Engaging the Challenging Patient

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What does “Engage” mean?

• Purposeful provision of care – Triple Aim Based
  - Structured – Guidelines based
  - Intentional – Organized for QI performance
  - Personal – Patient specific
• Caring service delivery – “PC, CC, PC”
  - Patient Centered, Culturally Correct, Primary Care
What does “Challenging” mean?

This one has “lots of issues” - The Social Determinants

1. How sick are they? – Clinically # of Chronic Diseases (CDs)
   a. Count the Conditions
   b. Assess the Status of Control for each CD - # how well/poorly controlled

2. Identify the “Situational Constraints” = ie. the barriers to success
   a. Behavioral - psych status, mental capacity
   b. Social - $, support, transportation, friends and family

“Current Events”
Identify and Stratify…Our ABC’s of Categorizing Patients’ Needs

• A’s - “Gets It” – simply inform and coach… enjoy results together
• C’s - “Doesn’t Get It” – (Can’t / Won’t) “All hands on deck”
  1. Mostly psychosocial situations – Social Determinants create limitations
  2. Your TEAM challenge: work hard on simplest of goals, and attain limited gains, and expect/ prepare for frequent backslides
• B’s - Everything in between - Shoot to be a B++!
Patient Assessment/Stratification

- Requires professionalism = clinical acumen and tact
- Is Non-judgmental – “Meet the patient where they are”
- Be Empathic - Supportive - Directive
  “Let’s do what we can”
- Be Creative! … With our care planning and care delivery
Hope Springs Eternal
Coaching is...

- Create a Learning Environment - Motivate to Succeed
  - Benefits - What if I do CDM?
  - Risks – What if I don’t do CDM?
- Increase Patient responsibility in CDM
- Support/Compassion – Do your best
- Adapt the plan
  - Start at THEIR beginning every time
  - Teach what you can/ Do what you can do TODAY
We as a TEAM
How WE Engage the Challenging Patient...

- Full Staff Involvement - Preview, OV, Follow Through
- All Team “Knows” them well AND Computer Data for PMH + PSH
- Staff must get them into the office:
  
1. FRONT - Invite, Cajole; Welcome “OV Map”, Support and Prepare
2. BACK - Listen, Absorb, Motivate, Elevate, Close gaps

- Create Teachable Moments
- Coach: Teach/Support
- Follow Through: labs, tests, consults
In the Beginning…
We got them into the office!

• Job One!
• Step 1 to QI gaps success

And then…
• Job Two… “How To” deliver our care-personalized to that patient
  1. Being prepared; Office Visit Map = creating “Action Plan” (done in advance)
  2. Engage the patient; Where are they? (Clinical/ psych/ social)
  3. Execute the prepared “Action Plan” – Front to Back to Front
Be Touchy-Feely
Teachable Moments- How to recognize

• Observe body language, eye contact
• Listen to history, HPI
• Get the general scoop-”What’s new?”, What’s going on?”
• Simply ask- “How are you…really?”
• Inquire about CDM - ”Where might we explain something for you?”
• Offer to help, but…
• Meet the patient where they are
Remember, Our Best Support Arises...from Knowing Them Well

- Clinically - how sick? How vulnerable?
- Psychologically – How are we feeling today?
- Socially – What are the “Current events”
  Distractions.......Red Light → STOP!
  When no distractions.... Green light → GO!
For C’s we need a more creative for Care Plan… We

• Make the most of every resource = “Secret Sauce”
  - Internal – use staff skills
  - External – Recruit/leverage “Any and All” outside contacts
    • Friends / Family
    • Therapists
    • Equipment Suppliers
    • Pharmacies
    • Specialists
    • Consultants
    • Home Nurses
    • “Special Relationships”

• TEAM extends across the Healthcare Delivery System
Help Specialists Remember – It’s about THEM- the patient

- Barriers to care- need Creativity and Connectivity
  The ability to call in a favor - Sometimes you just “gotta leverage the relationships”
- PCP Team knows patients the best!
- Form relationships
- Staff to staff… discussion / agreement on what will work best for this patient.
And in the end…
The Engaged Team Staff Member
Asks THE Magic Question……

What might I do?
• To make a difference to them?
• To teach / encourage?
• To make this plan work?

Then, DO THAT!
Expectations for Staff Involvement that Drive Performance

• All hands....All in .... All Ways....Always!
• Preview chart to close care gaps – PREVIEW / anticipate Care / EHR !
• Employ Clinical Guidelines for CDM
• Discern the patient’s circumstances – “Current events” = Social Deters?
• Look for Personal red flags – impact receptiveness to learning and embracing responsibility
Finally…Staff Development
“What’s in Your Staff’s Wallet?”

• Staff training in:
  - Clinical Knowledge of CD’s
  - Interpersonal Skills - compassion / support / counsel
  - Customer Service Skills

• Quarterly QI Meetings – Successes! Opportunities…
  - Process Improvement Theory

• Goal: Elevate and motivate patients to be successful!