worldlink MEDICAL | THE ACADEMY OF PREVENTIVE & INNOVATIVE MEDICINE

The Business of Creating Health

June 23-25, 2017
Salt Lake City, UT

JointProviders:
The Foundation For Care Management and Worldlink Medical

21 AMA PRA Category 1 Credits™
21 Nursing Contact Hours

PROGRAM SYLLABUS

Worldlink Medical's
The Business of Creating Health

21 AMA PRA Category 1 Credits ™, 21 Nursing Contact Hours

June 23-25, 2017 – Salt Lake City, UT

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Disclosure Statements

JR Burgess, CEO is a speaker for MedFit.
Dana Burnett, M.Ed. has no significant financial interest in any of the products or services used on or by patients.
Jim Eischen, JD has no significant financial interest in any of the products or services used on or by patients.
Steve Goldring, RPh is a speaker/employee for MedQuest, a consultant for the ASK Company and the owner of hormonepharmacist.com.
Tim McKnight, MD is the owner of Vicquahealth.
Gregory Petersburg, DO has no significant financial interest in any of the products or services used on or by patients.

Planning Committee:
Dana Burnett, M.Ed., Jeanette M. Dunn, RN, EdD, Lead Nurse Planner, Gregory Petersburg, DO, have no significant financial interest in any of the products or services used on or by patients.

Objectives:

Upon completion of this workshop, the healthcare professional will be able to:

1. Analyze and criticize the current state of healthcare today and determine a path that moves the healthcare model from consuming health to creating health
2. Evaluate and analyze trends in private direct medicine models with ongoing reforms
3. Outline various alternative approaches to private direct practice structures, focusing on integrative models
4. Identify legal compliance challenges and solutions
5. Provide “best practices” recommendations and identify how to best implement
6. Identify local community resources to fully develop integrative treatment care and referral system
7. Describe and apply behavior change tools that enable your patients to successfully improve and maintain their health
8. Justify why the care giver should act as a change agent in his/her clinical practice by incorporating hope, belief, visioning, direction, motivation, support and inspiration in the care of patients
9. Construct and implement the ‘Essential-4’ statements for his/her business to influence employee and organizational behaviors, and provide the foundation for authentic practice marketing and development strategies
10. Integrate and practice the six principles of creating and guiding patient experiences in his/her clinical practice, to differentiate it from the competition, to influence patient loyalty, and deliver lifelong clinical outcomes
11. Demonstrate essential patient-centric practice skills that build effective communications and show a feeling of partnership between doctor and patient.
12. Practice behaviors of caring that infuse humanity into a clinical practice: compassion, empathy, humility, respect and gratitude
13. Clarify your message and create a word-of-mouth campaign
14. Organize your social media strategy and design some basic easy to implement marketing techniques to educate patients and grow your practice
15. Describe the viability of the practice model, replicating the step-by step process of building and organizing the launch of an integrated practice.
16. Re-create business plans, projections, budgets and financial statements to determine viability for practices success.
17. Analyze the complete cost of business: identifying and interpreting financial statements and the total cost of care, discussing financial statements to help practitioners translate and formulate future practice strategies.
18. Recognize your numbers: Defining leading metrics to design, measure and manage to integrate business, individual and team success.
19. Analyze the history of our integrative practice case studies and the 5 biggest mistakes we have made and seen new practices make.
20. Evaluate Location / facility / Menu of Services: How to think long term based on total budget
21. Evaluate staffing: Right seat for the right person and how to get it right
22. Realize the 10 essential elements and adhere to examples that create practice success:
23. Participate in a gap analysis to help coordinate and implement strategic growth plans for controlled and profitable growth
24. Replicate proven models of integrative care by compelling, inspiring patient action while maximizing patient outcomes without selling.
25. Duplicate templates to build your integrated model infographic to demonstrate the lifecycle and transformation of your patients through your proven practice model.
26. Discover how and when to integrate new services to enhance patient outcomes and increase your bottom line.

Course Description

Many of our practitioners have started offering preventive medicine in their medical practice but struggle with a practice transition as insurance doesn't adequately cover preventive / lifestyle medicine. Our goal is to help practitioners with the tools and resources they need to successfully and legally set up a cash pay model that enables them to spend enough time with patients to facilitate positive changes in helping patients alleviate chronic illness and maintain a more proactive approach to taking care of their health.

ACCREDITATION STATEMENTS

AMA PRA Category 1 Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Foundation for Care Management (FCM) and Worldlink Medical. FCM is accredited by the ACCME to provide continuing medical education for physicians.

FCM designates this educational activity for a maximum of ***21*** *AMA PRA Category 1 credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity

Nursing Statement

The Foundation for Care Management is an approved provider of continuing nursing education by the Washington State Nurses Association WSNA A-CNE, an accredited Approver of Continuing Nursing Education. 21 Nursing contact hour(s).

- The Foundation for Care Management cannot provide a statement of credit unless an evaluation form has been filled out online. Please go to www.fcmcme.org to access the evaluation form.

SEMINAR AGENDA

Worldlink Medical's

The Business of Creating Health

21 AMA PRA Category 1 Credits ™, 21 Nursing Contact Hours

June 23-25, 2017 – Hilton Salt Lake City Center
Salt Lake City, UT

Agenda

Friday

8:00 AM – 8:30 AM

Prevailing Conditions

- **State of Health in the U.S. today and how we got here**
- **Changing Currents & Trends**
  - Demographics
  - Government
  - Economics
  - Patient Demands
  - Practice Models
  - Technology

- **Looking Beyond the Horizon – Moving from 'Consuming Health' to 'Creating Health'**

Host: Dana Burnett, M.Ed.

8:30 AM – 10:30 AM

Integrating Business & Law Into 21st Century U.S. Private Direct Practice Models

- **Private Medicine Models**
  - How healthcare professionals can evaluate various U.S. private fee practice models and implement what works while anticipating potential future legal changes impacting private direct medicine models

- **Private Medicine Model Compliance**
  - How to navigate and comply with federal and state laws that apply to private fee healthcare models, with different approaches to compliance studied/evaluated

- **Plan Integration of Disintegration**
  - How to handles private plans and evaluating Medicare options versus Medicare participatory models

Speaker: James J. Eischen, Jr. Esq.

10:30 AM – 10:45 AM
BREAK

10:45 AM – 12:00 PM

Integrating Business & Law Into 21st Century U.S. Private Direct Practice Models

- **Private Medicine Amenity Pricing and Marketing**
  - Exploring various models price and market services
  - Watching compliance issues, and noting plan reforms away from fee-for-service and avoiding recreating the fee-for-service pricing errors in wellness medicine models

- **HIPAA and Other Privacy Laws**
  - Privacy compliance solutions for high-connection private fee practice models

- **Business Transactions and Deals**
  - Navigating Start/referral and other healthcare regulatory issues that typically connect with private fee practice models

Speaker: James J. Eischen, Jr. Esq.

