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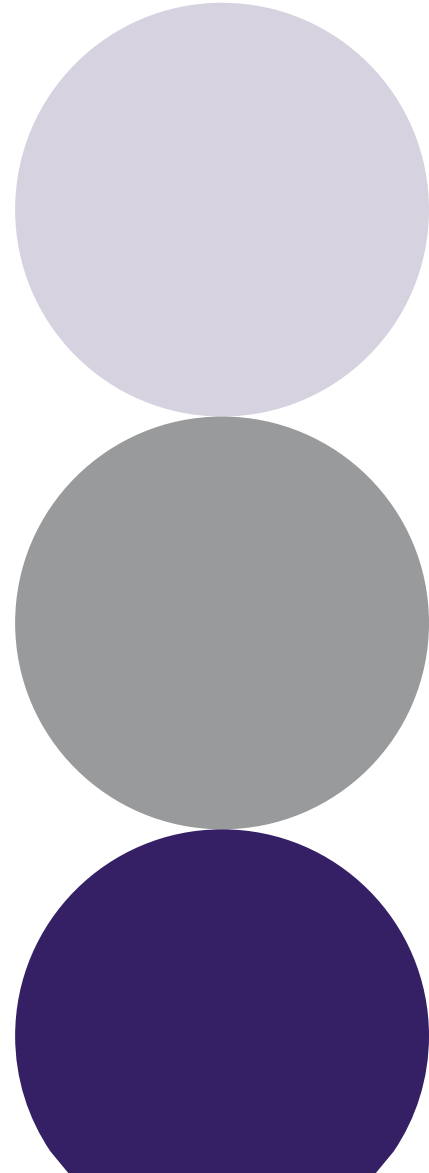
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How Practice Efficiencies Can Affect Realistic Patient Expectations

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Disclosure

The speakers have no financial interests or relationships to disclose relevant to this presentation.



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Do Practice Efficiencies Imperil Patient Expectations?



- Post-COVID patient expectation:
 - “Give me exactly the help I need and want exactly when I need and want it.”



- We do not have the resources to meet these lofty benchmarks.
- Patient expectations must be tempered with realism regarding the patients' circumstances and what we have to offer.
- How to do this? Through good communication.



Ideal Practice Efficiencies

- Reduce waiting times
- Minimize testing delays
- Schedule appropriately
- Patient perceptions of quality of healthcare
- **Optimize** the face-to-face chair time



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Practice Efficiency and Practice Quality: Flip Sides of the Same Coin. *J Oncol Pract.* 2008 Mar;4(2):90-93.

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What is “Chair Time”?

