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COVERYS 

# THE IMPORTANCE OF PATIENT ENGAGEMENT

From Noncompliance to Activation

AUGUST | 2023



## WHAT YOU WILL LEARN FROM THIS REPORT

There are many reasons that patients don't follow treatment protocols. Among other factors, they may be forgetful, distracted, or face barriers to reaching their health goals related to income, transportation, literacy, or racial bias. Regardless of the underlying reasons, the result is often a suboptimal outcome.

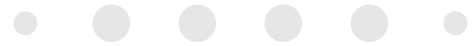
This report explores the reasons behind patient noncompliance and offers solutions that can be used to increase patient activation and engagement, including:

- How patient satisfaction, engagement, and activation are linked.
- Why outcomes are affected by patient activation levels.
- Top allegations, injury severity, and other key data from events in which a lack of patient engagement was a significant factor in the alleged medical error and related outcomes.
- The complexities involved with managing patient engagement.
- Proactive strategies to increase patient engagement before, during, and after treatment encounters.

### Key definitions:

**Patient engagement:** In this report, the term patient engagement is used to describe a patient's level of active participation in their care. This term is intended to encompass all behaviors and attitudes affecting the diagnostic process and treatment outcomes, including noncompliance/nonadherence with such needs as diagnostic testing or consultative visits, failure to follow treatment plans (including medication and diet management), and refusal of care. We use "patient engagement" because it is reflective of the healthcare industry's shift toward more positive, solution-focused language.

**Patient activation:** A patient's knowledge, skill, and confidence to manage their own health and healthcare in illness and in wellness.<sup>1</sup>



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## INTRODUCTION

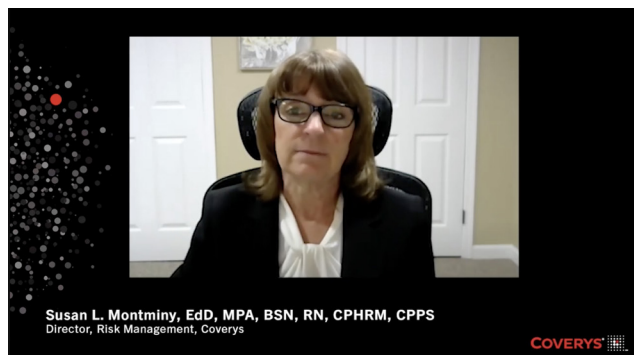
The delivery of healthcare is a collaborative effort that requires coordinated teamwork, periodic course correction, and above all, engagement of all practitioners and patients. If any of these parties are disengaged, the patient’s journey can veer off course, resulting in adverse outcomes.

The Coverys team reviewed five years of closed malpractice claims data to identify events in which a lack of patient engagement was a significant factor in the alleged medical error.\*

The analysis revealed that 34% of events and 65% of indemnity paid involved cases with a high-severity injury or death. Of these events, 39% were related to treatment in office/clinic settings, with at least one comorbidity noted to be a common factor in 71% of these events. The most prevalent comorbidities were diabetes, smoking, hypertension, and mental health conditions.

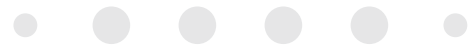
Our goal in sharing this report is to provide clinicians and other healthcare professionals with data-driven insights and proactive strategies designed to increase patient activation and help patients successfully follow their treatment plans.

**Data and research support the premise that a lack of patient engagement is a significant and costly, yet remediable, risk.**



[Introduction](#)

\*Coverys evaluated 6,050 events that closed between January 1, 2018, and December 31, 2022, and identified 436 specific events where a lack of patient engagement was a significant factor in the alleged medical error.



# THE LINK BETWEEN SATISFACTION, ENGAGEMENT, AND ACTIVATION

It is well understood that our healthcare system has been understaffed and overburdened since the COVID-19 outbreak. Practitioner burnout is a crucial concern.

At the same time, patients are also experiencing burnout.<sup>2</sup> They are frustrated when they have to wait a long time to get an appointment and further aggravated when their time with the practitioner is limited and rushed – especially when the cost of treatment is high.