12:00 PM – 12:30 PM

Group Work on Morning Session (Action Plan Document)

12:30 PM – 1:30 PM
LUNCH

1:30 PM – 3:15 PM

The Art of Constructing a Successful Integrated Practice Part I

- The history of our integrative practice and the 5 biggest mistakes we have made and see new practices make
- Understanding the Viability of the Practice Model: Business Plans, Projections, Budgeting and Financial Statements
- The Complete Cost of Business: What the total cost of care looks like and the income each patient should represent
- Knowing your numbers: What leading metrics to track to determine business, individual and team success
- Location / Facility / Menu of Services: How to think long term based on total budget
- Staffing: Right seat for the right person and how to get it right
- Timelines: Preparation, Focus, Leap

3:15 PM – 3:45 PM

Group Work (Action Plan Document)

3:45 PM – 4:00 PM
BREAK

4:00 PM – 5:00 PM

Effective personnel Practices

- Can you define your culture
- Establish job descriptions with clarity and accountability
- Cost effective talent recruitment
- Let's talk…Phone pre-screen…5 minutes / 3 questions
- Effective in person interview process
- Personnel HR/checklists
- System efficiencies
- Retain you talent

Speaker: JR Burgess

5:00 PM – 5:30 PM

Discussion with Panel on Group Work and Action Plan

5:30 PM
ADJOURN

Saturday

8:00 AM – 9:00 AM

The Art of Constructing Integrated Practice Success – Part II

- Learn the 10 essential elements of entrepreneurial success
- Understanding your Gaps so you can grow appropriately
- How to sell cash based programs and procedures with selling
- How and where to communicate to patients on how to achieve the best outcomes through your proven practice model
- How and when to integrate new services to maximize patient outcomes and increase your bottom line

Speaker: JR Burgess

9:30 AM – 9:45 am
BREAK

9:45 AM – 11:10 AM

Practice Development Work

- Begin with the 4 Essential Business Statements
- The Importance of Mission / Vision Work
- Being Authentic
- Communicating your Message

Speaker: Gregory Petersburg, DO

11:10 AM – 11:30 AM

Continued Group Work on Action Plan

11:30 AM – 12:30 PM
LUNCH

12:30 PM – 1:30 PM

Finding and Retaining Patients

- Where are they
- What do they want
- Collaborating with Others
- Retaining Patients

Speaker: Timothy McKnight, MD

1:30 PM – 2:45 PM

Patient Education Techniques that Work

- Educate
- Motivate
- Inspire
- Changing Behavior Through P.E.E.R.

Speaker: Timothy McKnight, MD

2:45 PM – 3:00 PM

Continued Group Work on Action Plan

3:00 PM – 3:15 PM
BREAK

3:15 PM – 4:15 PM

An Update on Traditional Online Marketing Methods that Work

- **Old School Marketing – Often Expensive**
- **DIY Marketing doesn't have to be time consuming, technical, or expensive**
- **Start Simple**
  - Landing Page
  - Drive traffic – get appointments
  - Have an irresistible Offer
- **Build Later**
  - Website, with patient portal
  - Blogging and content marketing
- **Tools of the Trade**
  - Clickfunnels
  - Leadpages
  - Other Recommendations

4:15 PM – 4:30 PM

Continued Group Work on Action Plan

4:30 PM – 5:30 PM

A Case Study Potpourri of Practice Transitions

Sunday

8:00 AM – 9:45 AM

Redefining the Patients-Provider Relationship for 21st Century Medicine

- Communicating
- Collaborating
- Educating
- Humanizing
- The Patient Experience

Speaker: Gregory Petersburg, DO

9:45 AM – 10:00 AM
BREAK

10:00 AM – 11:30 AM

Imagine: Transforming the life & health of your patient….that lasts a lifetime

Speaker: Gregory Petersburg, DO

11:35 AM – 12:00 PM

Completing the Story – Make Something Happen
Finalize Action Plan and Next Steps

TABLE OF CONTENTS

Please Note: For the eSyllabus version the Table of Content topics are linked to that section and are also bookmarked in adobe

Redefining the Patient-Provider Relationship

Communicating, Collaborating & Humanizing the Patient Experience

Gregory W. Petersburg, D.O.

Disclosure Statement

- Gregory W. Petersburg, D. O. is the owner of the “Living Younger Lifestyle Medicine System”

Objectives

- Demonstrate essential patient-centric practice skills that build effective communications and show a feeling of partnership between doctor and patient

- Practice behaviors of caring that infuse humanity into a clinical practice: compassion, empathy, humility, respect and gratitude

“I didn’t feel like an individual, I felt like a patient”

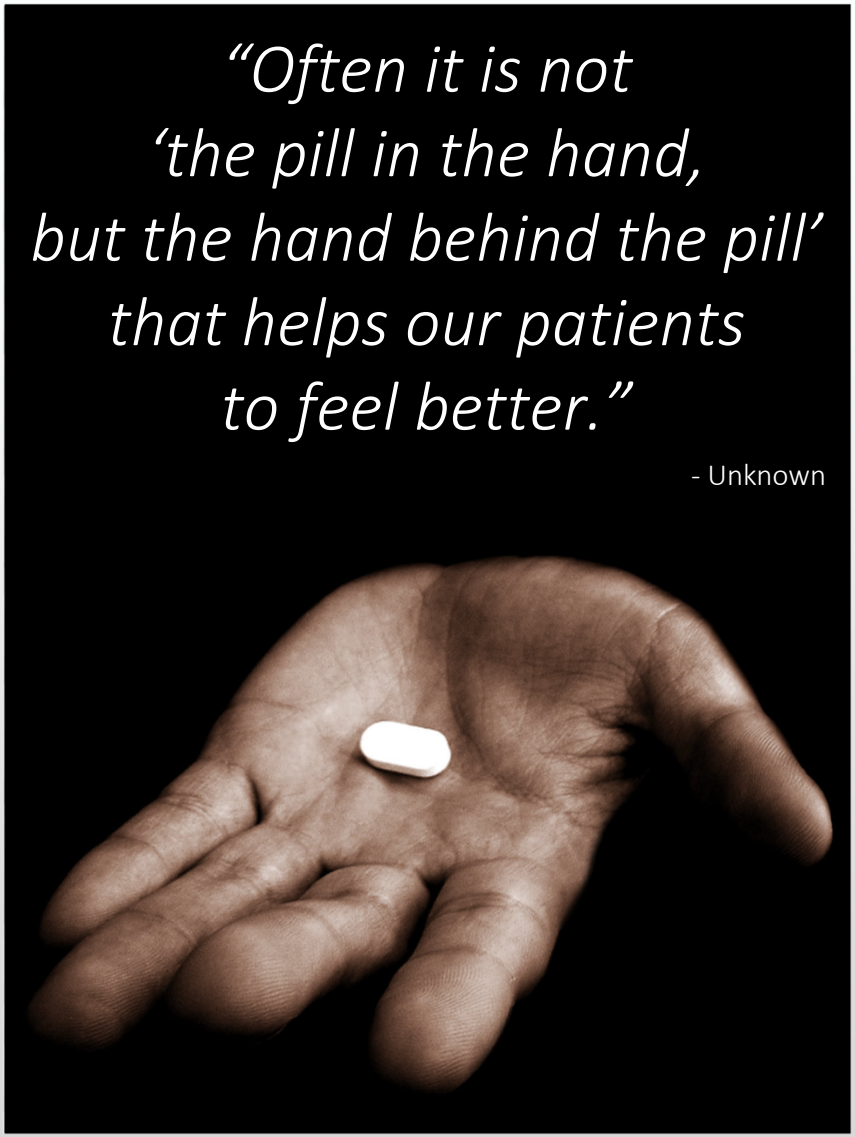
- Patient Comment

Lewis-Mehl Madrona, M.D.(1954-)

"Beyond any technique, relationships are what heal"

"Often it is not
'the pill in the hand,
but the hand behind the pill'
that helps our patients
to feel better."

