Lost in Translation: “Communication between the Coding and Clinical staff”

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Objectives:

At the conclusion of this presentation, participants will be able to:

- Discuss the differences and similarities in the points of view of clinicians and coding professionals
- State the components of the 4 Habits model for improving communication
- Utilize the 4 Habits with case studies and group exercises

Frustrations
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Understanding the Physician’s Mindset

◆ “No one is going to tell me what I can code. " I did the work, it's my money!"
◆ “I just want to take care of my patient’s, this is all red-tape that frankly I don’t have time to deal with”
◆ “This is not my problem its yours, I need to take care of patients”
◆ “The rules are complex and burdensome and are no benefit to me or to my patients”
◆ “I understand why we have to do this, just help me to streamline the process”

Understanding the Coder’s Mindset

◆ “Physician’s don't understand “coding” speak”
◆ “Documentation used for coding and billing purposes”
◆ “Physician’s lack interest and/or incentive to learn and comply with the coding rules”
◆ “Physician’s may not be approachable or receptive to feedback on their coding and documentation habits”
◆ “Physician’s view coders as “clerks” versus individuals with specialized skills which can help them”
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It Takes Mutual Respect

◆ “Respect is like air”.
◆ “If you take it away it’s all people can think about”.
◆ “The instant people perceive disrespect in a conversation the interaction is no longer about the original purpose, it’s now about defending dignity”.

Stephen R. Covey
Crucial Conversations – Tools for Talking When Stakes are High

Communication

◆ Communication requires:
  ▶ Sender
  ▶ Receiver
  ▶ Intended Message

◆ Communication can be:
  ▶ Misunderstood
  ▶ Misinterpreted
  ▶ Omitted
  ▶ Corrected
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Introduction

What is this all about?
Identifying techniques that can be used to improve the communication process between the clinical and coding staff in order to develop a collaborative working relationship

What’s In It For Me?
- Reduce frustration and ambiguity with coding and documentation process
- Improve physician and coder relationship
- Reduce compliance exposure
- Introduction to industry/organizational paradigm for clinician/coder communication

Coder/Physician Communication

- Finding and establishing the communication link is critical to:
  - Documentation
  - Compliance
  - Reimbursement

- Recognize the language differences
  - Clinical
  - Technical
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Coder/Physician Communication

- Establish processes to overcome barriers
  - Develop the appropriate approach
  - Build Trust
  - Facilitate access
  - Provide tools/resources
  - Establish routine/schedule
  - Implement feedback and monitoring processes

Introduction: The 4 Habits

Approach to Effective Clinical Communication

- The Four Habits Model is both practical and understandable. The model was developed and has been used extensively for clinician training in Kaiser Permanente since its introduction in 1996, and has been adapted for use in a variety of specialized communication situations.

- Evidence from its use to date indicates that it is effective for promoting positive changes in behavior.

- Experienced communicators intuitively understand that they must:
  - seamlessly blend the logic of decision making and social interaction
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**Introduction: The 4 Habits**

The Four Habits Model provides a stepwise approach to enhancing relationships, by optimizing the amount and quality of information available and making the relationship mutually satisfying for the physician and coder.

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**Habit # 1**

**“Invest in the Beginning”**

**Why?**

*It sets the stage and tone as well as provides the plan for the interaction*
Habit # 1

“Invest in the Beginning”

Three tasks must be accomplished at the beginning of the interaction:

1. Create rapport quickly
2. Elicit the physician’s/coder’s concerns
3. Plan the dialogue/interaction

Let’s look at these in more detail.

Creating rapport quickly

1. Begin with a social greeting
2. Acknowledging the coder’s/physician’s wait
3. Convey knowledge of a previous discussion/meeting.
Habit # 1

“Invest in the Beginning”

Creating rapport quickly

1. Upon beginning the interaction, you greet the physician/coder. Which of the following would be most appropriate?

   1. Good morning. It’s good to see you again.
   2. Hello, my name ________, it’s nice to meet you.
   3. Are you here AGAIN? I’m really tired of seeing you.

Habit # 1

“Invest in the Beginning”

Creating rapport quickly

2. Acknowledging the coder’s/physician’s wait

   Waiting is part and parcel of interacting with other people. Acknowledging the time that another person has spent waiting for you can go a long way towards creating rapport.
Habit # 1

“Invest in the Beginning”

Creating rapport quickly

Acknowledging the wait time

Which of the following would be the best response?

