



Optimizing Patient Engagement



All Provider Meeting – 10/30/18

Outline

- The Addiction Field's Fundamental Challenge
- Learning from the Business World – “**Customer Satisfaction**” vs. “**Customer Delight**”
- What Does “Patient Delight” Look Like in the SUD Field?
- Patient-Centered vs. Program-Centered
- Call to Action





What tools does your agency use to help people accept treatment?

And, what does your agency do to send business elsewhere and discourage people from getting help from you?



The Addiction Field's Fundamental Challenge

According to the National Survey on Drug Use and Health (NSDUH), **96% of people who need substance use treatment don't think they need it.**

SUDs are unique – with no other health condition do so many people with the condition not seek or want treatment.



Learning from the Business World

“Customer Satisfaction” vs. “Customer Delight”

Customer Satisfaction: Defined as a measure of how much a service or product meets a customer’s expectations.

Customer Delight: A new standard in customer service that strives not just to satisfy customers, but to **surprise them** by exceeding expectations in **unexpected ways**.

- Consumer has a (+) emotional reaction → leads to (+) word of mouth → Consumers begin to distinguish “your” services/product from the competition → More people chose “you” → which increases sales volume (e.g., billable units) and profitability (e.g., ability to reinvest in program and expand)



Achieving **Customer Delight**

- **Customer-centric company culture**
 - **Leadership** focused on providing “top-tier” service, not just avoiding bad service.
 - **Policies and procedures** that put the customer first and facilitate delighting customers.
 - Knowledgeable and helpful **customer service staff** that strive to go above and beyond for the people they are serving.
- **Aim to surprise customers, in a good way** – do the unexpected to turn the mundane into unique experiences.





Examples of Customer Delight

- **Auto repair service that washes your car when they're done fixing it**
 - Customers expect their car to be fixed. They don't expect their car to be cleaned.
- **Customer calls to complain about a defective product**
 - You satisfy the customer when you immediately offer to have the customer return the defective product and replace it at no charge and with no return shipping costs.
 - You then delight the customer when you add a \$25 gift certificate toward the purchase of another product.
- **Restaurants that give you free dessert.**





WHERE DOES YOUR ORGANIZATION FIT?

*The concept of delighting customers differs from the commonly held belief that it's more cost-effective to **avoid bad service** rather than **provide top-tier service**.*

1

Serve Patients

Program Needs Determine Care

2

3

Satisfy Patients

Patient Needs Determine Care

4

5

Delight Patients

*Patient Needs Initiate Care
Program Finds Ways to Enhance
Going the "extra mile"*

HAVE YOU EVER BEEN "DELIGHTED" BY A COMPANY?

*Maya Angelou: "People will forget what you said, people will forget what you did, but they will never forget how you made them **feel**."*



What Does “Patient Delight” Look Like in the SUD Field?

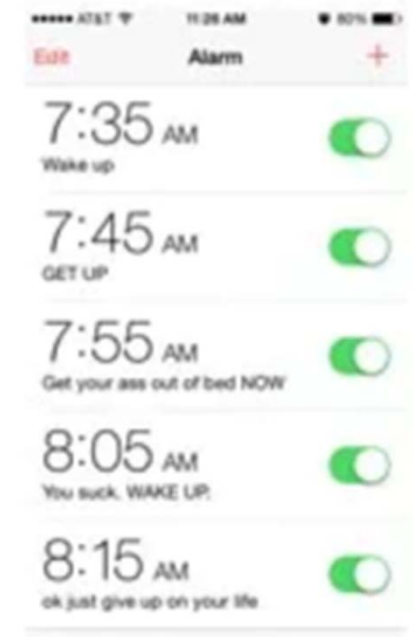




Mail



Mail





Building a Comprehensive Spectrum of SUD Care to Meet the Varied Needs of Patients

A full spectrum of services to meet the dynamic and varied needs of patients from precontemplation to maintenance phases of recovery