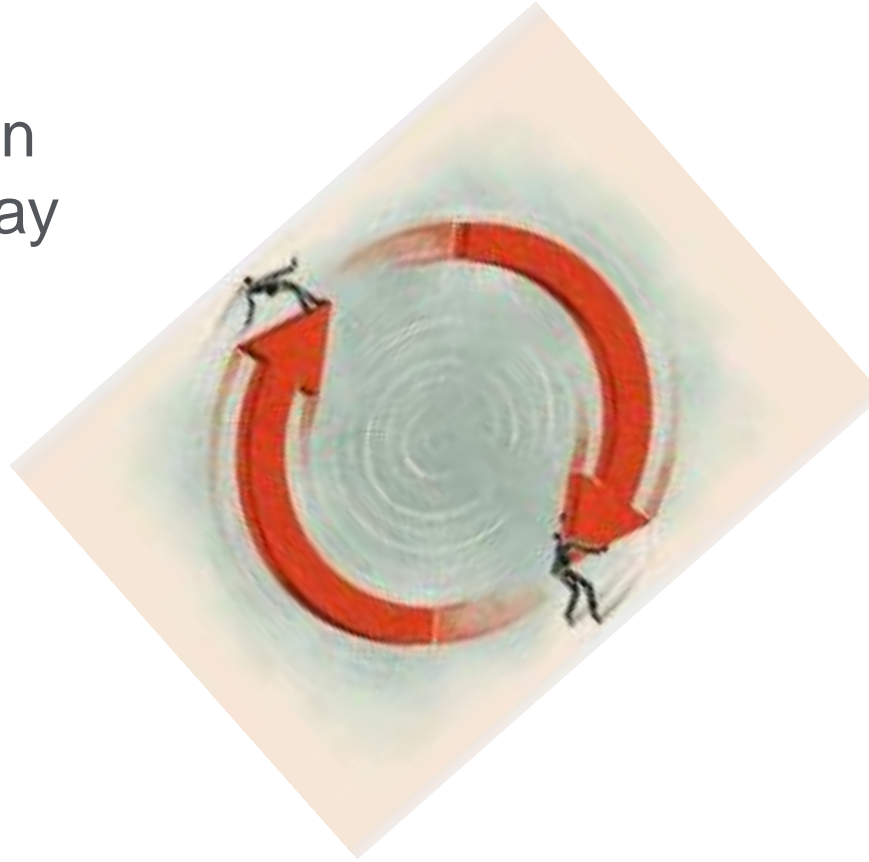


- Amount of time a patient spends in the chair of a health-care provider for examination and communication
- Google search of “Chair time in medical practice”
 - 316 million results
 - Many of the top 20 focus on **reduction** of chair time in the pursuit of practice efficiencies
- Do our patients have the same perspective?



Communication Time vs. Practice Efficiencies

- Good communication takes time, which may impinge on practice efficiencies



- However, when communication is good, it can **improve** practice efficiency



Communicating with Patients – Building a Relationship/Partnership



Good communication with patients:

- Based on trust and empathy
- Built over time
- Enhances adherence to treatment recommendations
- Positively influence the patient's impression of the healthcare system

Pearson SD, Racke LH. J Gen Intern Med 2000



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Communication Breakdowns

- Research shows patients do better when their physicians and team members are good communicators.
- But as we pursue greater efficiency and take on more responsibility, it is easy to get caught up in focusing on tasks, routines and requirements.
- Communication can break down and we can leave a less caring impression.



EQ Does Not Equal EI

- EQ (emotional quotient) - refers to a person's knowledge of emotions and how they work.
- EI (emotional intelligence) - refers to a person's ability to identify emotions (in both themselves and others), to recognize the powerful effects of those emotions, and to use that information to inform and guide behavior.



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El -Essential for Effective Communication

- Ensuring patients understand the information you are conveying to them is a necessity for valid informed consent process.
- The ability to recognize when a patient is confused or fearful allows you and your team to pause and explore any questions or concerns before continuing.
- Patients remember how you made them feel much better than what you did.

