# *Listening for What Matters:*
## *Lessons about Caring from Concealed Recordings of Medical Encounters*

***Compassion in Action* Webinar Series**

**Saul J. Weiner MD**

September 13, 2016

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## Moderator

**Andrea Greenberg**
Communications and Partnerships Associate
The Schwartz Center for Compassionate Healthcare

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## Audience Reminders

- This webinar is funded in part by a donation in memory of Julian and Eunice Cohen.
- You may submit a question by typing it into the Question and Answer pane at the right of your screen at any time.
- We value your feedback! Please complete our electronic survey following the webinar.

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## Host

**Beth Lown, MD**
Medical Director
The Schwartz Center for Compassionate Healthcare

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## Compassionate Collaborative Care Framework

http://www.theschwartzcenter.org/media/Triple-C-Conference-Recommendations-Report_FINAL1.pdf

| | |
|---|---|
| Focuses attention | Demonstrates trustworthiness |
| Recognizes nonverbal cues | Communicates with colleagues, adjusts |
| Actively listens | Practices self-reflection |
| Elicits info about the "whole person" | Builds relationships, partnerships, teams |
| Nonjudgmentally values each person | Practices emotion regulation |
| Asks about, responds to emotions, concerns | Practices self-care, attends to personal and professional development |
| Shares information, decision-making | Practices self-compassion |

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## Today's Speaker

**Saul J. Weiner MD**
Deputy Director, Center of Innovation for Complex Chronic Healthcare,
Jesse Brown VA Medical Center
Professor of Medicine, Pediatrics and Medical Education
University of Illinois at Chicago

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## *Listening for What Matters:*
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## From an audio recorded encounter….

- Aaron James is a 42 year old man whose asthma flared up after he lost his insurance and could no longer afford to take an expensive brand-name inhaler as prescribed.
- He didn't mention that he wasn't taking his medication every day.
- At one point during the visit with his doctor he commented that "Boy, it's been tough since I lost my job."
- The doctor replied "I'm sorry to hear that. It's been a rough economy lately. Do you have any allergies?"

Outcome: Mr. James left with a higher prescribed dosage of a medication he already could not afford and a referral for pulmonary function tests.

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## Also from an audio recorded encounter…

- *Exact same presentation* -- Aaron James' asthma flared up after he lost his insurance and could no longer afford to take an expensive brand-name inhaler as prescribed….
- *Exact same comment:* "Boy, it's been tough since I lost my job."
- *Different response:* The doctor replies. I'm sorry to hear that. How has it been rough? Is it affecting your health care?
- Mr. James reveals that he cannot afford his medication.

*Different Outcome*: Mr. James left with a much less costly generic version of the medication that he said he could afford.

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## Mr. James was an "Unannounced Standardized Patient"

- "Mr. James" made visits to 50 physicians portraying the same case.
- Only about 30% of the time did he leave with a care plan that addressed the reason for his asthma symptoms.
- The most common reason was that they didn't ask the evident question:

  "How has it been tough since you lost your job?"

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## Another USP…

- Gregory Garrison is a 72 year old man who has been losing weight since he lost a job as a security guard, has been intermittently homeless, and able to get a good meal only about three times a week.
- He presents with weight loss.
- Wears old, ill fitting clothing.
- Physician screens for depression but does not inquire about food insecurity.

Outcome: Orders a CT scan, colonoscopy, CXR and labs for a malignancy work up for unexplained weight loss.

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## "Mr. Garrison" visits another doctor:

- *Same presentation*: Mr. Garrison has been losing weight since he lost a job as a security guard, has been intermittently homeless, and able to get a good meal only about three times a week. Wears old, ill fitting clothing.
- *Different response*: Physician asks patient if he is having trouble accessing food.
- Patient replies "Well, I get over to the soup kitchen at the church over by where I'm staying a few times a week, but I hardly ever get a good meal otherwise."

