MedPro Group
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Meeting the Challenge

Managing Difficult and Noncompliant Patients

Speaker Bio

West Virginia Osteopathic Medical Association
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Gordon has more than 35 years of experience working in clinical practice, hospital administration, risk management, and consulting. His extensive clinical leadership includes nursing supervision in both home care and acute care hospital facilities. In home care facilities, he led the development of fee-for-service programs. In acute care hospital facilities, he served as a lead developer, clinical coordinator, and instructor of the electronic medical records system. He also advanced to director of risk management in a multihospital integrated health system.

Gordon provided risk management consulting services, including program development, education, risk reduction, survey development, and regulatory compliance (including EMTALA and HIPAA), in previous positions. He also developed risk benchmarking between facilities and a best policies repository for insured physician groups and hospitals.

Gordon received a bachelor of science degree in nursing from Youngstown State University. He is a registered nurse in the state of Ohio. He is a member of the American Society for Healthcare Risk Management, the Pennsylvania Association for Health Care Risk Management, and the West Virginia Society for Healthcare Risk Management. Gordon also has served in leadership roles in the Ohio Society for Healthcare Risk Management. Additionally, he is a certified professional in healthcare risk management, and he is a Fellow of the American Society for Healthcare Risk Management.

Objectives

At the conclusion of this program, you should be able to:

- Identify factors that may contribute to problematic or noncompliant patient behaviors
- Identify proactive steps for reducing the escalation of problematic or noncompliant patient behaviors
- Discuss the role of technology in patient engagement
- Discuss strategies for effectively handling new or established patient visits when patients are difficult and/or noncompliant
- Summarize the process for discharging a patient from the practice

What the media say

Angry parent launches Facebook attack on Calif. dentist
By Donna Domino, Features Editor

Angry Patient Threatens to 'Smoke Up' Hospital: Cops

Patient angry at Advocate Christ Medical Center staff, claimed to be in a gang, told police: "I mean my people going to come to fight."

Oak Lawn, IL

By Lorraine Swanson (Patch Staff) - May 7, 2016 6:59 pm ET

Bryan Farrow, 36, confronted his dentist Neil Chapple at his practice with a 3ft scaffolding pole and challenged him to a fight outside

Retired dentist stabbed to death by former patient seeking compensation for his discolored teeth

POLICE BLOTTER: Angry patient smacks doctor's employee in face with door

COMMENT Tweet

By staff reports

Posted May 9, 2016 at 4:00 AM
Updated May 9, 2016 at 6:53 AM

Lansing Doctor's Office Damaged After Upset Patient Drove Car Into Building

Posted: Nov 18, 2015 4:33 PM CST
Updated: Nov 25, 2015 4:33 PM CST

By Jamie Valentine, Producer CONNECT

OSHA fines

OSHA News Release - Region 8

U.S. Department of Labor

June 7, 2019

U.S. Department of Labor Cites Behavior Treatment Hospital for Exposing Employees to Workplace Violence Hazards

DENVER, CO – The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has cited UHS of Centennial Peaks LLC – operating as Centennial Peaks Hospital in Louisville, Colorado – for failing to protect employees from violence in the workplace. The company faces penalties of $32,392.

OSHA inspected the acute psychiatric treatment facility after a complaint of workplace violence in December 2018. Inspectors found documented incidents of workplace violence and injuries to employees. The hospital was cited for failing to implement adequate measures to protect employees from workplace violence hazards, and for exposing employees to blood borne pathogens during medical procedures.

The company has 15 business days from receipt of the citations and penalties to comply, request an informal conference with OSHA's area director, or contest the findings before the independent Occupational Safety and Health Review Commission.

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to help ensure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit http://www.osha.gov.

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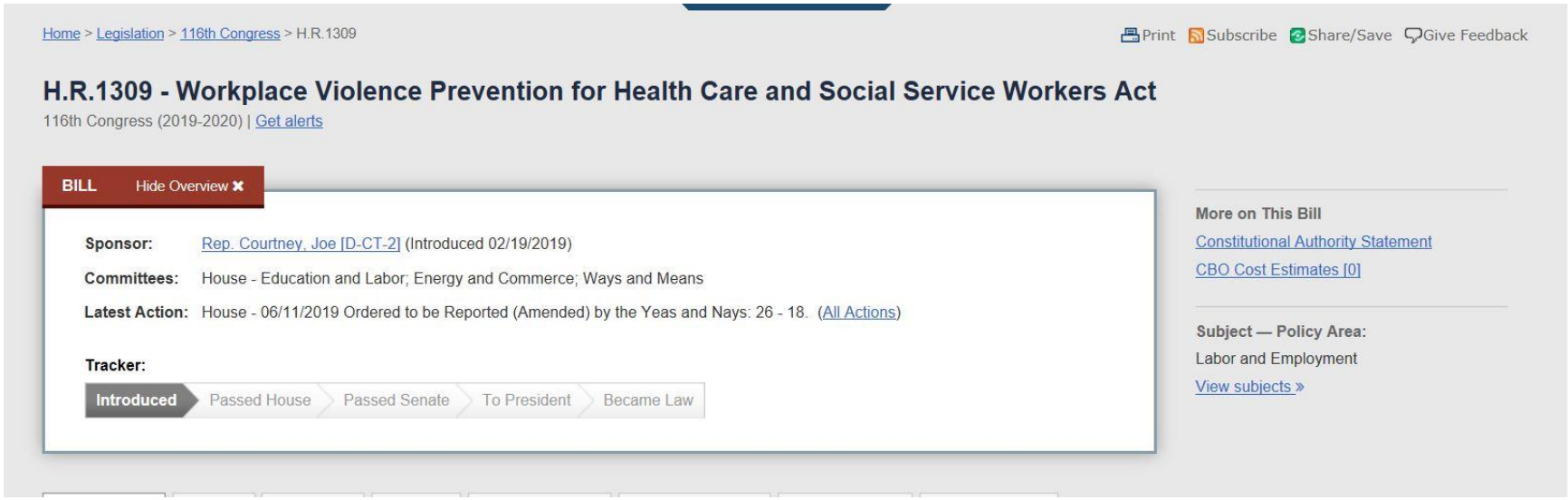
https://www.osha.gov/news/newsreleases/region8/06072019

Congressional action



https://www.congress.gov/bill/116th-congress/house-bill/1309

From the Provider Perspective

Why does it matter?

What the researchers say

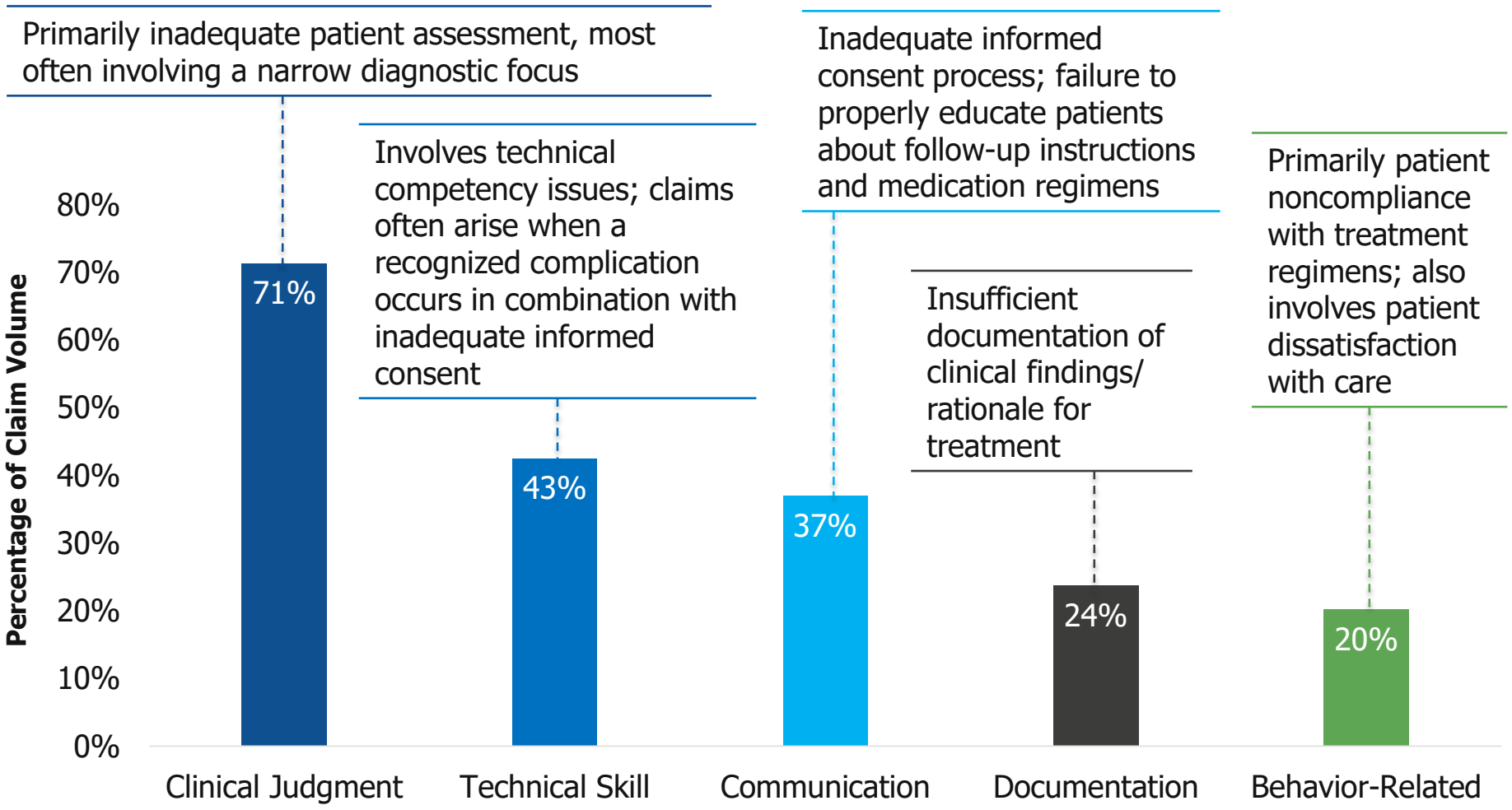
When dealing with difficult patients:

- Clinicians are 42% more likely to wrongly diagnose a complex medical issue
- Clinicians are 6% more likely to wrongly diagnose a simple medical issue

Source: Schmidt, H. G., et al. (2016, March). Do patients' disruptive behaviours influence the accuracy of a doctor's diagnosis? A randomised experiment. *BMJ Quality & Safety.* Retrieved from http://qualitysafety.bmj.com/content/early/2016/02/09/bmjqs-2015-004109

What the claims data say about risk factors

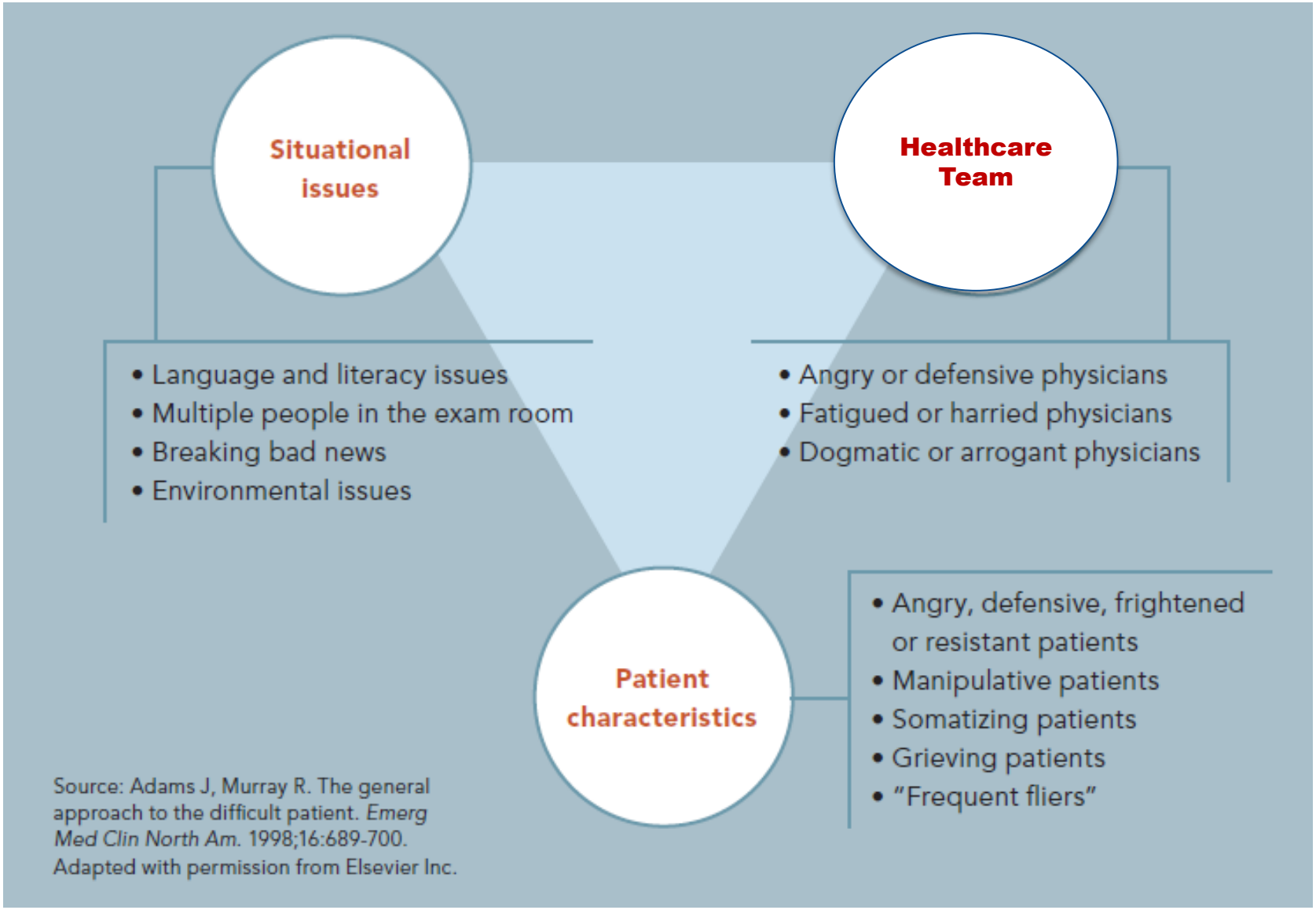
Risk factors are broad areas of concern that may have contributed to allegations, injuries, or initiation of claims.



Source: MedPro Group closed claims data, 2005–2014 (all specialties); totals do not equal 100% because more than one factor may be coded per claim.

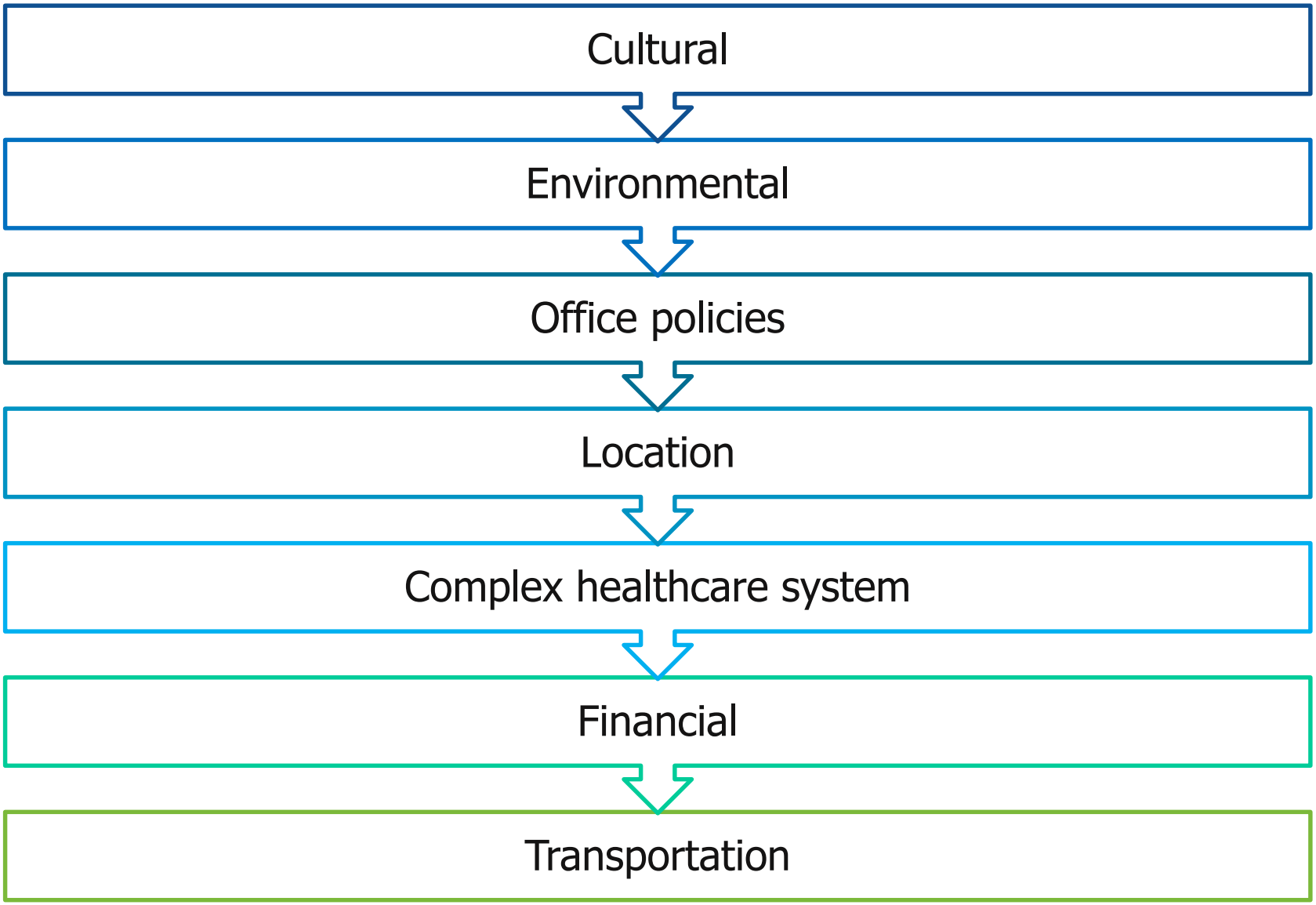
How Can a Difficult Encounter Affect Patient Care?

