

Physician attendance at a one-day relationship-centered communication skills workshop is associated with improvement in patient assessment of the quality of physician communication

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BACKGROUND:

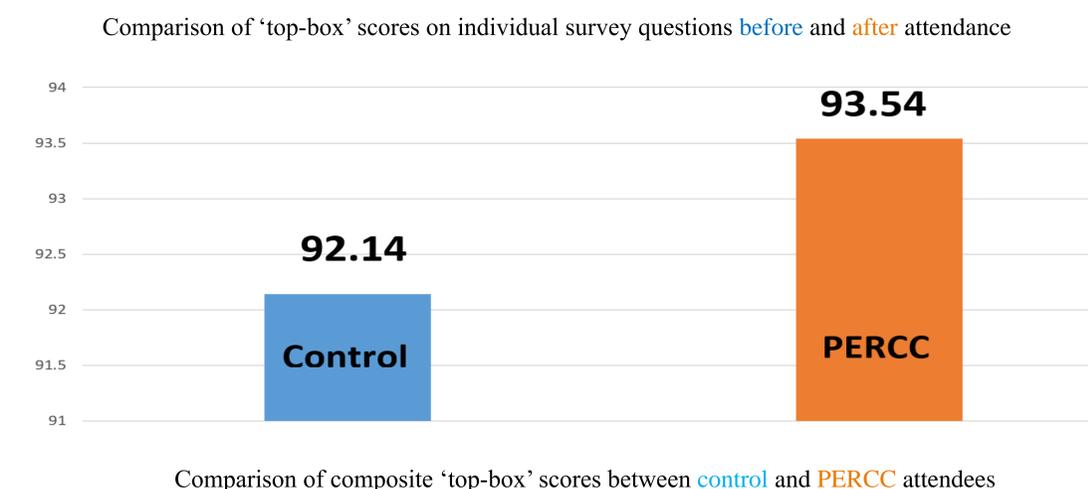
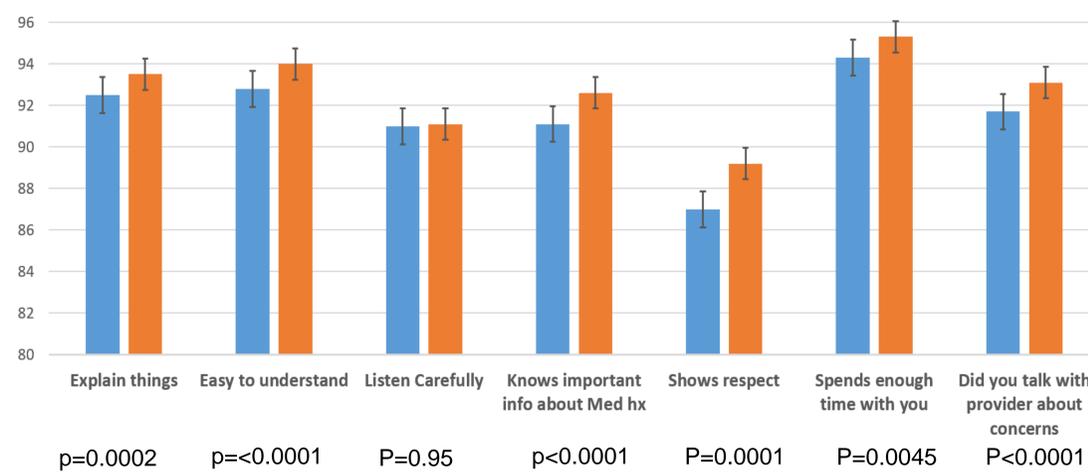
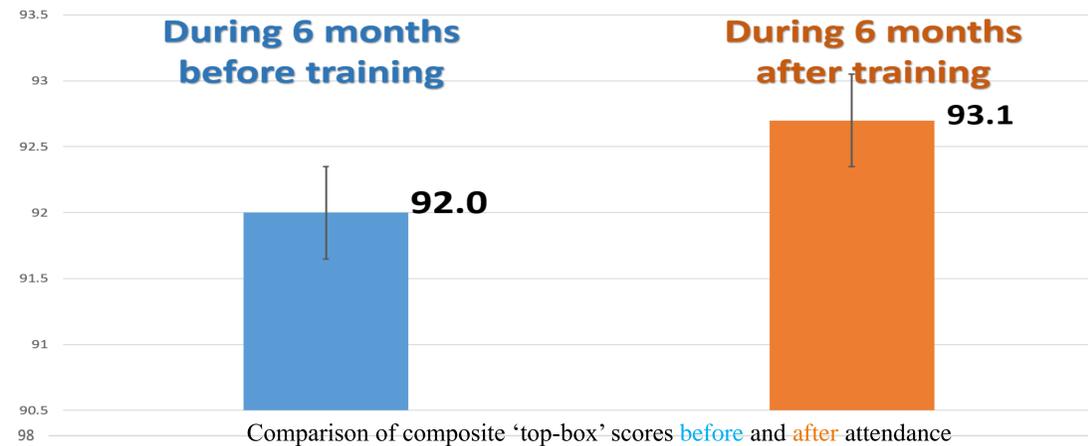
Relationship-centered communication (RCC) is associated with enhanced patient experience¹, improved medical outcomes^{2,3,4} and reduced clinician burnout¹. Despite these recognized benefits, few clinicians receive communication skills training after they enter practice^{5,6}. Patient experience scores are also important to organizations as CMS and other payers base part of reimbursement on this quality metric⁸. To improve RCC skills of clinicians practicing at Wake Forest Baptist Health, we launched the Program to Enhance Relationship-Centered Communication (PERCC). Designed in collaboration with the Academy of Communication in Health Care (ACH)⁷, PERCC offers 6.25 hour workshops facilitated by a team of eight physician trainers. PERCC attendees work in small groups to practice three RCC skills sets using role-play simulations and focused feedback.