- Unknown



Objective: **be the best 'Hand Behind the Pill'**

- Overcome obstacles to *Mindful Practice*
- Engage Patients as *Partners*
- Communicate with *Empathy & Compassion*
- Establish effective *Openings & Closings*
- Guide transformative *Experiences*

The Challenge

The conventional medical ‘compass’ (i.e., paradigm)

- Leads practitioners to ignore information that patients consider important, or that influences individual progress
- Impairs the effectiveness or treatment
- Generates dissatisfaction among patients

The Challenge

Most patients, when visiting a physician

- Have 3 reasons for the visit
- Are interrupted within 18 seconds of speaking
- Never get to finish their story

Most physicians cite lack of time as the reason

- But, it would have taken an average of *only 1-3 minutes longer* to elicit a richer and more complete problem list!

The Challenge

Even when physicians know their patients' problems, they typically ignore them

While patients attempted to clarify what their doctor had said in 85% of the visits, the requests were usually ignored or interrupted

The Myths of Person-Centric Care

It's too costly

It's "nice," but not that important

It's the Job of Nurses

It's too time consuming; time I don't have

Our patients aren't complaining,
so we must be meeting all their needs

Obstacles to a Mindful Practice

Multi-Tasking

Technology

Time

Interruptions

Being Mindful of Multi-Tasking

"How can I be mindful of any one thing, such as my patient, when I'm doing three or more things at the same time?"

Being Mindful of Multi-Tasking

Multitasking is nothing new

For more than half a century, people grew up talking on the phone while watching TV, doing homework while listening to music, and so on

However, the multiple, ubiquitous information streams of the 21st-century life are ***different in kind rather than degree:***

Task Multi-Tasking vs. *Media* Multi-Tasking

Being Mindful of Multi-Tasking

"Do two or more things simultaneously, and you'll do none at full capacity"

- Clifford Nass

Being Mindful of Multi-Tasking

High multi-taskers are *worse at filtering irrelevant information from relevant*, something that, one might suppose, a multi-tasker should be especially good at

High multi-taskers have *diminished powers of mental organization* (i.e., managing working memory)

Being Mindful of Multi-Tasking

High multi-taskers
are also *worse at*
switching tasks efficiently

Being Mindful of Multi-Tasking

Only on one measure do the multi-taskers do well—sort of:

on tests of

"*inattention blindness*"

Being Mindful of Multi-Tasking

Multi-tasking with patients is not only *inefficient*, but patients experience you as *disconnected* and *inattentive*

Being Mindful of Multi-Tasking

Quiet your Mind

- Take a few deep breaths

Tune in Fully

- Tune out distractions

While the person is speaking

- Don't think about what you're going to say or do

Avoid Multi-Tasking

- Shuffling papers
- Texting
- Typing
- Taking notes
- Looking at the computer

Obstacles to a Mindful Practice

Multi-Tasking

Technology

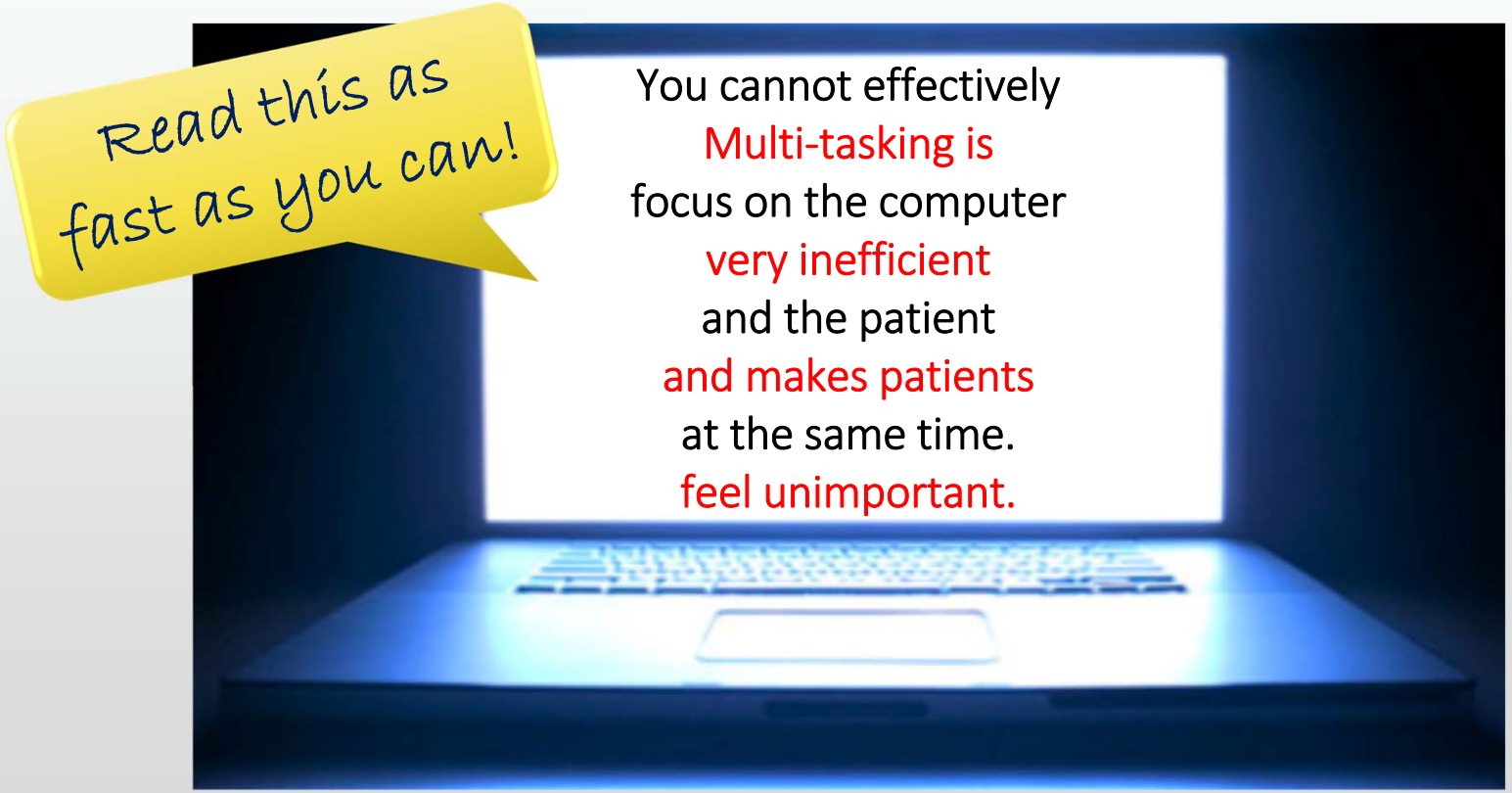
Time

Interruptions

Being Mindful of Technology

"How can I stay mindful
when using a computer, notebook, phone
or other tech device with the patient?"

