



The Changing Climate of Healthcare: Fielding Customer & Colleague Abrasion With Greater Ease

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Learning Objectives

1

Identify awareness of personal biases and internal responses when feeling challenged

2

Recognize the factors impinging upon others' experiences of peer to peer reviews

3

Articulate a range of responses to help diffuse conflict

4

Describe self care strategies that can be implemented following difficult interactions

Important Dimensions of Patient Centered Care

- Recognize and respect patients' preferences, needs and values.
- Educate, inform and resource patients about health matters
- Afford access to care
- **Provide emotional support to relieve fear and anxiety**

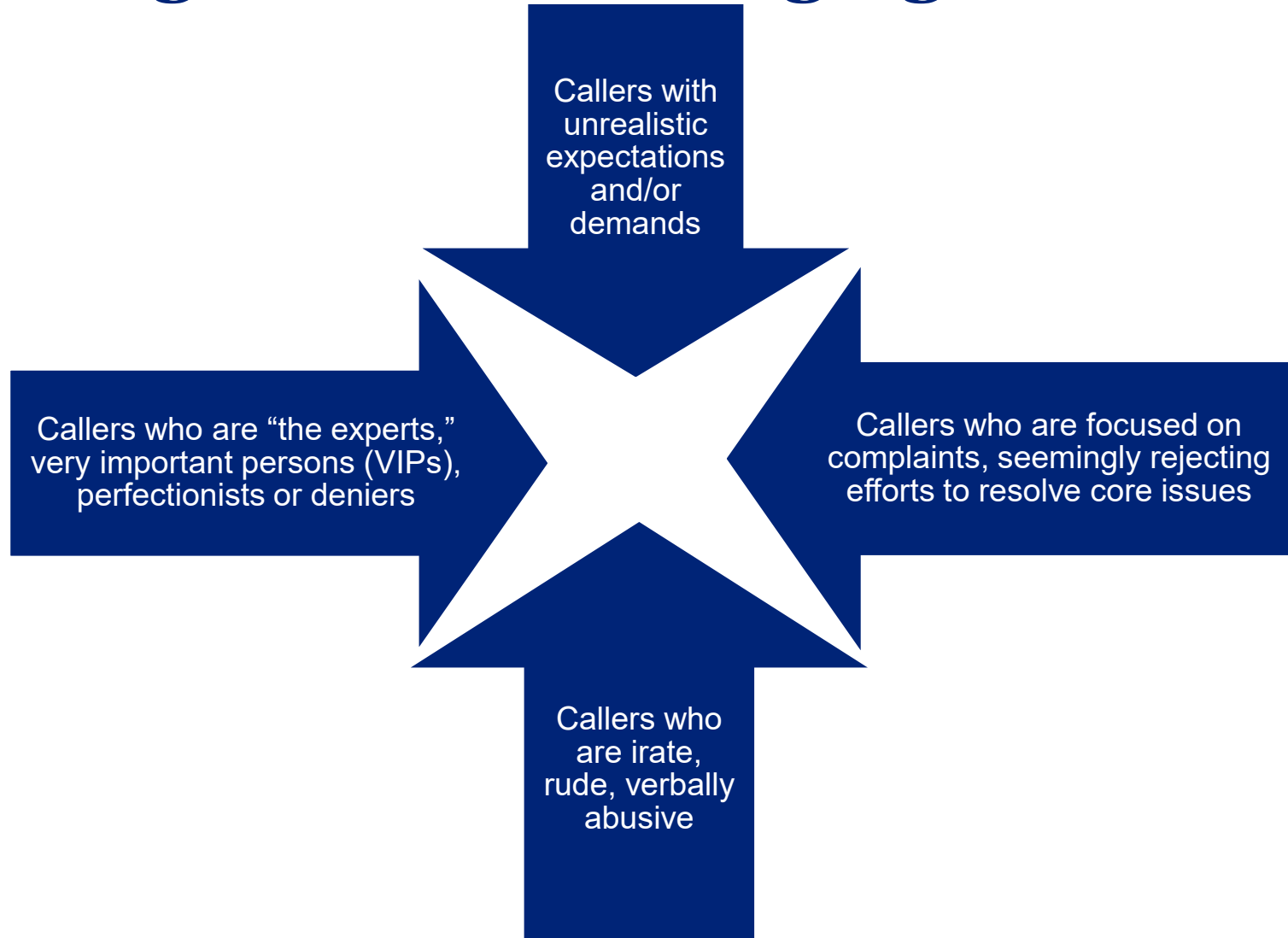
Research by the Picker Institute



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Categories of Challenging Calls



A young man with dark hair, wearing a green corduroy shirt, is shown in a close-up shot. He has a thoughtful expression, with his right hand resting against his forehead. The background is a plain, light-colored wall.

