

Making it Easier to Do the Right Thing Professionalism, Communication and Organizations

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Outline

1. Quality improvement in health care
 - The evolution of QI in health care
 - Professionalism and QI
 - What is “professional autonomy”?
 - What is the “art” of medicine?
2. The core promises of health professionals
 - The promise to communicate effectively
3. Pursuing communication QI
 - The role of organizational climate in supporting effective communication

Disclosure and Disclaimer

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Manages the Climate Assessment Tools program for the AMA, a non-profit endeavor to produce tools to measure the quality climate in health care organizations.

Views and opinions expressed are mine alone and should not be construed as statements of the American Medical Association

Part I

Professional Obligations Regarding QI



"Some guys from the state board of medicine are here to see you."

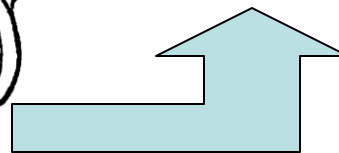
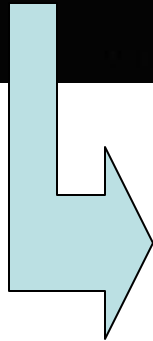
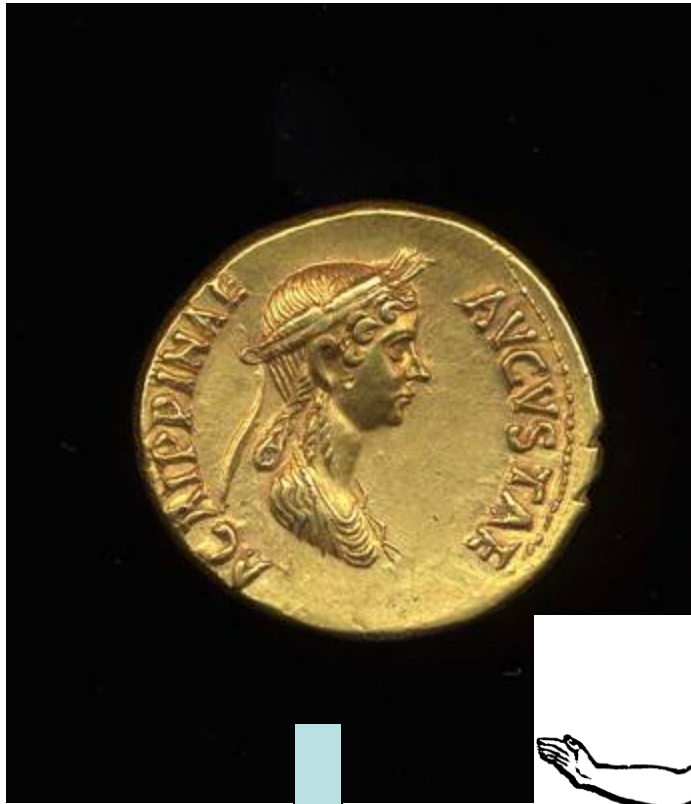
Are Physicians Part of the Problem?

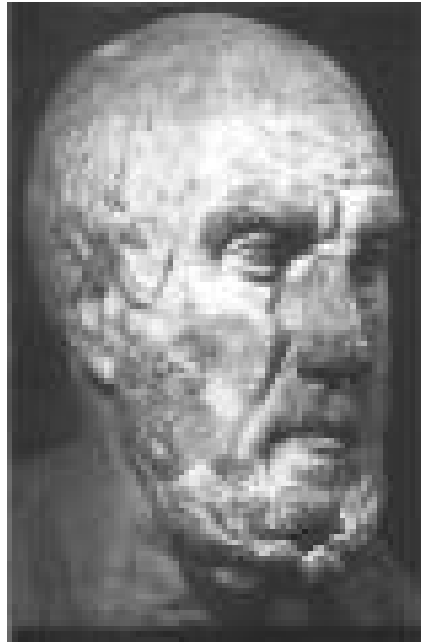
“Physicians sometimes are viewed as obstacles to quality improvement programs.”

Goode et al., 2001

The Historical Evolution of “QI”

- FROM: A personal commitment to humility, self-improvement, continuous learning, getting better from day to day...
- TO: A collective (professional) responsibility, based in science
- TO: An industrial model of cyclic system design, examination, action and redesign
 - focus on systems instead of individuals
 - population-based data collection, statistical analysis
 - benchmarking and guideline development





Hippocrates of Cos (c460-370 BCE)

Hippocratic School

- Combined physicians' scientific and ethical promises
- Injunction to refrain from *intentional* harm the central ethical duty
- Written communication vs oral tradition
- *Humility* a core virtue

“Life is short, the art long,
opportunity fleeting,
experiment treacherous,
judgment difficult.”

Hippocrates
Aphorisms

The Middle Ages to the Renaissance



The Anatomy Lesson of Dr. Nicolaes Tulp

Thomas Percival (1740-1804)

QI as a Professional Responsibility



- Manchester Infirmary rules: 1792, 1794, 1803
- Recognized the increasingly complex medical environment of hospitals
 - Invented clinical rounds, presenting cases in reverse hierarchical order → Teamwork
- Coined terms “medical ethics” and “professional ethics”
- Profession’s “tacit compact” with society

QI in Percival's Medical Ethics

“By the adoption of the register... physicians and surgeons would obtain a clearer insight into the comparative success of their hospital and private practice; and would be incited to a diligent investigation of the causes of such difference.”

