

# **Engaging the Challenging Patient**

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# What does “Engage” mean?

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- **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?

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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

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- **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

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- **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...

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- **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...**

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- **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!**

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- **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**

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- **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

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- 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

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- **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

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- **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.....**

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**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

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- **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?”

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- **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!**