1. I’m sorry you had to wait today.
2. Things are a bit chaotic today. Thank-you for waiting.
3. I am worth waiting for.

Habit # 1

“Invest in the Beginning”

Creating rapport quickly

3. Convey knowledge of a previous discussion/meeting.

Most coders probably know that you do not remember the details of your last discussion. However, commenting on a previous visit or reiterating a comment that was made at a prior meeting can go a long way to establishing that you see them as a person, and not a pest.
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Habit # 1
“Invest in the Beginning”

Creating rapport quickly
Convey knowledge of the physician's/coder's concerns by commenting on the previous discussion or interaction.

Potential comments could include:
1. Last time we met, you were going to Hawaii. How was your trip?
2. Did the issue we discussed two months ago get resolved?

Habit # 2
“Elicit Each Other’s Perspective”

Why?
Used to assess the physician’s or coder’s point of view concerning the specific topic under discussion
Habit # 2

“Elicit Each Other’s Perspective”

1. shows respect for the other person’s experience and individuality
2. develops a partnership
3. gathers information using the narrative thread of each other’s experience.

Habit # 2 consists of 3 basic skills:

1. Assessing physician/coder contribution –
   Determine the physician/coder perspective about what may have caused the problem. Finding out the source of each other’s concerns by eliciting their belief or assumptions allows the physician/coder to directly understand each other’s underlying fears.
Habit # 2

“Elicit Each Other’s Perspective”

2. Identify physician/coder needs –
Consequences for satisfaction, adherence, and trust relate to this skill area. Individuals whose requests were fully listened to were more satisfied with the outcome, regardless of whether their requests were granted.

3. Discover the impact of the conflict –
Determine the impact of the issue. This often provides important information about one another’s perspective.

Tips to Improve Listening Habits

◆ Minimize distractions.
◆ Paraphrase – restate the speaker’s message.
◆ Ask simple questions for continued focus and to check your understanding.
**Positive Body Language**

- Assertive, open, and cooperative
  - Smile
  - An interested expression
  - Moderate eye contact
  - Good volume, varied pace and pitch of voice
  - Open posture
  - Face, eyes, hands and arms support what is being said

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**Habits # 1 & 2**

- "Invest in the Beginning"
- "Elicit Each Other’s Perspective"

**Group Practice**

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Habits # 1 & 2

“Invest in the Beginning”

“Elicit Each Other’s Perspective”

10” Break

Habit # 3

“Demonstrate Empathy”

Why?

An important building block of relationships. Demonstrates your understanding of the other persons needs.
Habit # 3

“Demonstrate Empathy”

Habit 3 consists of 4 skills:

1. Be open to each other’s emotions

   How is it possible to experience empathy while feeling overwhelmed with duties? Look for brief “windows of opportunity” for responding to each other’s emotions.

2. Make empathic statements

   The final step in helping the physician/coder move from hinting at an emotion to expressing it is to show empathy.

   Several empathic responses are possible:

   Reflection - “I can see that you are…”
   Legitimization - “I can understand why you feel…”
   Support - “I want to help.”
   Partnership - “Let’s work together…”
   Respect - “You’re doing great.”
Habit # 3

“Demonstrate Empathy”

3. Convey empathy non verbally
   The use of nonverbal actions such as silence, touch, gaze, facial expression, and body posture are all associated with conveying empathy.

4. Be aware of your own reactions
   A lack of empathy is a risk factor for dissatisfaction.

Sympathy vs. Empathy
**Types of Communication**

- Body Language = 70%
- Tone of Voice = 20%
- Actual words = 10%

**Barriers: Concentration**

- Deciding if the topic is unimportant and then tuning out.
- Listening selectively for what is expected and/or familiar.
- Determining what is and is not a crisis.
Barriers: Emotional Reaction

◆ A single word may trigger a connection to a previous problem or situation and may cause a reaction that may or may not be appropriate.

◆ You may be “listening” with your eyes and see a message being delivered that is in conflict with the verbal meaning.

Habit #4

“Invest in the End”

Why?
Habit # 4

“Invest in the End”

Unlike the first three Habits, which primarily require information gathering, the last, Habit 4, involves information sharing.

