Is There a Doctor in the House? The Benefits of Partnering a Physician with Patient Advocacy

October 22, 2024

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- **Q&A**: for submitting questions to review at the end of the webinar
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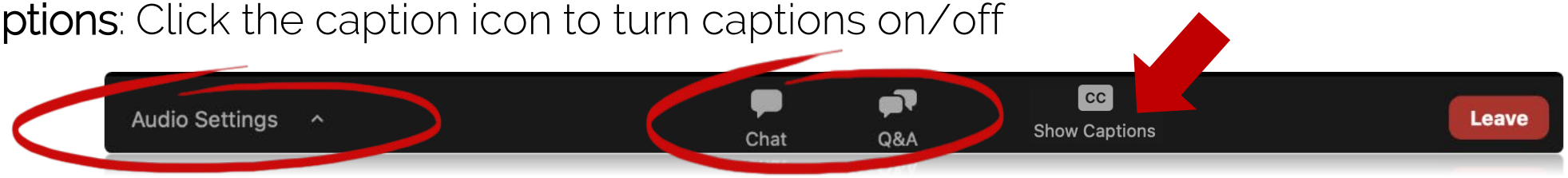

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Speakers

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Poppy Szekeres
Director, Patient and Provider Advocacy
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Gentry Walton
Director, Patient and Provider Advocacy
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IS THERE A DOCTOR IN THE HOUSE?

THE BENEFITS OF PARTNERING A PHYSICIAN WITH PATIENT ADVOCACY

LIZA DILEO THOMAS, MD, CPXP, FACEP

MEDICAL DIRECTOR, PATIENT AND PROVIDER ADVOCACY

POPPY SZEKERES, DIRECTOR, PATIENT AND PROVIDER ADVOCACY

GENTRY WALTON, DIRECTOR, PATIENT AND PROVIDER ADVOCACY

ELEVATE PX

DISCLOSURES

We have no relevant financial relationships to disclose, and we do not intend to discuss off-label/investigative use of a commercial interest/drug/product/device.

LEARNING OBJECTIVES

- Assess the current state of your advocacy program and determine readiness for the integration of a physician champion
- Articulate the benefit of developing the role of a physician champion

OCHSNER HEALTH – WHO WE ARE

- Group Practice founded by Alton Ochsner and four physicians in January 1942
- Integrated healthcare system with a mission to Serve, Heal, Lead, Educate and Innovate
- Not-for-profit
- 37,000 employees
- Over 4,700 employed and affiliated physicians
- Operates 46 hospitals and more than 370 health and urgent care centers across Louisiana, Mississippi, Alabama and the Gulf South
- In 2022, Ochsner Health treated more than 1.4 million people from every state and 62 countries

