



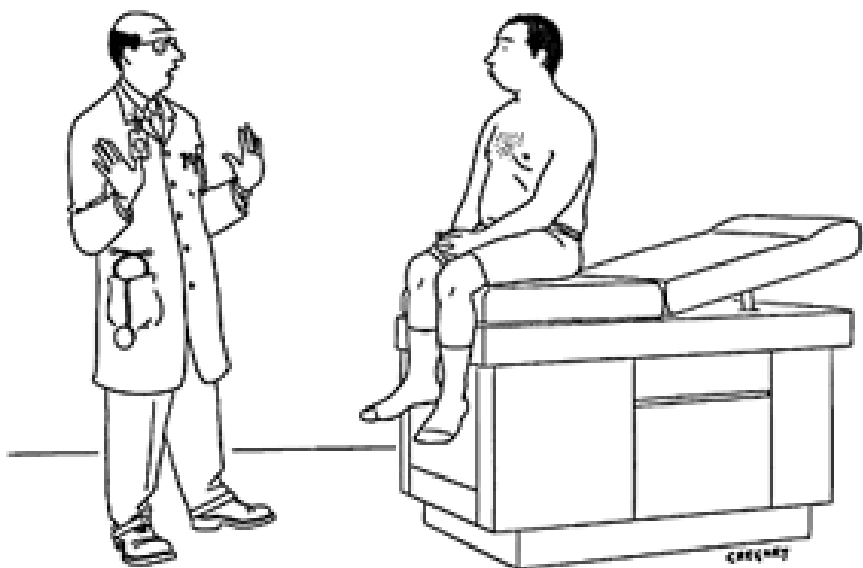
Mills-Peninsula Medical Group

Physician-Patient Communication Training Program 2006-2007



Current Pilot Approach

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"Whoa—way too much information!"

- Develop practical skills and competencies
 - *agenda-setting*
 - *empathy*
 - *partnership*



Current Pilot Approach

- Facilitated by Larry Baker, PhD
 - Affiliated with Institute for Healthcare Communication (formerly the Bayer Institute)
- 13 hours of training
 - 4-hr Kick-off session
 - Six 90-minute follow-up sessions

Keys to program:

- Multiple sessions
- Opportunities to reflect on implemented changes
- Not intensive coaching, but group learning



Pilot phases

- First pilot at MPMG (2006) – 10 MDs
- Expanded pilot at two sites (*started April 2007- in progress*):
 - MPMG – 10 MDs
 - Palo Alto Medical Clinic (PAMC) – 11 MDs
- Concurrent quarterly meetings for MPMG alumni group