Emphasis is reflected in the tasks at the end of the encounter:

- delivering information (giving good news, bad news, or no news)
- encouraging each other to participate in decision-making
- negotiating action items to promote adherence

Habit 4 consists of 4 skills:

1. Deliver technical information (diagnosis)
   Use the physician's/coder's original statement of concerns to frame information to be shared.
Habit # 4

“Invest in the End”

Habit 4 consists of 4 skills:

2. Provide information
   A key concept in establishing a partnership with each other is ensuring you understand “where each other is coming from”. At a minimum providing a rationale should include a statement of intent. Memory aids provide the physician’s/coder’s with a resource that can be reliably consulted after the interaction and are likely to increase information retention and adherence between meetings.

3. Involve the physician/coder in decision making
   6 words: “I admit I made a mistake.”
   5 words: “You did a good job.”
   4 words: “What is your opinion?”
   3 words: “Let’s work together.”
   2 words: “Thank you”
   1 word: “We.”

4. Complete the interaction
Habits # 1 - 4

Small Group Practice

Tricks of the Trade

◆ Establish Expectations
  ▶ Don’t promise more than you can deliver.
  ▶ Don’t promise timelines that you can’t meet.
  ▶ Don’t promise things that you can’t control.
**Tricks of the Trade**

◆ Acknowledge Your Mistakes

▷ Do what you least feel like doing.
▷ Acknowledge it to yourself.
▷ Acknowledge it to the one you least want to tell.
▷ Report what you will do differently.

◆ Build a partnership
◆ Be patient, reasonable and consistent
◆ Persevere
◆ Keep a Positive Mental Attitude (PMA)
◆ Set goals
◆ Reward and recognize positive change
◆ Demonstrate value
◆ Share Best Practices
◆ Never preach or be condescending
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Questions/Answers

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Appendix A
Avoid Negative Body Language

- **Submissive**, closed and defensive
  - Wobbly voice
  - Slow speech
  - Worried expression
  - Evasive look-downs
  - Defensive arms/legs
  - Mouth covered with hand
  - Excessive distance

- **Aggressive**, closed and attacking
  - Hard voice
  - Rapid speech
  - Extremes of expression
  - Excessive/no eye contact
  - Dominate posture
  - Finger jabbing/wagging
  - Invasion of personal space

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Word Selection Tips

**Word Selection: Negative vs. Positive**

- **Negative Comments**
  - You don’t understand
  - It isn’t my fault
  - We’ve always done it this way
  - I just don’t have enough time
  - How should I know…they never tell me anything around here

- **Positive Comments**
  - Perhaps I haven’t explained myself
  - To resolve it we need to…
  - How would you like to see it done?
  - I need to prioritize my tasks and do the most important ones first
  - I’ll find out

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Non-Verbal Communication

- Posture
- Gestures
- Face, Eyes and Head
- Voice Quality/Tone of Voice
- Proximity

Posture

- People who feel:
  - Comfortable will raise their head to look openly at you and they may lean back indicating they are relaxed.
  - Aggressive usually posture with a full frontal stance with their entire body pointing directly at you and they may lean forward in a dominating position.
  - Defensive may physically close up making themselves appear smaller.
  - Superior may lean back and clasp their hands behind their head.
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**Gestures**

◆ Arms can signify:
  ▶ Self-protection
  ▶ Relaxation
  ▶ Defensiveness

◆ Hands can be used to:
  ▶ Hide behind
  ▶ Demonstrate openness and honesty
  ▶ Aggressively emphasize points

◆ Fingers can be used to:
  ▶ Indicate boredom
  ▶ Threaten

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**Face, Eyes and Head**

◆ Smile

◆ Interested expression as opposed to a worried expression

◆ Moderate eye contact as opposed to excessive or no eye contact
**Voice Quality/Tone of Voice**

- If your voice is too quiet and hesitant, it may convey nervousness.
  - If your voice is too loud and too fast, it may convey impatience.
  - Remember:
    - Volume
    - Pace
    - Pitch

**Proximity**

- A gap of more than 4 feet indicates that the people are not in contact with each other.
- A gap of 2 – 3 feet indicates a joint activity for a business/social situation.
- A gap of less than 18 inches indicates the people are intimate or very friendly.
Word Selection

- **Difficulty** – use simple words for the sake of clarity.
  - **Focus** – use words that communicate your interest and empathy.
  - **Positive references** – express optimism by framing even negative messages in positive terms.
  - **Depersonalize the information if possible**

Communicating with Physician’s

- **Chose Your Words Carefully**
  - Never say “You must” or “You have to”.
  - Always have a regulation or a source to reference for a third party endorsement.
  - Never ever tell a physician “You don’t understand” even if they don’t.