

TALKING THE TALK: COMMUNICATING EFFECTIVELY WITH PHYSICIANS

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LEARNING OBJECTIVES

1. Identify elements of the case manager's work that rely on effective communication with physicians
2. Describe how physicians are trained and socialized
3. Initiate and respond to interaction with physicians in a variety of settings

INTRODUCTION

- Frequency of physician / case management communication
 - Day-to-day
 - Consultative
 - Periodic

INTRODUCTION

- Settings and methods of physician / case management interaction
 - Face-to-face
 - Telephonically
 - Electronically

SUCCESSSES AND FAILURES

- ◉ Regulatory compliance
 - ◉ Financial benefit
 - ◉ Case Management goals achieved
- MOST IMPORTANT:
- ◉ Doing the right thing for the patient
 - ◉ Continued patterns of mis-utilization
 - ◉ Compliance / audit risks
 - ◉ Bottom line impact
 - ◉ Ill will and lack of trust in Case Management
 - ◉ Numerous downstream relationships adversely affected

BENEFITS AND RISKS

- Patient and family needs
- Hospital / facility needs
- Physician satisfaction

THE PHYSICIAN'S PERSPECTIVE

- Physician training
 - U.S.
 - Other countries
- Scientific method
 - Importance of data and peer-reviewed literature

THE PHYSICIAN'S PERSPECTIVE

- ⦿ “Half of pre-meds get weeded out through courses, the 50% that are left get weeded out by the MCAT, and the 25% that are left are cut in half by the admissions process leaving about 12.5% that actually make it”

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THE PHYSICIAN'S PERSPECTIVE

- Professional socialization
 - Among physicians
 - Medical Staff politics
 - Insight into one's "inner state"
 - Gender and age gaps
 - Among other care-givers
 - "Captain of the Ship" thinking
 - Clinical credibility

THE PHYSICIAN'S PERSPECTIVE

- ⦿ "Physicians love to learn. But they hate to be taught"

- Ronald Hirsch, M.D.

PHYSICIAN PRIORITIES

○ Quality of care

- Most often measured by non-physicians as metrics
- For physicians, “quality” means being able to think broadly and make judicious decisions with sometimes limited data
- The physician is systematically searching, not relying on a “flash impression”

PHYSICIAN PRIORITIES

- “Without diagnosis, there is no rational treatment. Examination comes first, then judgment, and then one can give help”
-Carl Gerhardt, Würzburg, 1873

NON-PRIORITIES FOR THE PHYSICIAN

- ◉ Regulatory issues that don't directly impact them
- ◉ The hospital's financial risks
- ◉ Operational and throughput challenges
- ◉ Technology - EMR (although this one is seeing more attention from physicians now)

NON-PRIORITIES FOR THE PHYSICIAN

- ⊙ Entities with potential responsibility to reduce cost of health care
 - Patients
 - Government
 - Individual practicing physicians
 - Physician professional societies
 - Employers Trial lawyers
 - Health insurance companies
 - Pharmaceutical and device manufacturers
 - Hospitals and health systems

NON-PRIORITIES FOR THE PHYSICIAN

- Entities with potential responsibility to reduce cost of health care
 - Trial lawyers: 60%
 - Health insurance companies: 59%
 - Pharmaceutical and device manufacturers: 56%
 - Hospitals and health systems: 56%
 - Patients: 52%
 - Government 44%
 - Individual practicing physicians: 36%
 - Physician professional societies: 27%
 - Employers: 19%

-Tilburt et al, JAMA, July 24-

31,2013

DO'S AND DON'TS

- "The art of advice is to make the recipient believe that he thought of it"
- Graham Greene

DO'S AND DON'TS

⦿ Do be organized

- Know your data
- Know your assessment

⦿ Do be concise

- Get to the point
- SBAR format really works

DO'S AND DON'TS

- ⦿ Do be tentative when negotiating
 - “Would you consider . . . ?”
 - “We were hoping to . . . ”
 - “What would you think about . . . ?”
- ⦿ Do be able to stand your ground
 - Use data, not a defensive posture

DO'S AND DON'TS

⦿ Don't argue

- You probably won't win
- You're not doing the right thing for the patient

⦿ Don't blame

- If what you're about to say is an opinion, stop and rethink
- Complaining about regulatory changes, payor policies, or how much money the hospital is losing doesn't contribute to meeting the patient's needs

DO'S AND DON'TS

● Don't react

- It might be better to postpone a conversation that isn't going well - or at least relocate it

● Don't take any of this personally!

WHEN YOU'RE IN OVER YOUR HEAD

- ◉ Recognize that you're in over your head!
- ◉ Ask what solution might be achieved
- ◉ Maintain professional credibility
- ◉ Seek help from a colleague, leader, or another physician
- ◉ Be willing to concede, if feasible
- ◉ Be willing to hand the problem off

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