Introduction to VTM Surgical Patient Education, Evaluation & Consulting Service

A Research-Based Approach to Patient Engagement

Purpose. The purpose of this document is to provide a comprehensive overview of the VTM Patient Education, Evaluation and Counseling Service, including an overview of VTM’s Client Engagement process.

Also, a research-based discussion on The Challenges and Benefits of Surgical Patient Engagement and Compliance is included with appropriate references.

Description. VTM provides live, one-on-one patient counseling, evaluation and education services across the continuum of care including practice-based surgical informed consent, hospital-based pre-admission counseling, and other critical points where documented and consistent patient understanding is essential.

Our combination of live video conferencing, multimedia presentations, and patient-accessible video recording/playback feature set a new and unique standard for highly effective patient engagement. Our 18-year team history in classroom educational technologies through www.ena.com has enabled us to incorporate learning and delivery systems that are effective, robust and scalable to the largest clients.

VTM Services. The service consists of a live nurse in a video call center hosting a scripted, multimedia presentation and discussion for surgical candidates about their upcoming surgical procedure. Critical patient questions are passed to the surgical clinician. A recording of the session is made available to the patient for viewing at home by caregivers, and is also archived as part of the patient’s health record.

The nurse provides context to the patient’s individual circumstances and also responds to any questions the patient may have concerning the procedure. The interactive discussion with a live nurse allows the patient to gain additional understanding and trust in the surgeon’s recommended intervention, resulting in deeper personal engagement, and compliance with their physician’s instructions. Patients also receive tools for caregiver and family support engagement.

“There is no technological substitute for personal, empathetic, human interaction.”
This informed consent process is understandable, consistent, and thoroughly documented. *The VTM informed consent framework is based on the best practices of the American College of Surgeons, CMS, device manufacturers, malpractice legal advisors, and the expert review of physicians in each specialty.*

The patient’s session may cover a range of topics; from the basics required by a practice for documenting Informed Consent; to a detailed discussion of the patient’s visit/stay in the hospital or surgical center. **The client selects what topics they want for a particular type of session.** Interactions are completely customizable for various purposes and sessions can range from 25-60 minutes or longer, depending on how many topics are included. Sessions have a fixed fee. Patients typically ask extensive questions and explain their personal situation. Our standard is “**As short as possible, as long as necessary**” to ensure patient comprehension, engagement, confidence and commitment to the surgeon’s recommended procedure.

Patients who do not feel comfortable with the surgical recommendation are referred back to the surgeon for resolution. This is very rare. Educated patients are empowered patients.

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<tr>
<th>Basic 30 Minute Informed Consent Session Consists of:</th>
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<tr>
<td><strong>Diagnosis and Graphical Procedure Description with Narration</strong></td>
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<td><strong>General Surgical Risks</strong></td>
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<td><strong>Procedure-Specific Surgical Risks</strong></td>
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<td><strong>General Alternatives to Surgery</strong></td>
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<td><strong>General Discharge / Post-Op Instructions</strong></td>
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<tr>
<td><strong>Procedure-Specific Discharge / Post-Op Instructions</strong></td>
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<td><strong>Printed Written Summary of Session Topics</strong></td>
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<tr>
<td><strong>Online Access via Web Portal to Recorded Session</strong></td>
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<td><strong>Help Desk for Patient Access to Web Portal</strong></td>
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<tr>
<td><strong>Client-specific Branding of All Presentations, Printed Materials, and Web Portal.</strong></td>
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VTM’s turnkey service typically includes:

1. **A video conference access point (VCAP)** (one model is pictured on page 1). The VCAP is deployed at a client-designated point of care and connected to VTM via a secure internet connection. This device is very simple to use – there are no controls other than a volume knob – **no patient or staff skill is required.**

   **The VCAP consists of two screens:** one for viewing the live nurse; one touchscreen for presenting short narrated segments in a multimedia format. The layout of the VCAP is scientifically designed to increase learning and retention. The high quality audio capability allows full hearing and interaction between nurse and patient. This is critical with an aging patient population.

   A VTM-supplied printer is also included for printing out a summary of the topics presented, a login sheet with instructions for accessing the recording of the session on line, and any unanswered patient questions or issues for the clinical staff.