-Medical Ethics, 1803

1847 Code of Medical Ethics of the American Medical Association

- Derived directly from Percival's work
- An explicit professional *social compact*
 - Obligations to patients, colleagues and community
 - Reciprocity
 - social/economic rewards for those in the profession in exchange for putting patients' interests first, guaranteed competence of practitioners, and guarding public health
- The birth of “professionalism”
 - First national code of ethics for any profession

Professionalism defined

- Profess: (v) To speak out in public, openly declare
- Profession: (n) A group speaking out, together, about their shared standards and values
- Professional: (n) An individual member of the group; (adj) acting in conformance with the shared standards and values of the group
- Professionalism: (n) a belief system (an “-ism”), holding that professional groups are uniquely well-suited to organize and deliver certain social goods.
 - Establish our own standards for quality
 - Ensure adherence to them...

Inherent Tensions

Professional Standards/Personal Virtues

- AMA Committees set increasingly stringent quality standards for medical education, medical sciences, practical medicine, surgery, obstetrics, medical literature, etc.
- But also...
...”there is no tribunal, other than his [the physician’s] own conscience, to adjudge penalties for carelessness or neglect”

AMA Code, 1847



“... the Code is more what you’d call ‘guidelines’ than actual rules.”

Captain Barbossa
Pirates of the Caribbean



Ernest Codman (1869-1940)

Codman's "End Result Idea"

- “Every hospital should follow every patient it treats long enough to determine whether the treatment has been successful, and then to inquire ‘if not, why not’ with a view to preventing similar failures in the future”
- “A new paradigm for medicine”
 - outcomes research, based in organizations, leading to EBM
- Left MGH in dispute over use of outcomes data to determine promotions

Art & Science in Medicine

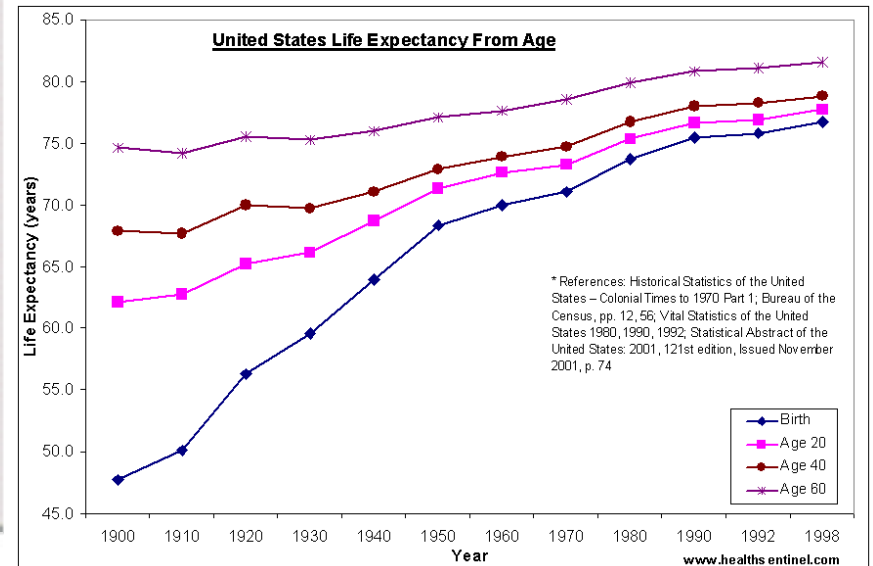
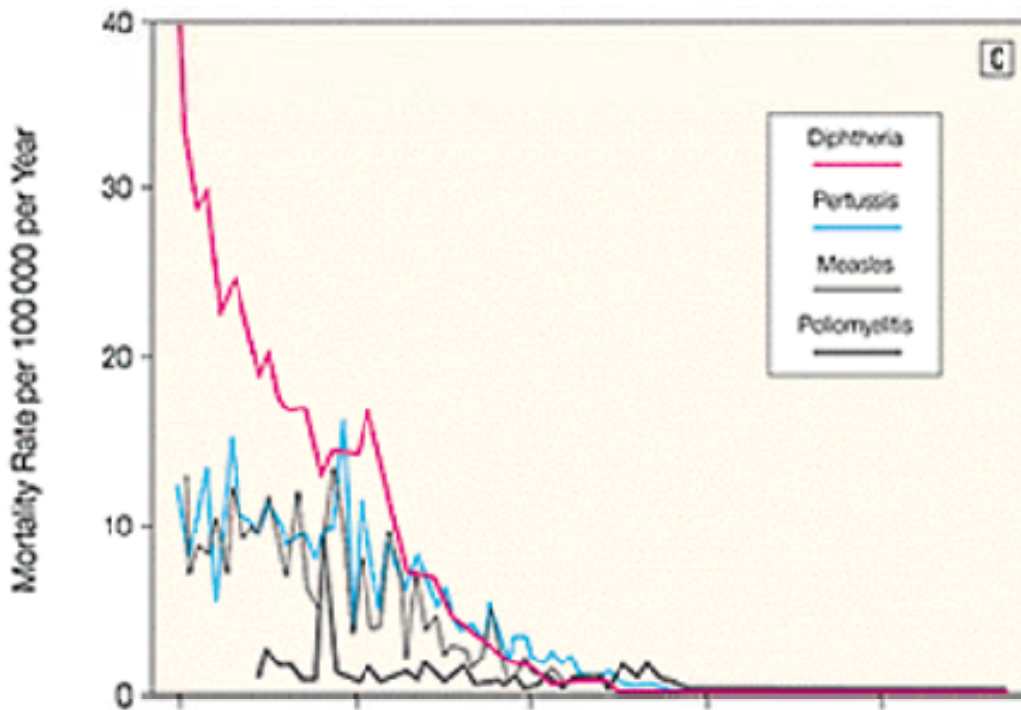
“With the incoming of scientific precision there is the outgoing of so-called art. Diagnosis by intuition, by careless ‘rule of thumb’... is as little trustworthy as the shifting sand of the Sahara”

