Choosing Excellence: It Starts with Relationships

Presented by Gwyneth Straker, PT. MS. CEEAA & Michele Thorman, PT, DPT, MBA
The changing Health Care Environment

• What are some of the changes in health care you have witnessed over the course of your career?
• What precipitated those changes?
• Did the changes address the problem they were intended to solve?
• What challenges are we facing today?
What are some of the challenges you are personally experiencing today under a patient centered care model?
How do other infrastructure changes impact ability to practice patient centered care?

• Electronic medical records
• Advanced scheduling options
• Telemedicine
• Apps
• On line communications portals i.e. “My Care”
Health Care is a Wicked Problem!

What does that mean?
Wicked Problems

Some problems are so complex that you have to be highly intelligent and well informed just to be undecided about them.

Laurence J. Peter
wicked problems

- clear problem definition
- single organization
- regular leadership: implement existing solution

- clear and finite problem definition, but urgent need for solution
- need for new solutions, more permission for action and innovation
- directive leadership: demand for action and for someone taking control

- unclear problem definition, not finite
- requires innovation and learning, as well as multiple agencies
- adaptive leadership: to create multi-stakeholders environments and experiment

A wicked problem is...

“A problem that is difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognize. The use of term "wicked" here has come to denote resistance to resolution, rather than evil. [1]

Moreover, because of complex interdependencies, the effort to solve one aspect of a wicked problem may reveal or create other problems. (Wikipedia)
Wicked problems

• Not easy to describe
• Not fully understood
• Has multiple moving parts
• Multiple stakeholders have varying perspectives
• Large actions only bring about small changes
Wicked Problems

• Wicked problems are *each uniquely different* from any other problem
• Every wicked problem is comprised of multiple seemingly unrelated problems
• Wicked problems explained differently thereby generating different solutions
• Solutions may be contradictory
• Solutions to wicked problems are not true-or-false, but better or worse.
• There is no single solution
• There is no immediate solution
• There is no way of testing the solution
• Every solution to a wicked problem is a “one-shot operation” and counts significantly

Health Care is a Wicked problem!

• In the United States, rising health care costs are a classic case of a wicked problem.

• No "right" way to view it.

• Every solution comes with its own contestable frame of reference (Multiple stakeholders who don't define the problem the same way.)

• If the uninsured go down but costs go up, is that progress?

• We don't know yet!
“Wicked problems demand people who are creative, pragmatic, flexible and collaborative. They never invest too much in their ideas because they know they are going to have to alter them. They know there's no right place to start so they simply start somewhere and see what happens. They accept the fact that they're more likely to understand the problem after its "solved" than before. They don't expect to get a good solution; they keep working until they've found something that's good enough. They're never convinced that they know enough to solve the problem, so they are constantly testing their ideas on different stakeholders.

Know any people like that? Maybe we can get them interested in health care...”

Jay Rosen, Associate Professor of Journalism, New York University
Taken from: https://www.edge.org/response-detail/11091

### Social Determinants of Health

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<th>Economic Stability</th>
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### Health Outcomes
- Mortality
- Morbidity
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations

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tension exists!

Patient-centered care

Collaboration

Outcomes

Excellence

Please do not copy without consent of instructors.
How do we stay focused on our patients in such a challenging system?

“The demands brought by technologic advances and economic concerns have tested our ability to practice humane, empathic, and ethical medicine”

Carol, Nadelson (American Journal of Psychiatry 150:9, Sept 1993)
The Pursuit of “Patient Centered Care”
“Although the concept of patient-centered care has been around for many years, one is bound to wonder why it is so popular now.”
“It’s too bad patient centered care is not rocket science, because if it was, we would be really good at it!” Laura Gilpin
Crossing the Quality Chasm: A New Health System for the 21st Century

• Committee on Quality of Health Care in America, Institute of Medicine 2001

• Safety
• Effectiveness
• Patient Centeredness
• Timeliness
• Efficiency
• Equity
Goals of patient centered care:

• strengthen the patient- clinician relationships
• promote communication about things that matter
• help patients know more about their health
• facilitate involvement in their own care
Guiding Principles of Patient Centered Care

1. All team members are caregivers.
2. All caregivers cooperate with focus on the best interests and goals of the patient.
3. Families and friend are considered an essential part of the care team.
4. The patient is the source of control to the degree that they wish.
5. Care is provided in a healing environment of comfort, peace and support.
Are all facility based changes “patient centered”? 
6. Evidence based decision making