2. **A VTM-trained Nurse located at a VTM Video Call Center** (pictured right). VTM nurses are trained in presentation and empathetic engagement as well as a solid understanding of the particular procedures they are presenting. For larger clients, VTM can build out a video call center and train client staff as presenters.

3. **Physician-approved multimedia content and printed materials of the required educational sessions.** VTM has an extensive team dedicated to high quality content development. The session flow is engaging and interesting, with a scripted flow of multimedia presentation and live, interactive discussion.

4. **Foreign language and culturally-competent support.** VTM has developed a library of Spanish procedure materials, developed and presented by first language speakers who understand the cultural dynamics of Latino patients. Based on the response by Latino patients, this service will set your practice or hospital apart with increased market share in the growing Latino community.
Depending on client interest, additional portions of the VTM library can be transitioned to Spanish, or other culture-specific programs could be considered for development.

5. **A recording of each session is available to patients and their caregivers on the web.** By allowing the patient to review their educational session at home via the web, patients are much less likely to call the office to ask basic questions or instructions. **More importantly, this feature provides family and caregivers direct access to the same important information given to the patient, increasing support and reducing family confusion and their need to call the office for basic information.** The session videos are also archived for quality control, provider liability purposes, and payer record requirements.

6. **Integration of VTM into the client’s everyday workflow and scheduling methodologies.** VTM adapts to your practice workflow processes. This integration typically saves valuable physician and staff time, increasing utilization and billable units, as well as marked improvement in patient compliance, satisfaction and legal informed consent documentation.

VTM Key Benefits to Practices & Hospitals.

1. Optimizes scarce clinical staff time by outsourcing routine/repetitious but necessary education, counseling, and evaluation tasks. Clinicians know exactly what information their patients are receiving regarding the surgery. **Patients are evaluated by VTM to derive the few remaining critical issues or questions a patient may have concerning their procedure.** Major objections are also uncovered if present.

2. Reduces callbacks for basic information or clarifications from patients and concerned caregivers. This can save enormous amounts of clinical and administrative staff time.

3. Patients and caregivers are better prepared on the day of surgery, resulting in **fewer cancelled surgeries.** Also, **patients with properly set expectations are better-prepared mentally and emotionally for surgery and recovery.**

4. Patients are empathetically engaged by the VTM nurse and **do not feel rushed,** or detect the time pressures typically encountered in clinical appointments. VTM patient sessions are “as short as possible, as long as necessary” to gain understanding and trust in their surgical treatment plan.

5. **The VTM nurse builds a safe, trust relationship with the patient and polls them for their current understanding, unspoken fears, preconceptions, and other open questions or concerns.** The patient is also asked directly if they are comfortable with the surgical recommendation and the associated risks.
6. **The patients and their caregivers have access to a video of the entire conversation** and graphical presentation via a secure web site for a pre-determined period (usually 6-8 weeks). This can be accessed via a home computer, mobile smart phone browser, or tablet/iPad.

7. Physicians and administrators have access to an archived recording of the video session for quality control and legal purposes. Portions of the session have been designed, reviewed and approved by malpractice experts to provide a greater level of informed consent documentation.

8. **The content and processes are consistent, repeatable, and thoroughly documented for every surgical patient, every time.** You cannot measure what you cannot consistently repeat.

9. Session content is actively maintained and continuously improved. Content can be modified as new requirements emerge, and client-custom branding of the sessions is standard.

10. VTM education can be adapted to any clinic, intake, discharge, or PAT workflow routine. It typically lowers the load on busy clinical staff.

11. **A practice or hospital can implement an across-the-board improvement in patient communication, engagement, and informed consent without adding staff overhead.**
The Financial Benefit of Patient Engagement Strategies

A large volume of research has proven that better patient engagement and properly set expectations drive better compliance and better surgical outcomes, lowering legal liability risk, and providing real value to patients and providers alike.

In an ideal world, the value of patient compliance and outcomes alone would be sufficient impetus for physicians and hospitals to justify patient engagement investment.