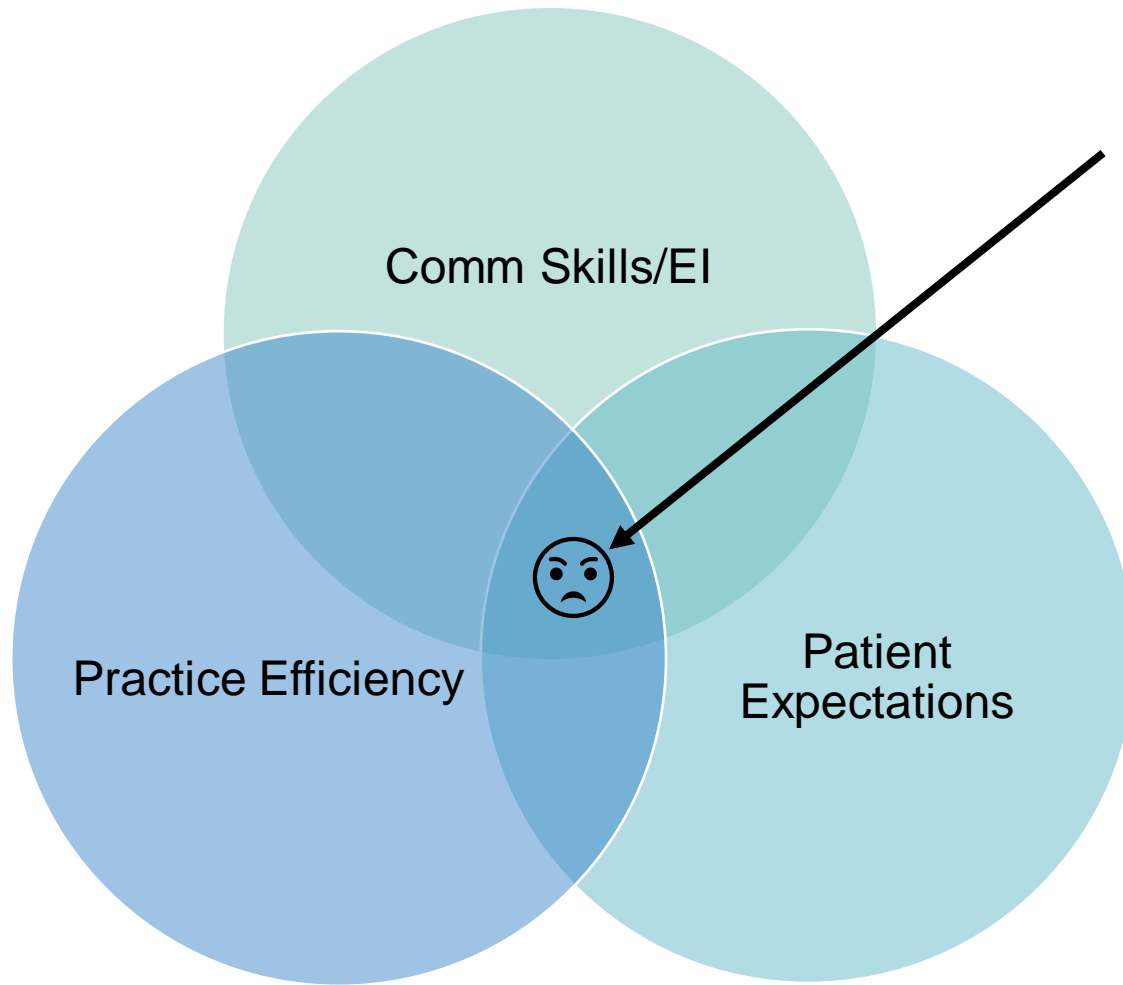




Maya Angelou

I've learned that
people will forget what you said,
people will forget what you did,
but people will never forget
how you made them feel.





When any one of these components is handled poorly, the patient experience, and potentially the outcome, suffers.

- May result in:
 - Repeated follow-up (loss of efficiency)
 - Decreased adherence
 - Loss of trust
 - Loss of the patient to another practice
 - Potential for complaint to the AAO Ethics Committee about “unethical practice”
 - Medical malpractice risk



The Golden Rule



- "Do unto others as you would have others do unto you"
- Origins in many religions and cultures
- Inspire acts of kindness, caring and altruism
- Helps guide our behaviors
- Simplify complex situations
- Provides a moral principle and behavioral model for ethical patient care



Beyond Medical Knowledge and Surgical Skill... Professionalism!

- Fundamental aspect - basis of patient-physician trust
- Illustrates desired attitudes, behaviors and characteristics in our profession
- Societal expectations
 - Competent health provider
 - Behave with morality, integrity, objectivity and accountability
 - Altruistic
 - Public advocacy through teaching, research and community service



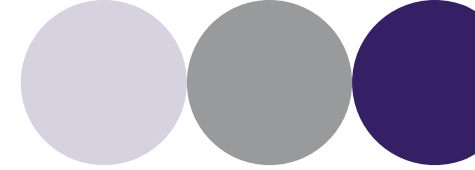
The Patient's Perspective



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Ethical Practice & The Big Picture of Patient Care