Being Mindful of Technology



Being Mindful of Technology

Most patients think the computer or other tech device damages their relationship with their physician

- Some physicians stop making eye contact
- Others, in their eagerness to get their documentation done in real time, disconnect from the patient *before* the patient leaves

Being Mindful of Technology

Log In

- In front of the patient
- Explain what you are doing
- *“Let’s open up your chart so we have your history & results in front of us”*

Being Mindful of Technology

Engage the Patient

- With the device and the information on it
- Turn the screen toward the patient, showing there's no secret. Invite the patient to look on with you: *"Would you like to look on with me? I'm reviewing your lab results"*
- Share information, like lab results. *"Let's look at what the specialist note recommended from your visit last month"*

Being Mindful of Technology

Alternate Focus

- Alternate the focus of your attention, instead of multi-tasking
  - Attend fully to one and then the other
- When you ask a question, make eye contact
  - Don't be out of eye contact for more than 10 seconds
- When the patient is discussing an emotional or critical issue, turn away from the device
- When you're entering information, explain, *"Please give me a moment to jot some of this down while it's fresh in our minds"*

Being Mindful of Technology

Log Out

- In front of the patient
- Ease their concerns about confidentiality

Obstacles to a Mindful Practice

Multi-Tasking

Technology

Time

Interruptions

Being Mindful of Time

"I don't have time to spend more time listening to patients!"

Being Mindful of Time

"Most people do not listen with the intent to understand. They listen with the intent to reply"

- Stephen Covey

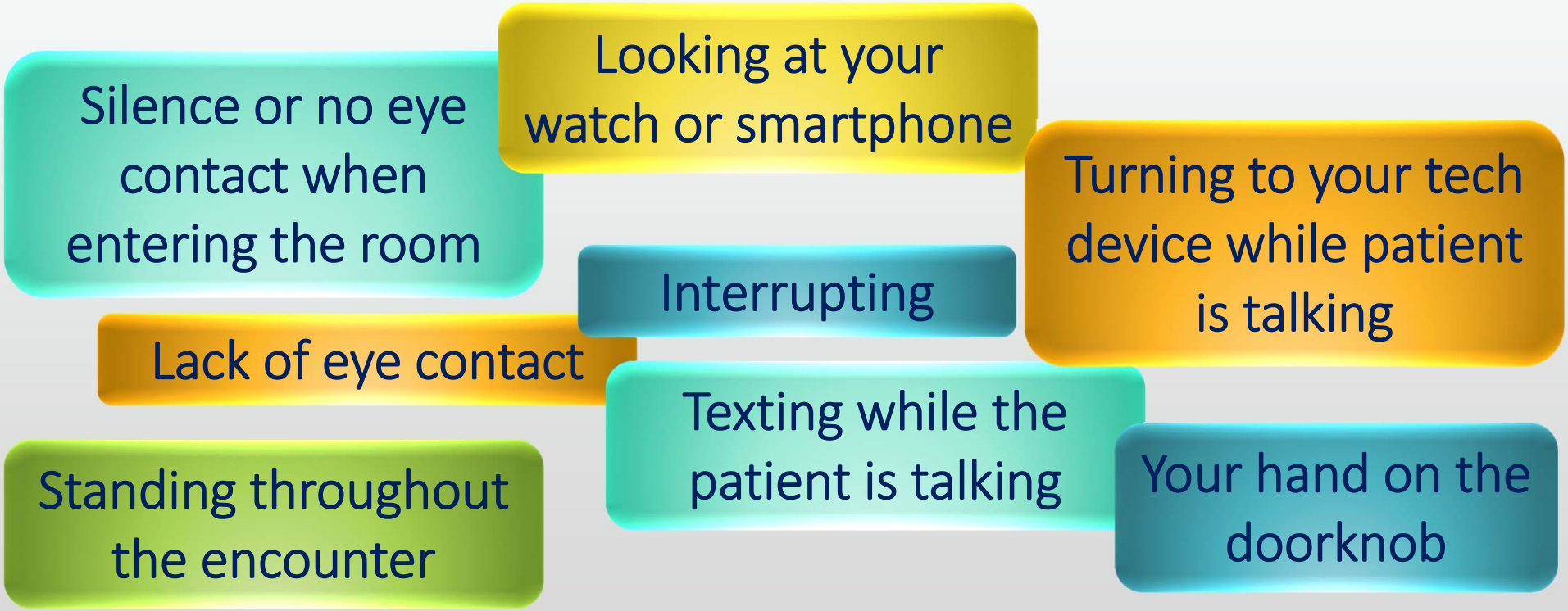
Being Mindful of Time

Mindfulness actually *saves* you Time!

- You absorb more of what the patient is saying the first time they say it
- You do a better job of hearing their concerns
- You provide more thorough and helpful care
- This leads to reduced phone calls, fewer return visits, and better outcomes

Being Mindful of Time

Behaviors to Avoid



Obstacles to a Mindful Practice

Multi-Tasking

Technology

Time

Interruptions

Being Mindful of Interruptions

"People interrupt me all day long.
How can I give my undivided attention?"

Being Mindful of Interruptions

Make it Known

- Tell your colleagues that you're committed to giving your patients undivided attention
- Ask them to think twice before interrupting

Don't Slight Your Patient

- If you must attend to an interruption, don't slight the patient by turning away
- Stay present as you politely disconnect
- *"I'm sorry about this interruption. I need to attend to it and I'll be right back. I appreciate your understanding"*

Create Rapport

The ability to enter your patient's world view and communicate that you understand it

Create Rapport

The fundamental element that enables you to

- Understand your *patient's story*
- Help your patient *make changes*
- Create a *healing relationship*

Traditional diagnosis

- Is a *part* of the patient's story, but it will not tell the *full* story
- Nor is it the primary goal

Create Rapport

The initial goals are to gather information that will

- Help create an *individual picture* of the patient
- Create a working hypothesis about the patient's dysfunctions underlying his/her complaints
- Form an effective professional bond with the patient

Presuppositions

- About your patients set the stage for a positive or a negative relationship
- Can interfere with establishing rapport
- What you believe will influence the course of the patient's illness or wellness

Create Rapport

Desirable Presuppositions to Have About Your Patients

Your patient has all the resources he/she needs to heal

- Because they live in their body and have learned many things in order to survive and function

The meaning of your communication is the response you get

- Your patient's response (verbal or nonverbal) to something you said or did is feedback for you. Use it to adjust your approach to the patient

Create Rapport

When you meet a new patient, search for commonality

- Because we tend to like people who are like ourselves

Rapport can also be created by *mirroring* the other person's

- Physiology gestures, facial expressions, eye blinks
- Tonality tempo, tone, volume
- Words phrases, key words

Create Rapport

MATCHING TYPES	BEHAVIORS
Whole Body	Adjust your body to approximate the patient's shifts (e.g., cross legs, adjust torso, etc.)
Partial Body	Pace any stylistic use of body movements (e.g., eye blink, head shakes, head/shoulder angle, etc.)
Vocal Qualities	Match shifts in tonality, tempo, volume, timbre, cadence or intonation
Verbal Patterns	Hear and utilize sensory system language that matches and paces the representational system used by the patient (e.g., auditory, visual, or kinesthetic language)
Facial Expressions	Notice the patient's facial expressions – wrinkles, lips, eyebrows, etc.
Gestures	Respectfully match patient's gestures
Breathing	Adjust your breathing pattern to match the patient's