INTRODUCTIONS

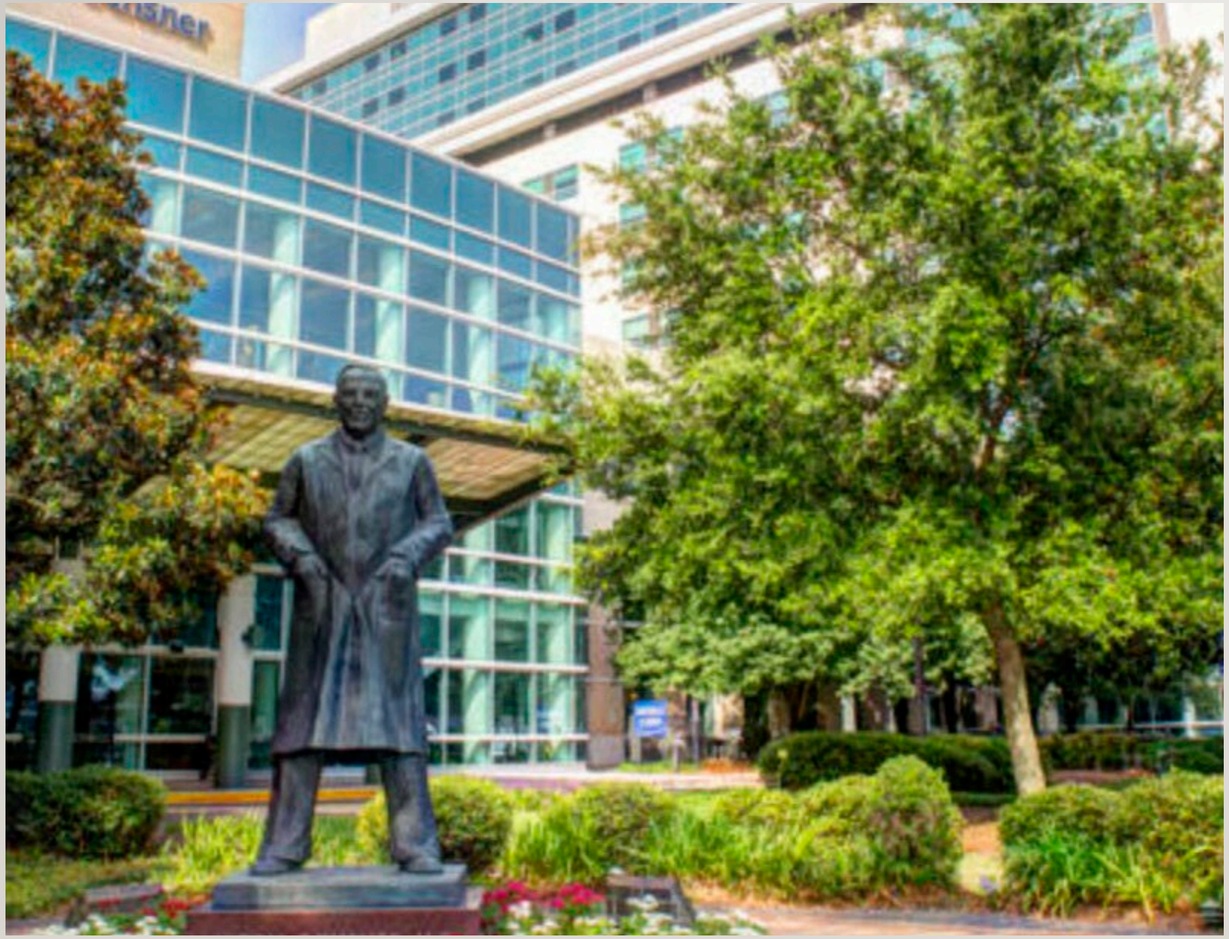
- **Poppy Szekeres, Director, Patient and Provider Advocacy**
- **Gentry Walton, Director, Patient and Provider Advocacy**
- Evolution of Department/Organization
- Professional background; connection with patient experience

Liza DiLeo Thomas, MD

- Medical Director
- Evolution of Medical Director role
- Specialty in Emergency Medicine; connection with team before becoming medical director

REFLECTION ON THE PAST: WHO WE WERE

- Medical Director for Patient Relations (early 2000s)
- Reactive (aka 'The Complaint Department')
- "Us vs Them"
- Lack of physician transparency
- Mixed emotions from providers – i.e. defensive
- Faceless communications from Advocates



EVOLUTION OF ADVOCACY DEPARTMENT

- New name / New brand
- Email wording
- Resolution letters with balanced language for providers and patient
- Who we are today…
  - Partners
  - Supporters
  - Mediators
  - Promoters
  - Advisors

SOLUTIONS AND WINS TO CHANGE CULTURE

- *Quick Win:* Reframing resolution letters and emails
- Patient experience trainings
- Roadshows
- Evolution of partnership and consultative service
- Quality overview – process improvement
- Clinical oversight
- Oversight with Grievance Appeals Committee
- Review of reimbursement requests
- Participation in Experience of Care RCAs
- Integration with strategy initiatives

PATIENT EXPERIENCE TRAINING

- New Provider Orientation
- See Me as a Person Facilitation
- Caring Communication Intensive Courses
- Resident and Medical Student conferences
- Empathy training

