

ACO in Action

Practice Improvement Team Helps Pilot Patient Engagement Training

When Monique Roy-Nuki saw an earnest desire among Maine Medical Partners cardiologists to improve their interactions with patients, she turned to the MaineHealth ACO for help creating a patient engagement pilot project.

"Early in 2017, I reached out to a number of entities for resources and ideas. Through that process, I connected with Michele Gilliam and Lynne Siulinski from the ACO's practice improvement team and presented the pilot idea," says Monique, who was a [quality improvement specialist](#) and [data analyst](#) at MMP at the time.

"I was immediately intrigued," says Lynne Siulinski. "I've done extensive coaching in primary care settings, but not in specialty care. The pilot seemed like a wonderful opportunity to apply my experience and training to a new provider population."

"Patient engagement can be a challenge," adds Michele. "Creating a custom pilot program for MMP that could then potentially spread to other parts of the MaineHealth system was an exciting prospect."

Planning and Preparation

Michele and Lynne teamed up with Ellie Foster from the MaineHealth Learning Resource Center to develop a work plan, research content and identify learning resources that could help reinforce lessons from the pilot. To help build their skills as clinician coaches, Michele, Lynne and Ellie received training from MaineHealth's Human Resources Department on effective ways to deliver feedback to providers.

Coaching tools and content were based on nationally recognized provider coaching models. In addition, Maine Medical Center's Organizational Development training staff, the MaineHealth Educational Team as well as Maine Medical Center's Simulated Patient Center all served as resources.

Monique and Dr. James Powers, MMP's director of cardiology, recruited seven providers to participate, representing MMP's cardiology practices in Scarborough, Lewiston and Augusta.

Launch

The pilot centered around a half-day shadowing session during which coaches observed the participating physicians interacting with patients. But to ensure that the shadowing was of high value, both physicians and coaches took a number of preparatory steps. They held an initial meet-and-greet event to review expectations and educate the provider on existing Patient Experience CG-CAHPS reports. Then each physician completed a confidential self-assessment of their current patient interaction behavior and knowledge.

During the shadowing session, coaches used an observation checklist keyed to the self-assessment and best practice skills. Coaches and physicians debriefed for thirty minutes immediately after the shadowing session. And within one week, coaches provided each physician with a written report including personalized recommendations and references to training materials.

Areas of Opportunity

"The pilot revealed two consistent areas of opportunity for skill development," says Michele Gilliam. "Specifically, learning how to enter an exam room in a manner that fosters engagement and using the Teach-Back Method to ensure patient understanding and adherence."

Entering an exam room may seem like a mundane activity, but research indicates that the first few seconds of a visit are critical to establishing a relationship that fosters open communication. And communication is key to consistently delivering high-value care.

"We shared information on the [REDE Model](#) of healthcare communication to help physicians build skills in this area," says Lynne Siulinski. "The model provides a framework for quickly conveying respect for the patient and setting up a collaborative relationship."

The Teach-Back Method is a "way of checking understanding by asking patients to state in their own words what they need to know or do about their health," according to AHRQ. It's a response to research that indicates that 40 to 80 percent of the information patients receive during an office visit is immediately forgotten and that of the information retained, only 50 percent is correct.

Outcomes

To assess the pilot, stakeholders came together to hear participant reaction. All the physicians found the pilot valuable and would recommend similar coaching to peers. They expressed interest in continuing with coaching and suggested a number of enhancements, including quantitative measurement of skill development and opportunities to observe a colleague with exemplary patient engagement skills.

Comments from the physicians, who participated anonymously, were collected during the pilot review.

"I felt the feedback was really constructive and helpful. I didn't look into the resources deeply but they are something I can go to later if I need them – and even share with other people," noted one participant.

Another commented that "it was great because I felt like it was customized and not overbearing. It delivered tools that helped me."

Next Steps

An overview of the pilot was completed in June and plans for future refinement and expansion of the pilot have not yet been developed. Based on her experience designing, implementing and evaluating the pilot, Michele Gilliam sees promise. "I see the model, tools and strategies as resources that could certainly benefit providers," she says. "We encourage practices that are committed to fostering patient and provider engagement to reach out and learn more about what the pilot revealed."