*Different Outcome*: Social worker is consulted and patient is referred to Meals on Wheels

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## "Mr. Garrison"

- "Mr. Garrison" made visits to 50 physicians portraying the same case.
- Only 37% of the time did he leave with a care plan that addressed the reason for his weight loss.
- The most common reason was that they didn't ask the evident question:

  "Are you having trouble getting enough food?"

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## We all have a context

Where did these doctors go wrong?

- Mr. James: "Step up" therapy is guideline concordant care for poorly controlled asthma.
- Mr. Garrison: A malignancy work up is guideline concordant care for "unexplained weight loss"
- But neither was appropriate for these particular patients *given their particular situations*

They never asked about what might be going on in their patients' lives that could be relevant to their care.

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## Patient Context

***Patient context*** is everything expressed outside the boundaries of a patient's skin that is relevant to planning their care. (Alt: a patient's circumstances and behavior)

A ***contextual error*** is an inappropriate care plan due to inattention to patient context.

***Contextualized care*** is care that is not only evidence based but also adapted to the patient's context.

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## 12 Domains of Patient Context

Areas to consider when there are clues that a patient's circumstances or behaviors may need to be addressed when planning their care.

| | | | |
|---|---|---|---|
| 1 | **Competing Responsibility** | 7 | **Cultural Perspective/Spiritual Beliefs** |
| 2 | **Social Support** | 8 | **Environment** |
| 3 | **Access to Care** | 9 | **Attitude Towards Illness** |
| 4 | **Financial Situation** | 10 | **Relationship with Health Care Provider and System** |
| 5 | **Skills, Abilities and Knowledge** | 11 | **Resources** |
| 6 | **Emotional State** | 12 | **Health Behavior** |

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## USP Contextual Error Study

- 8 actors conducted nearly 400 USP visits to over 100 physicians
- Physicians contextualized care plan only 22% of the time when appropriate care required identifying and addressing contextual factors in care plan. 78% had contextual errors.*
- Contextual errors resulted in unnecessary tests and treatments, costing a mean of $231/visit**

*Weiner SJ, Schwartz A, Weaver F, Goldberg J, Yudkowsky R, Sharma G, Binns-Calvey A, Preyss B, Schapira M, Persell SD, Jacobs E, Abrams R. Contextual errors and failures in individualizing patient care: A multicenter study. Ann Intern Med. 2010;153(2):69-75.

**Schwartz A, Weiner SJ, Weaver F, Goldberg J, Yudkowsky R, Sharma G, Binns-Calvey A, Preyss B, Jordan N. Uncharted Territory: Measuring Costs of Diagnostic Errors Outside the Medical Record. BMJ Quality & Safety. 2012;21:918-924.

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## Contextual Errors: Why do they occur?

Two causes:

1. Clinician is inattentive to indicators that “contextual factors” (e.g. working the night shift) might account for a health or health care problem (e.g. losing control of diabetes). The indicators are called “contextual red flags”
2. Clinician is aware of contextual factors, but does not address them in care plan (e.g. increases insulin rather than adjusting dosing schedule to night shift schedule)

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## Contextual Errors and Real Patients

- About 600 real patients carried concealed audio recorders into their visit.* After these encounters we reviewed medical records and audio for contextual red flags (aka clues) of underlying contextual factors and, if present, whether the doctor asked about and addressed them.
- *Measurement:* Our coding system, called "4C" (for Content Coding for Contextualization of Care), has nearly 90% reliability across coders in categorizing an encounter as "contextualized" or "contextual error."**
- After coding visits we followed patients and coded when presenting contextual red flag (e.g. rising HgB A1c) resolved.

*Weiner SJ, Schwartz A, Sharma G, Binns-Calvey A, Ashley N, Kelly B, Dayal A, Patel S, Weaver FM, Harris I. Patient-Centered Decision Making and Health Care Outcomes: An Observational Study. Annals of Internal Medicine.

**Weiner SJ, Kelly B , Ashley N, Binns-Calvey A, Sharma G, Schwartz A, Weaver FM. Content Coding for Contextualization of Care: Evaluating Physician Performance at Patient-Centered Decision Making. Medical Decision Making. 2014;34(1):97-106.