➡ Matching is NOT copying. All of the above must be below the client's level of awareness

Create Rapport

Relationship Scale

- Spiritual Communion
- Sexual/Romantic Connection
- Warm – good friends
- Identification

Optimal demeanor ⇨

- ***Understanding – empathy***

Demeanor of many practitioners

- **Neutral**
- **Cool**
- **Distant**

- Intolerant
- Enemies

Engage Your Patient as a Partner

Active patient involvement improves

- *patient acceptance*
- *adherence to recommendations*
- *self-management*

Partnering with your patient *makes you more effective*, because you and the patient bring complementary areas of expertise to the table

Engage Your Patient as a Partner

You are Expert on	*Your Patient* is Expert on
Diagnosis	Symptoms
Diseases	Goals and priorities
Treatment and remedies	Feelings and concerns
What ifs	Tradition, culture and values
Medical resources	Personal resources

Engage Your Patient as a Partner

- Encourage your patient to speak up
- Share responsibility for the direction of the discussion
- Find out the patient's views and theories
- Use the language of partnership: "We", "Together", "Us"
- Collaborate on goal-setting and decision-making
- Involve the patient's family throughout the process

Communicate with Empathy

Empathy in medicine is scarce

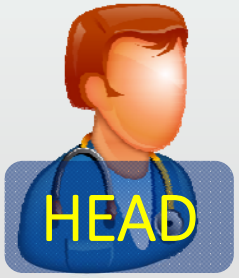
- 4 out of 5 physicians ignore patients' *affect*
- Those who do respond shift quickly to biomedical issues
- Physicians express far less empathy with patients from different cultures

Communicate with Empathy

- *Acknowledge* the patient's *feelings*
- *Pursue*: Follow up on the *feeling*
- *Validate*: Legitimize the *feeling*
- Show empathy *nonverbally*
- Utilize the *Heart-Head-Heart* technique

Communicate with Empathy

- Address the patient's feelings and anxieties



- Address the issue or task at hand
- Convey information

- Close on a personal or feeling note

Effective Explanations

"The biggest problem with communication
Is the illusion that it has been accomplished"

- George Bernard Shaw

Effective Explanations

The Reality

81% — Encounters that contain at least one unclarified jargon term (with a mean of 4 per visit)

< 50% — How much patients retain of what their physicians explain to them

80% — Encounters that result in misunderstandings related to actual or potential adverse outcomes

Effective Explanations

ASK

- *"How much do you want to know?"*
- *"What do you already know?"*
- *"Please tell me your questions and concerns"*

TELL

- State your positive intent
- Make it easy to understand
- Address "what ifs"
- Go beyond facts: Address anxieties
- Watch for signs of confusion or overload

ASK

- Check comprehension with open-ended, questions
- Use the 'Teach-Back' technique
- Listen; address information gaps & misunderstandings; check again

Effective Explanations

Behaviors to Avoid

- Talking too Fast
- Jargon & Acronyms
- Talking Down
- Explaining too Much at a Time
- Interrupting & Discouraging Questions
- Talking Louder in the Face of a Language Barrier

Effective Openings & Closings

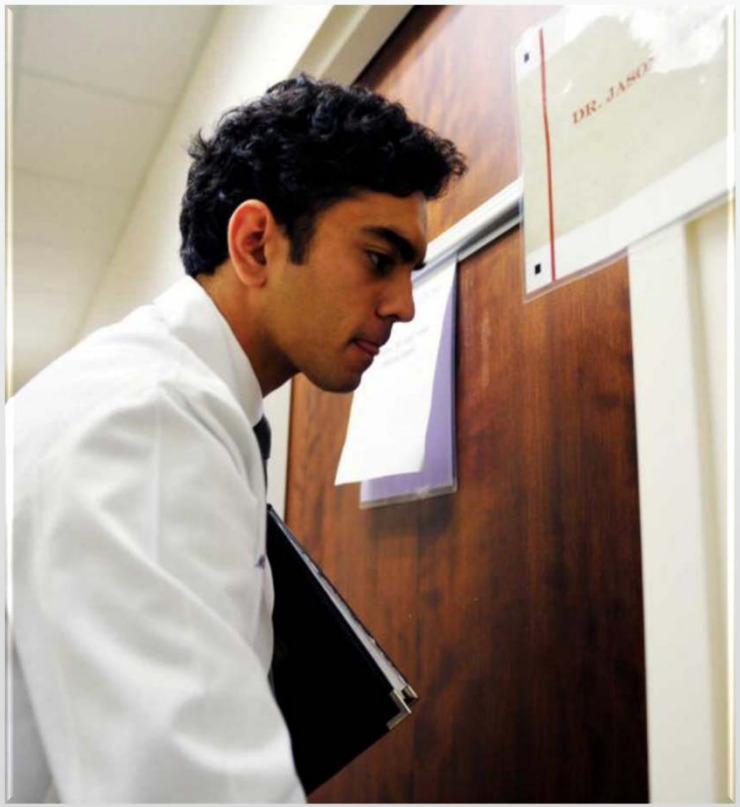
Every day, with every patient

in every single encounter,

you engage in an *opening* and a *closing*

Optimal openings and closings contribute to *positive outcomes* and *high patient ratings* of your communication quality

Effective Openings



In the **first few moments,**
you create a powerful
first impression
that can **color**
the entire encounter

Effective Openings

Before Entering, Prepare

- Prepare to show personal and medical knowledge of the patient
- Breathe, and become fully present
- Knock…Wait…Enter

Enter & Make the Most of the First 10 Seconds

- Make eye contact
- Say "*hello*" to each person
- Greet by name
- Introduce yourself and your role
- Approach the patient
- Ask permission to sit
- Lean in

Effective Openings

Get *the patient's name* right and use it often

Show personal knowledge of the patient

- *"Good morning Mr. Smith. I think I recall that you went to Europe for vacation after I saw you last"*
- *"I hear your grandkids arrived to see you. They doted on you, I hope!"*

Show professional knowledge of the patient

- *"I hear you had pain last night. How's your pain now?"*
- *"Last time you were here, you had a bad cough. How is that now?"*