Dr. John Musser

AMA President 1904

The Essential Art of Medicine

Scientific Medicine Brings Awesome Successes



Arrogance in Medicine

“The life of the patient and the soul of the physician are always at risk”

RABBI SAMUEL EDELS,

17th-century Polish Talmudic scholar

What does “professional autonomy” mean?

- The right of individual physicians to practice as they please
- The right of the profession, as a group, to establish and enforce practice standards

Whither Art in Medicine?

- “Art in Medicine” as treatment based on personal experience, preferences and judgment

Vs.

- Population-based guidelines: “Art kills.”
 - » David Sackett, 1997

Part II

The Core Promises of Health Care Professionals

Science, Art and Service

- Medical Science
 - Scientific and technical competence
- Medical Service
 - Values and norms of service
- Medical Art
 - Communication and integration competence





Honest and Effective Communication is an Ancient Promise



- *The physician must be ready, not only to do his duty himself, but also to secure the cooperation of the patient.*
(Aphorisms)
- Good communication can:
 - Build one's reputation
 - Avoid blame for bad outcomes
 - Persuade patients to adhere to prescribed therapy

Plato on Medical Communication



...the other doctor... attends and practices upon freemen; and he carries his enquiries [with his patient] far back, and goes into the nature of the disorder in a scientific way; he enters into discourse with the patient and with his family, and is at once getting useful information from the sick person, and also instructing him as far as he is able. [The physician] will not prescribe for the patient until he has first convinced him; at last, when he has brought the patient more and more under his persuasive influences and set him on the road to health, he attempts to effect a cure.

Laws, Book IV

The Triple Promise of the Health Professions

- Scientific and technical competence
- Communicate and integrate patient values and priorities in medical decisions
- Values and norms of service
- How to ensure we live up to these promises...



Why doesn't excellent communication occur in every medical interaction?

What are the implicit assumptions in our agenda?