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## Real Patient Example

Ms. Geller (not real name) presented with a loss of control of diabetes: Hgb A1c was 9.7. Used to be 7.0. She reveals that she recently moved and her meds got "all messed up." Physician does not acknowledge problem, or provide list of meds and dosages, or refer patient to pharmacist to review meds. He just adds more medication. This is coded as a contextual error.

Four months later A1c is 9.8.

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## What we've learned from audio (USPs & Patients)

- In about 40% of real ambulatory visits, effective care depends on identifying and addressing patient context.
- In about 40% of encounters in which care depends on attention to context, physicians overlook context --i.e. there is a contextual error. Contextual errors *predict worse health care outcomes.*
- Contextual errors *result in overuse and misuse of medical services with higher costs.*
- Physicians vary greatly in their attention to patient context, even when seeing the "same" patient.
- Addressing context during an encounter to avoid a contextual error does not lengthen the visit.

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## Can clinicians improve at contextualizing care?

*Direct instruction:* A randomized controlled trial of an educational intervention to improve contextualization of care. One study of M4 students, another with residents.

Finding: They acquired the skill but it didn't change performance.

*Audit and feedback*: Over 1000 patients audio recorded their visits; data was coded, contextual errors identified, and information fed back to care team (physicians, nurses, pharmacists and front desk clerks).

Finding: trend towards improved performance

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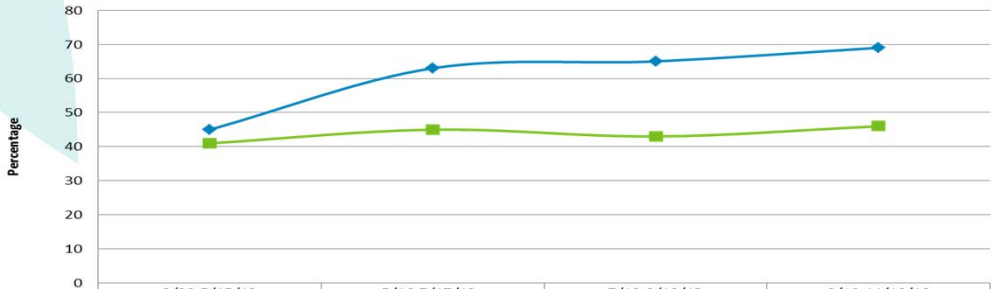
## Rate of Probing *Contextual Red Flags* and *Contextualizing Plan of Care*




| | 3/20-5/15/13<br>Mtg. on 5/16 at mtg.: 12 attndngs. 50-70 total 7 Cmpltd. Exercises | 5/16-7/17/13<br>Mtg. on 7/18 at mtg.: 10 attndngs. 50-70 total | 7/18-9/18/13<br>Mtg. on 9/19 at mtg.: 10 attndngs. 50-70 total 3 Cmpltd. Exercises | 9/19-11/13/13<br>Mtg. on 11/21 at mtg.: 15 attnding 50-70 total 6 Cmpltd. Exercises |
|---|---|---|---|---|
| POC | 45 | 63 | 65 | 69 |
| Probe | 41 | 45 | 43 | 46 |

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## Lessons about Caring from Concealed Recordings

- Caring is more than empathic comments ("I'm sorry about your job loss….)
- It's looking for signs that a person is struggling, asking questions until you understand why, and then mobilizing your expertise and resources to help them.