Effective Openings

Elicit All Patient Concerns & Add Your Own

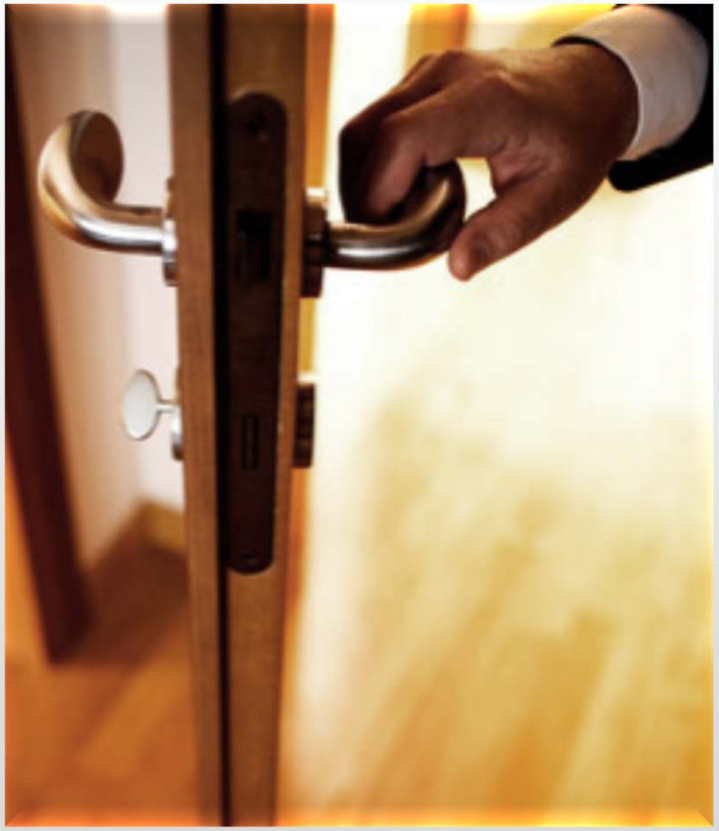
- Listen for a full minute without interrupting!
- Ask, *"What else?"*
- Add your own concerns
- This takes only 1-2 minutes more up front
- You save time overall because you can negotiate an agenda

Together, Negotiate the Agenda

- Discuss priority order – together
- Agree on a manageable agenda
- Use partnership language: "We", "Us", "Together"

Effective Closings

The *last impression* you make leaves a *lasting impression*



Effective Closings

Purposes in Closings

- The patient understands and is committed to the next steps
- Everyone feels closure
- The patient leaves with a positive memory of you and the encounter

Check Patient Understanding & the Next Steps

- Use the Teach-Back technique
  - *"I want to make sure I did a good job of explaining the plan to you. Tell me what you understand the next steps to be"*
  - *"I know your wife will ask you about our visit today. What will you tell her?"*

Effective Closings

Ensure Closure

- Make it clear the visit is nearing an end
- Help the patient with clarity; it will prevent phone calls
- Examples
  - *"Do you have one last question before you go?"*
  - *"I think we've addressed our agenda for today. Are you feeling finished? How did we do in addressing your priority concerns?"*

Make the Last 10 Seconds a Positive Memory

- Thank the patient
- Offer good wishes and a warm goodbye
- Escort the patient to the door (or front desk)
- Stay attentive and connected to the patient until the very last moment

Motivation & Changing Behaviors

Patients are motivated by a variety of factors

- As a patient motivated by **fear** begins to feel better, the impetus for the motivation decreases because the fear is no longer there

- It is essential to ensure the patient has a positive ***future*** **motivation**, as well as **motivation to *move away*** from the problem

Motivation & Changing Behaviors

Access your patient's desire for a positive future

- *"Tell me what it will be like when you are free of this problem?"*
- *"What will you be doing that is different?"*
- *"How will you be feeling that is different from the way you are feeling now?"*
- *"How will other people see you differently?"*

Motivation & Changing Behaviors

Un-helpful Motivational Styles

- Overwhelming motivators
  - Selecting a goal so big they are unable to get started
  - Try to “Chunk Down” their goal into smaller, more easily attainable goals
- Dictator-style motivators
  - Talk to them in a negative way, using language that is authoritarian and demanding
  - People generally don’t respond well to authoritarian approaches

Motivation & Changing Behaviors

Use Language to Create Positive Outcomes

- Tense
  - People with chronic illnesses are often stuck in the past
  - Move them forward: "*What you are doing **now**, by changing your diet, will help you to feel better in the **future**. Let's imagine what you will feel like so that it becomes real for you.*"
- Unconditional Presuppositions
  - Use ***when*** rather than ***if***. "If" implies doubt; "when" presupposes it will happen

Motivation & Changing Behaviors

Use Language to Create Positive Outcomes

- How or What, Rather than Why
  - When your patient says
    - *"I haven't been able to do the diet, it was just too much for me,"*
    - Don't ask "*Why?*" because that invites a bunch of excuses
  - Instead, ask
    - *"**How** did you actually stop yourself from starting the diet?"*
    - *"**What** would make it more likely that tomorrow you can take the first step?"*

Motivation & Changing Behaviors

Use Language to Create Positive Outcomes

- Offer Choices
  - That focus on specific **times & actions**
    - *"Will you start the (nutrition, exercise) program **before** or **after** you go on holiday?"*
    - *"What day will you begin?"*
- Give Feedback
  - The more encouraging the feedback you can give, the better
  - '**Feedback Sandwiches**' can work well
    - Sandwich any feedback that might be perceived as negative between two positive comments

Transtheoretical Model of Behavior

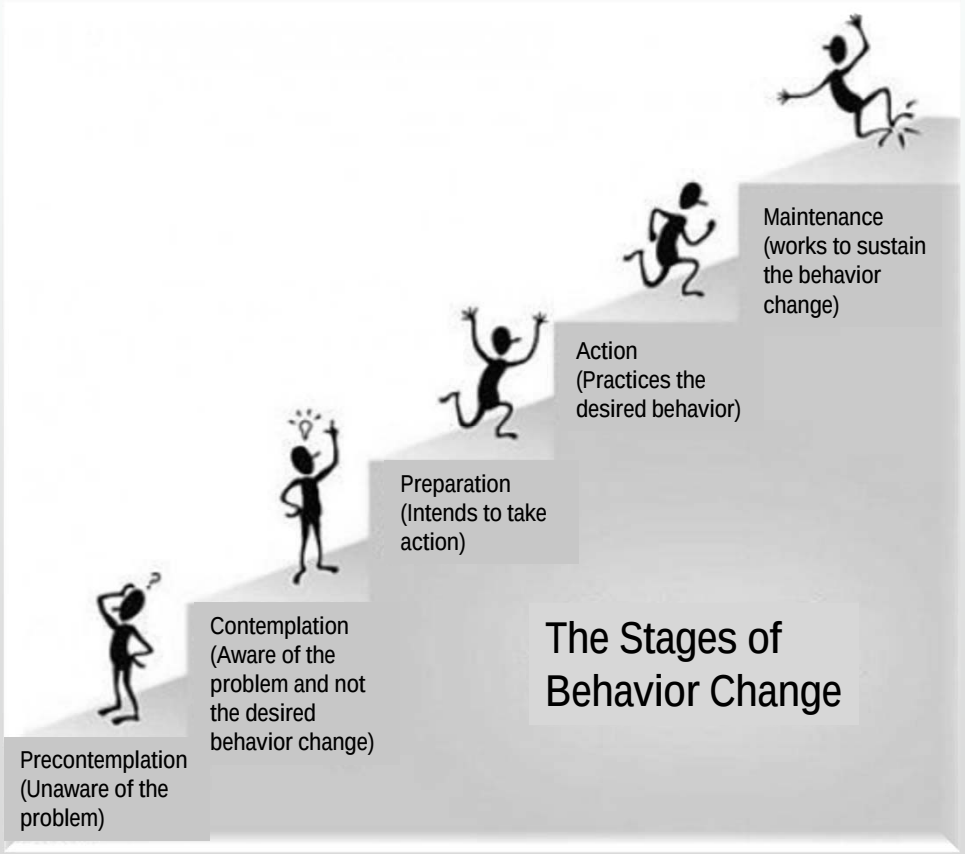
A powerful approach to health behavior change