Personal Reflection:
**What are my triggers and buttons
regarding challenging calls or
customers?**

Internal Responses to Challenging Calls

Thoughts



- “I don’t have time for this today!”
- They don’t pay me enough to take this type of abuse!
- If you would just listen (follow instructions) we could get things wrapped up.
- Well, you just think you know it all, don’t you?
- You have no clue what you’re talking about.
- Get off my phone!
- Are you serious right now?!

Feelings



- Unappreciated
- Angry
- Violated
- Overwhelmed
- Fatigued (emotionally)/drained
- Belittled
- Insulted
- Abused
- Triggered
- Frustrated





Based on the internal responses we've just discussed, please type in the chat box, what behaviors typically follow ? What do you do?

Recognizing the Competing Demands

1. Use your own response to guide understanding of the situation
2. Focus on grasping caller's experience and underlying needs

-This practice is important as it relates directly to our focus on patient centered care

-Use cues to surmise what caller's behavior suggests

Our major challenge as professionals is to manage our own internal responses while simultaneously helping callers to mitigate and manage their emotional state.



Strategies for Fielding Calls

Identify	-Identify and openly acknowledge the caller's needs
Track	-Privately track shifts in your own thoughts/beliefs
Meet	-Meet the caller's needs, pairing your response to the need, not necessarily the behavior
Model	-Model compassion & grace, while setting firm boundaries
Be	-Be intentional about your thinking. Choose thoughts leading to the desired outcome(s)

What Negatively Influences Customer Behavior?

Financial strain, health issues, inequality, and other stressors have always contributed to aggression and hostility.

Impacts of Covid-19:

- 60% increase in mental health disorders (anxiety, depression, SUD, sleep and cognitive issues) post-Covid-19 illness.
- Significant increases in loneliness and stress with reduced social support and feelings of friendship.
- 10% feel their mental health needs are not being met.
- Change, uncertainty, personal, or economic losses have impacted many.

What Negatively Influences Customer Behavior?

Social Media:

- People using social media are becoming angrier
- Experience narrower margins of tolerance
- Lack of eye contact increases disinhibition
- Relative anonymity increases attacks on others, higher rage and anger
- Increased feelings of righteous justification for positions
- 'Call Out' culture increases judgmentalism and attacks
- Increased frequency of online trolling and haters
- Rudeness becomes the 'new normal'
- Rudeness 'spreads like a cold' and leads to physical and psychological effects