In the real world however, any new service must demonstrate a clear and immediate method to cover the out-of-pocket cost of the service, as well as a financial return on investment (ROI). We believe VTM’s service model meets both these challenges.

Out-of-Pocket Service Cost. When properly integrated into a clinician’s pre-surgical evaluation and appointment workflow, VTM’s service cost becomes part of a billable engagement. Clinician’s can have higher quality encounters when surgical candidates have been educated and evaluated for surgical pathway understanding and acceptance.

The Financial Case for Patient Engagement. Value-based payer contracts are not a passing fancy.

The Wall Street Journal reported in February of 2013 that “The nation’s largest insurer, UnitedHealth, already began adjusting its provider payment system on a limited scale, affecting less than 2 percent, but it intends to cover 50 percent to 70 percent of its commercially insured members by 2015”.

"This is not just an exercise or a pilot," UnitedHealth’s Chief Clinical Officer Sam Ho told the WSJ. "It represents a significant change in the architecture of our compensation models for doctors and hospitals."

The trend of payers to tie greater portions of compensation towards value-based metrics such as patient satisfaction and patient engagement requires a re-think of strategic investment at practices and hospitals.

The following topics are some of the indirect factors that the modern practice or hospital must consider in the emerging, value-based world of U.S. healthcare.

Patient Satisfaction Incentives. 66% of practices responding to the Hay 2012 Physicians Practice Survey reported using physician pay incentive metrics linked to patient “values and outcomes”. In the Hay 2012 Physician’s Compensation Survey, physicians report that at least 20 percent of their income is not guaranteed but dependent on softer metrics, such as patient satisfaction. CMS is already imposing significant value-based metric pressure on hospitals in the form of the HCAHPS scoring and associated penalties. This number will grow very rapidly as commercial carriers begin to implement value-based compensation contracts on physicians as well.
The Impossible Job Description. Meeting value-based metrics in the complicated world of U.S. payer contracts has placed an unprecedented burden on physicians and hospital staff. They are now expected not only to be consummate in their medical art, but also experts in patient psychology, empathetic communicators, family counselors, and detectors of a patient’s learning modality – all in a 3-8 minute visit or round. It’s a rare physician or nurse who can meet all these standards. There are many excellent surgeons who will find these metrics increasingly difficult to reach. Buffering patients from unrealistic expectations and surprises during their surgical encounter can go far in gaining patient satisfaction and trust.

Investment in Clinicians. VTM can help practices and Hospitals raise the standard of care levels for informed consent, pre-surgical counseling, and patient engagement without additional burden to the surgeons or the hospital staff. VTM does not replace the need for clinical staff to improve patient communication, but can dramatically improve the quality and consistency of critical patient interchanges such as Informed Consent or PAT. This type of investment will begin to pay excellent returns as the value-based contracts become the prevailing model.

Patient Choice. In 2010, 50% of patients used the web for medical information and 37% of consumers consulted physician rating sites. This number continues to grow. Online, social-network-styled private sites such as Angie’s List, Healthgrades, and at least 10 others make these ratings readily available to the public. Negative experiences or unexpected positive experiences are most often reported on ratings sites – the silent, satisfied majority rarely reports. VTM’s interactive, empathetic engagement can allow a patient to vent and resolve a concern privately before it shows up online publicly. VTM’s nurses can also assist a practice or hospital in identifying highly unresolved patients with heretofore hidden issues who require deeper intervention by the practice or hospital.

Malpractice. The exposure of malpractice is a significant risk to practices and hospitals alike. Moreover, malpractice filing is a growing trend in the U.S. as plaintiff attorneys understand that many defendants will settle out-of-court to avoid the $200,000+ administrative fees and attorney preparation costs incurred when taking a case to court. Malpractice liability exposure requires that larger practices and hospitals implement standardized measures to ensure that a thorough, informed consent discussion involving all the key parameters is delivered to every patient, every time.

VTM’s informed consent process is based on recommendations from the American College of Surgeons best practices, CMS guidelines, expert clinicians, and key input from malpractice attorneys and insurance carriers.

Current statistics show that a typical physician spends 11% of an assumed 40-year career (52 months) in unresolved, open malpractice claims with the ensuing stress. Malpractice suits are a stressor to a physician’s mental and physical health, as well as financial stability.