Unfortunately, these burnout scenarios affect patient satisfaction. A recent study<sup>3</sup> found that 30% of people in the U.S. are very or fairly satisfied with the U.S healthcare system, whereas 43% are not very satisfied or not satisfied at all. A different poll<sup>4</sup> found that only 12% of U.S. adults say healthcare is being handled extremely or very well in general, and 56% say it’s not being handled well. Racial disparities demonstrate even more concerning data; nearly 60% of Black and Hispanic adults are very or extremely concerned about accessing good care.

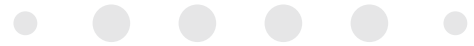
**While the challenge for healthcare practitioners is undeniable, patient perspective matters. When patients are dissatisfied, they tend to disengage. Engagement is also linked to patient activation — patients’ ability to manage their own care. According to the CDC,<sup>5</sup> a growing body of evidence supports the idea that people with higher patient activation have better health outcomes.**

Likewise, patients with low levels of activation are more prone to poor outcomes and may have a higher risk of post-discharge complications and longer hospital stays than patients with higher activation.<sup>6</sup>

Patients’ perceptions of their own health and psychosocial factors may play an important role in activation. Those with the lowest activation may have significantly worse perceptions related to self-management.<sup>7</sup>

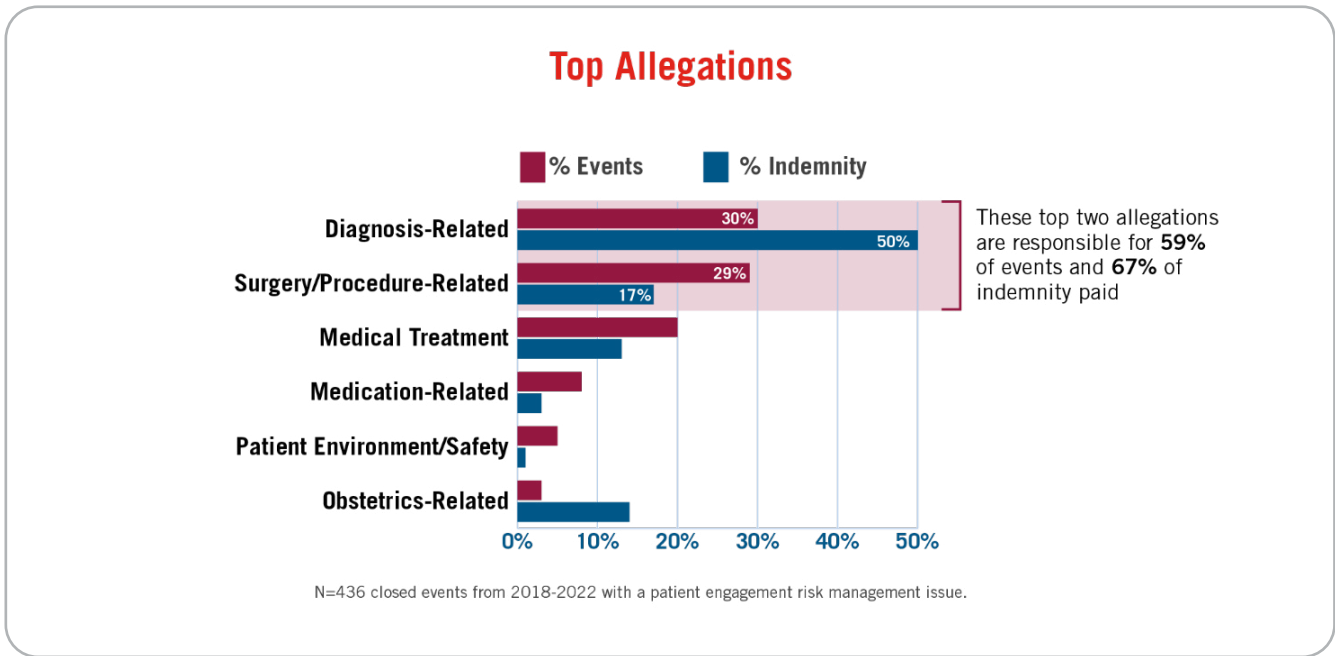
According to a 2022 literature review<sup>8</sup> of 17 articles, patient engagement can help in four ways:

<p><b>1</b></p> <p><b>Health Outcomes</b></p> <p>Patients who are engaged are more likely to take medications as prescribed and engage in preventative behaviors.</p>	<p><b>2</b></p> <p><b>Patient Compliance With Treatment Plan</b></p> <p>Interaction between the practitioner and patient reduces the risk of noncompliance.</p>	<p><b>3</b></p> <p><b>Self-Efficacy</b></p> <p>Patients with self-efficacy have the confidence and ability to take steps to achieve goals. Healthcare practitioners can use awareness of self-efficacy to identify patients in need of additional support.</p>	<p><b>4</b></p> <p><b>Return on Investment (ROI)</b></p> <p>Increased patient engagement can have a positive impact on practitioner productivity and ROI, reducing the number of visits to achieve a successful outcome.</p>
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## PATIENT ENGAGEMENT DATA SIGNALS

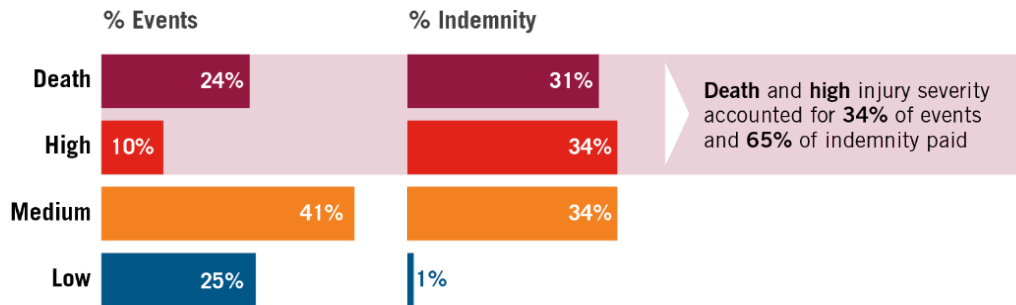
At Coverys, we refer to claims data as “signal intelligence.” Our conclusions from analysis of the data are not absolute findings. Rather, they are hypotheses—signals from the past about where vulnerabilities existed and may still be at play. While the number of events included in the data for this report are relatively small, they are not insignificant and provide insight into where a lack of patient engagement can result in poor outcomes.



Allegation categories identify the underlying case types that trigger events. The top two allegations involved diagnostic accuracy and surgery/procedure events. Combined, they accounted for 59% of events and 67% of indemnity paid. Some examples of events that involved a lack of patient engagement include a delayed diagnosis of prostate cancer and improper performance of a spinal surgery.



### Injury Severity

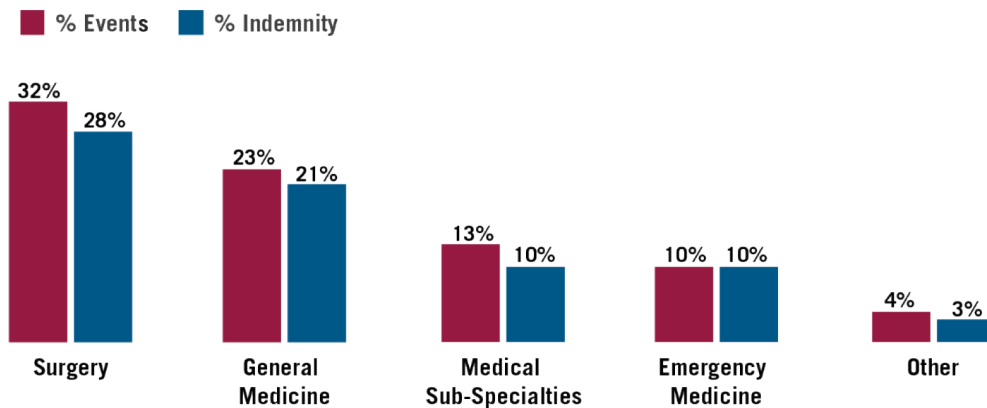


N=436 closed events from 2018-2022 with a patient engagement risk management issue.