Negative Experience: Member Impacts

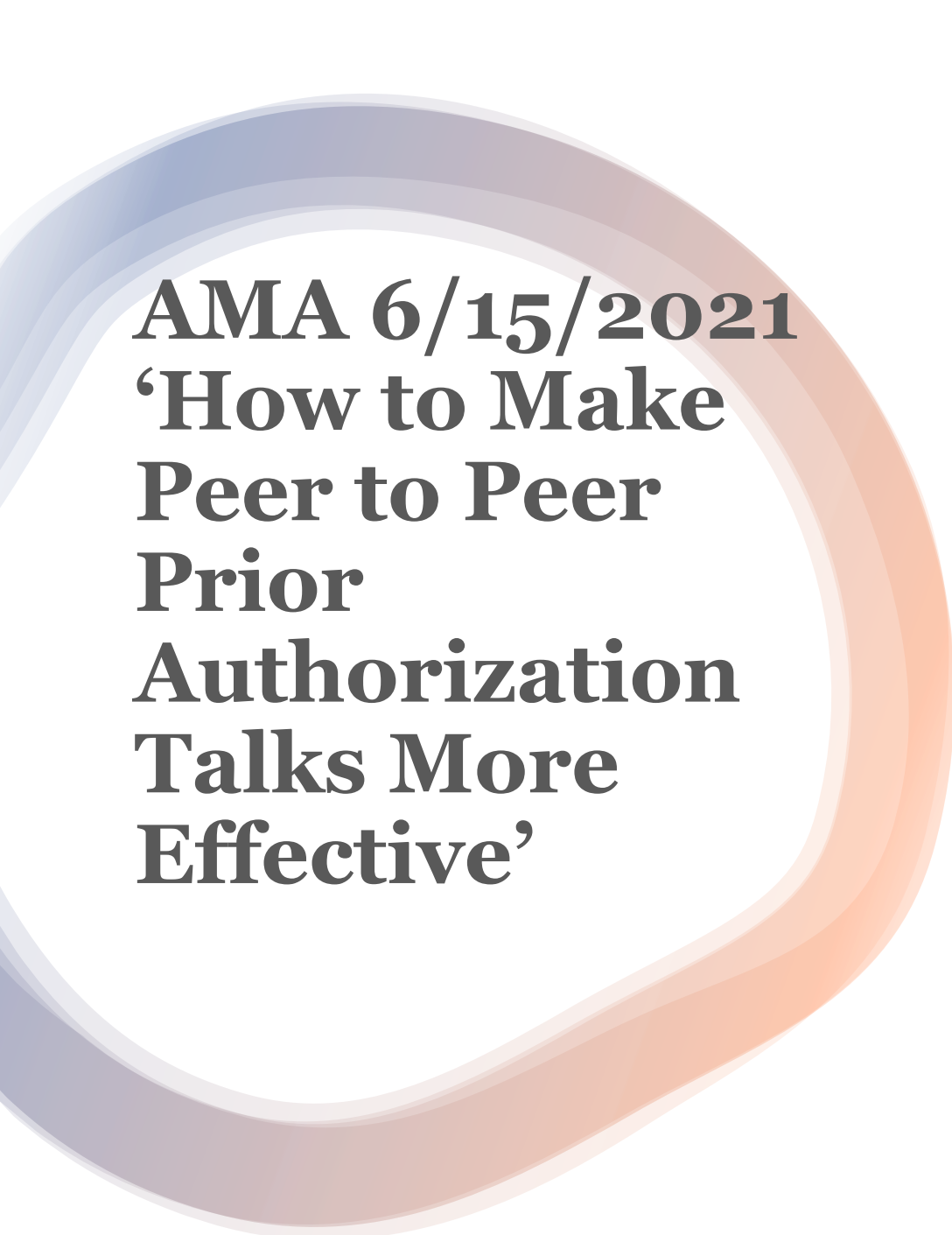
- Frustration, disruption, anxiety, fear, anger
- Member may not relay important information
- Member may give up on commencing or continuing needed care
- Risk of losing trust, loyalty, and relationship among member, insurer, and provider
- Member may spread negativity through word of mouth and social media
- Negative impact to member health and wellness
- Negative impact to insurer NPS and reputation

What Factors Impact Negative Emotions among Healthcare Providers?

Pre-existing stressful work situations and problematic power dynamics have worsened with the pandemic. Workforce shortages, social media misinformation and increased cultural hostility overall

Healthcare providers report anger and frustration due to behavioral health issues and substance misuse co-morbidities. Unable to respond to broader social needs like homelessness, poverty, lack of supports, etc

Harassment, bullying, hostility and violence against healthcare providers in the workplace are all on the rise

A decorative graphic on the left side of the slide, consisting of several overlapping, semi-transparent rings in shades of blue, purple, and orange, forming a large, irregular shape that frames the title text.

AMA 6/15/2021 'How to Make Peer to Peer Prior Authorization Talks More Effective'

- Health plans employ [prior authorization](#) (PA) and other forms of utilization management (UM) to control access to certain treatments in a bid to cut health care spending.
- Peer-to-peer (P2P) discussions between physicians and insurance company doctors are too often just another barrier to care, according to an [AMA Council on Medical Service](#) report adopted at the [June 2021 AMA Special Meeting](#).
- “The rationale behind P2P is to provide a more transparent PA process that is collaborative and appropriately follows relevant clinical guidelines,” says the report. “However, for many treating physicians, P2P review simply represents another time-consuming and potentially detrimental use of UM by insurance companies.”

Peer Review Coaching to Healthcare Providers

Attendings don't have time for this— consider using providers at other levels (RN, PA, APRN) or hire MD UR specialist.

Prepare with documents and details anchored in a timeline.

Build rapport with non-combative, dynamic exchange. Establish professional trust and respect.

Discern the Peer Reviewer's agenda and remain respectful, not taking anything personally, even when you lose a solid case.