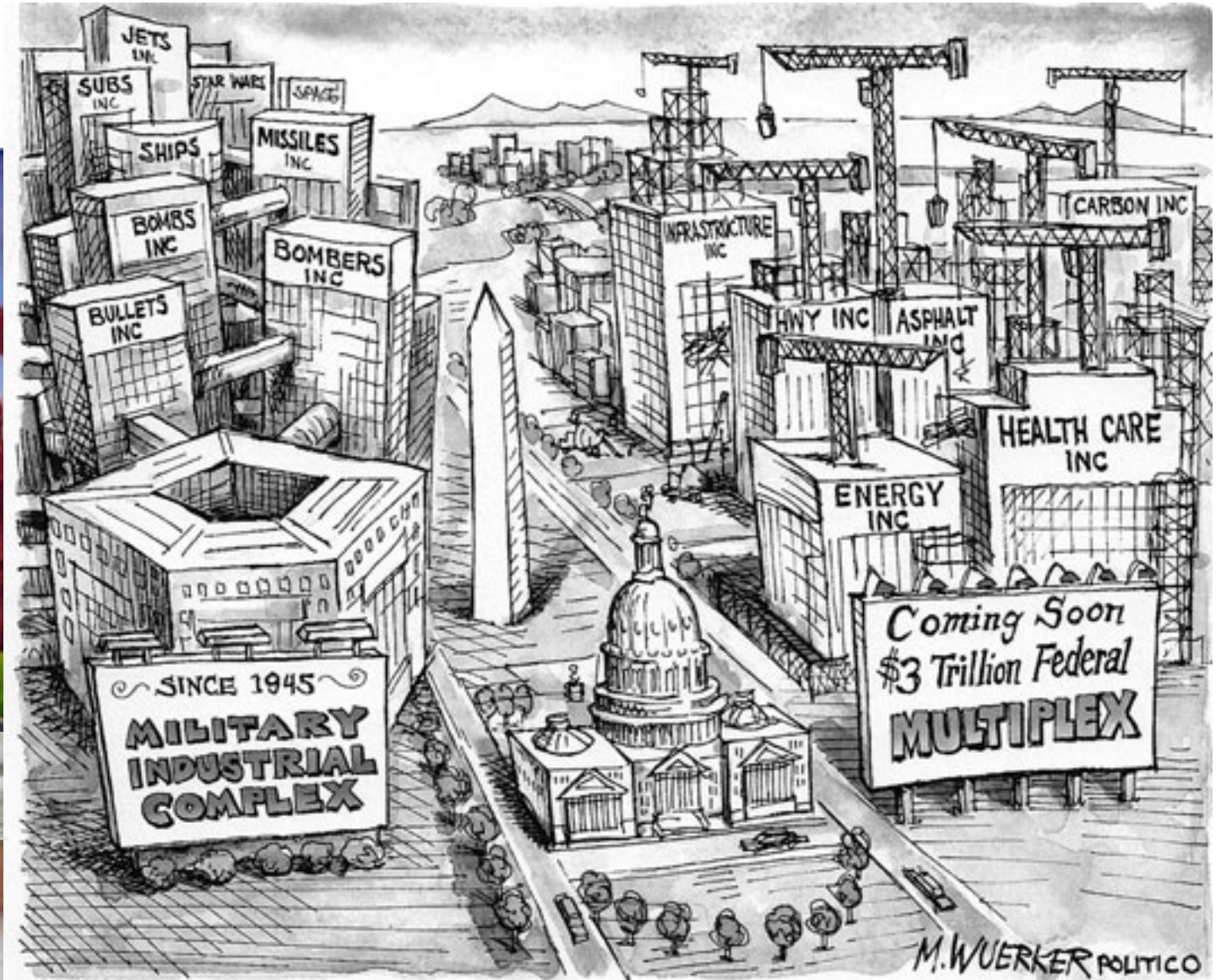
Communication skills training

Implication: We don't know how to communicate well.

Cultural competence training

Implication: We need to care more

What else could be at play?



Part III

Culture Eats Strategy for Breakfast

Evolving Agendas for QI

- Personal responsibility
- Shared responsibilities of teams
- Institutional and systemic responsibilities

- Handwashing, flu vaccination...
 - Doctors, do this for every patient
 - Patients, talk to your doctors about this
 - Put hand sanitizer everywhere, use standard order forms

What if we thought about better communication as a target for QI?

- Dyad-focused (training):
 - Motivational interviewing
 - Teach-back
 - Clear language
 - Cultural competency
 - Etc.
- Systems focused
 - Appreciative inquiry
 - Community engagement
 - Team-based care
 - Build teach-back into forms and processes
 - Provide resources to respond when pts fail a teach back
 - Provide educational materials, videos, interpreter services