Components of a difficult clinical encounter

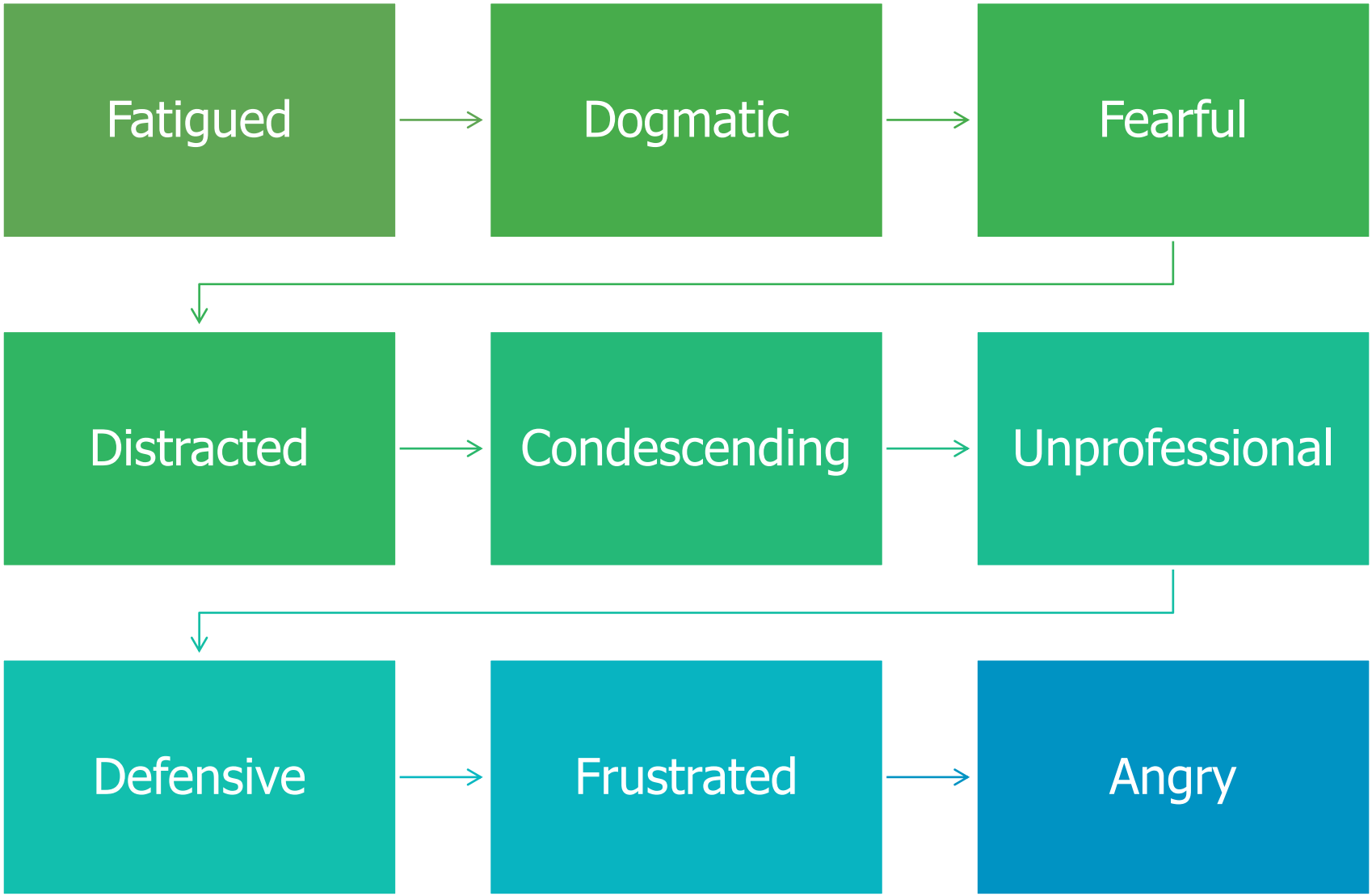


Source: Hull, S. K., & Broquet, K. (2007, June). How to manage difficult patient encounters. *Family Practice Management.* Retrieved from http://www.aafp.org/fpm/2007/0600/p30.html

Situational issues



Provider/staff issues



Triggers

"Doctors tend to think they are immune from the 'emotional pull' of clinical encounters, and often deny their judgment is influenced, noted researchers from the Institute for Medical Education Research in the Netherlands. 'The fact is that difficult patients trigger reactions that may intrude with reasoning, adversely affect judgment and cause error.'"

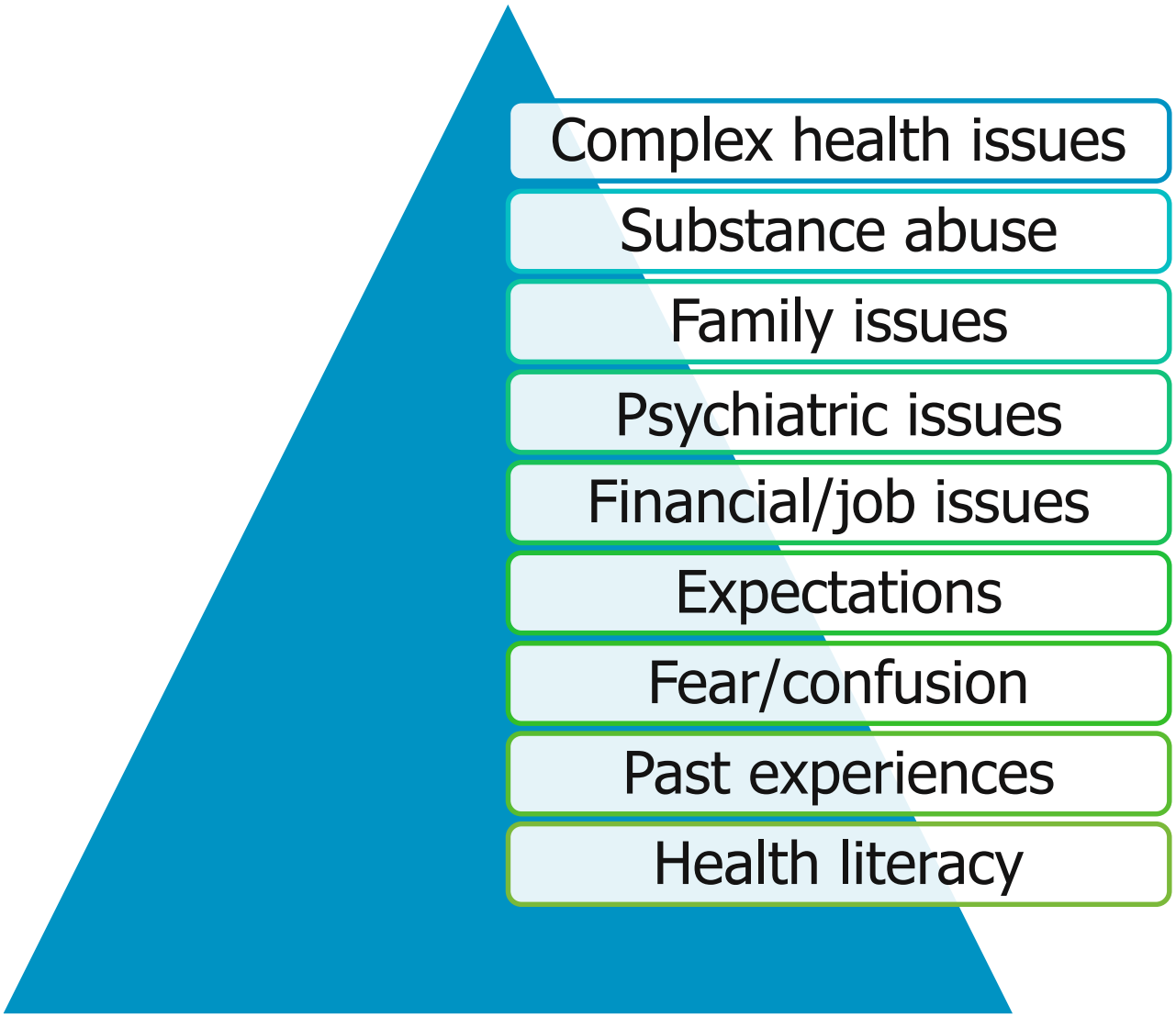
— *Modern Healthcare*

Source: Rice, S. (2016, March 14). Blog: 'Difficult' patients more likely to be misdiagnosed. Vital Signs Blog, *Modern Healthcare.* Retrieved from http://www.modernhealthcare.com/article/20160314/BLOG/160319965