Patients who had information delivered in an understandable way and had their underlying concerns addressed, were less likely to sue.

Typically, the only documentation a physician has of a patient’s informed consent conversation are a few written comments in the patient’s EHR record. A video recording of the patient engaged in a detailed discussion about their surgery may virtually eliminate the threat of frivolous claims based on heresay alone.
VTM Supplemental Research

The Challenges and Benefits of Surgical Patient Engagement and Compliance

A Research-Based Product Rationale

The importance of patient engagement, and its effect on adherence and compliance with care directives, is a well-researched area with proven benefits to patients and physicians alike. However, historically there have been challenges with consistently achieving patient engagement and compliance.

The research has firmly established the correlation between physician-patient communication and trust, and the patient’s degree of engagement, compliance, and satisfaction. All of these factors have a direct effect on the patient’s medical outcome. Trials of actual surgery candidates have confirmed the VTM service significantly enhances engagement, compliance, and patient satisfaction.

On the following pages we present a review of key research findings from a core NIH document on this subject. “The Challenge of Patient Adherence” is a widely cited consolidation of over 100+ studies done in the area of patient communication and its effect on patient adherence, compliance, and satisfaction.

We present findings from this research and how VTM addresses these key areas:

- Basic Communication
- The Power of Empathy
- The Power of Trust
- Overcoming Fear and Preconceptions

“VTM’s approach creates a door for internal commitment towards the surgeon’s recommended path, not just resignation to the surgeon’s decision.”

# BASIC COMMUNICATION

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<th>Research-based Finding</th>
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<td>“One study found that patients forgot 56% of their instructions shortly after leaving the clinic. High anxiety also contributes to patients' lower levels of recall.”</td>
<td>Upon leaving, the patient has access to the entire counseling session online, as well as written summary sheets. The material is delivered by a VTM Nurse trained in how to effectively engage a patient in an empathetic, honest discussion. Key points are reinforced through repetition and emphasis.</td>
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<td>“The verbal communication between physicians and patients is often filled with technical terms and “medical jargon” that impedes patients' comprehension and retention of information.”</td>
<td>The VTM scripted content is designed for understanding at the 8-10&lt;sup&gt;th&lt;/sup&gt; grade level and medical terms are included but explained in layman terms.</td>
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<td>“Time pressure in a typical practice is enormous. In the interest of time efficiency, details of the prescribed treatment may not be thoroughly explained and/or rehearsed with patients, but such clarification is necessary for patients to fully engage in a plan of care.”</td>
<td>VTM sessions are “as short as possible, as long as necessary” to ensure comprehension. The entire session is video-recorded for patient and caregiver access at home.</td>
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<td>“Length of visit and eye contact between clinician and patient were positively related to the patient’s assessment of the clinician’s empathy. Eye contact was significantly related to patient perceptions of clinician attributes, such as connectedness and liking.”</td>
<td>VTM’s video call center system maximizes eye contact between the patient and the VTM nurse. VTM scripts are written to elicit patient feelings of being heard and cared for.</td>
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## THE POWER OF EMPATHY

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<td>“Empathic communication involving a thorough understanding of the patient's perspective, improves patient satisfaction, recall and adherence. These findings illustrate the importance of the “psychosocial elements” in the medical encounter and their contribution to improving patient adherence to treatment.”</td>
<td>VTM medical presenters are screened for natural empathy at hiring. We have found hospice nurses and floor nurses often make excellent VTM medical presenters. Empathy is the key to opening the door of patient trust, creating an environment in which the patient is apt more likely to express true concerns and feelings. Empathy requires time and complete focus on the patient – something that is typically impossible to achieve in a time-pressured clinical office encounter.</td>
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<td>“Empathetic, interactive communication relies on being attuned to the patient’s learning modality and ability to comprehend, picking up on subtle hints (verbal and nonverbal) that the patient may express and adjusting the presentation accordingly to fit the individual.”</td>
<td>VTM medical presenters are trained to detect the patient’s learning modality and degree of comprehension and adjust the presentation as required to achieve comprehension.</td>
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# THE POWER OF TRUST