Maintain a clinical lens, especially if guidelines are being applied narrowly for a very ill patient with multi-system disease. Paint a picture from the bedside. Ask how else could we/can we care for the patient safely?

Set firm boundaries and advocate for the patient or member. If rushing or gamesmanship occurs, don't be thrown off. Politely remind the Peer Reviewer that the case merits a well-structured call with complete review.

<i>Challenging Call Category</i>	<i>Problem/Challenge</i>	<i>Unhelpful Response</i>	<i>Alternate Response</i>	<i>Guiding Principle</i>
<p>Attacks Against Optum or Wider Managed Care System) Often About “Unethical Practices”</p> <p>Complaints</p>	<ul style="list-style-type: none"> • Insurance companies ration care, which is essentially unethical • References to the “many lawsuits” • Enters call with an adversarial stance, which is conveyed in their tone • Focusing primarily on complaints about the review process 	<ul style="list-style-type: none"> ✓ Taking the bait by becoming engaged in a point-counterpoint exchange ✓ Being derailed from the purpose of the review 	<ul style="list-style-type: none"> ✓ Assure caller that we have departments tasked with ensuring practices are legal/ethical ✓ (Re)Focus call on member’s issues ✓ Use reflective listening regarding concerns ✓ Offer apology for negative experience 	<p>Focus on the specific needs of member</p> <p>Communicate your commitment to member having the best treatment outcomes</p>
<p>Attacks (Personal)</p>	<ul style="list-style-type: none"> • “You’re not a real nurse/social worker/clinician” • “You took this job because you couldn’t cut it in the real world/lacked skills/etc!” 	<ul style="list-style-type: none"> ✓ Ignoring/Tolerating verbal aggression ✓ Responding in kind 	<ul style="list-style-type: none"> ✓ Set limit regarding personal attack. ✓ Terminate the call if there is a boundary violation 	<p>Establish and maintain firm professional boundaries</p> <p>Set Limits¹⁶</p>

<i>Challenging Call Category</i>	<i>Problem/Challenge</i>	<i>Unhelpful Response</i>	<i>Alternate Response</i>	<i>Guiding Principle</i>
Clinical Concerns/Best Practices	<ul style="list-style-type: none"> • Caller asserts that member benefits from high frequency or experimental treatment and should remain • Caller presents argument that treatment would be shorter/more cost effective if more frequent sessions or higher level of care is maintained • Caller starts discussion of specific research supporting their tx approach, tx frequency, length of tx, etc • Caller wedded to own tx approach regardless of best clinical practices or evidenced based findings • Caller argues that not everyone responds to “first-line treatment” 	<ul style="list-style-type: none"> ✓ Becoming argumentative ✓ Insisting that provider agree with your point of view ✓ Abandoning clinical guidelines 	<ul style="list-style-type: none"> ✓ Validate caller’s point when possible ✓ Agree to disagree about best approach ✓ Highlight that tx guidelines are based on review of literature. ✓ Our “bias” is to use evidence-based practice to guide decision making. 	<p>Listen</p> <p>Adhere to the appropriate guidelines</p> <p>We aren’t obligated to cover ineffective or clinically contraindicated treatment</p>
Limited Resources	<ul style="list-style-type: none"> • No services in area so you must approve 	<ul style="list-style-type: none"> ✓ Approve services without further investigation or discussion 	<ul style="list-style-type: none"> ✓ Check veracity of claim ✓ Consult with Manager/Team Lead about how to handle known local deficits ✓ Investigate Care Coordination options 	<p>Maintain focus on shaping care</p>

Challenging Call Category	Problem/Challenge	Unhelpful Response	Alternate Response	Guiding Principle
<p>Power Struggles</p> <p><i>Attempts to usurp nurse's authority</i></p> <p><i>Attempts to manipulate outcomes via threats, passive aggressive actions, guilt or very specific demands</i></p>	<ul style="list-style-type: none"> • Caller questions nurse's credentials ("Are you even licensed?") • Caller asserts that nurse must review every document in member's history to make determination • Caller prolongs call by providing extremely detailed and voluminous information • Caller talks over nurse • Caller expresses hostility overtly or through uncooperative behaviors • Caller declares that only someone with XYZ specialty is appropriate for making clinical determinations • Caller demands to only communicate with a manager • Caller threatens to contact their local insurance commissioner 	<ul style="list-style-type: none"> ✓ Engaging in power struggle 	<ul style="list-style-type: none"> ✓ Be sensitive to the imbalance of power in this role ✓ Focus on the task at hand of managing member's benefit using appropriate guidelines ✓ Acknowledge the tension/conflict & engage caller in discussion of how best to resolve <i>what is within your control</i> 	<p>Opt out/disengage from power struggles with callers</p> <p>Model collaborative interactions</p> <p>Identify & articulate areas in which you agree</p> <p>Practice self-care</p>