Effects of provider/staff behaviors

- Billing errors
- Appointment mistakes
- Miscommunication
- Impatience
- Apathy
- Frustration
- Documentation errors
- Loss of objectivity
- Employee dissatisfaction

Patient issues



Difficult patients — warning signs

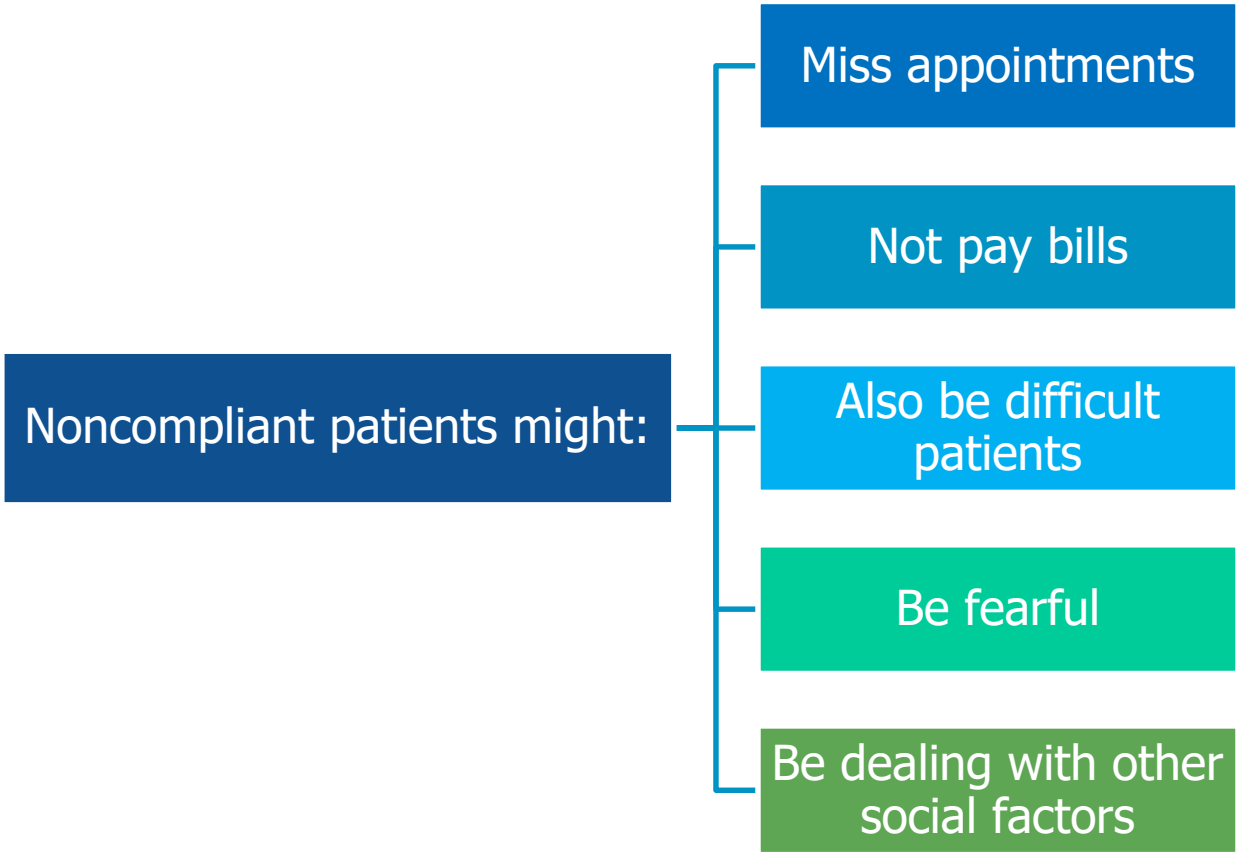
- Unrealistic demands
- Escalating behavior
- "Frequent flyer" behavior
- Frequent requests for refunds/waivers
- Angry/aggressive
- Repetitive complaints without clear clinical significance
- Noncompliant behavior

Case study — the difficult patient

Patient	60-year-old male who had diabetes.
Case overview	The patient had a history of noncompliance and had been discharged from a previous family medicine practice. At the current practice, he was seen multiple times over a year with elevated blood sugar levels. After one lab result showed significantly elevated levels, the family medicine physician talked to the patient about appropriate diet, exercise, and smoking cessation; the doctor also stressed the need for fasting bloodwork. Subsequently, the patient was seen several times but did not follow through on the recommendations. Further, the physician did not document the repeated conversations. The patient did not return phone calls or schedule office visits despite continuing to go for nonfasting bloodwork and dropping by the office for medication samples. When critical values for both glucose and A1C were noted, the practice's clinical assistant called and left messages for the patient, but did not document these communication attempts.
Outcome	Ultimately, the patient was found unresponsive at home, having suffered a stroke (blood sugar >700). He subsequently died due to a multitude of issues, including sepsis, septic shock, pneumococcal pneumonia, stroke, pancreatitis, and hepatitis.

Noncompliant patients

Noncompliance might be due to:	
Lack of understanding	Choice



Guidelines and Policies

Recommended guidelines

Administrative

- Appointment cancellation/no shows
- Fees and refunds/ waivers
- Financial obligations

Patient Care

- Prescription refills
- Mutual respect
- Visit follow-up ("no shows" or lab results)

General

- Complaint handling
- Termination of the relationship
- Behavior contracting

Patient responsibilities

Setting expectations early

Does your practice brochure/welcome packet include the following information?

	Yes	No
Directions to your facility	☐	☐
Office hours	☐	☐
Phone numbers (regular and after-hours)	☐	☐
Website and social media information	☐	☐
Mission/vision/philosophy	☐	☐
Provider biographies	☐	☐
Brief excepts from guidelines/policies	☐	☐
Patients' rights and responsibilities	☐	☐

