

# CONNECTED CARE

EMPATHIZING

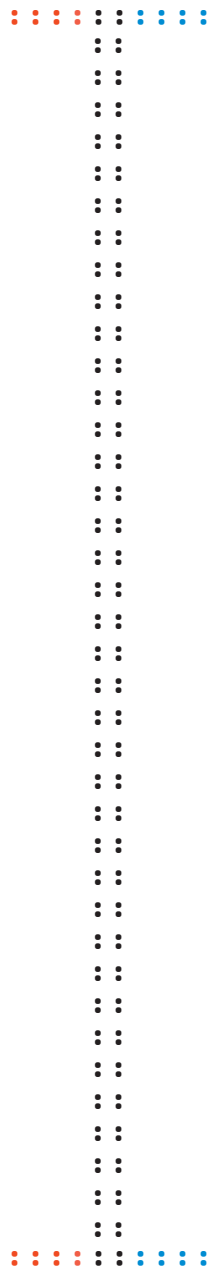
RESPONDING

COMMUNICATING

UNDERSTAND

THROUGH INGENUITY AND A PATIENT-CENTERED APPROACH, CLEVELAND CLINIC IS HELPING PEOPLE CONNECT WITH THE BEST POSSIBLE MEDICAL CARE, NO MATTER WHERE THEY LIVE, THROUGH NEW WAYS OF COMMUNICATING.

BY ELIZABETH LEAR



IT TOOK A FAMILY CAR ACCIDENT to reveal William Einziger’s kidney cancer.

After the accident, Mr. Einziger, his wife and daughter were cleared of traumatic injury at the local hospital in Florence, S.C., but a CT scan happened to reveal a growth on one of Mr. Einziger’s kidneys. Although he experienced no symptoms, his physicians determined that the tumor almost certainly was cancerous. They advised that he have the kidney removed.

“I felt confused and overwhelmed by my surgeon’s recommendations,” Mr. Einziger says. “Only days before that, I had no idea I had cancer. Now, I was faced with the choice of losing a whole kidney.”

He wanted the peace of mind of a second opinion, but he didn’t know where to turn — until he took geography out of the equation. It so happened that his employer, General Electric, offered a long-distance second opinion option through Cleveland Clinic’s MyConsult™ online program.

Mr. Einziger completed the online questionnaires, submitted his physician’s reports and imaging, and was able to obtain a thorough case review in just a few days from urological surgeon Robert Stein, MD, in Cleveland — all without leaving South Carolina. Dr. Stein called him personally to share his recommendation: He was a candidate for partial kidney removal. Mr. Einziger decided to travel to Cleveland Clinic to receive the specialized surgery, which wasn’t available in his region, and has remained cancer free and happy with his choice for two years.



AS MEDICAL EXPERTISE BECOMES AN INCREASINGLY VIRTUAL KNOWLEDGE BASE, PHYSICIANS ARE FINDING WAYS TO BYPASS TRADITIONAL BOUNDARIES OF THE PHYSICAL WORLD — NAMELY, THE CONFINES OF SPACE AND TIME. MYCONSULT IS JUST ONE EXAMPLE AMONG MANY.

“I can’t tell that I don’t have all of my kidney. There are no effects,” he says.

Mr. Einziger is in good company. Cleveland Clinic’s MyConsult online second opinion program is provided as a health benefit by more than 35 corporations. More than 13 million employees of these companies have access to the service, and other patients also can enroll directly. Most MyConsult patients come from distances of 180 miles or more, and more than a quarter are international. The secure, online program provides second opinions from specialists for more than 1,200 life-threatening and life-changing diagnoses.

Cleveland Clinic has a global patient base, but traveling to Northeast Ohio for a second opinion is not always feasible — or even necessary. Approximately 1,200 diagnoses can be evaluated through the MyConsult online service. Some conditions do require an in-person exam, but in many cases, the patient’s medical records and imaging files provide the detail needed for a thorough evaluation, says Jonathan Schaffer, MD, Managing Director, MyConsult.

Participants gather and supply the needed medical records, including imaging files and the original diagnoses and treatment plans. In return,

they receive a detailed written report and, in many cases, a phone call from the reviewing physician. Patients also have phone access to a dedicated team of nurses who can address their questions at any point in the process, providing a high-tech and high-touch environment. In three-quarters of cases, Cleveland Clinic physicians agree with the original diagnosis. Half the time, they recommend minor or moderate changes to the treatment plan. In 16 percent of cases, they offer what would be considered major changes to the treatment plan.

“We’re removing the geographic, time and communication barriers to care,” Dr. Schaffer says. Getting a second opinion can provide peace of mind and more thorough understanding of the original diagnosis and treatment plan, he adds. It also offers perspective when there are multiple treatment options.