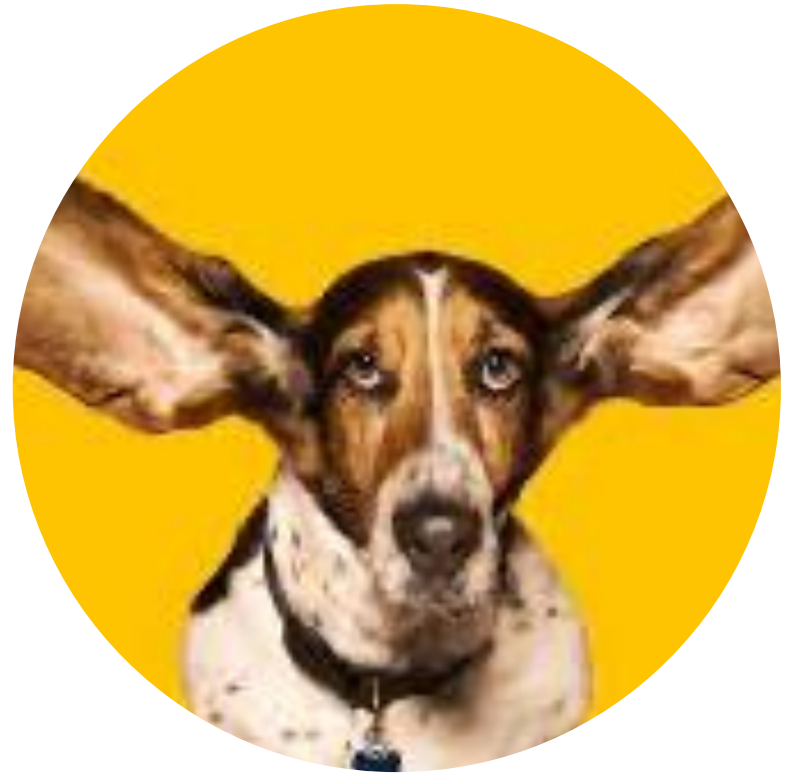


- There are several “unknowns” related to our patient care:
 - Do we know our patients’ expectations?
 - How are we measuring our success?
 - Are we meeting our patients’ expectations?

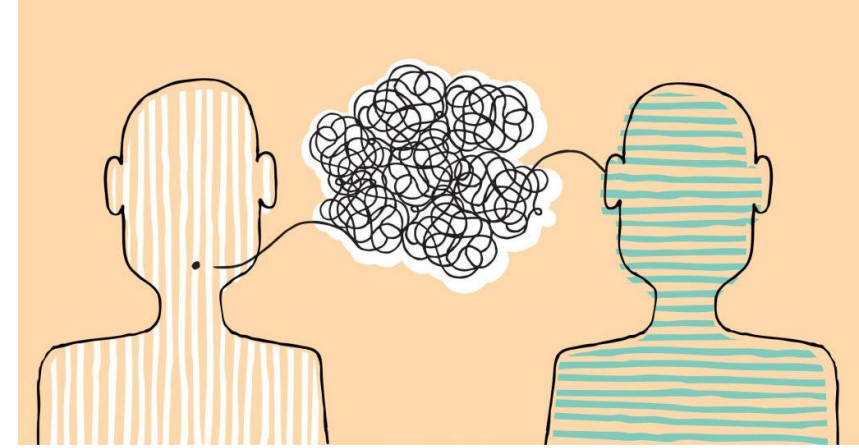


Healing Potential of Listening

- Diminishing capacity to truly listen
- Learn what is the matter *with* patients and what matters *to* them
- Workload challenges and “hurried care”



Why Listening Matters



- Active listening conveys respect and builds trust
- Physicians not only provide relevant medical knowledge, but also focus on options in line with patients' stated values and priorities
- Shared knowledge and co-creation yields viable care plans
- Understand patient's fears, grief, access to care, social support system