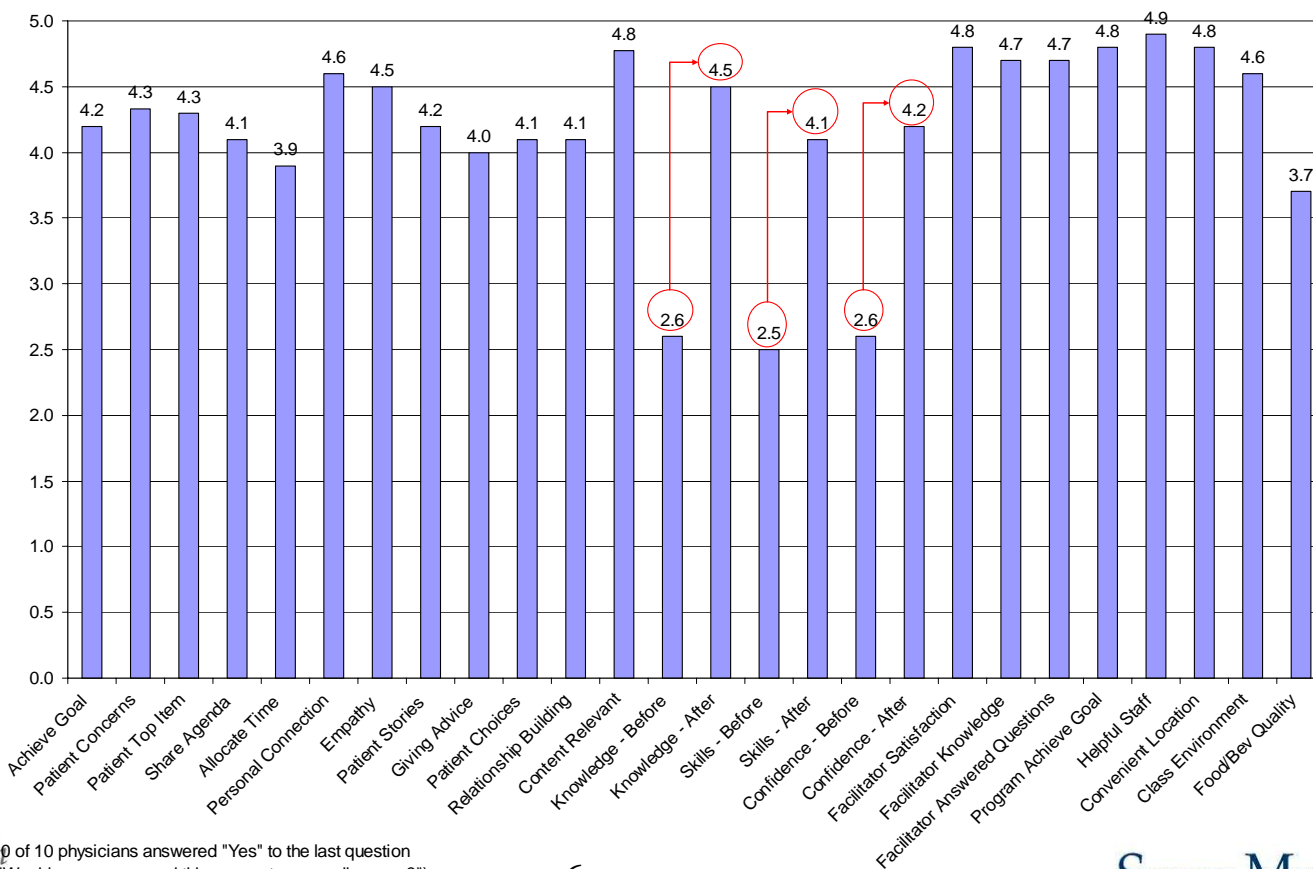
Evidence-Based Evaluation Process

- Level 1/2 (**Reaction & Learning**): Session and course evaluations.
- Level 3 (**Behavior**): Home-grown immediate-post visit patient survey of physician behavior
- Level 4 (**Results**):
 - Group and Individual Level Surveys
 - Home-grown physician satisfaction survey