Integrates 4 constructs central to making change:

Stages of Change	Readiness to practice a healthy behavior
Decisional Balance	Pros and cons associated with a healthy behavior
Self-Efficacy	Confidence to practice and sustain the healthy behaviors
Processes of Change	Cognitive, affective, and behavioral activities that facilitate healthy behavior change

One Size Doesn't Fit All

- Identify stage, and move patient along the continuum
- Not every patient will enter every stage
- Not every stage is the same length



One Size Doesn't Fit All

- The majority of your patients will be in the *Pre-contemplation* or *Contemplation* stage
- Therefore, if you suggest action-oriented interventions, based on the assumption of readiness, you will do a disservice to the majority
- Stage-matched interventions can have a greater impact than action-oriented, one-size-fits-all programs

Motivation & Changing Behaviors

The Decisional Balance

- The *Pros* of Change
- The *Cons* of Change
- **The best predictors of future change**
- The goal is to ***shift the balance***

Motivation & Changing Behaviors

Self-Efficacy

- The degree to which your patient believes he/she has the **capacity** to attain a desired goal, can influence motivation and persistence
- There are 2 components to **self-efficacy**
  - Confidence to make and sustain changes
  - Temptation to relapse

And now,
for something completely different

Just delivering great *Service*
is no longer a winning strategy
in the world of aging Baby Boomers

And if you're still competing
on the basis of *Price*,
then you are offering
little or no true differentiation

Medical knowledge

is a prerequisite, but…

"Patients don't care how much you know

until they know how much you care"

What would your patients *really* value?

Better yet, for what would they pay a premium?

What is an Experience?

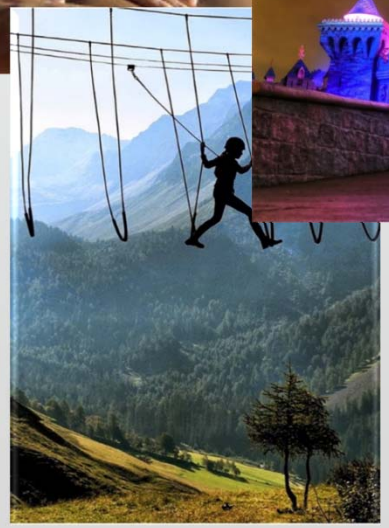
- A form of engagement on an individual, ***personal*** level
  (physical, emotional, intellectual or spiritual)
- Experiences are intrinsically ***sensory***
  (through *all five senses* simultaneously)
- They have an associated ***emotional value***

Progression of Economic Value

The Value of Experiences

- Why does a cup of coffee cost more at a trendy café than it does at the corner diner or when brewed at home?
- It's **the value that the experience holds** for the individual that **determines the worth** of the offering and the work of the business

Experiences Are What Sell



What Experiences Are Your Patients Having?

"Doc, your office is just like Disneyland...

It's a 1-hour wait for a 5-minute ride!"

The Value of Experiences for Your Practice

Clinically

- Inspires & motivates personal change
- Enhances outcomes

For Your Business

- Differentiates you from the competition
- Improves patient satisfaction & loyalty
- Patients are willing to pay a premium
- Its just more fun!

What Do Your Patients *Really* Want?

- Cutting edge technology?
- New drug therapies?
- Insurance to pay?

Not exactly!

They're looking for ***personal transformation***

What Moves Patients to Truly Change?

- Knowledge?
- Being told what to do?
- New Year's resolutions?

Not really!

We change as a result of ***Defining Experiences***

Focus on the Patient Experience

Experience teaches us that experience is the best teacher

The Importance of Design

All work is theatre

(even the practice of medicine!)

Your patients are having an experience with you whether you stage it or not

Create & Guide Your Patients' Experiences

Intentional

Individual

Interactive

Interpreted

Inspirational

Instituted

Make Your Patient's Experience Intentional

Intentional:

What will make me

(more) *different*?

Make Your Patient's Experience Intentional

"Begin with the end in mind"

- Steven Covey

(Engineer everything backwards from the end)

The Importance of a Theme

For patient experiences to be
compelling and engaging enough
to form the foundation
of a meaningful experience,
they must be orchestrated around a

Theme

The Importance of a Theme

Themes

- Communicate what is intended
- Drive all the design elements
- Captivate your patient
- Turn the mundane into the memorable!
- Must be consistent with the character of your business

The Importance of a Theme

Stories/Themes can be built around

- The past
- The future
- The present
- A person
- A place
- A thing
- A genre
- An event
- A feeling
- An idea
- A lesson
- A moral
- Your passion
- Your life experiences

Create a story about your work

An *idealized* vision of your practice

The *spirit* that mobilizes everyone who attends the conferences

Theme Checklist

- **T** Theme the experience
- **H** Harmonize impressions with positive cues
- **E** Eliminate negative cues
- **M** Mix in memorabilia
- **E** Engage all five senses

(Tip: Imagine Disney's theme parks)

Harmonize the Sensory Cues

Make the Patient Experience Individual

Individual:

Treating

different patients

differently

Make the Patient Experience Individual

Personalization strategies to make the patient experience *individualized*

Organizational Memory:

Augment the patient record so every employee can '*remember*' the patient's

- Preferences
- Interests/hobbies
- Aspirations
- Inspirations
- Milestones
- Defining experiences
- career
- SWOT
- Accomplishments

Make the Patient Experience Individual

Personalization strategies to make the patient experience *individualized*

Mass Customization:

Personalize everything

- Information
- Communication
- Products
- Services

Types

- Collaborative
- Adaptive
- Cosmetic
- Transparent

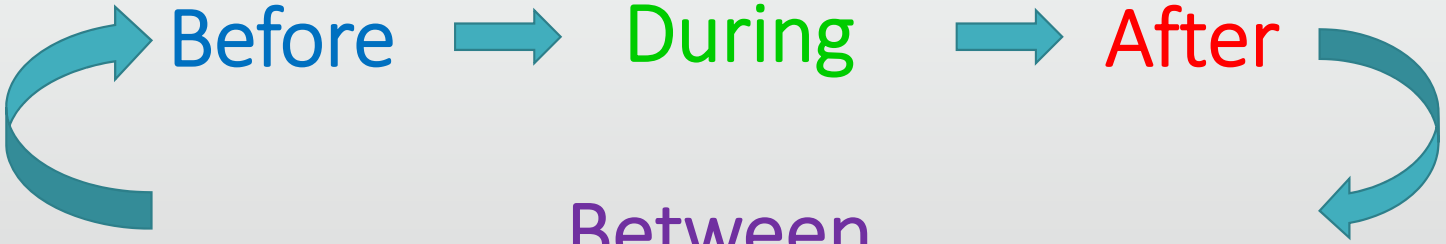
Make the Patient Experience Interactive

Interactive:

The patient ***relationship***
and patient ***loyalty***
continue a steady decline

Make the Patient Experience Interactive

Relationships require
meaningful *personal* interactions:



the patient encounter

Make the Patient Experience Interactive

Use Technology:

To expand the experience beyond the time and space of the traditional patient encounter

- Cards
- Phone calls
- Email
- Call centers
- Websites
- Social media

Partnership Strategy

- Complimentary businesses
- Reinforces your brand message and experience

Patient Co-Design

(imagine if your patient co-designed your business/work!)