Costs of Hurried Care Encounters

- Miss pertinent information that may alter treatment plan
- Diminish joy of serving patients → higher rates of physician burnout
- Potential solutions to inefficiencies in office
 - Delegation of lower-expertise tasks
 - Improve design of EHR system
 - Reducing paperwork bureaucracy



Building a Relationship

- Historical roles (Paternalistic)
 - Physicians maintain clinical distance and even temperament
 - Patients adhere to plans, don't ask too many questions, defer to the expert
 - Patients feel overwhelmed
- New roles (Collaborative)
 - Pooled knowledge
 - Mutual decision-making
 - Value of hearing patient's voices

-



Priorities for Outcomes



- Requires more than technology, data points, analytics, external outcomes measures, etc.
- Who decides whether a treatment is successful?
- Greater emphasis on the non-clinical aspects of treatment
- Patient reported outcome measures (PROM)
 - MIGS example- IOP and driving



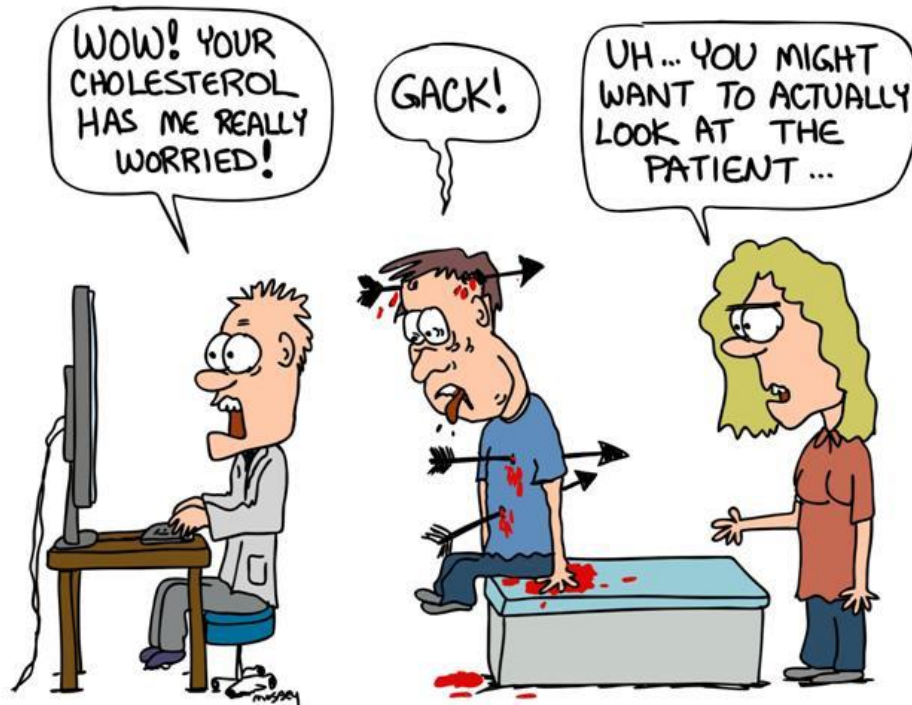
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Dean S *et al.* “The patient is speaking”: Discovering the patient voice in ophthalmology. *Br J Ophthalmol* 2017;**101**:700-708.

Tianjing L *et al.* *Eye (Lond)* 2020 Jan; 34(1): 205-210

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The Elephant in the Room...



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Patients' Voices: Planning for Patient-Centered EHR Use



- 32 Semi-structured interviews of internal medicine residents
- Questions centered on:
 - Patient's perceptions of EHR use in the exam room
 - Communications skills of doctor
 - Impact of EHR on patient engagement and education
 - Patients' suggestions for design improvements





Positive aspects of EHR

- Facilitation of ordering labs and prescriptions
- Improved record of patient history and access to data
- Sharing of data/communication with other providers



Patients' Perceived Advantages of Screen Sharing



- More involvement/engagement, decision-making
- Ability to see own information
- May facilitate patient education
- Prompts questions from patient to facilitate understanding
- Improves trust in MD
- Helpful to see trends in health status



Impact on Communication



“It's like they push the patient aside and – they look at the computer as a patient because they see all the information on there...It's like the patient doesn't even exist. Because they see all that information, they think, oh, that's all I need to know about them, they don't even wanna hear from the patient.”