INTRODUCING

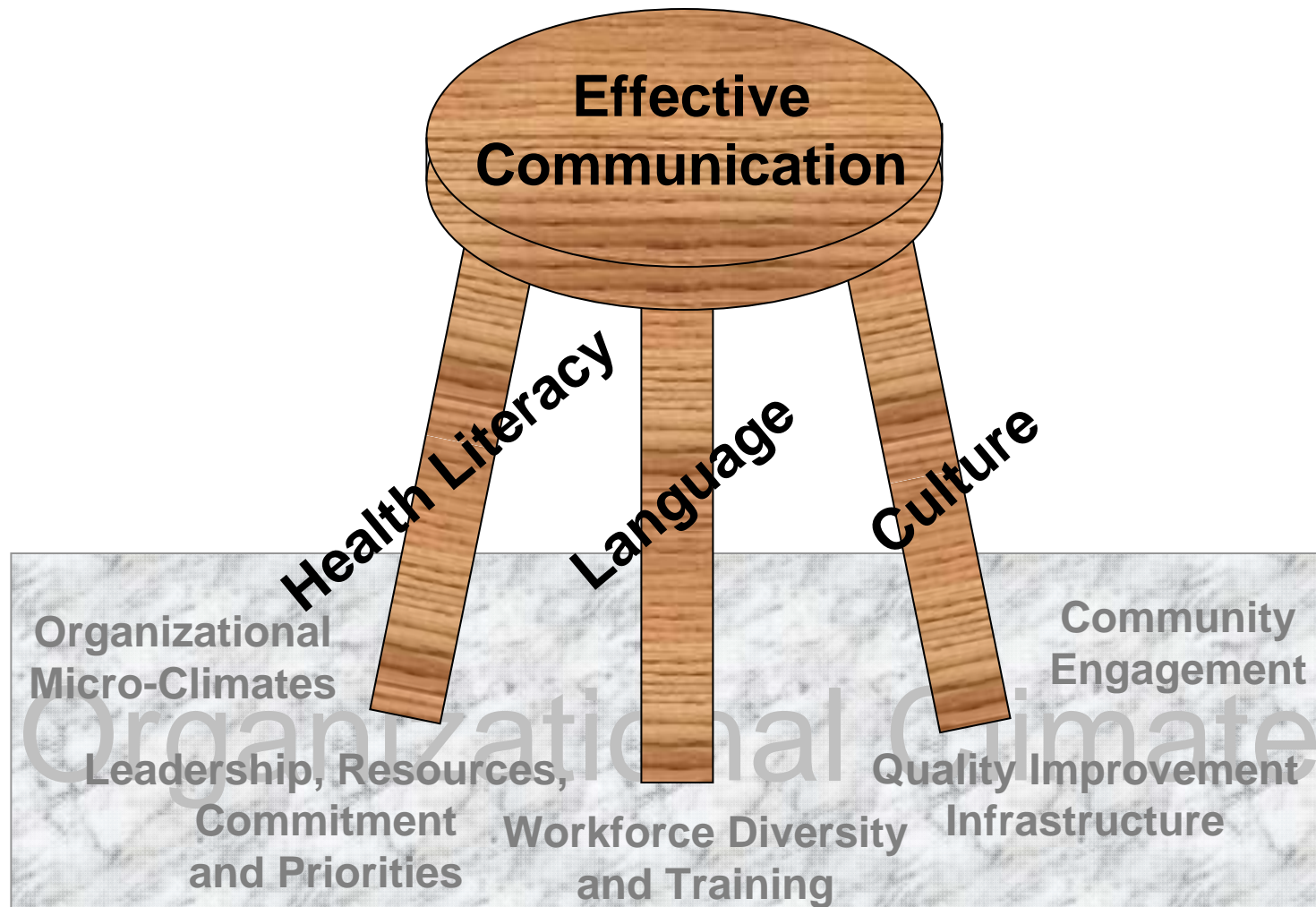
C·CAT

Communication Climate
Assessment Toolkit

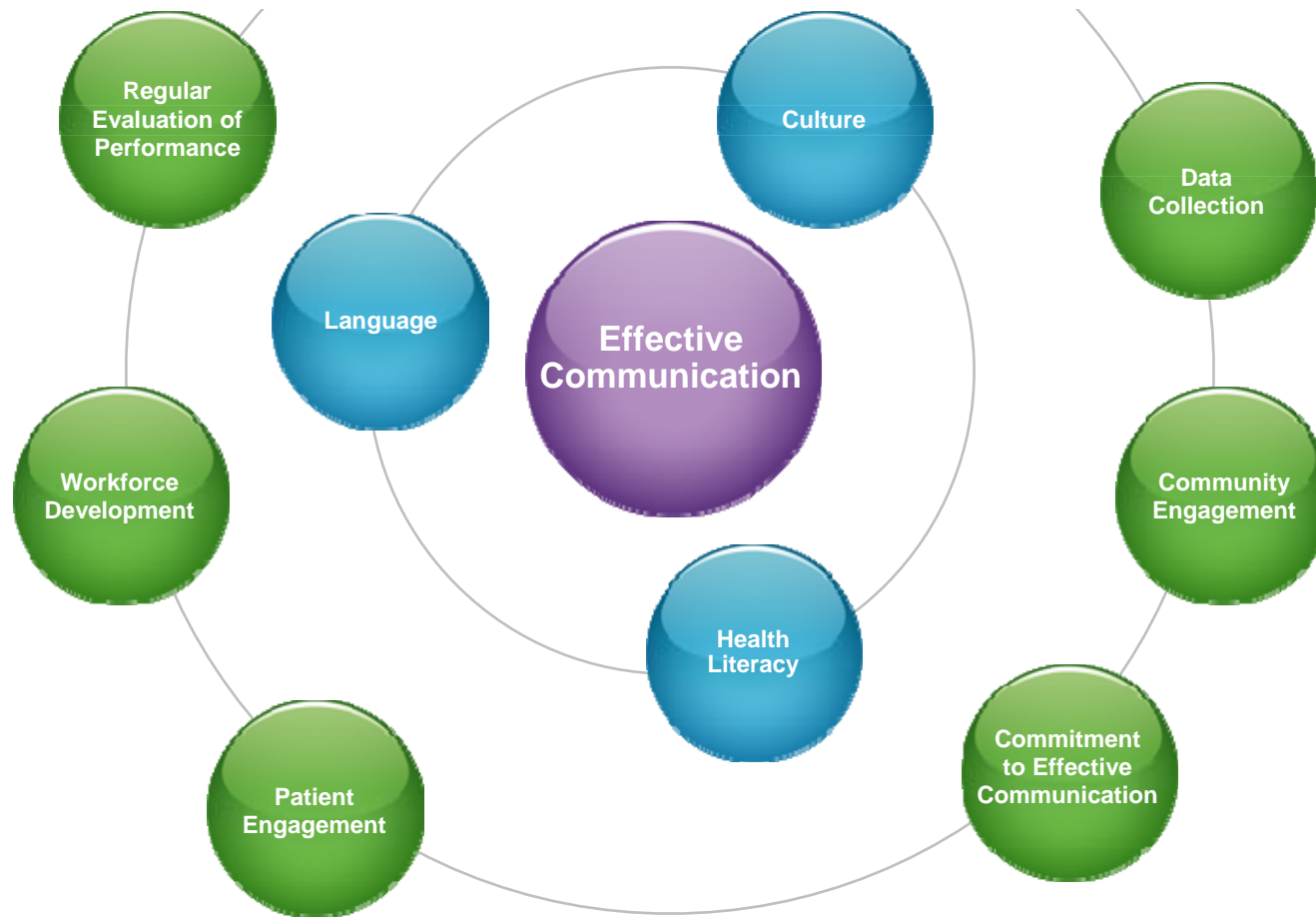


- ***Essential Risk Management and Quality Improvement
for High-Performing Health Care Organizations***