Complaint Process

Turning negative feedback into positive results

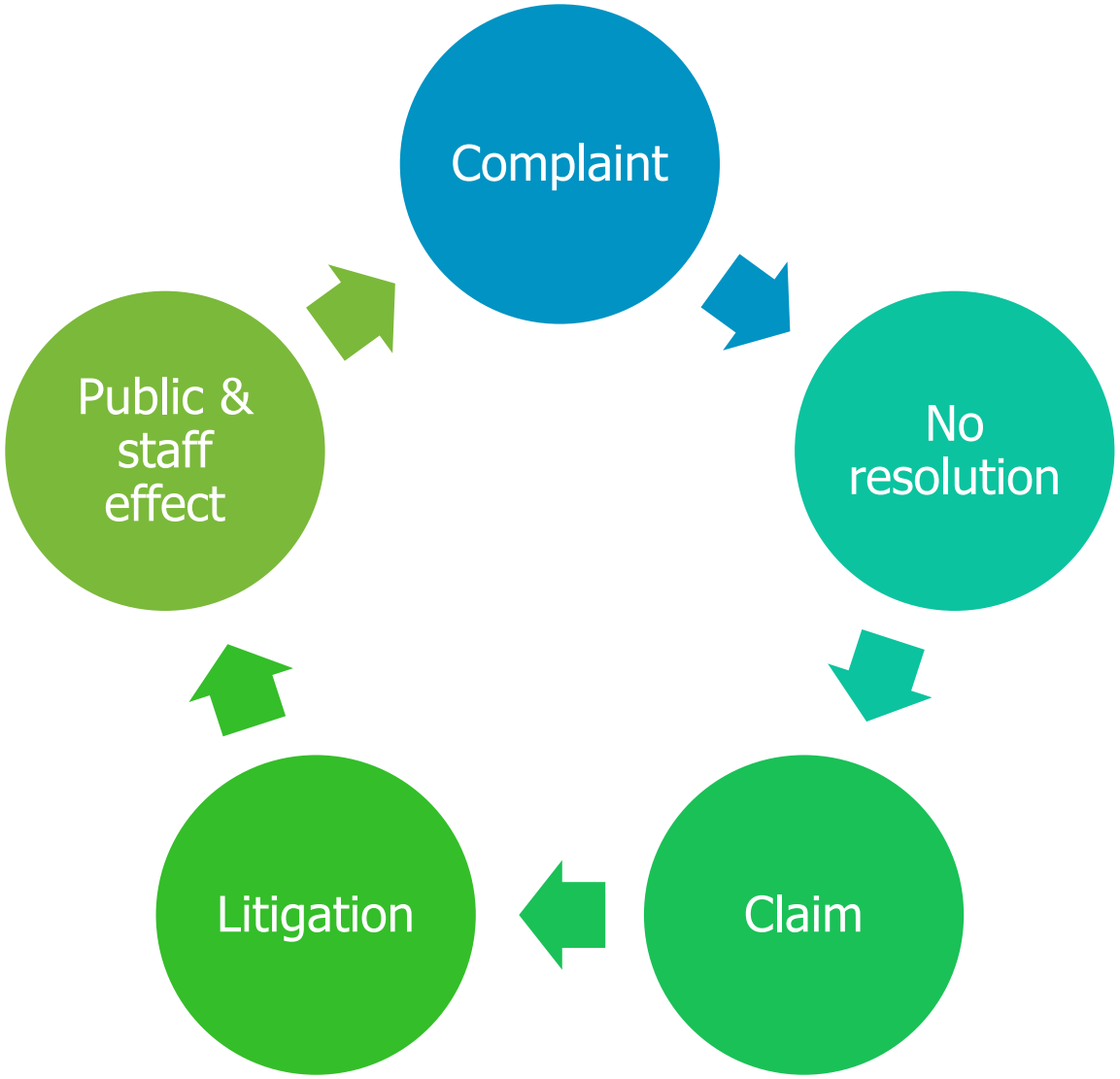
"Your most unhappy customers are your greatest source of learning."

— Bill Gates

Patient complaint avenues

- Phone/email
- Social media
- State medical or dental licensing board
- State attorney general's office
- Small claims court
- Federal Trade Commission
- HHS Office for Civil Rights (HIPAA violations)
- Better Business Bureau
- Lawsuits

Complaint–litigation cycle



Proactive complaint management

Does your practice have protocols for identifying and responding to patient complaints?

Do staff receive education about managing complaints?

Has your practice assigned someone to handle and respond to patient complaints?

Does your practice promptly respond to complaints before claims are filed?

Does your practice proactively evaluate and update processes to improve patient satisfaction?

Does your practice trend complaints to identify top priorities?

Handling complaints

- Consider environmental safety
- Determine whether an interpreter is needed
- Practice before meeting with the patient and/or family
- Verify your understanding of their concerns
- Let the patient speak without interruption
- Respectfully use the patient's name when speaking to him/her
- Demonstrate your understanding of their concern with empathy
- Avoid rationalizing
- Don't point fingers
- Underpromise and overdeliver

Written Materials

What is health literacy?

Health literacy is "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

— Institute of Medicine

Source: Institute of Medicine. (2004). *Health literacy: A prescription to end confusion.* National Academies Press. Retrieved from http://www.nap.edu/catalog/10883/health-literacy-a-prescription-to-end-confusion

Resources to address health literacy

"Saves Lives. Saves Time. Saves Money." — NIH

https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/health-literacy

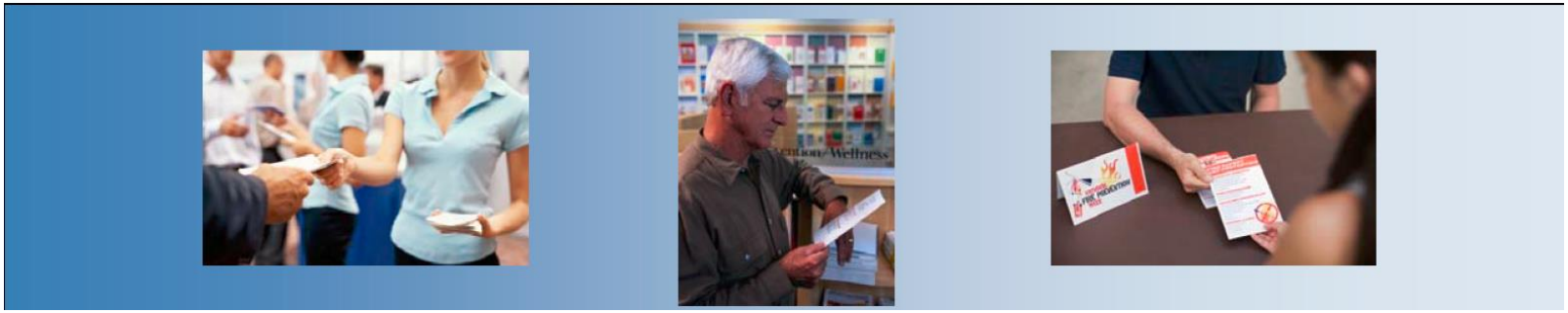
www.cdc.gov/healthliteracy/index.html

www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html?redirect=/writtenmaterialstoolkit/

Developing written materials

Simply Put

A guide for creating easy-to-understand materials



https://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf

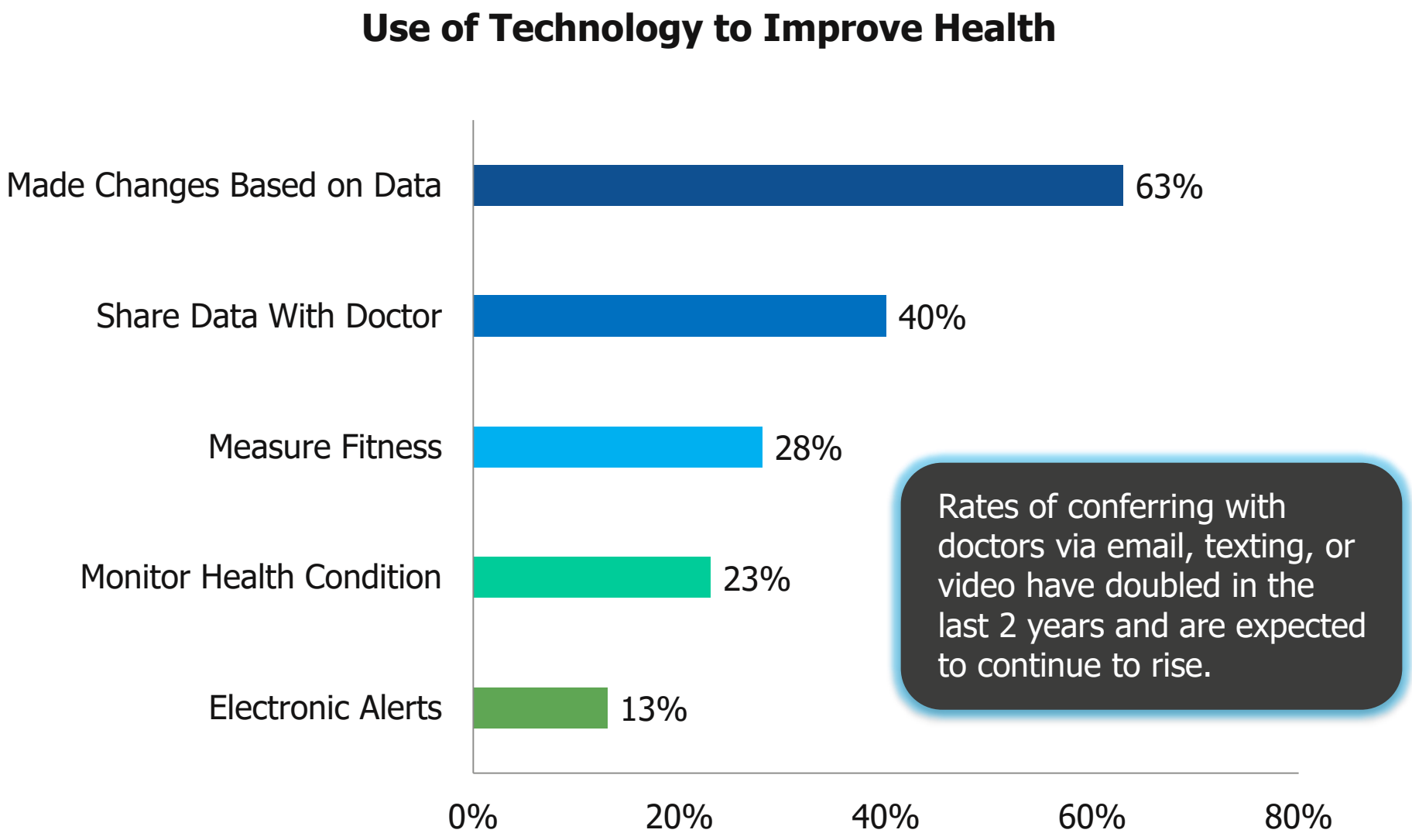
Patient Engagement Through Technology

The time is here

Digital resources are continuously changing

- Mobile devices
- Virtual assistants/e-visits
- Text/email
- Health-related gaming/apps
- Crowdsourcing
- Remote monitoring
- Social media