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Impact on Communication

“I don't know what she's typing, but she just types and types and types and types. And I felt – we feel actually, kinda disconnected from her in that sense and she, and I – and I feel like I don't want to talk to her or distract ...her from what she is typing, because I have no idea what it is.”



Impact of EHR on Communication?

- Computer screens and documentation
 - Efficient data entry
 - Screen sharing
- Sitting face-to-face with patients
- Maintaining eye contact
- Explaining and providing reassurance during the exam
- Simple wording and **slow**, clear speech patterns
- Assessing comprehension- “playback” technique
- Touch- nurture and sustain bonds of healing



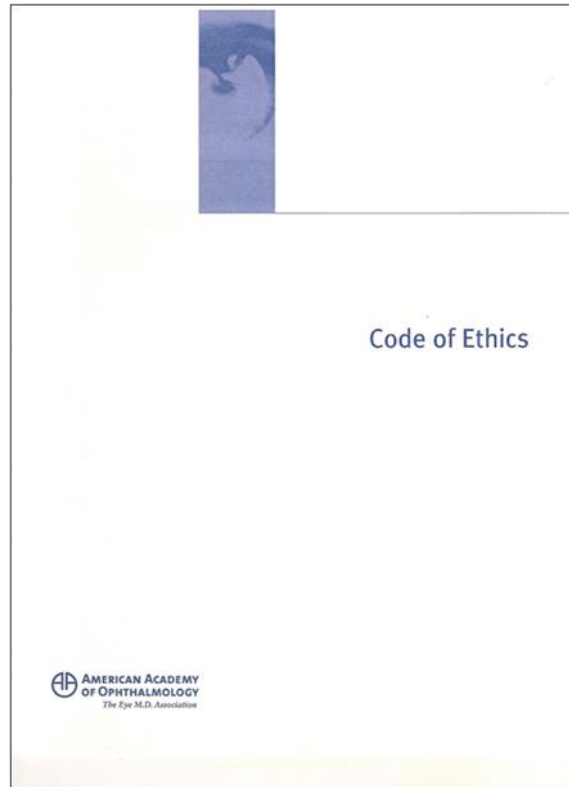


How is the AAO Code of Ethics Involved?

- Patient perspectives are almost always different from their providers
- No matter how they are written, or what they express, the patient's perspective is the only one that makes sense to them
- The AAO Ethics Committee is often the recipient of patient complaints when communication has broken down in an ophthalmologist's practice.



Purpose of the AAO Code of Ethics



- **Primary purpose:** Protect the individual patient
- **Education:** To define those behaviors and practices that the members of the Academy consider to be “ethical” and in best interests of patients
- **Adjudication:** To act as a guide and framework for the committee to review ethics challenges against its members



Structure of the Code of Ethics

I *The Principles of Ethics*

- General standards
- Aspirational

II *The Rules of Ethics*

- Specific minimum standards
- Mandatory
- Enforceable

III *The Administrative Procedures*

- Committee Structure
- Investigation, enforcement, appeals
- **Sanctions**





Rules of the Code

- Rule 1. Competence
- Rule 2. Informed Consent
- Rule 3. Research & Innovation
- Rule 4. Other Opinions
- Rule 5. The Impaired Ophthalmologist
- Rule 6. Pretreatment Assessment
- Rule 7. Delegation of Services
- Rule 8. Postoperative Care
- Rule 9. Medical & Surgical Procedures
- Rule 10. Procedures & Materials
- Rule 11. Commercial Relationships
- Rule 12. Communications to Colleagues
- Rule 13. *Communications to the Public
- Rule 14. Interrelations Between Ophthalmologists -1986
- Rule 15. Disclosures -1987
- Rule 16. Expert Testimony -2004
- Rule 17. Confidentiality -2012
- Rule 18. Harassment and Discrimination- 2020