Patient-Centered Communication Conceptual Framework



C•CAT Assesses Every Important Aspect of Your Communication Environment

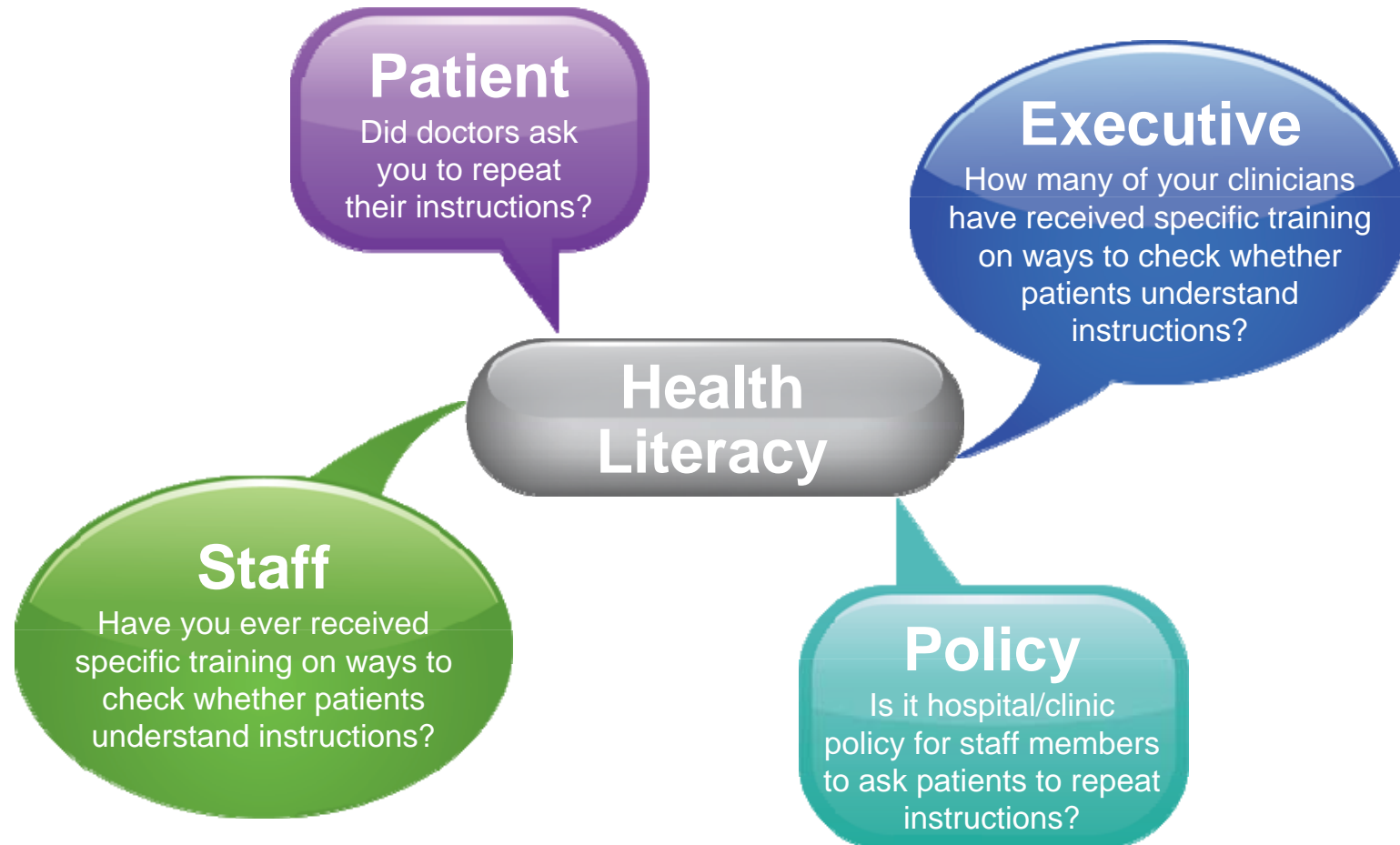




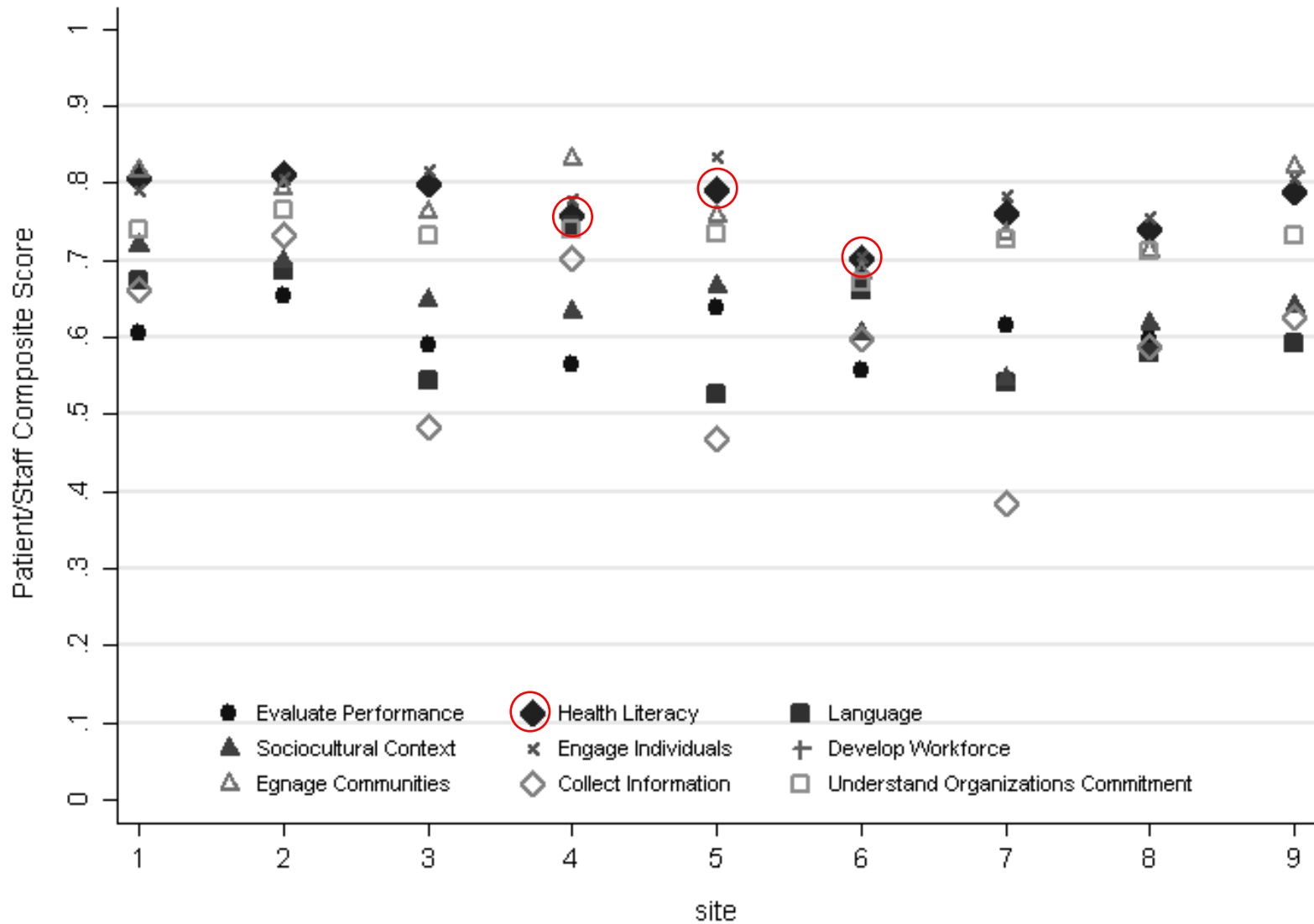
“Whoa—way too much information.”