Injury severity identifies the alleged level of harm to the patient and consists of four categories: death, high, medium, and low. Medium injury severity is the most common category of events (41%) related to a lack of patient engagement. This category of severity includes injuries that can be resolved with a subsequent surgical procedure or another medical treatment.

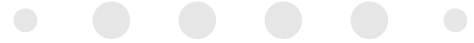
Death and high injury combined account for 34% of events and the highest level of indemnity paid at 65%. High injury severity is a category that includes permanent and grave injuries such as blindness, paraplegia, cerebral palsy, or untreatable metastatic cancer.

### Top Specialties

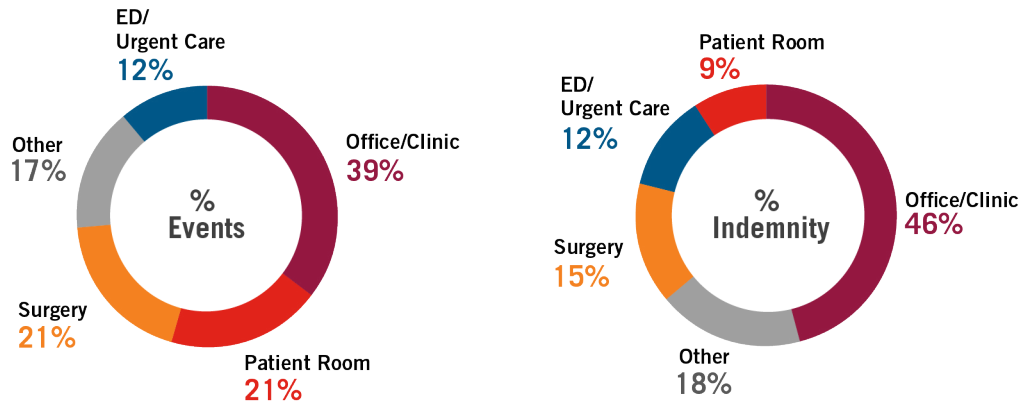


N=436 closed events from 2018-2022 with a patient engagement risk management issue.

The specialties of surgery and general medicine experienced the highest percentage (55% combined) of events related to a lack of patient engagement. These events involved scenarios such as a patient’s failure to adhere to post-op instructions, missed appointments, refusing treatment, not taking prescribed medications, not following through on recommended lab tests (such as blood draws), or referrals to specialists.



### Top Locations

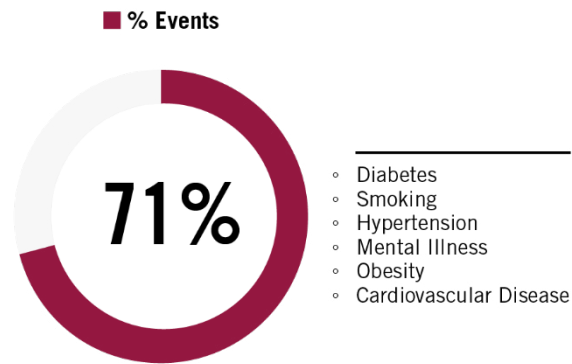


N=436 closed events from 2018-2022 with a patient engagement risk management issue.

Top locations correspond to the top specialties, with 60% of events originating in an office/clinic or surgery setting. These locations were followed by patient room at 21% and ED/urgent care at 12%. Eighty-three percent (83%) of events originated from one of these top four locations.

Events originating in the office/clinic setting accounted for the highest indemnity paid at 46%, compared to 15% for events that originated in a surgery setting.

### Comorbidities



Comorbidities are a key factor for adverse events. It is notable that 71% of patients involved in these events had at least one comorbidity. The most common comorbidities were diabetes, smoking, and hypertension.