Principles of Ethical Medical Practice

- **Beneficence:** Promoting patients' best interests by preventing harm in healthcare delivery
- **Non-maleficence:** “First, do no harm” and consider risks vs. benefits
- **Autonomy:** Allow patients to make personal decisions to accept or refuse care
- **Distributive justice:** Distribution of healthcare resources fairly among all members of society
- **Respect for dignity:** treatment of all with dignity, respect, cultural competency and maintenance of confidentiality
- **Veracity:** Providing thorough and truthful information to competent patients





The Patient's Own Evaluation

- Physical, emotional, psychological, societal health and well-being—external ‘objective’ measurements
- Good medical practice may pride itself on being ‘patient centered’
 - Often based on a paternalistic assessment by the clinician of ‘what is best for the patient’
- Greater recognition of the value of the patient voice will allow a reorientation of both medical research and clinical practice around the patient perspective
- Ensure priorities of researchers, clinicians, funders and policymakers are aligned to the needs and priorities of those who experience disease





The Patient's Voice

- Patient voice: *I went back twice (postoperatively) to see the eye doc because of problems with my eye. I finally saw him on the 3rd visit; he said that my eye was perfect (his words) and that there is nothing else he could do for me. Also that there is no need for me to come back because I'm only making the office uncomfortable. He left me sitting there in the dark in a daze. I couldn't understand what had happened. He never once examined my eyes - not once.*
- Ophthalmologist voice: *Mrs. W did not raise any concerns regarding the condition of her eye post-surgery.*



The Patient's Voice

- Patient Voice: *I wonder if any surgery was done at all. I don't feel like I see any better. It looks to me like there's still a cataract in my eye and my eyeball is shrinking, my church ladies tell me it's smaller and smaller every week.*
- Ophthalmologist Voice: *"I don't know why she's complaining about her outcome. Postoperatively, she's seeing 20/20".*
 - (Preop VA in operative eye sc: 20/40+1, postop sc 20/30)





The Patient's Voice

- *Dr. B told me the mid-range lens he implanted was too strong and that I needed additional surgery... he would do a “PRK piggy-back” in which he’d cover the wrong lens with another one and the problem would be solved.*
- *I asked, if he was just going to cover the wrong lens with another one, why not just take the wrong one out and put the right one in?*
- *Dr. B became very angry and shouted, “The doctor (meaning himself) said to do a PRK – TAKE IT OR LEAVE IT!” and he stormed out the room. I never saw him again.*