Levels of Care

Inpt WM 3.7-WM, 4-WM	Res-WM 3.2-WM	Res 3.1, 3.3, 3.5	OP-WM 1-WM	IOP 2.1	OTP	OP 1.0	Recovery Support Services
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Types of Services

Case Management	Medications for Addiction Treatment	Recovery Bridge Housing	Field-Based Services	Family Therapy	Individual Therapy	Group Therapy
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Therapeutic Approach





Quality SUD Care – More Grey than B&W

- Not “either/or” → It does NOT have to be either “Tough Love” or “Patient Delight”
 - Effective engagement requires firm boundaries for some patients.
 - Others need to be **delighted** to engage them in care.
 - Sometimes, patients who typically require firm boundaries need to be **delighted**.
- **Flexible approaches to care give us more “tools in our toolbox” and allow SUD providers to more effectively treat a wider spectrum of patients.**

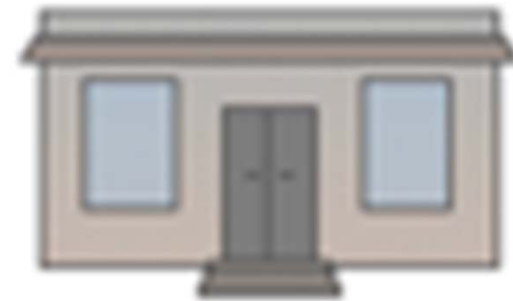
Patient-Centered Policies as First Step to “Patient Delight”

- What it means to be patient-centered – key question:
 - At its core, who does the policy benefit?
 - Is it the program or the patient?



Patients

VS.



Programs



Where does the following policy fit on the spectrum?

We **“Serve Patients”**

Policy is focused on upholding program design, understanding of regulations and agency preferences

We **“Satisfy Patients”**

Policy focuses on meeting basic expectations

We **“Delight Patients”**

Policy is focused on finding ways to exceed expectations

1

2

3

4

5

Serve Patients

Program Needs Determine Care

Satisfy Patients

Patient Needs Determine Care

Delight Patients

*Patient Needs Initiate Care
Program Finds Ways to Enhance
Going the “extra mile”*



**Question for the Audience:
Patient-Centered (Satisfy or Delight) **or** Program-Centered (Serve) Policy?**

***Only Los Angeles County
Medi-Cal beneficiaries can
be served, come back
when you have proof.***





How Do You Make the Policy More Patient-Centered?

What it looks like to “satisfy” patients

- Help patients transfer their Medi-Cal enrollment to LA County while you admit them into treatment and deliver services for the 60-days SAPC has agreed to reimburse for services (until the patient’s Medi-Cal is transferred to LA County).

Audience Participation

- What does it look like to “**delight**” patients?



Question for the Audience:

Patient-Centered (Satisfy or Delight) or Program-Centered (Serve) Policy?

We only accept people with depression and anxiety – mild mental health issues. We do not accept people with schizophrenia or bipolar disorder... And, we need a letter from the psychiatrist confirming stability before enrollment.





How Do You Make the Policy More Patient-Centered?

What it looks like to “satisfy” patients

- Accept patients for whom you can reasonably care for based on their functional status, rather than their psychiatric diagnosis, given that misdiagnoses happen and just because someone has a diagnosis of “schizophrenia” or “bipolar disorder” does not mean that they are unstable and cannot be cared for in SUD treatment facility/clinic.
- Do not require a psychiatrist to write a letter to “vouch” for the stability of patient with co-occurring MH condition.
 - *Would this be required of a patient with co-occurring high blood pressure?*

Audience Participation

- What does it look like to “**delight**” patients?



**Question for the Audience:
Patient-Centered (Satisfy or Delight) **or** Program-Centered (Serve) Policy?**

Now that you have settled into the program, let's talk about where you will live once you complete treatment.





How Do You Make the Policy More Patient-Centered?

What it looks like to “satisfy” patients

- Knowing that housing can take months to secure, strive to do what is best for the patient and conduct a housing assessment as soon as possible during someone’s treatment episode.
- Avoid delays to the housing assessment as much as possible. Even if patients may want to delay the housing assessment, do your best to explain why it’s important to ask these housing-related questions in their best interest. If they still decline, be thoughtfully and respectfully persistent.