### ACCESS AND EFFICIENCY

As medical experts increasingly rely on a virtual knowledge base, they are finding ways to bypass traditional boundaries of the physical world — namely, the confines of space and time. MyConsult is just one example among many.

In 2010, Cleveland Clinic was the first hospital system nationwide to launch same-day appointments. The goal: to eliminate the wait for care across all specialties and ease patients’ concerns about everything from skin rashes to heart disease.

Accomplishing this required some major logistical overhauls: Centralized schedulers offer every caller a same-day appointment. More than 96 percent of callers take up the offer, resulting in more than 1 million same-day visits across the region each year.

Same-day appointments are part of a renewed focus on the idea that physicians are here, first and foremost, to take care of patients, says James Merlino, MD, Chief Experience Officer. Hospital leaders wanted to address a misconception that it was very difficult to get into Cleveland Clinic, that a person “had to know somebody, have a referral or be wealthy.” The broadly marketed same-day appointment program dispelled this myth, spurring a 20 percent increase in new-patient visits in the first year.

Issues with wait time extended beyond everyday appointments too. They also were a constraint in



obtaining high-quality care in the surgery consult-to-procedure cycle. Surgeon Allan Siperstein, MD, saw this in his own endocrine surgery practice. To try to fix it, he and colleagues borrowed process-improvement principles from just-in-time auto manufacturing to help curb cancellations and step up productivity.

With guidance from Cleveland Clinic's process-improvement engineers — experts whose backgrounds are in manufacturing rather than healthcare — the team collectively discussed every individual's role, from front-desk managers and medical secretaries to nurses and physicians.

"It allows you to sit down and really reflect and think about what you are doing, get best practices from other people and put together a uniform practice," Dr. Siperstein says. "That's how you create a better product or experience for patients."

As a result, physicians agreed on standardized protocols for gathering and reviewing appropriate medical records before a patient's first visit. This made it easier for any team member to perform the initial patient evaluation within 10 days, which streamlined the process and reduced the patient's wait time.

The team also reduced the time from consult to procedure date by tentatively scheduling surgery — even before the initial consult — when it appears likely an individual will need it. Pre-admission testing can take place during the initial appointment, saving patients another trip to the medical campus and freeing physicians to see more new patients.

The team tracks progress with weekly reports. Cancellations dropped from 28 to 17 percent, and the team was able to increase total consults from 31 to 52 per month. The department's consult-to-surgery time span decreased from 39 days to as few as 15 days for low-risk patients.

Although the details are specific to endocrine surgery, Dr. Siperstein notes that this process could apply to almost any medical or surgical department. In fact, his team has performed similar projects to improve the time and cost efficiency of the operating room.

The department's six surgeons discussed and agreed upon consistent best practices for the preoperative preparation, the instruments used, setup, conduct within the operating room and



## THE TELEFUTURE

Teleporting patients to a hospital remains in the realm of science fiction, but the virtual office visit is fast approaching the mainstream. Camera-ready medical kiosks and real-time technology soon will allow people to connect with caregivers via virtual interface James Merlino, MD, anticipates. Beyond telemedicine, most electronic health records now include the option of communicating with caregivers and scheduling appointments by text message or email. Ultimately, he sees a progression toward active patient engagement — using communications tools that people already use every day.

As for telemedicine and virtual kiosks, Adrienne Boissy, MD, MA, already is examining how such interfaces will affect patient-physician communication. "I'm very interested in making sure our ability to communicate over a virtual interface provides the same relational value that we're able to provide in physical presence," she says.

postoperative care. Recently, they expanded to a multidisciplinary approach, with standardized anesthesia and nursing practices and assigned teams, reducing already-efficient operating times by 10 to 15 percent.

### MEANINGFUL CONVERSATIONS

It may be less clear-cut than time and geography, but ineffective communication presents a major barrier to excellent care. That's why many of Dr. Siperstein's productivity improvements rely on open, empathetic communication.

Recognizing the importance of effective communication and its impact on the patient, the provider, compliance, safety, trust and outcomes,

For information on MyConsult, visit: [eclevelandclinic.org/myConsultHome](http://eclevelandclinic.org/myConsultHome)



Cleveland Clinic launched an enterprisewide education program to harness the value of relationship-centered communication. Adrienne Boissy, MD, MA, Medical Director, Cleveland Clinic Center of Excellence in Healthcare Communication (CEHC), and her team designed an experiential program to engage practicing clinicians in communication skills work.