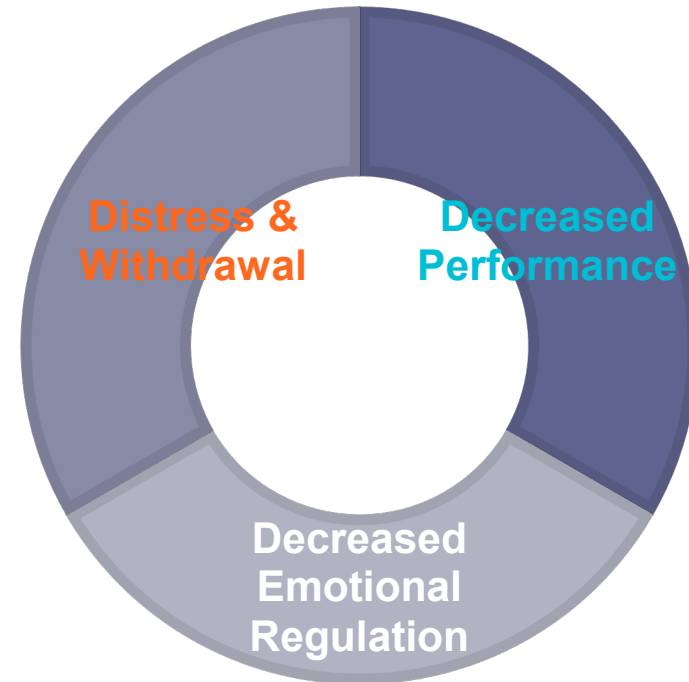
Clinical Scenario

Member calls in regarding coverage for experimental blood tests for 'toxins and chemicals' from an OON specialty lab connected with a natural health group treating severe and persistent mental illness with the use of a proprietary blend of supplements. The member is irate that the lab tests are not covered. The member insists that they have been on the provider's website, reviewed the videos, and that this provider's explanation of their symptoms is an exact description of their life! No one else has been able to help them! The member has talked to the clinic team who have reassured her that they can cure her symptoms, but she must have the lab tests and take their proprietary supplement blend based on the lab results. The member does not understand that this is experimental treatment and not covered by their plan. With increased ire, the member states, "How dare you sit behind your desk and presume to know what I've been dealing with. I have tried working with you all for years and nothing you recommend has helped me. I researched this and found the cure myself! Now you don't want to pay for it. You insurance companies are always looking to cut costs. It's going to be a lot more expensive for you when I end up back in the hospital. Don't I have any rights here? I demand to talk to your supervisor; I need to talk to the person in charge!"

Experiencing Customer Rudeness & Mistreatment



**What happens when we
are subjected to
frequent exposure to
mistreatment?**



Coping With Customer Abrasion

- **What Helps?**
- Social support and sharing experiences
- Positive emotional characteristics (trait affectivity)
- Expectations regarding customer behavior
- Work breaks or restorative/calming practices after difficult encounters
- Increasing resilience

Resources and Activities

Calming and relaxation quick breaks:

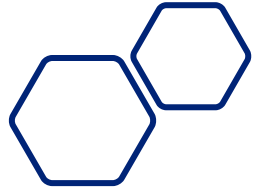
- Four square breathing (count 1-4 inhale, 1-4 hold, 1-4 exhale, 1-4 pause & repeat)
- Progressive muscle relaxation (start at periphery & work up, clench, hold 5", release)

Desk exercise

- See Sparq: Office Stretches and Exercises

Longer work breaks:

- Walking or physical activity away from your desk
- Warming or cooling beverages
- Mindfulness activities, grounding, visualization



Resources and Activities

Long term resources and activities:

Skillsoft Free Courses; Joy in Practice Manager Toolkit; Optum Health Education 'Understanding and Preventing Burnout

Sanvello, Calm, and other apps with meditation, coping, and calming resources

Employee Assistance Program

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