimension score shared with physicians?
Reinforce the New Behaviors required to sustain the change

- Identify the Providers that are early adapters with the tools and tactics based on results
- Recognize these physicians for their new behaviors
How about recognition and celebrations?

- What are the various recognitions for physicians?
- How are physicians celebrated?
- How does the organization help promote physicians?
Thank You!

Michael S. Oleksyk, MD, CMPE
Vice President of Medical Affairs
Chief Medical Officer
Baptist Health Care

www.bhclg.com
Patient Experience Conference 2013—Physician Track

April 17-19, 2013
The Fairmont Hotel
Dallas, Texas

Jointly sponsored by CME Enterprise and The Beryl Institute.
INTENDED AUDIENCE
This activity is designed for physicians and other members of the care team, both clinical and nonclinical, who play a role in impacting the experience of patients across the care continuum.

OVERVIEW
For years healthcare organizations have been focusing on performance improvement and the overall patient experience. Many healthcare organizations have policies and committees in place to help engage physicians in this area. This activity will continue to educate and encourage physicians on how to optimize the patient experience by teaching skills on communication, sharing knowledge and experiences on service delivery and the patient’s perspective, and demonstrating how coaching and simulation learning can help improve the patient experience.

OVERALL LEARNING OBJECTIVES
At the conclusion of this activity, participants should be able to:
1. Define the patient experience in terms of breadth and scope.
2. Recognize the role that ensuring a positive patient experience plays in providing a quality, safe, and service oriented encounter.
3. Demonstrate key behavioral and communication skills that can support better patient encounters.
4. Incorporate tools to improve the patient experience during their interaction with patients and throughout the care/healing process.
5. Identify key considerations that can impact the clinical and personal experience of physicians and their patients.

SESSION LEARNING OBJECTIVES
April 17, 2013
3:45PM-5:00PM
Developing The Burning Platform To Engage Your Physicians
Michael Oleksyk, MD, CMPE
At the conclusion of this session, participants should be able to:
- Create the Burning Platform: define, employ, and agree on behaviors and measures
- Formulate and communicate clear goals to achieve alignment
- Apply results and sustain accomplishments

April 18, 2013
10:15AM-11:30AM
Physicians Learning Together Through Video Simulation, Physician Observation, and Shared Techniques
Diane Rogers, BA, Ronald Cohen, MD, Robert Baron, MD, FACEP, FAAFP, Gretchen Dallman, BSN
At the conclusion of this session, participants should be able to:
- Describe the structure of video simulation sessions
- Identify the purpose of the video simulation and discussion learning strategies
- Explain how provider shadowing brings awareness to individual practice

12:30PM-1:45PM
Delivering World-Class Service: What Healthcare Can Learn From Hospitality
Bryan Williams, DM
At the conclusion of this session, participants should be able to:
- Apply the Universal Service Rules
- Examine the importance of working with a sense of purpose
- Illustrate how to enhance the customer’s experience by identifying service touchpoints and making deposits
- Define the four steps of service
April 19, 2013
8:30AM-9:45AM
Enhancing The Patient Experience Through Shadowing Coaching
Linda Sparks, MBA, Betty Schwarz, Heather Allen, BS
At the conclusion of this session, participants should be able to:
- Assess the importance of the patient’s perception of their healthcare interaction and experience
- Develop a program to build a sustainable shadow coaching program with minimal resources
- Identify lessons learned and pitfalls to avoid in growing a shadow coaching program

10:15AM-11:30AM
Widening The Focus: Applying Lessons From Patient Centered Care To The Healthcare System Itself
Kathy Torpie, MS
At the conclusion of this session, participants should be able to:
- Summarize the role the clinician/patient relationship plays in creating a quality patient experience
- Describe how applying interpersonal and communication knowledge and skills can maximize the benefits of the clinician/patient relationship
- Explain how applying interpersonal and communication knowledge and skills to relationships throughout the healthcare system can improve the healthcare experience for clinicians and management as well as for patients while delivering clinical, financial, and personal benefits

ACCREDITATION STATEMENT
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of CME Enterprise and The Beryl Institute. CME Enterprise is accredited by the ACCME to provide continuing medical education for physicians.

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Complete the evaluation form for each session you attend and hand it to a staff member as you exit. Your CME certificate will be e-mailed directly to you.

FACULTY
- Heather Allen, BS, Service Excellence Specialist, Dean Clinic
- Robert Baron, MD, FACEP, FAAFP, Physician/Director, Quality and Risk Reduction, Banner Good Samaritan Medical Center - Emergency Professional Services
- Ronald Cohen, MD, Physician/Department Chair, Emergency Services, Banner Desert Medical Center - Progressive Medical Associates
- Gretchen Dallman, BSN, Senior Nurse Manager, Banner Good Samaritan Emergency Department
- Michael Oleksyk, MD, CMPE, Vice President of Medical Affairs, CMO, Baptist Health Care
- Diane Rogers, BA, Founder, Principal Consultant, Contagious Change, LLC
- Linda Sparks, MBA, Manager, Patient Relations, Dean Clinic
- Betty Schwarz, Service Excellence Specialist, Dean Clinic
- Kathy Torpie, MS, Psychologist, Author, and Long Term Multi-Trauma Patient
- Bryan Williams, DM, Service Consultant, Trainer, and Author
EDUCATIONAL REVIEWER
- Robert Hasty, DO, FACOI, Program Director, Internal Medicine Residency Program, Palmetto General Hospital, Hialeah, Florida; Vice Chair and Associate Professor of Internal Medicine, Nova Southeastern University College of Osteopathic Medicine, Ft. Lauderdale-Davie, Florida

PLANNERS
- Lori Gordon, the Conference Manager for the Beryl Institute and President of Ideal Events
- Stacy Palmer, Vice President, Strategy and Member Experience, The Beryl Institute
- Michael Oleksyk, MD, CMPE, Vice President of Medical Affairs, CMO, Baptist Health Care
- Sheila Robertson, MPH, Director, CME Enterprise

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- Robert Baron, MD, FACEP, FAAFP
- Ronald Cohen, MD
- Gretchen Dallman, BSN
- Lori Gordon
- Robert Hasty, DO, FACOI
- Stacy Palmer
- Sheila Robertson, MPH
- Diane Rogers, BA
- Linda Sparks, MBA
- Betty Schwarz
- Kathy Torpie, MS
- Bryan Williams, DM

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- Michael Oleksyk, MD, CMPE has disclosed that he is on the Speakers Bureau for Baptist Leadership Group

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