## STRATEGIES TO INCREASE PATIENT ENGAGEMENT

Many challenges in the healthcare industry seem insurmountable, requiring a vast amount of research, time, or technology to drive change. Low patient engagement isn't one of those challenges. In fact, it's a problem that can be improved by taking many small steps that collectively make a significant difference.

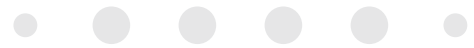
There are several crucial points along the patient journey where providers can intervene to enhance patient engagement. Below, we've outlined several recommendations to increase activation before, during, and after their healthcare encounter.



### **PRIOR TO ENCOUNTERS: Establish Expectations**

The healthcare system can be complex and difficult to navigate – even for the savviest of consumers. The typical healthcare encounter is comprised of interconnected systems, advanced technology, and a “language” that is foreign to most. Approximately 80 million adults have limited or low health literacy,<sup>10</sup> which can impede complex disease management and self-care.

Yet, every day, millions of people engage with this system out of necessity. Although we know patient engagement can improve outcomes, enhance quality of care, and reduce costs, it can be difficult for patients to become engaged when they don't understand how the system operates or feel they do not have a partner in their healthcare journey. Taking the time to provide patient-centric education and set expectations can help patients feel comfortable in healthcare settings and show that the practitioners' interests and goals are aligned with their own.



**Case Study #1:**

**Cost Concerns Inhibit Patient Activation**

After treating with his dentist for many years, a patient alleged that his practitioner improperly placed a bridge that caused damage to other teeth.

On his first visit, the dentist recommended complete bridges, but the patient opted for a lower-cost bridge. Over the years, he requested the dentist to re-cement the bridge rather than replacing it with a permanent bridge. The patient exhibited a consistent pattern of picking and choosing which treatment recommendations to follow. The dentist also made numerous referrals to specialists that the patient chose not to act on. Financial considerations seemed to dictate the patient’s level of adherence to recommended treatment plans. As a result, he suffered continued decay that advanced over the years.

The practitioner did not maintain thorough documentation of the recommendations that he provided to the patient, nor the patient’s reasoning for not following treatment plans.

**Key takeaways:** 

Cost concerns and other socioeconomic barriers can influence patient activation levels. Practitioners should carefully identify and address barriers and set expectations up front. If cost concerns or other barriers are identified, explore opportunities for accommodation and clearly explain the consequences of not following the recommended treatment. Document both sides of the conversation.

**Offices and clinics were the top locations, accounting for**



**39%**

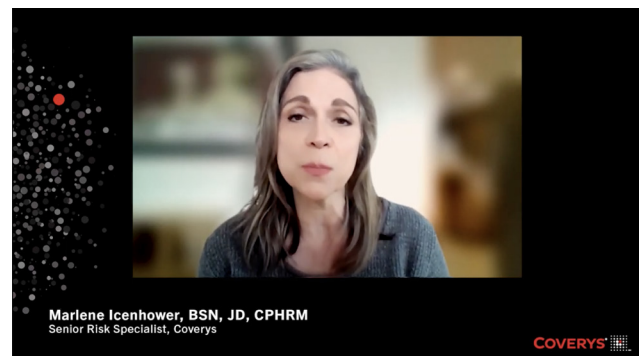
of allegations

**AND**



**46%**

of indemnity paid.



[Key Takeaways from Case Study #1](#)



## Risk Management Recommendations: Prior to Encounters

### 1. Establish expectations up front.

Fostering a collaborative patient-physician relationship begins with communicating information about the practice and setting expectations on how it provides patient services. Patients should also understand what their rights and responsibilities are as a patient of the practice. Well-crafted brochures and a patient-friendly website can establish ground rules and help avoid unreasonable patient expectations.

### 2. Provide clear instructions.

Patients should have a good idea of what to expect at their first appointment, how to prepare, and what to bring. Encourage patients to bring their caregiver, decision-maker, or any other person they wish to include in their care to the appointment.

While patient portals are a great conduit for practitioner-patient communication, some patients aren't comfortable using them.<sup>10</sup> To encourage portal use, educate patients and "sell" them on the features of the portal and the ways they can use the portal to stay involved in their healthcare journey.