Audience Participation

- What does it look like to “**delight**” patients?



**Question for the Audience:
Patient-Centered (Satisfy or Delight) **or** Program-Centered (Serve) Policy?**

We do not have any Spanish-speaking staff and our paperwork is all in English, so admitted patients must understand English.





How Do You Make the Policy More Patient-Centered?

What it looks like to “satisfy” patients

- Offer all documentation in Spanish and other threshold languages in LA County, as required by the County.
- For non-English speaking patients, offer interpretation services to ensure they can receive the services they need in a culturally competent manner.

Audience Participation

- What does it look like to “**delight**” patients?



**Question for the Audience:
Patient-Centered (Satisfy or Delight) **or** Program-Centered (Serve) Policy?**

We do not accept people on medications such as Adderall, Methadone, Buprenorphine, etc... We will only enroll you if your physician changes your prescription.





How Do You Make the Policy More Patient-Centered?

What it looks like to “satisfy” patients

- Do not require patients to change their medications as a condition of treatment.
 - *Would we require the same for medications used to treat a chronic medical condition?*

Audience Participation

- What does it look like to “**delight**” patients?



**Question for the Audience:
Patient-Centered (Satisfy or Delight) **or** Program-Centered (Serve) Policy?**

We require clients to get a prepaid or debit card with \$__ loaded on it in case patient needs services that Medi-Cal won't pay for. If not needed, the prepaid or debit card will be returned to the client.





How Do You Make the Policy More Patient-Centered?

What it looks like to “satisfy” patients

- Deliver services that are included in the County’s SUD benefit package, without charging fees that are prohibited by the County.

Audience Participation

- What does it look like to “**delight**” patients?

Group Discussion

- **Translating “Customer Delight” to “Patient Delight”**
 - In health care, how can we learn from the business world and entice more engagement by striving for “patient delight”?
- **Considerations in SUD treatment**
 - “Tough Love” vs “Patient Delight”?





As You Create “Delight” Opportunities in Your Program, Keep this in Mind:

Patients should not be turned away based on their diagnosis, specific medications they are taking, or for speaking non-English languages. Denials of care should be discussed with supervisors and handled on a case-by-case basis.



Key Takeaways

- Given the fundamental challenge that **96% of people who need substance use treatment don't think they need it**, we need to be opening our doors wider, as opposed to closing the door more than it's already closed.
 - Need to have policies that expand our inclusion criteria (e.g., focusing on who can be served) and prioritize access to services, as opposed to policies that expand our exclusion criteria (e.g., focusing on who cannot be served).





Key Takeaways (cont'd)

- **Business case for striving for “patient delight”**
 - In addition to wanting to help as many people as we can, turning away patients means turning away revenue/business!
 - **Delighting patients will result in positive word-of-mouth and online reviews, which are often how patients select their SUD treatment provider.**
 - Delighting patients will also help prevent reviews such as this (actual review of an anonymous LA County SUD treatment provider):
 - *“The people who do the testing are rude and do things how they want to and not necessarily how it is supposed to be done. It takes me more than 30 mins to drug test every single time because staff will choose not to sign people in or decide to take their time and test people when they want to regardless of how long they have been waiting. It feels like punishment and that they don't care about anyone else's time but their own. THIS PLACE SUCKS!”*



Call to Action

- **It starts at the top – LEADERS & MANAGERS**
 - If leadership believe in the concept of striving for “patient delight,” how can you influence your agency’s culture to align with that goal?
- **Assess policies and procedures** at your agency to ensure they are patient-centered and geared toward achieving “patient delight.”
- **Communicate these goals to frontline staff**, particularly the staff who are your “front door” to the general public (those answering your phones and interacting with patients).



Q&A / Discussion



“The opposite of addiction is not sobriety; the opposite of addiction is social connection.”

- Johann Hari