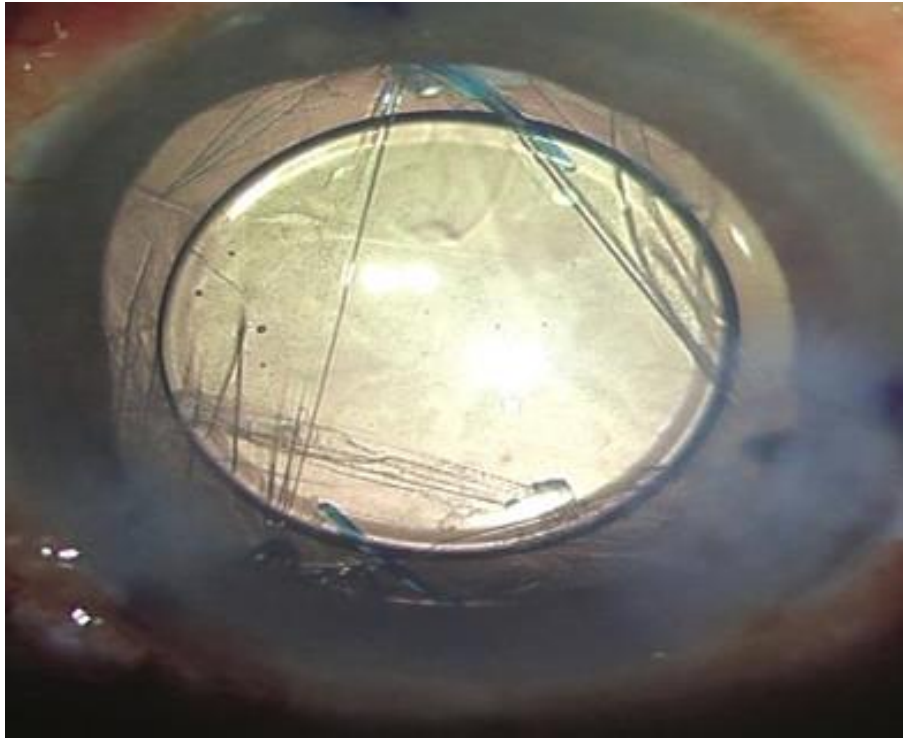


The Patient's Voice

- *“...my surgery was “uncomplicated”...I developed edema and my vision went to 20/200. Dr. F said I might have to have more surgery if the edema couldn’t be controlled. Dr. F never said anything about edema before surgery and I told him that.*
- *With my daughter in the room, Dr. F said ‘You need to start paying attention to the important things in life, not things you can’t change.’”*



The Patient's Voice



“When I told Dr. S that my vision was no better than with my contacts prior to surgery, he said, “My job was to remove your cataracts, which I did perfectly. If your vision was improved, so much the better, but that was not my job.”



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The Patient's Voice

From a copy of a letter a patient wrote to her ophthalmologist after being sent to a collection agency for non-payment of her bill

- *“...your botched surgery measurements on my right eye resulted in a focal point of an arms length instead of long-distance vision. Your “bedside manner” is despicable, telling me ‘you should be happy you’re not blind.’*
- *To add insult to injury, instead of correcting your mistake for which you are fully responsible, you were going to charge me for the corrective surgery!”*





Patient Expectation Survey

A 2017 survey to determine ophthalmologists' awareness towards patient expectations concluded that:

- “Overall, 83% of ophthalmologists reported low to moderate awareness of patient expectations and 90% believed they had inadequate training to address patient expectations.”

To achieve a high level of patient satisfaction, physicians need to identify and address patients' expectations

Rozenblum R, Donzé J, Assia EI, Morrison CRC, Bates DW, et al
J Clin Exp Ophthalmol 2017;8:626.



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The Hard Facts about Soft Skills

- Meeting patient expectations (i.e., *achieving the outcome that they feel is most important*) is necessary to improve the overall quality of life, functioning, and productivity of individuals.
- Communication is **critical** when outcomes < expectations
- Take the time to **listen** to your patients' voices...
- In the final analysis of healthcare, 'patients are the measure of all things'
- The Golden Rule of patient care...doesn't revolve around "**chair time**"



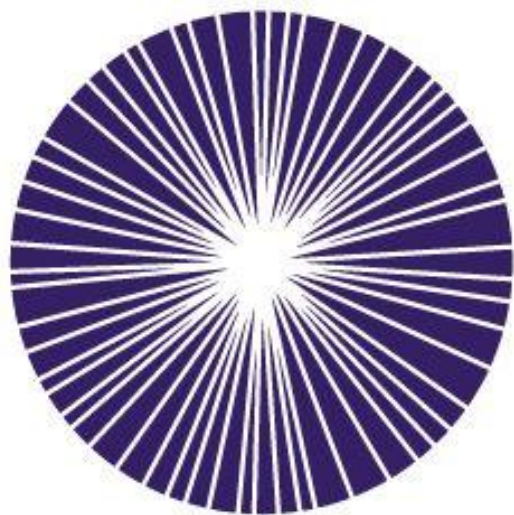


"And now I'll open up the floor to softballs."



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