### 3. Prioritize exceptional customer service.

Every business knows superior customer service builds loyalty, increases revenue, and improves employee satisfaction. Healthcare is no different. Staff members who understand the basics of customer service – such as telephone etiquette, compassion, good communication, professional demeanor, and timely responses – can improve the patient experience exponentially. Enhance customer service by hiring the right people, optimizing the use of technology, and cultivating a patient-centric culture.



## DURING ENCOUNTERS: Use Communication to Nurture Engagement

Communication is the foundation of all human relationships and is especially important in the practitioner-patient relationship. Although patients may not remember everything discussed during a visit, they will remember how the practitioner made them feel.

Compassionate communication helps patients feel engaged, heard, and respected, and in turn, they experience better outcomes and are more satisfied with the care they receive. To be effective, communication must be fully understood by the patient and the practitioner. To ensure understanding, there are times when a practitioner must be frank and direct when talking with a patient. The benefits of good communication extend beyond the patient to practitioners, staff, and the organization: satisfied, engaged patients help cultivate a cheerful environment and reduce interpersonal conflict and hostility in the workplace.

Communication breakdowns are common between practitioners and patients and are often a root cause for malpractice claims. When patients feel rushed during encounters, feel they are not heard or respected, or receive an inadequate explanation of the plan of care, they are more likely to sue when an unexpected outcome occurs.

Effective, compassionate communication not only fosters patient engagement – it can also reduce claims.<sup>11</sup>



**Case Study #2:**

**Lack of Engagement Leads to Amputation**

A patient with a long history of diabetes and foot ulcers alleged negligent management of his diabetic foot ulcer led to amputation.

The patient initially began treatment for a small ulcer to the right toe. The wound was debrided, medication was applied, and the patient was instructed to insert a provided insole into his surgical shoe and wear it at all times. The podiatrist educated the patient to avoid wearing regular shoes until he obtained custom orthotics to prevent further ulceration. Recommendations to follow up with a vascular doctor were given due to weak pulses in his feet.

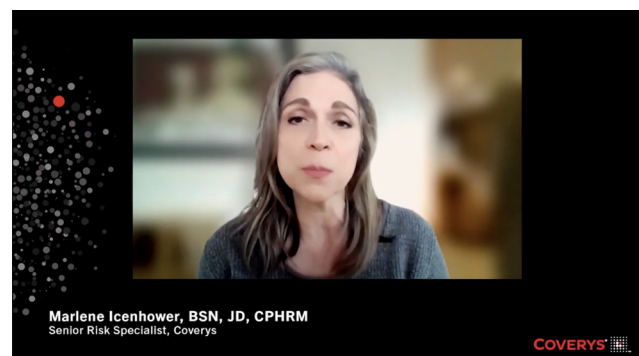
On seven separate office visits over a year, the patient presented wearing regular shoes instead of the surgical shoes with inserts. He reported that he was wearing regular shoes to work each day. He never saw the vascular surgeon as recommended by the podiatrist.

At each visit, the podiatrist documented both verbal and written education about diet, causes and effects of diabetic neuropathy, and the potential complications. Education on proper diabetic foot care was also provided.

Several months into care, the podiatrist diagnosed him with osteomyelitis and instructed him to go to the hospital for IV antibiotics, but he told the podiatrist he couldn't go that day and waited two additional days before going. One month later, he was hospitalized again. When an MRI showed progressing osteomyelitis in three toes, the patient was advised that he required a partial foot amputation and was instructed to return to the hospital for the procedure.

**Key takeaways:** 

This practitioner was sued despite multiple attempts to communicate and educate the patient. In cases like this, practitioners need to take extra steps to identify barriers; encourage direct, frank dialogue; increase understanding of reasons behind recommendations; and identify the root causes of low activation.



[Key Takeaways from Case Study #2](#)



## **Risk Management Recommendations: Communication Techniques**

### **1. Identify barriers early.**

Social determinants of health, such as language barriers, cultural differences, health literacy, and financial issues, can impact patients’ ability to become and remain engaged in their treatment plans. Uncover barriers early in relationships and explore ways to address them or accommodate patients by tapping into organizational or community resources.