7. Care is customized and reflects patient needs, values and choices

• Is patient centered care in conflict with evidence based medicine?
  – Focus on the individual (patient centered) vs. focused on larger population (i.e. EBP for patients with back pain)
  – EBP requires that a good outcome must be defined in terms of the individual patient’s values
  – Patients’ needs and values drive variability
“The art of generalizations and the science of particulars…”

8. Care is based on continuous healing relationships.

Old model:

• Payment only for office visits and face to face interactions

• Productivity measures based on interventions … “doing things” to patients

Evolving model:

“Encounters” to access trustworthy information or support

Face to face visits only when needed or desired

Electronic communication

Access 24/7/365
9. Transparency is the rule of care of the patient.

10. Knowledge and information flow freely and is shared between the patient, caregivers and care team members.
11. Patient safety is a visible priority.

How successful is your practice at evolving from a model of blame to analyzing errors with focus on preventions?

Is it ever appropriate to apologize for making a mistake or for a poor outcome?
Empathy
“The ability to share someone else’s feelings or experiences by imagining what it would be like to be in that person’s situation”

Cambridge Dictionary
Empathy

https://www.youtube.com/watch?v=1Evwgu369Jw
Empathy

Affective empathy
• Having an emotive reaction to someone else’s feelings

Cognitive Empathy
• Ability to take on the other person’s perspective → Understanding

"I know exactly how you feel."
Empathy as an ethical construct

Talking points:

• Empathy drives “Care” ethics or *The Golden Rule*

• It’s not about you!

• Individuals must make a commitment to being empathic

• Empathy precedes compassionate action (helping)
  – Being empathic is not enough
  – Listening
  – Learning what is important to the patient
  – Compassionate care is being responsive to patient’s needs
  – Requires engagement
Challenges

• We are not always empathic
• We are not equally empathic

• Difficult when we dislike or disrespect someone
• Difficult if our values, experiences, culture, beliefs, race or gender are different
• Difficult in large bureaucratic systems that are highly regulated
Where does **empathy** sit in this commercial thicket?

“We speak about ourselves as “providers”, in the “business” of health care, with specifically designated “output” or “products”, working in a “health care industry”. We are concerned with the development of “product lines” so that our “clients”, “customers”, or “consumers” will be satisfied and the “bottom line” will show a “profit” or a positive “cost-benefit ratio”.

Free Empathy

is feeling, imagining & connecting with the humanity of another.

Present this card to receive 5 minutes of deep listening.

No: judgements, advice, analysis, detachment, diagnosing, sympathy, pity or interruptions

• https://www.youtube.com/watch?v=8BKN7RFhdq4
Cultivating empathy

taken from: Greater Good The Science of a Meaningful Life
http://greatergood.berkeley.edu/quizzes/results/14/
Practice active listening

What to do

Approach a conversation with a genuine desire to understand the other person’s feelings and perspective, without judgment or defensiveness, pay careful attention to body language & facial expressions & repeat back to them what you think they're trying to say to make sure you understand.

Why

- Builds trust and respect
- Allows your patient to express their emotions
- Reduces tension
- Creates a climate for sharing information
- Provides a safe environment conducive with collaborative problem solving.
Share in other people’s joy

Research suggests that empathy for positive events—such as expressing enthusiasm when someone shares good news—can be just as important for relationship well-being as empathy for negative events.
Look for commonalities

When interacting with people who at first glance seem to be different from you, look for sources of commonality and shared experience. Seeing your shared identity can help you overcome fear/distrust and promote empathy.
Read great works of literature/films or plays

Allows us to step out of our lives and immerse ourselves in another person’s experience. Research suggests that fiction readers are better attuned to the social and emotional lives of others.
Pay attention to faces

Facial expressions communicate a lot about a person’s emotional state.
Empathy & the Therapeutic Relationship

Goals

• Initiate support
• Understand the patient’s perspective
• Empower the patient
• Help the patient cope
• Help the patient solve problems
Setting Boundaries

• Know yourself – reflect on what makes you uncomfortable; what drains your energy;

• Know where you end and your patient begins

• Boundaries may need to be stated

• Speak up when being disrespected
The secret in the care of the patient is in *caring* for the patient

Peabody, FW, The care of the patient. JAMA. 1927; 88:877-882
What are the differences between an “interventionist” and a “healer”? 

Which are you at this point in your career with the skills and abilities you have acquired? 