- Personalization conference calls
- The processes
- The organization

Interpret the Patient Experience

Interpreted:

All work is theatre

(Yes, even your medical practice!)

Your Work is Already Theatre

Audience
- your patients

Theatre
- your clinic

Sets
- Waiting room
- Front office
- Exam rooms
- Consultation room

Props
- Exam equipment
- Charts

Costumes
- White coat
- Stethoscope
- Nurses uniform

- Actors/Roles
  - Receptionist
  - Nurse
  - Doctor
- Scripts
  - what you teach

What's missing?

Interpret the Patient Experience

Design memorable
patient events or experiences
for which you charge '*admission*'
(i.e., a membership or retainer fee)

Interpret the Patient Experience

Set the Stage

Transform typical clinic *space* into a Distinctive *Place*

(people are more comfortable in a sense of place rather than space)

- Facility
  - Architectural
  - Sets
  - Props
- People
  - Roles, actors, costumes and script that will determine its direction
  - Activities (performances) that can be introduced that would reinforce the kind of experience you design

Interpret the Patient Experience

• Script	the story
• Casting/auditions	employee recruitment
• Rehearsal	staff training
• Performance	work (business & clinical)
• Critique	performance evaluation
• Award	rewards & recognition

Engage Your People in the Story

- First, be clear about what you intend to do
  - What you want
  - How you will proceed
  - What is important and what isn't
  - What you want your services to be and how to get there
- Engage your people
- Tell your story with passion and conviction
- Tell it over and over

Interpret the Patient Experience

Mix in *Memorabilia*

- To extend the relationship
- To socialize the experience
- To mark special occasions for the patient and the staff

Reimagine: your patient handouts, teaching material, products

Make the Patient Experience Inspirational

Inspirational:

Is it really necessary
in a clinical practice?

No. It is indispensable!

Make the Patient Experience Inspirational

Nothing great has ever
been achieved by aspiring
to “good enough”

Make the Patient Experience Inspirational

Communicate

- Your brand experience
- Your Story
- With enthusiasm
- By establishing rich traditions
- With powerful ceremonies

Institute the Patient Experience

Institute:

Strategy is the easy part

Implementation

is the hard part

Institute the Patient Experience

Make a Promise!

That forces you to

- Turn your lofty aspirations into concrete reality

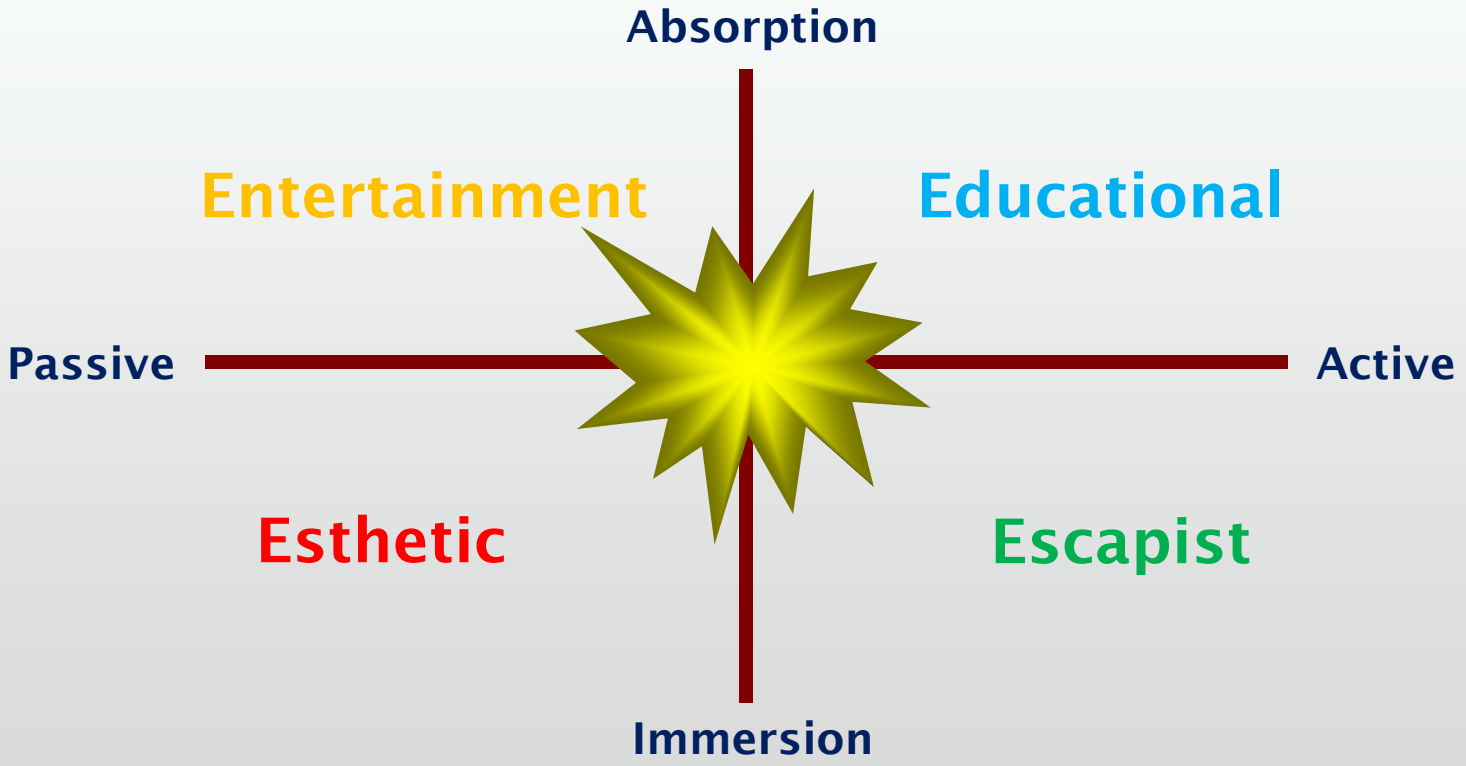
Characteristics of a ‘Catalyzing’ Promise

- Produces a desired result in unpredictable ways
- Distributes power within your organization and to your customers
- Has a strong set of teeth
- Produces an ongoing lasting effect

Institute the Patient Experience

- Manifesto interpretation
- Create lore/history
- Story telling
- Train about the culture, context, & theme
- Invite passion
- Reward innovation
- Celebrate individual victories

Finding the Experiential Sweet Spot



Assess Your Success

Ask your patients about their experiences

Entertainment ➡ What did you enjoy most?

- What could we do to make your next experience more enjoyable?

Education ➡ What did you learn?

- What could we do to help you learn more effectively?

Escapist ➡ What caused you to go from “there” to “here”?

- What would give you a greater sense of ‘escape’ from distractions of the outside world while you are with us?

Esthetic ➡ What made you want to slow down, stop, or just be here?

- What would help you feel calm & less rushed while you are with us?

You can be the best ‘hand behind the pill’

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