Satisfaction with the Course

Session #6 (Overall Course) Evaluation
Group Average Score

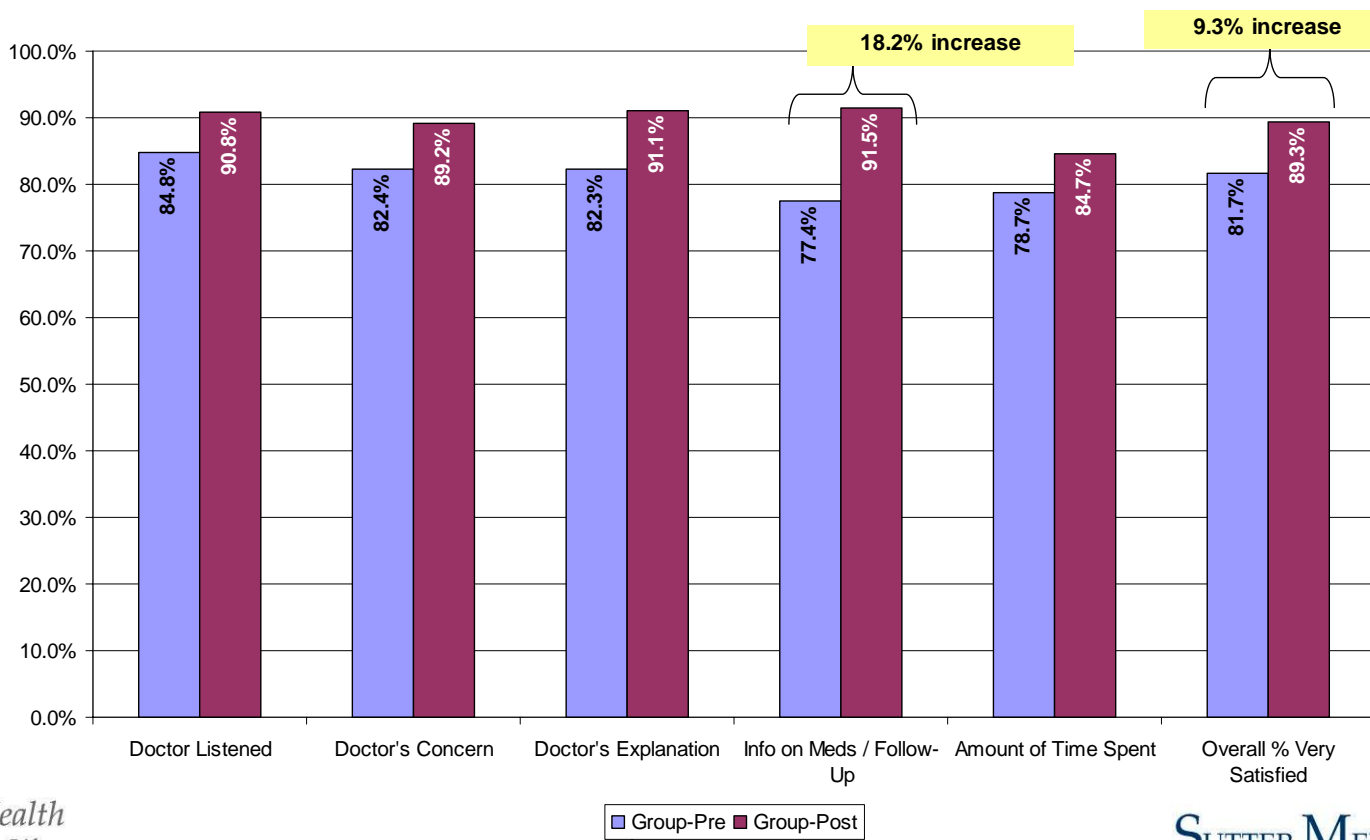


10 of 10 physicians answered "Yes" to the last question ("Would you recommend this course to your colleagues?")