Do you know PTs or PTAs that you would call “healers”? Why?
A study of 50 clinicians recognized by their peers as expert “healers”

“... the public will demand professionals who have relational competence as well as scientific competence.”
The Study

• 2006-2007

• Asked informants “who among your professional peers possess great skills in relating to their patients?”

• Wide range of practitioners – MDs and complementary & alternative medicine practitioners (no PTs)

• Personal interviews with the 50 of the most commonly mentioned practitioners
1. How do you go about establishing and developing relations with your patients? What concrete things do you do to bring this about?

2. In your experience, when and how does healing occur? Is healing something you try explicitly to do – or is it something that just seems to happen along the way?
1. “Do the little things.”

Little things turn out to be big.
First impressions – “I want to get it right.”

"People will forget what you said. People will forget what you did. But people will never forget how you made them feel." ~ Maya Angelou

I am available.

I am safe.

I will help you.

I will not leave you.

• *Blink* (Malcom Gladwell) : hardwired to size up people and situations rapidly in order to survive and adapt.

• First 7 seconds *or less!*

“A small community is being formed very quickly and under unusual circumstances.”
2. TAKE TIME to create a genuine presence.

“I have time for you.”
Qualitative vs. quantitative time

• Studies show that contrary to intuition, permitting the patient to state all of their concerns without interruption does not add substantially to the length of the interview.

• “In the end, the two most useful [practitioner] qualities may be curiosity and patience – curiosity to ask questions such as “Tell me about yourself” and patience to wait for the answer.”

3. Be Open and Listen

Be human and vulnerable
Be brave and face the patient’s pain
Look for the unspoken

Why is “being human” and "vulnerable" grouped with “being brave” and “facing the pain”?
Can a therapist’s personality influence tx outcomes?

- **Exploring physiotherapists’ personality traits that may influence treatment outcome in patients with chronic diseases: a cohort study;** Bruning, Kooijman, et al. BMC Health Serv Res. 2015; 15: 558.

- 39 PTs (Netherlands) treated 393 patients with chronic illnesses

- Measured personality trait (Big Five Index – openness, extraversion, conscientiousness, agreeableness and neuroticism)

- **Findings:** Low neuroticism scores (“outwardly oriented, calmer, more relaxed, secure and hardy”) and experience of “life events” influenced outcomes positively.

How have your “life events "contributed to being human/ vulnerable and becoming a “wounded healer”??

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The “Wounded Healer”

When our wounds cease to be a source of shame, and become a source of healing, we have become wounded healers.

Henri Nouwen

debbyhudson.com

We are most capable of making a difference when we meet each other in our vulnerabilities instead of our strengths.
Listen and look for the unspoken


The mean time a patient was allowed to talk before being interrupted by the practitioner was 18 secs.

*Do we as interviewers interrupt to ask clarifying questions for richer dialogue or to seek greater efficiency?*

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4. Find something to like, to love

“‘Love’ is not so much an emotion as a quality of heart and soul – and it manifests itself most authentically in compassion and understanding. Practitioners have to be ‘willing to walk the wounded path’ with their patients.” *Healers p. 14*

*Your examples of choosing to “walk the wounded path” with your ...*

*Most likable patients?*

*Most disagreeable patients?*
5. Remove barriers

Physical and Attitudinal
5. Let the patient/caregiver explain

Listen for

- What and how they understand
- Fear
- Anger
- Expectations
- Hopes

- “What brings you to PT today?”
- “What is it that you hope PT can do for you?”
- “Tell me what you understand about what is going on.”

What gets in the way of active listening and waiting attentively?
7. Share authority

• Offer guidance
• Get permission to take the lead
• Support patients’ efforts to heal themselves
• Be confident

Confidence
Humility

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8. Be committed and trustworthy
   • Do not abandon
   • Invest in trust
   • Be faithful
   • Be thankful

Sometimes I just want someone to hug me and say, “I know it’s hard. You’re going to be okay. Here is chocolate and 6 million dollars.”
Outcome studies involving patient/therapist relationships

- Improved clinical results
- Increased patient satisfaction
- Increased patient adherence
- Improved diagnostic accuracy
- Health Professionals have less burnout
Outcome Studies


Influencing culture and control …

Where do you feel you HAVE/DO NOT have control of your practice?

What prevents you from being a healer instead of an interventionist?

How can you create a culture that promotes healing?

What unresolved questions did this discussion raise that still challenge you?
You don't have to be perfect.
Just keep going.