OBJECTIVES:

To assess the impact of PERCC on patient assessment of physician communication in the ambulatory setting.

METHODS:

For physicians with ambulatory practice, we compared the percent of “top box” scores (highest rating) on “quality of provider communication” during the 6 months before with the six months after PERCC attendance using the *Clinician and Group Consumer Assessment of Healthcare Providers and Systems* (CGCAHPS). The CGCAHPS is a publicly reported mandatory survey of patient experience of care in doctor’s offices^{8,9,10}. Scores assess multiple dimensions of patient experience and can be linked to a specific provider^{9,10}. Physicians who attended the course between November 2015 and June 2019 were included in the analysis. Physicians who had not attended PERCC served as the control group. Wilcoxon signed rank test was used to compare pre- and post-PERCC average percent of ‘top-box’ scores. This change in the average percent of ‘top-box’ scores was used to calculate the percentile improvement in ranking on national comparison tables¹¹.



RESULTS:

207 physicians with ambulatory practice who attended PERCC had at least 5 CGCAHPS surveys during the 6 months before and the 6 months after the workshop. The percent of “top-box” scores on “physician communication quality” improved after the workshop (92 “before”; 93.1 “after” p< 0.0001). Increase in ‘top-box’ percentage of all attendees from 92 to 93.1 translates into an improvement in national percentile rank from 30th to 39th based on 2020 national comparison tables. Improvement was limited to physicians with pre-workshop scores below the mean (p<0.0001). The percent of “top box” CGCAHPS scores for PERCC attendees was higher than a comparison group of 819 physicians who had not attended. (Controls 92.14; PERCC attendees 93.54 p=0.0028).

CONCLUSION:

Attendance at a one-day RCC skills workshop was associated with improved patient assessment of physician communication quality. The small but significant increase in “top-box” CGCAHPS scores translates into a substantial nine percentile improvement in national comparison tables. Communication skills can be taught and patients notice the difference. Further studies will assess educational approaches to sustain clinician use of RCC skills.

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