ROADSHOWS

- Promote awareness
- Educate staff on ‘who we are’
- Share services and resources offered
- Introduce team members – ‘name with a face’
- Receive feedback
- Offered recommendations around trends identified

EVOLUTION OF PARTNERSHIP AND CONSULTATIVE SERVICE - FROM MEDICAL DIRECTOR

Medical Director is easily accessible (email, cell)

Attends Advocacy meetings

Helped to see ‘big picture’ trends

Navigated through challenging scenarios with providers

QUALITY OVERVIEW – PROCESS IMPROVEMENT

Cup of Coffee Program

PROMPT

Provider Rapid Outreach for Meaningful Patient Transparency

Support for the Provider

Quality oversight of grievances at two potential points

Early in grievance investigation

Prior to closing grievance

CLINICAL OVERSIGHT

- Can “translate” feedback as needed
- Chart reviews when feedback is insufficient
- Can also determine when more feedback is needed from clinicians
- Steps in when physicians ***only*** want to talk to ‘clinicians’
- Help Advocates navigate relationships

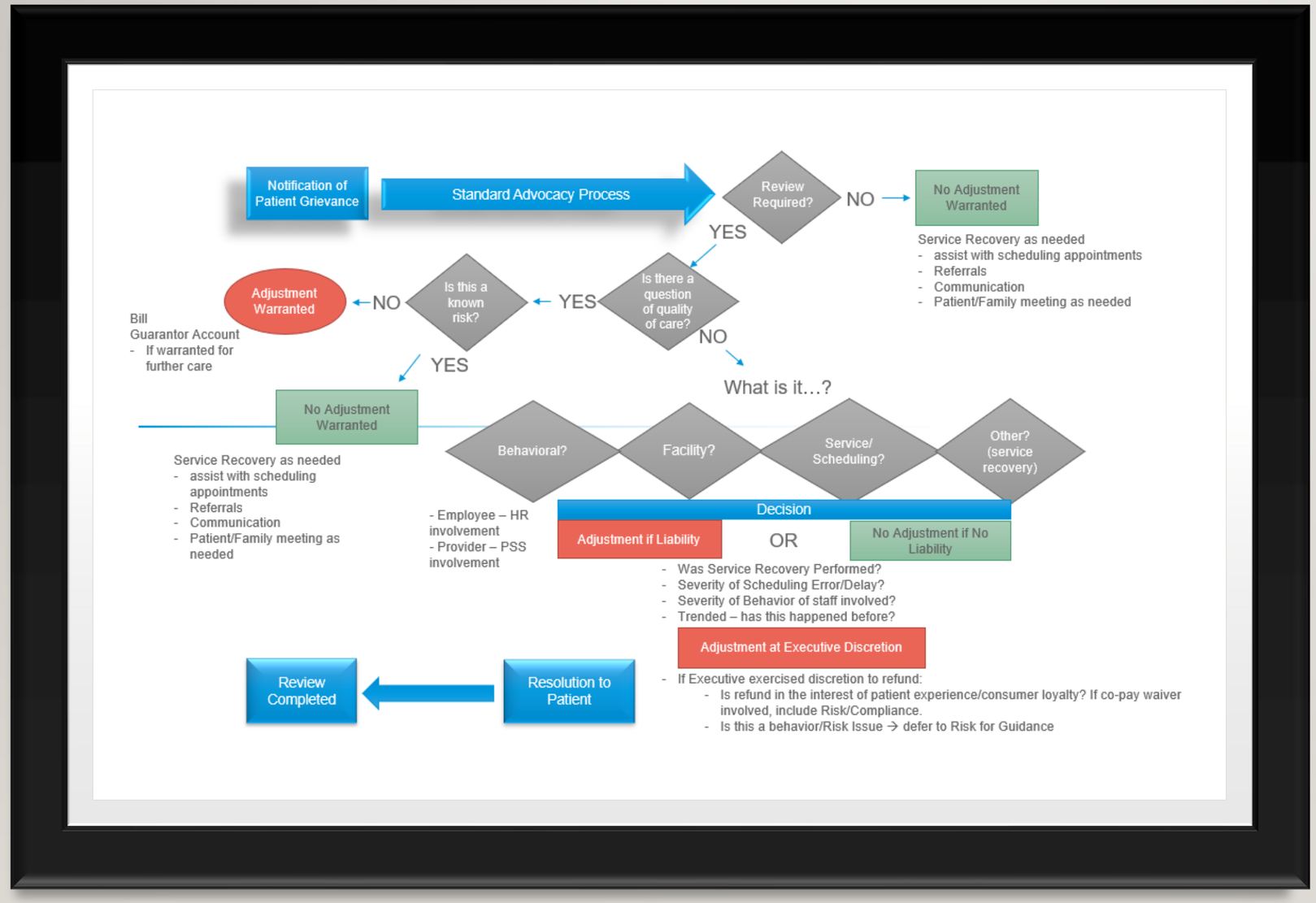
REFRAMING RESOLUTION LETTERS AND EMAILS – MOVING FROM DEFENSIVE REACTION

- Background:
  - Letters were ‘generic’
  - Lacked personalization
  - Very formal
  - Immediate ‘defense mode’ from physicians
- Clinical Letters all reviewed by Medical Director for clarity and context
- Ensures empathetic approach
- Helps connect the dots through care continuums

OVERSIGHT WITH GRIEVANCE APPEALS COMMITTEE

- Multi-disciplinary group of individuals around the system
  - Who is on it?
- Chaired by AVP and Medical Director
- Monthly frequency
- Reviews all grievance appeals with objective mindset
- Explores possibilities for missed opportunities or additional learnings

REVIEW OF REIMBURSEMENT REQUESTS



PARTICIPATION IN EXPERIENCE OF CARE RCAS

		Emotional Severity Level			
		Permanent	Major	Moderate	Minor
Probability / Frequency	Repeated	3	3	2	1
	Frequent	3	2	1	1
	Occasional	3	2	1	1
	Isolated	3	2	1	1

- Meeting 1: 1.5 hrs – 2 hrs
  - Introduction