Patient Satisfaction Impact

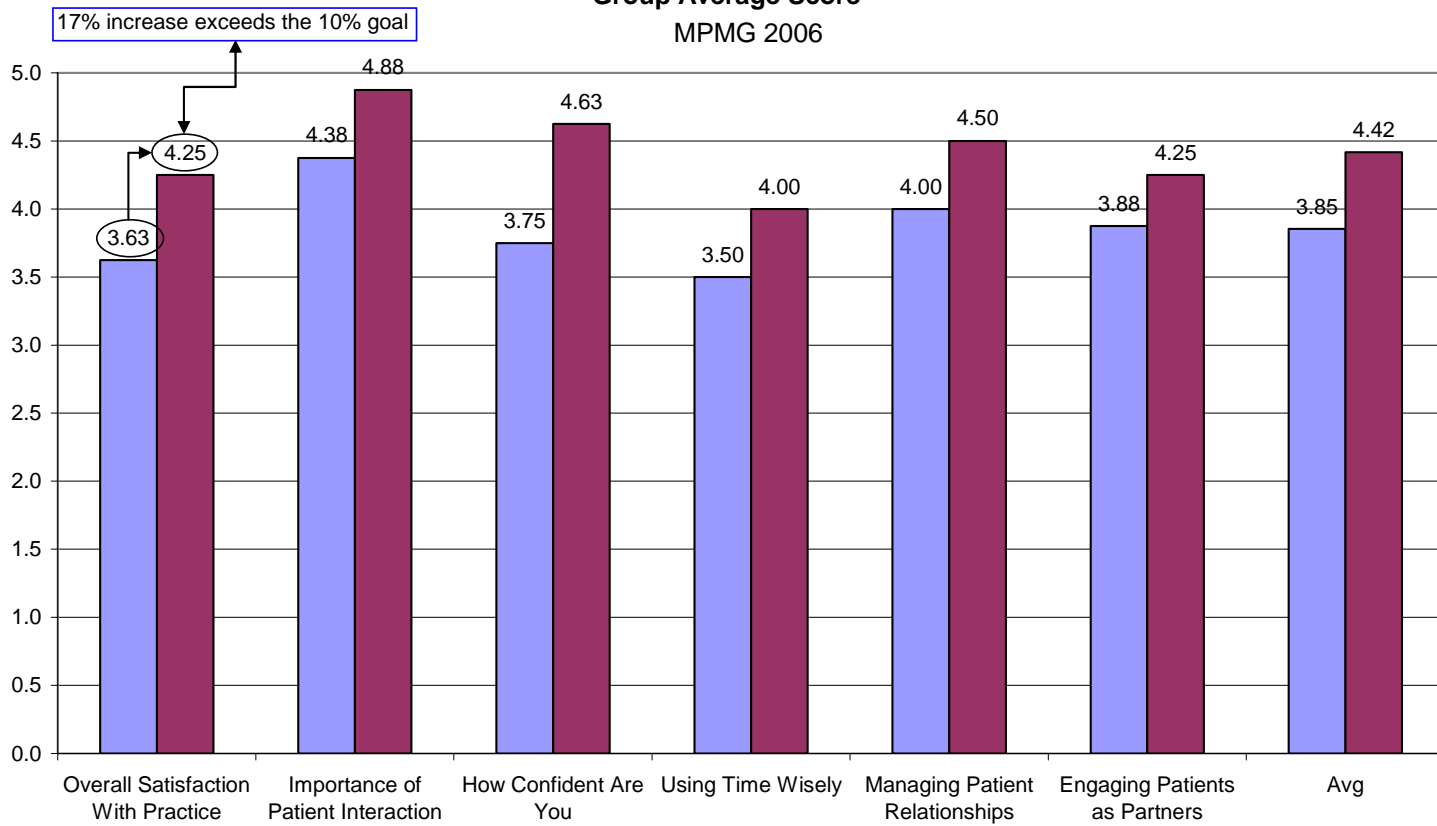
Immediate Post-visit Patient Survey (MPMG 2006)
 Group Percent "Very Satisfied"
 Pre-training vs. Post-training








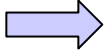

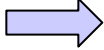
Physician Satisfaction Impact

Physician Self-Evaluation
Pre-Training v. Post-Training
Group Average Score
MPMG 2006





Testimonials

-  “Excellent course, would readily take again. Larry Baker is a wonderful instructor and moderator. He greatly improved my skills as a physician.”
-  “I would recommend it as an enjoyable learning experience.”
-  “I absolutely recommend this for all MDs. I truly feel this has helped me to focus the patients on my agenda. I would attend again.”
-  “Excellent introduction to new ideas on communication.”
-  “Because of this course, I can honestly say that I enjoy my practice more.”
-  “In our busy schedules, it’s really very useful and helpful to sit down and discuss and take a fresh look in terms of communication.”