Age of digitization



Source: Monegain, B. (2015, October 15). Deloitte: Consumers using more healthcare technology. *Healthcare IT News.* Retrieved from http://www.healthcareitnews.com/news/deloitte-consumers-using-more-healthcare-tech

The need for caution

Consumer-oriented medical apps proliferate

Number of apps found in the Apple and Google Play stores for various heart health conditions, as of April 2015

	APPLE APP STORE	GOOGLE PLAY
Exercise	6,312	120
Weight loss	3,881	250
Diabetes mellitus	1,175	180
Smoking	732	250
Cholesterol	265	120
Hypertension	214	250
Medication adherence	38	250

Source: American Heart Association

Source: Conn, J. (2015, November 28). Easy on those apps: Mobile medical apps gain support, but many lack clinical evidence. *Modern Healthcare.* Retrieved from http://www.modernhealthcare.com/article/20151128/MAGAZINE/311289981

Development, selection, and evaluation of IT tools

Mobile App Rating Scale: A New Tool for Assessing the Quality of Health Mobile Apps

http://mhealth.jmir.org/2015/1/e27/

Accessible Health Information Technology (IT) for Populations with Limited Literacy:

A Guide for Developers and Purchasers of Health IT

https://healthit.ahrq.gov/health-it-tools-and-resources

Published online 2014 Sep 24. doi: 10.1007/s13142-014-0293-9

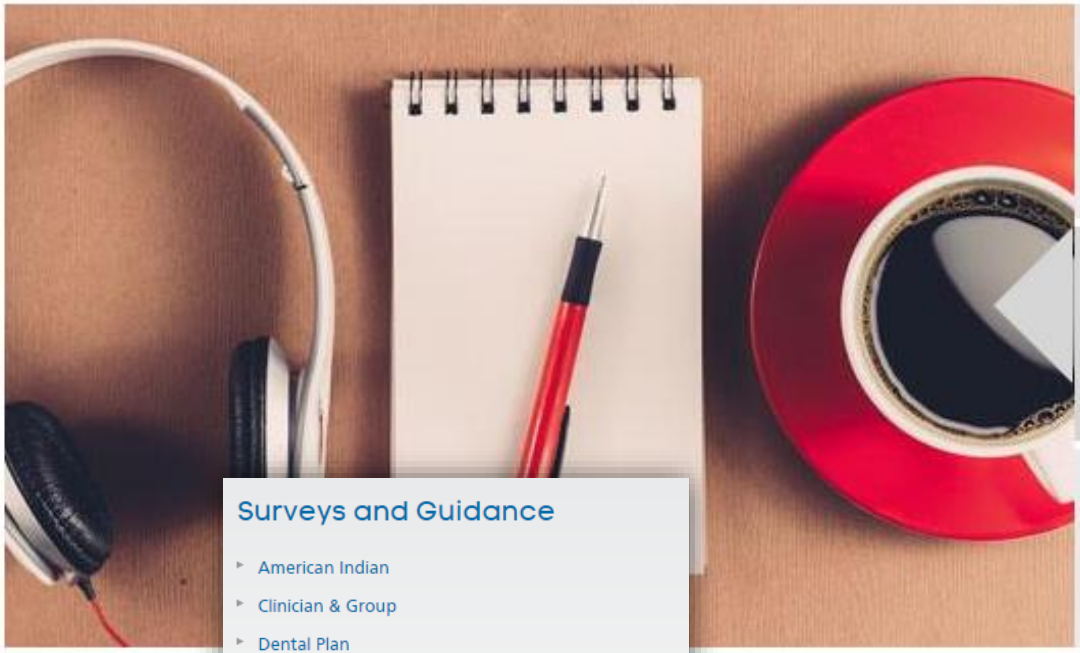
Evaluating and selecting mobile health apps: strategies for healthcare providers and healthcare organizations

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4286553/

Measure Your Success

Agency for Healthcare Research and Quality

cahps® Surveys and Tools to Advance Patient-Centered Care



Improving Enrollee Experience

Two health plans share effective strategies

CAHPS Surveys: Sorting Fact from Fiction

A podcast addressing common misconceptions about CAHPS surveys

Supplemental Items for CAHPS Surveys

Browse questions you can add to the newest versions of surveys

Surveys and Guidance

- American Indian
- Clinician & Group
- Dental Plan
- Experience of Care & Health Outcomes (ECHO)
- Health Plan
- Home Health Care
- Hospice
- Hospital
- In-Center Hemodialysis Survey
- Nursing Home
- Outpatient and Ambulatory Surgery
- Supplemental Item Sets
- Surgical Care

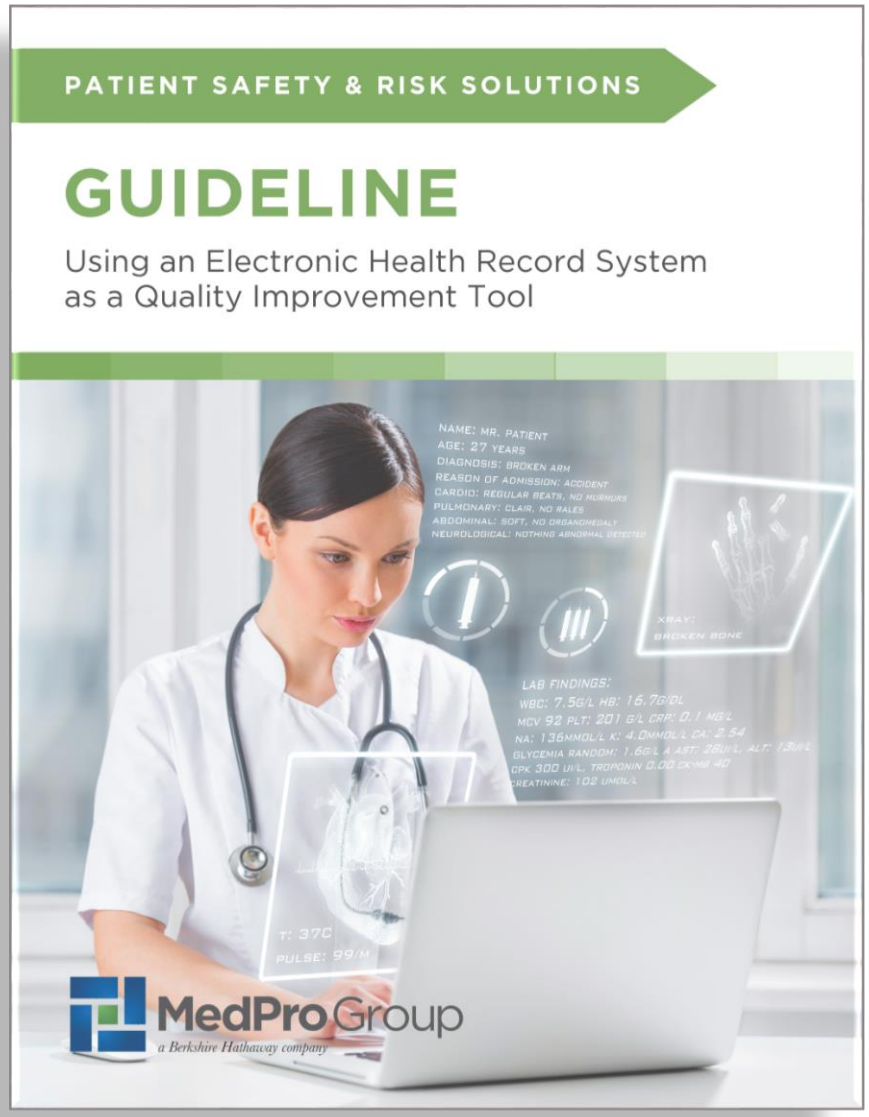
http://www.ahrq.gov/cahps/index.html

Sample patient satisfaction survey

Please rate the following with respect to your visit today.