  - Identify Pain Points / Themes
  - Experience of Care SAC (Safety Assessment Code) Matrix
  - Questions
- 2 weeks later - Meeting 2: 1.5 hrs
  - Map out process
  - Any follow-up questions needed?
- 1 week later - Meeting 3: 1.5 hrs – 2 hrs
  - Actions and Solutions
- 1 month - Meeting 4: 1hr
  - Follow-up on actions – what's the status?

PRIVILEGING OF FEEDBACK FILES

- Matrix relationship with Legal Affairs' Risk and Litigation Management Practice Group
- Weekly standing meeting with Legal
- Legal provides education to Advocacy employees at onboarding and regular intervals
- Legal is a standing member of campus Risk Management Committees and Grievance Appeal Committee
- Legal support with intake, investigation, documentation, and resolution

WHERE TO NEXT?

- Nurture a patients first community and improve Advocacy competencies in the organization
- Become predictive with patient feedback to prevent future grievances
- Put more tools and resources in the hands of staff so they can be proactive with service breakdowns
- Streamline our work to make it more efficient for Advocates and better retain strong team members
- Offer consistent service recovery throughout the organization
- Continue to strengthen relationships with providers through Provider Advocates and Provider Hotline

ANY QUESTIONS?

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Upcoming Events & Programs

WEBINARS

- November 5 | Connecting Volunteers to Hospital Goals: An Inpatient Fall Prevention Program
- November 7 | The Evolving US Patient Experience Measurement and Reporting Landscape: What's Next for HCAHPS and Why It Matters
- November 12 | Moving from "Good to Great": Enhancing the Human Experience in Outpatient Care

CONNECTION CALLS/CHATS

- November 6 | Patient Advocacy Community Connection Call: Effective Practices for Complaint and Grievance Recording and Reporting
- November 15 | PX Chat on PFA/PFACS: Revitalizing/Rebuilding

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Thank You