In sum, it begins with asking oneself at every encounter:

*"What is the best next thing for <u>this</u> patient at <u>this</u> time?"**

**Simon Auster, MD*

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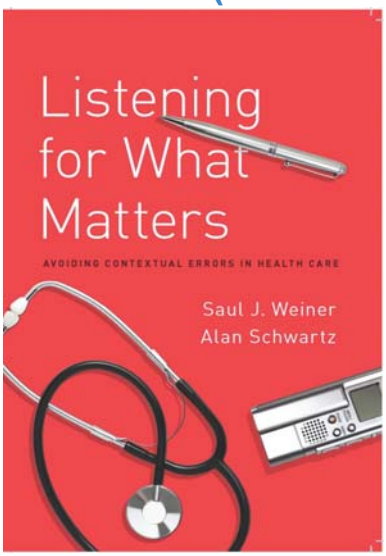
## *Listening for What Matters* (Oxford Univ. Press, 2016)

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## Questions

**Saul J. Weiner MD**
Prof of Medicine, Pediatrics and Medical Education
Jesse Brown VAMC and Univ. of Ill Chicago

**Beth Lown, MD**
Medical Director
The Schwartz Center for Compassionate Healthcare

**Andrea Greenberg**
Communications and Partnerships Associate
The Schwartz Center for Compassionate Healthcare

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## Upcoming Webinars

### Sustainable Compassion for Health Professionals

Brooke D. Lavelle, PhD

October 4, 2016

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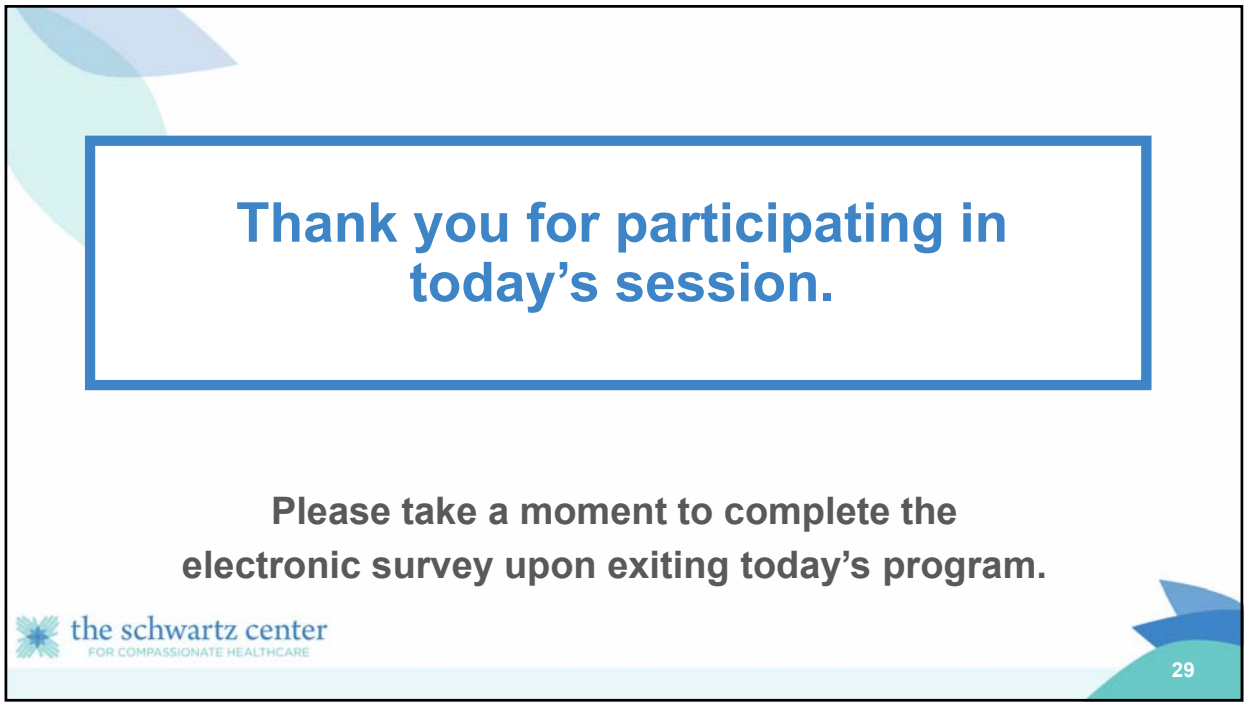
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