	Poor	Fair	Very Good	Excellent
Length of time between appointment request and actual appointment	☐	☐	☐	☐
Length of time waiting at the office	☐	☐	☐	☐
Cleanliness and comfort of the waiting room	☐	☐	☐	☐
Friendliness, politeness, and helpfulness of the provider and office staff	☐	☐	☐	☐
Thoroughness and competency of the provider	☐	☐	☐	☐
Adequate time to ask questions and voice concerns	☐	☐	☐	☐
Rating for overall visit	☐	☐	☐	☐

Using your EHR system to measure quality



EHR systems offer healthcare organizations an opportunity to bring quality improvement into focus through development of well-defined processes that utilize EHRs' data capabilities and functions.

www.medpro.com/rm-guidelines

Staff Education & Training

Areas to cover

Customer service

Practice guidelines/ policies

Complaint process

Hostile/ aggressive patients

Don’t forget — practice makes . . . better

Conduct periodic drills on managing patient complaints and behavioral issues.

Proactive Strategies

Screening

Remember . . .


FIRST. LIVE. LOCAL.
WEATHER
7 DAY FORECAST
SUN
MON
TUE
WED
THU
FRI
SAT
STORMY
42°
45°
45°
40°
45°
1250°
38°
40°
35°
30°
1147°

Strategies following decision-making

Decline

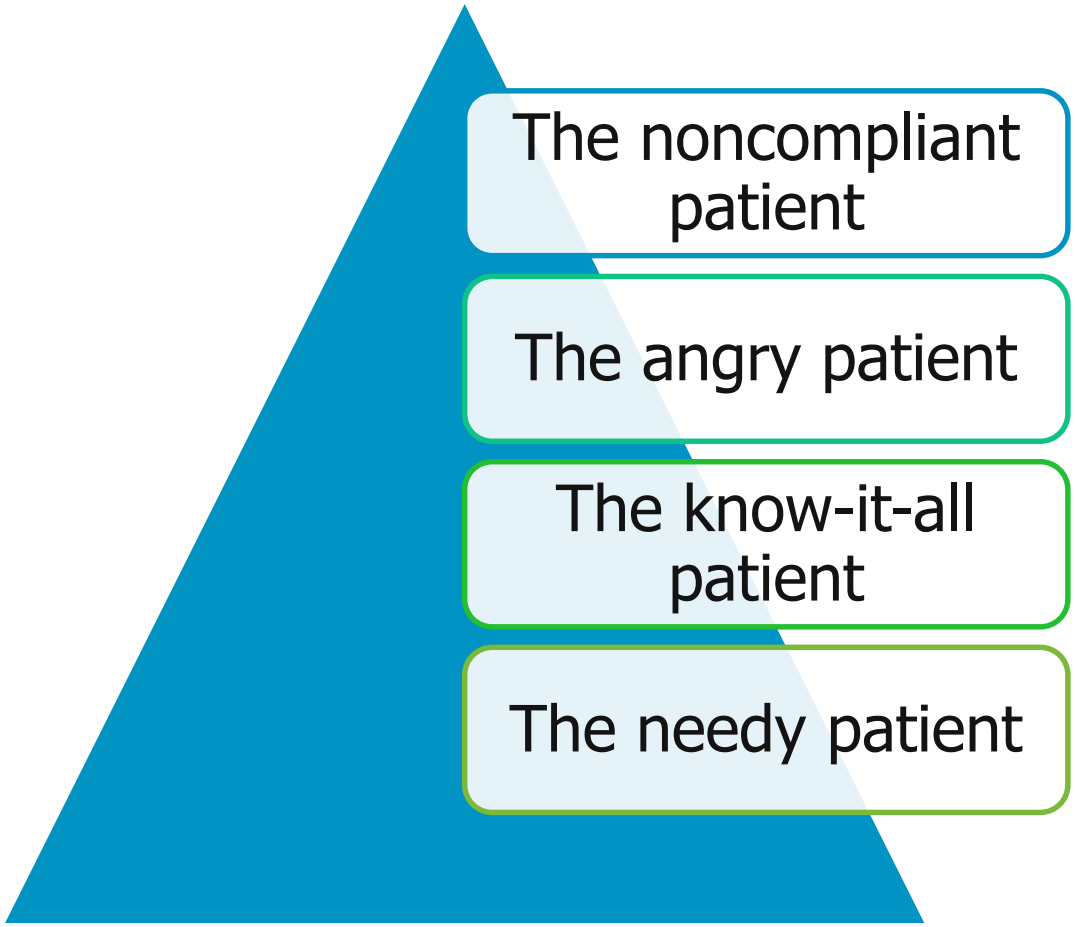
- Do not charge for visit.
- Tell the patient you cannot meet their needs.
- Advise the patient to find another doctor.

Accept

- Be clear about boundaries, limitations, and expectations.
- Stick to the plan.
- Document thoroughly.

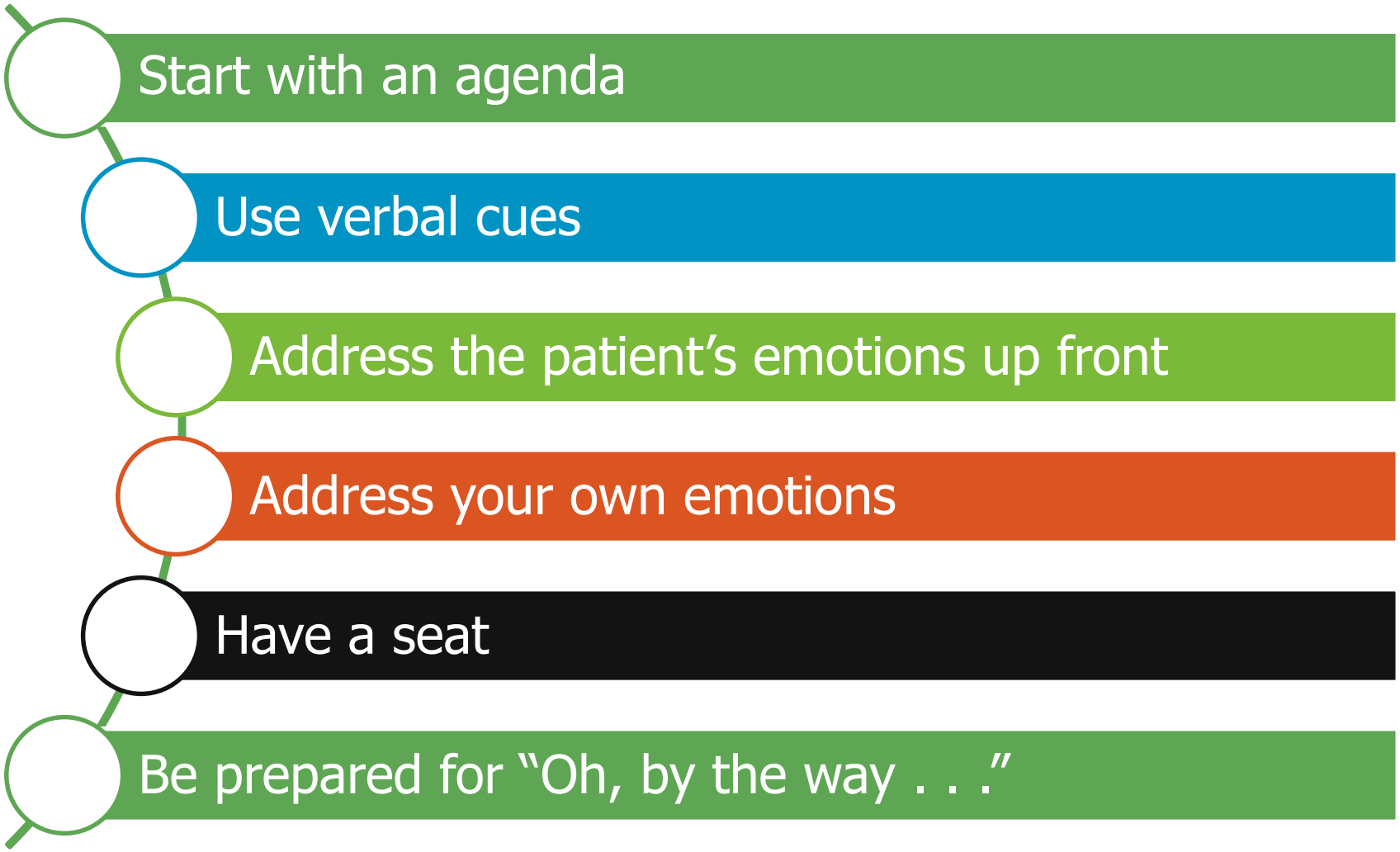
Strategies for Managing the Relationship

Challenging patients



www.hospitalrecruiting.com/blog/3060/tips-for-dealing-with-difficult-patients/

Managing the visit



Source: Lutton, M. E. (2004, July). Sticking the landing: How to create a clean end to a medical visit. *Family Practice Management.* Retrieved from http://www.aafp.org/fpm/2004/0700/p51.html

Emotional check

B **B**ackground: "What's going on?"