Pilot Results

- 2006 MPMG pilot exceeded goals
- Positive interim results for second MPMG group
- Physician Satisfaction increased
 - Increased in overall satisfaction
 - Increased in satisfaction with practice
 - Improved confidence and time management
- Patient Satisfaction
 - Increased satisfaction with quality of care
 - Increased satisfaction with doctor listening and time spent



Physician-Patient Communication Training Program Fact Sheet

Background

Physician-patient communication is a prime driver of patient satisfaction. Physicians with higher patient satisfaction scores tend to demonstrate skills in agenda-setting, empathy, and partnership¹. Ultimately, patient dissatisfaction – and specifically dissatisfaction with the physician-patient relationship – may lead to disenrollment from a PCP's practice². With evidence identifying the importance of physician-patient communication, a training program was developed as an intervention to improve patient satisfaction.

Additionally, improved physician-patient communication can result in greater efficiency of a practice, improve access for patients, and improve adherence to medical advice by patients. These are factors that positively affect physician satisfaction.

The objectives of a Physician-Patient Communication Training Program are to increase physician and patient satisfaction, as well as to improve efficiency and clinical outcomes. To date, the training has been offered at Mill-Peninsula Medical Group (MPMG) and Palo Alto Medical Clinic (PAMC). MPMG was the site of the first pilot in 2006, and currently, MPMG and PAMC are completing a training.

Course Description

The Physician-Patient Communication Training Program, facilitated by Larry Baker, PhD, develops practical skills and competencies in *agenda-setting*, *empathy*, and *physician-patient partnership*. The course is not didactic, but rather focuses on the practice and reflection over multiple sessions via group-sharing and group-learning.

The training targets middle-performing PCPs with patient satisfaction scores in the 2nd and 3rd quartiles. Physicians in the lower quartile are likely to require a different type of intervention, while high-performing physician are not in need of any intervention. There were 10 PCPs in the MPMG pilot group, and the expanded pilots at MPMG and PAMC had 10 and 11 physicians, respectively.

The course consists 13 hours of instruction, including a 3-hour Kick-off session and six 90-minute follow-up sessions in three week intervals. The Kick-off session introduces the importance of agenda-setting, empathy, and physician-patient partnership, as well as techniques to try in one's practice. The follow-up sessions provide opportunities to share experiences and difficulties in their practices, as well as reflect on and practice techniques. Additionally, Dr. Baker provides individual coaching for physician to help refine techniques within the practice setting.

Due to the importance of continued group-sharing and reflection, alumni meetings are held to sustain the sharing and learning from the course. Since the completion of the 2006 pilot training at MPMG, quarterly meetings have been held for the alumni.

Course Evaluation

Kirkpatrick's Four Levels evaluation model was followed to assess the effectiveness of the training program. Course evaluations are used for Levels 1 and 2 assessment of reaction to the training and changes in knowledge, skill, and confidence in techniques. Home-grown patient satisfaction surveys, administered at the end of office visits, are used for Level 3 assessment of behavior change. Physician and Patient (group and individual level) satisfaction surveys are used for Level 4 assessment of overall progress.

Costs

SMN and the affiliate share the costs for the instructor, room, catering, and other administration costs. MPMG and PAMC elected to provide stipends of \$1000 per physician. For the 2006 MPMG pilot, the training costs were \$20,430 (not including charge backs for staff time). The current courses at MPMG and PAMC are projected to cost \$22,280 and \$20,450, respectively. (The PAMC costs are lower because the catering was in-kind and they are not currently holding alumni meetings like MPMG.) The costs for future courses (facilitated by Larry Baker) are expected to be in the same price range; however, courses using trainers are expected to be more cost-effective as well as logistically accommodate for spread throughout the SMN.

¹ Tallman, K., Janisse, T., Frankel, R.M., Sung, S.H., Krupat, E., & Hsu, J.T. (2007). *Communication Practices of Physicians With High Patient-Satisfaction Ratings*. *The Permanente Journal*, 11(1): 19-29.

² Safran, D.G., Montgomery, J.E., Chang, H., Murphy, J., & Rogers, W.H. (2001). *Switching Doctors: Predictors of Voluntary Disenrollment from a Primary Physician's Practice*. *J. Family Practice*, 50(2): 130-136.