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C•CAT Provides Comprehensive Communication Assessment Among Different Populations



Results: Domain Scores



Results

Multivariate correlations of a 5-point change in performance on each domain and patient-reported quality and trust

Communication Domain	<i>I receive high quality medical care</i>	<i>My medical records are kept private</i>	<i>If a mistake were made in my health care, the system would try to hide it from me</i>
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Org. Commitment	1.34 (1.22-1.54)	1.22 (1.05-1.40)	0.73 (0.66-0.86)
Data Collection	0.95 (0.90-0.95)	1.00 (0.95-1.05)	1.0 (1.00-1.05)
Develop Workforce	1.47 (1.28-1.69)	1.28 (1.10-1.47)	0.73 (0.62-0.86)
Engage Community	1.54 (1.28-1.76)	1.28 (1.10-1.54)	0.73 (0.59-0.86)
Engage Individuals	1.40 (1.22-1.61)	1.22 (1.05-1.40)	0.73 (0.62-0.86)
Health Literacy	1.40(1.22-1.61)	1.28 (1.10-1.47)	0.73 (0.62-0.86)
Language Svcs	0.90 (0.82-0.95)	1.05 (0.95-1.16)	1.0 (0.90-1.16)
Cross-Culture	1.28 (1.16-1.40)	1.16 (1.05-1.28)	0.82 (0.73-0.90)
Perf. monitoring	1.40 (1.22-1.54)	1.22 (1.05-1.40)	0.73 (0.66-0.86)

Quality and trust items from Rose A. et al. *Journal of General Internal Medicine*, 2004

Wynia et al. *Am J Med Qual*. 2010; 25(6):436-43.

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C•CAT Summary

- Organizations can undertake a valid 360° assessment of their communication climate, with discrete results in 9 important domains.
 - Results strongly correlated with patient perceptions of quality of care, trust and reported level of understanding.
- Assessment results may be useful for:
 - Tracking organizational performance
 - Benchmarking
 - To inform tailored quality improvement interventions

“If any departs from what is popular knowledge and does not make himself intelligible to his audience, he is not being practical.”

Hippocrates
On Ancient Medicine

Thank You

For more information, please visit

www.ethicalforce.org

Or e-mail me at:

matthew.wynia@ama-assn.org

What questions do you have?

C•CAT Delivers Meaningful Results

Validated

based on a 4-year national field test
of >7000 surveys

Benchmarked

against national
averages

Correlated

with measures of patient-reported
trust and quality of care

C•CAT Field-Test Sites

- Children's Hospital & Research Center, Oakland, CA
- Windham Hospital, Willimantic, CT
- University of Mississippi Medical Center, Jackson, MS
- University of Chicago Hospitals, Chicago, IL
- Rainbow Babies and Children's Hospital, Cleveland, OH
- Sierra Kings District Hospital, Reedley, CA
- Golden Valley Health Center, Merced, CA
- Community Health Center, several cities across CT
- Geisinger Medical Center, Mount Pocono, PA
- George Washington University Hospital, Washington DC
- Hennepin County Medical Center, Minneapolis, MN
- Open Door Family Medical Center, Ossining, NY
- Louisville Oncology, Louisville, KY
- Family HealthCare, Visalia, CA

Effective Communication Is Essential to Quality Care

Reduces risk of medical errors

Increases patient loyalty and follow-up

Reduces likelihood of costly re-admissions

Helps reduce disparities—an important national policy goal

Improves efficiency and increases profitability

Organizational Communication Is a Challenge

Clinical and regulatory requirements

Legal risk (e.g., informed consent, medication errors)

Cost of miscommunication

Patient diversity

Internal commitment to patient communication



What C•CAT Users Are Saying

“[C•CAT] revealed the disconnects in our systems. Now...we are better able to focus our resources in areas that will make the greatest difference.”