“The idea of training talented, seasoned clinicians in communication skills was a bit daunting,” Dr. Boissy says. “And yet, we realized we all had moments we wish had gone differently or where we got stuck for one reason or another. We all have blind spots with respect to how we communicate and are perceived. If that’s true for our team, it has to be true for other clinicians.”

Consider this: The last time most physicians received formal feedback on their communication skills was in medical school, if even then.

To address the need, the CEHC team developed a one-day, peer-facilitated course and trained 3,000 physicians and house staff in just six months. Four hundred advanced care providers also have completed the course. Sixty peer facilitators have been trained to lead the courses, and they facilitate groups of 10 to 12 participants. The peer-to-peer format creates a space for open dialogue, shared experiences, communications skills practice and feedback.

“This learning has to be experiential, engaging and relevant,” Dr. Boissy says. To that end, the course simply meets learners where they are. Cases are adjusted to their practice in the moment, built around their challenges, and focus on an individual’s goals. Recognizing that relationships built with effective communication can be therapeutic for both parties, the team developed a framework for a skill set called the REDE model: Relationship, Establishment, Development and Engagement.

“We’re not asking people to be friends with their patients,” Dr. Boissy notes. “We’re asking them to reflect on the words they use for a given purpose and to employ evidence-based skills that will make them more effective, empathetic and efficient in providing great care.”

Often it’s as simple as overcoming assumptions. Many physicians believe that their patients already know they care and forget to state it.

Alternatively, instead of telling patients to quit smoking, the clinician might start with

**“WE’RE NOT ASKING PEOPLE TO BE FRIENDS WITH THEIR PATIENTS,” DR. BOISSY NOTES. “WE’RE ASKING THEM TO EMPLOY SKILLS THAT WILL MAKE THEM MORE EFFECTIVE IN PROVIDING GREAT CARE.”**

understanding the reasons why they smoke, why they might consider quitting, what smoking means to them, and how ready they are to move toward quitting. These explorations generate a completely different conversation, grounded in the concept that each person has a valuable perspective. Another relationship-building gesture is to negotiate a “shared agenda” for patient visits, remembering that patients may have particular needs that differ from what the doctor envisions.

The course also lauds the power of silence. When a physician has bad news to deliver, the tendency is to fill the space with talking. However, even more powerful is sitting quietly with that person in the emotion of the moment, Dr. Boissy says.

“If you think about the difference between curing and healing, curing being ‘I’ve returned you to your normal state’ and healing being ‘I’m going to meet you wherever you are and be there with you,’ then these skills take on additional meaning for both parties,” she says.

In 2008, before the healthcare communication course began, Cleveland Clinic ranked below the 10th percentile in physician communication on patient surveys. It now hovers around the 70th percentile and outperforms peer organizations. Significant improvements have been noted in preliminary data on validated scales of empathy, burnout, self confidence in skills and patient perception.

Dr. Boissy’s team since has taken the concept further. They have developed advanced communications courses delving into topics such as how to talk to people about bad news, how to talk about the end of life, how to process strong emotions and how to help people change.

Now, the team is planning on creating interprofessional, leadership and nursing-specific REDE model communication programs. And in a nod to another barrier — geography — the courses and consultation sources are offered externally, as other hospitals have noticed the positive results at Cleveland Clinic.

One facilitator, Mary Beth Modic, described the course’s impact: “While it is essential to listen, it’s also important to find the words that illustrate that the caregiver is truly bearing witness to the suffering, trauma and chaos that may be occurring in the patient’s life.”



## NEW CANCER BUILDING DESIGNED WITH THE PATIENT IN MIND

Cleveland Clinic’s Patients First culture prioritizes efficient, communicative care focusing on the entire scope of patients’ needs. A new cancer outpatient facility, planned to open in 2017, was designed to give patients an even better, team-based approach to their care.

The 377,000-square-foot building will house all of Cleveland Clinic’s comprehensive, multidisciplinary cancer programs. Patients will receive their care conveniently in one location, including all support services.

“The new Cleveland Clinic cancer building will allow us to centralize the cancer care we provide, creating a seamless, personalized experience for patients,” says Brian J. Bolwell, MD, Chair of Cleveland Clinic’s Taussig Cancer Institute and holder of the M. Frank Rudy and Margaret Domiter Rudy Institute Chair in Translational Cancer Research.

Patient-centered features of the new space will include:

- A first floor dedicated to support services such as art and music therapy, patient navigation, social work, a wig salon and cosmetology services, relaxation therapies and meditation;
- Ample natural light and outdoor views, with infusion rooms with windows so that patients can see outside during treatment;
- Treatment spaces and appointment rooms located in the same areas, clustered by cancer type.