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<td>“Patients' trust in their physician has been found to far exceed many other variables when it comes to promoting patients' satisfaction with their care.”</td>
<td>Because the VTM product is branded for the physician, and the VTM presenter repeatedly mentions the physician by name, the patient credits the VTM trust experience directly to the physician and often to the surgical facility as well.</td>
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<td>“Adherence rates have been found to be nearly 3 times higher in primary care relationships characterized by very high levels of trust.”</td>
<td>VTM encounters leave patients feeling they have the full story. This is the basis of any trust relationship. Properly set expectations can improve patient satisfaction, even in the face of complications.</td>
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<td>“A patients' trust in their physician is directly correlated to the degree of emotional disclosure they are willing to exhibit.”</td>
<td>VTM patient encounters reach degrees of emotional disclosure by the patient that are typically not seen in clinical patient-physician communications. In VTM sessions, patients often disclose pre/misconceptions and core doubts about the procedure that they have not previously disclosed to physicians or staff.</td>
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# OVERCOMING FEAR AND PRECONCEPTIONS

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| “Most patients, including cancer patients, have been found to desire all possible information regarding their condition and treatment, even if that information is initially emotionally disturbing to them. Fear of the unknown may be the greatest of all fears.” | VTM presentations are structured in logical sections that cover in detail the procedure, the alternatives (including no treatment at all), and the risks involved - including the remote possibly of death. The patient is asked at decision points:  
  a. Do they understand the alternatives?  
  b. Are they comfortable with the physician’s recommendation for the recommended surgery?  
  c. Do they clearly understand the risks involved?  
  Assent to these basic points are essential to allaying all unknowns and a forming true and defensible informed consent.                                                                                                                                 |
| “Various cognitive and behavioral models demonstrate that if patient or their family’s preconceptions are incongruent with a physician’s plan of care, patients may have difficulty even forming an internal willingness or intention to adhere. This requires a realistic assessment of a patients' knowledge and understanding of the regimen, and their belief in it.” | To ensure comprehension and buy-in, patients are encouraged to bring their family/caregivers to the VTM session. The VTM Nurse carefully reviews each section and addresses the patient/family members in a discussion around that section’s content. This level of disclosure is essential to garnering the full trust and engagement of the patient and their family. VTM strives for internal commitment to the treatment path, not just resignation to the physician’s decision. |

The research is clear on the challenges and benefits of physician-patient engagement to the modern practice. VTM’s approach answers the challenges set forth by the
research and provides patients with a new sense of physician personal connection and trust while, at the same time, optimizing the practice staff’s utilization.

While web-based, and other technology tools can also benefit patients, there is no substitute for personal, one-to-one empathetic human interaction. VTM’s approach gets extremely high marks from all ages and types of patients – people like it.

Research References

   http://www.jmir.org/2011/4/e95/#ref14

2. “Cognitively, consumers who are highly satisfied or highly dissatisfied are argued to derive homeostase utility from communicating their experiences: “expressing positive emotions and venting negative feelings” (Henning 2004).”
   Gao, Gordon et al, University of Maryland, 2013, Vocal Minority and Silent Majority: How do Online Ratings Reflect Population Perceptions of Quality?
   http://warrington.ufl.edu/departments/isom/docs/seminar/paper_2013Agarwal_OnlineRatings.pdf

3. “The elements of a claim of lack of informed consent are (1) the physician did not present the risks and benefits of the proposed treatment and of alternative treatments; (2) with full information, the patient would have declined the treatment; and (3) the treatment, even though appropriate and carried out skillfully, was a substantial factor causing the patient’s injuries.”
   Raab, Edward L. MD JD, 2004, Mount Sinai Hospital, The Parameters of Informed Consent

   http://content.healthaffairs.org/content/32/1/111.abstract

5. “In our sample, the decision to litigate was often associated with a perceived lack of caring and/or collaboration in the delivery of health care. The issues identified included perceived unavailability, discounting patient and/or family concerns, poor delivery of information, and lack of understanding the patient and/or family perspective.”
   Beckman, Howard B. et al 1994 Malpractice and the Doctor-Patient Relationship