A **A**ffect: "How do you feel about it?" or "What has that been like for you?"

T **T**roubles: "What troubles (concerns, worries) you most about it?"

H **H**andling: "How are you handling (dealing with, coping with) it?"

E **E**mpathy: "That must be difficult for you."

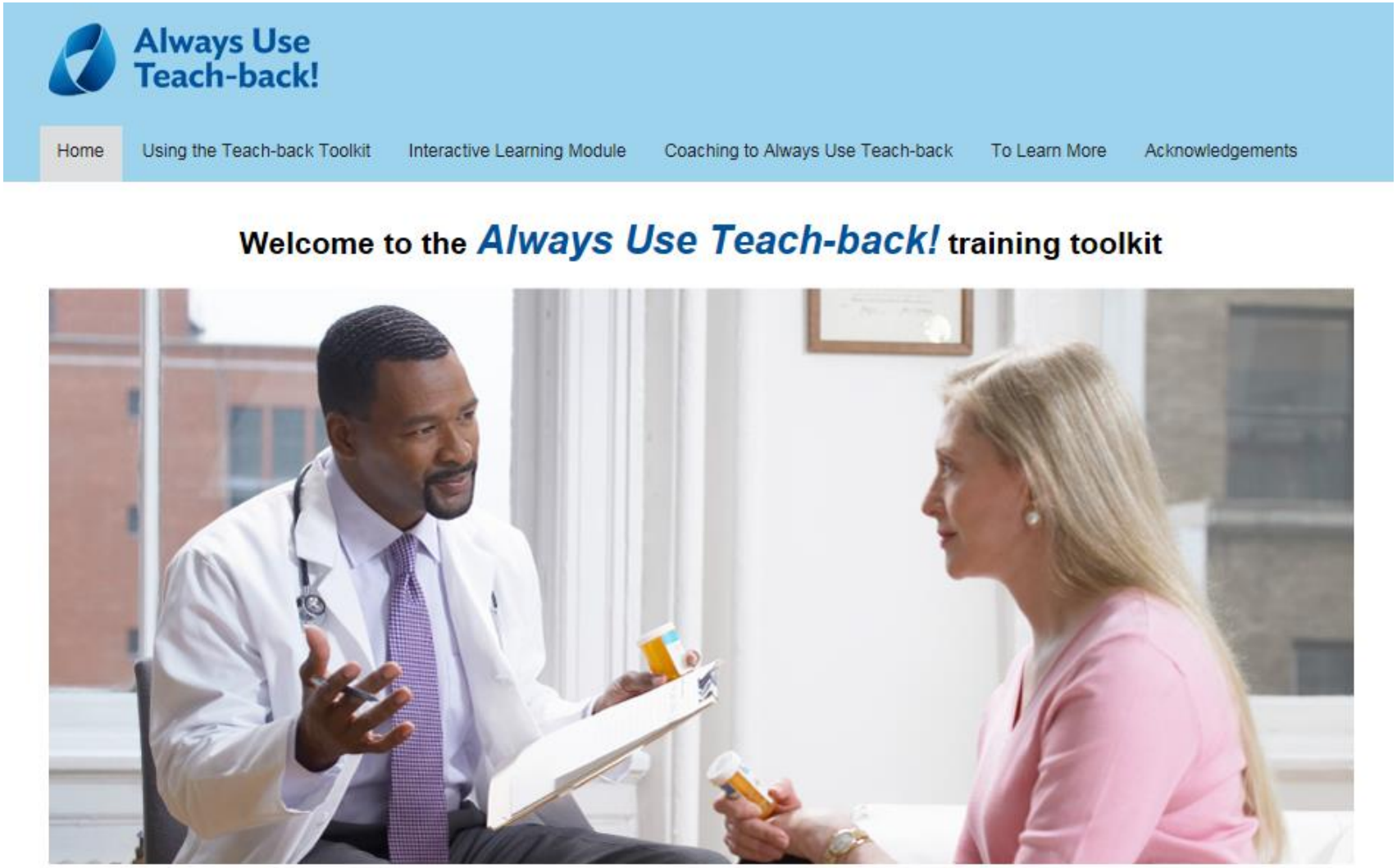
Source: Lutton, M. E. (2004, July). Sticking the landing: How to create a clean end to a medical visit. *Family Practice Management.* Retrieved from http://www.aafp.org/fpm/2004/0700/p51.html

No means no

- Realize that "no" hurts.
- Try the toddler principle.
- Take responsibility for "won't" versus "can't."
- Be firm yet calm.
- Use the "broken record" technique.
- Work up a contract.
- Show faith.

Source: Spickerman, F. (2004, February). The fine art of refusal. *Family Practice Management.* Retrieved from http://www.aafp.org/fpm/2004/0200/p80.html

Teach-back



Teach-back toolkit: http://www.teachbacktraining.org/

Informed refusal

MedPro Resource

Informed Refusal: A Review (www.server5.medpro.com/documents/11006/16730/Informed_Refusal_A_Review.pdf)

Behavior Contracting

Behavior contracts

Using a behavior contract might be beneficial when working with patients who have:

- Patterns of inappropriate behavior
- Manipulative behavior
- Continued noncompliance
- Financial barriers
- Drug-seeking or addictive behaviors

A behavior contract also might be beneficial when dealing with families or caregivers who have challenging behavior.

Before the behavior contract

Is the relationship worth preserving?

Is the patient acutely ill?

Is the behavior ongoing, or was it an isolated incident?

Can the problematic behavior(s) be changed?

Is the person who has the problematic behavior the patient or a family member/significant other?

Do certain factors — such as intellectual immaturity, health illiteracy, or comorbidity — inhibit the patient from understanding that the behavior is hindering an effective relationship?

What measures have been taken so far to correct the behavior?

Before the behavior contract (continued)

Is the problematic behavior objectively documented in the patient's medical record as it occurs? Does the documentation avoid disparaging remarks and subjective statements? Are quotes used when possible?

Are you willing to follow through with the terms of the contract if it is violated (e.g., terminate the relationship)?

Has a threat of harm or actual harm occurred to you or your staff? If yes, implementing a behavior contract may not be appropriate. You may want to consider terminating the provider–patient relationship.

MedPro Resource

Behavior Contracts (www.server5.medpro.com/documents/11006/16738/Behavior+Contracts+Guideline_10-2013.pdf)

Last Stop: Termination

Terminating the provider–patient relationship

Consistent with practice policies

Sufficient and objective documentation that supports the decision

Phase of treatment

Written notice elements

- Focus on long-term benefits for all
- Use a professional tone
- Providing a reason for discharge is not required
- Offer emergency care for stated period (e.g., 30 days) specifying when offer expires
- Offer to send copy of medical record to new provider; include medical record release form
- Indicate need for follow-up and necessary timing; list potential risks if patient does not follow through

MedPro Resource

Terminating a Provider–Patient Relationship (www.medpro.com/documents/10502/359074/Terminating+the+Provider-Patient+Relationship+Guideline.pdf)

Administrative considerations

- Send letter by (a) certified mail with return receipt requested and (b) by first class mail
- Retain letter in the patient's record with signed receipt
- Notify staff to place patient's name on "no schedule" list

Note: Some managed care organizations require additional steps before discharge.

What if the patient terminates the relationship?

- Confirm with letter
- Certified with return receipt requested and first class mail

"This is to confirm that you have terminated the relationship with . . ."

Additional considerations

Be aware that terminations may require a longer transition period in certain situations, such as (a) in rural areas, and (b) if the clinician is the sole specialist in the region.

Offer the patient resources for finding new a provider. Resources might include insurance companies, medical societies, etc.

Whenever possible, avoid referral to a specific provider.

Check managed care contracts for possible requirements.

Termination can be challenging

Make sure the process is well thought out and the right choice for each situation.

Once the decision is made, stick to it.

Second chances often lead to the patient believing his/her negative behaviors can continue without consequence.

Summary

Not all patients are a good fit for your practice. Screen and choose carefully.

Noncompliant patients are a challenge to the practice. Identify issues (situational, provider/staff, and patient) and develop plans to address them accordingly.

Patients might be difficult for a variety of reasons. Listening to and trying to understand the patient's situation may improve provider–patient interactions.

Consider using alternative approaches (i.e., technology) to meet the needs of your patient populations.

Document all attempts to address noncompliance and/or difficult behavior.

Terminate the relationship only as a last resort, unless threats are involved.

What questions do you have?

Thank You!