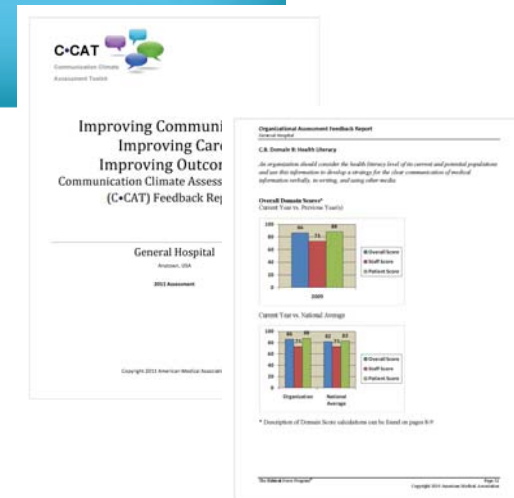
— Director of Family Centered Care



What C•CAT Users Are Saying

“...the data and analysis are ‘gold’ to organizations.”

— Director of Quality Improvement

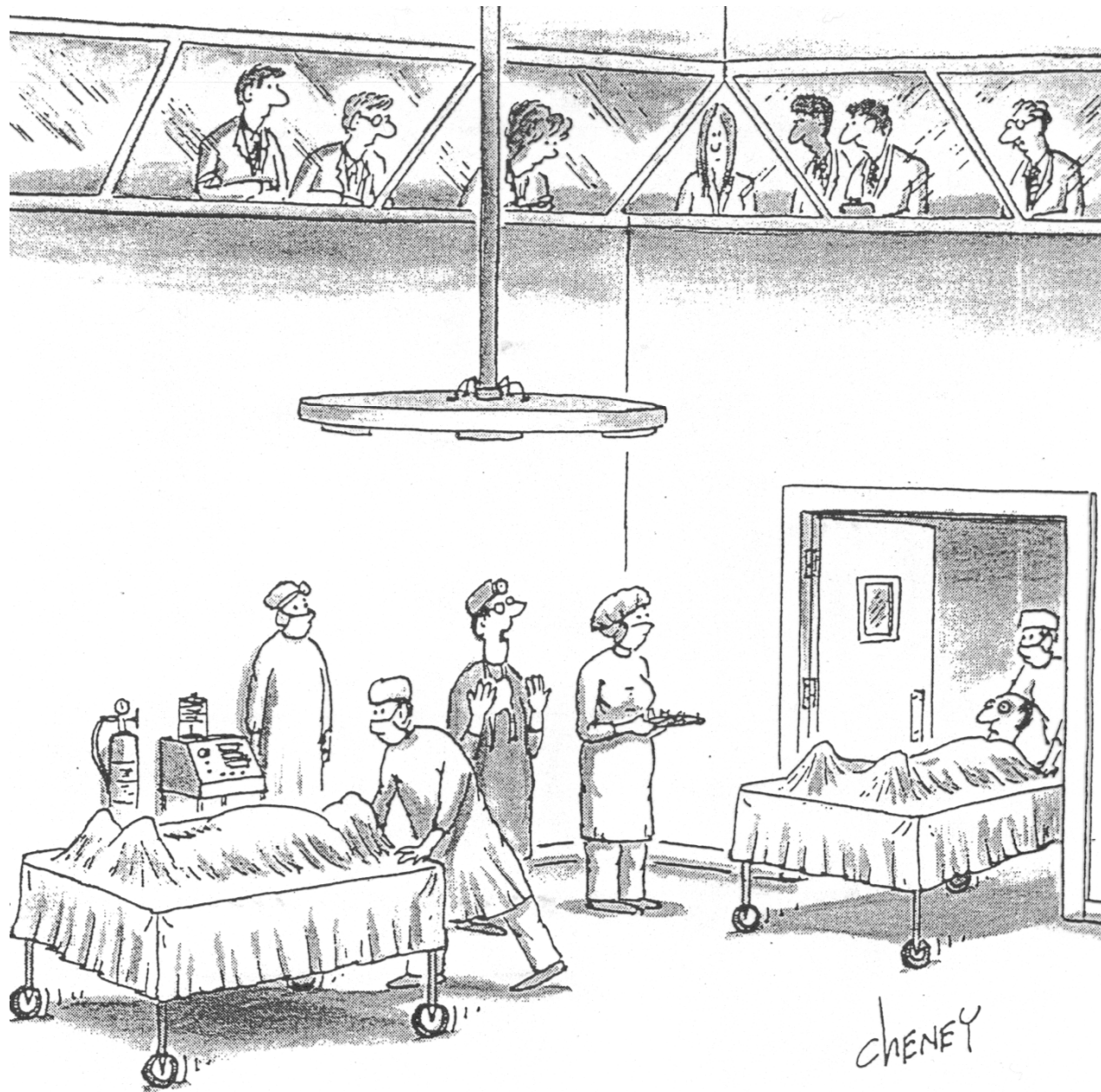


What C•CAT Users Are Saying

“The assessment results can be useful for tracking an organization’s performance, benchmarking, and [implementing] tailored quality improvement interventions.”

— Assistant Administrator,
Hospital Administration





"Next, an example of the very same procedure when done correctly."



"Paper or plastic?"