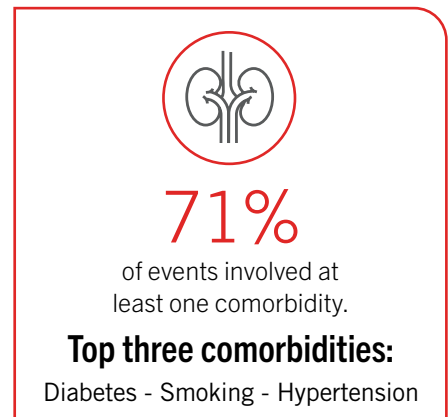
### **2. Create a welcoming environment.**

The examination room can be a cold, sterile place – especially when it is not patient-centric. Make sure the layout of the exam room minimizes distractions and directs attention to the patient rather than the computer screen. Ensure patient privacy for patients when they are asked to disrobe and always provide a chaperone for sensitive exams. During a telehealth encounter, eliminate technology “glitches” and distractions from your video background.

### **3. Explore comorbidities and goals of treatment.**

Patients who suffer from comorbidities such as diabetes, hypertension, or COPD are more likely to have issues with engagement. Often, this is due to a disconnect between practitioner and patient regarding the goals of treatment.

When communicating with patients, put aside your own notion of what is “best.” Instead, seek to understand their goals and what is important to them. Determine whether you can accommodate those goals. If you lack the necessary resources, consider organizational and community resources that could help your patients.



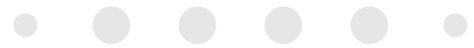
### **4. Devote your full attention to the patient.**

Body language can change the tone of a conversation or encounter. Regardless of whether your visit is in person or virtual, schedule enough time for encounters to avoid appearing rushed. Maintain eye contact and position yourself at eye level when talking to the patient. Be present and pay attention.

### **5. Be kind but direct when communicating.**

Patient portals are a great way to communicate with patients. Patients now have access to clinical notes almost as soon as they’ve been entered into electronic health records. When medical jargon, acronyms, abbreviations, and disparaging or biased patient descriptors are used in documentation, it can confuse and anger patients. Instead, use plain language and positive patient descriptors.

For example, if the patient logs into the portal after an office visit and reads, “Obese, noncompliant Type 2 diabetic,” morale may be damaged, and engagement may deteriorate. The same information can be more gently captured by saying, “Patient with BMI of 34 and persistently elevated hemoglobin



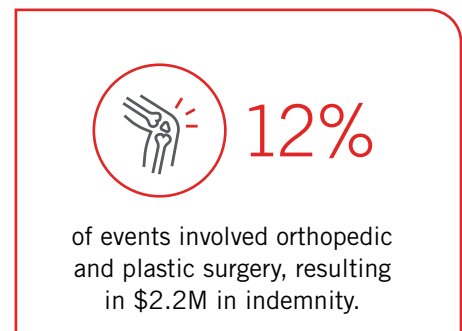
A1c levels.” Winning the patient’s cooperation starts with a kinder description that lets them know you are in their corner. Use the term “noncompliant” with caution in patient-facing documentation. When patients do not adhere to the treatment plan that has been formulated for them, they may not understand the consequences of their actions. In that case, a frank, direct conversation about the consequences of nonadherence may be necessary. Ensure that all conversations with the patient about the consequences of nonadherence are documented thoroughly in the medical record.

**6. Encourage dialogue.**

At the beginning of a visit, warmly greet the patient by name and introduce the care team. Introduce yourself to others who are with the patient in the exam room. Start the visit with an open-ended question like “What brought you here today?” and verify the patient’s answer is consistent with your understanding of the purpose of the visit. Listen actively and ask for clarification when the patient’s response is unclear. Always ask for permission to examine or touch the patient and explain what the exam will entail and why.

**7. Manage expectations.**

Many of the claims stemming from low patient engagement might have been avoided if the patient had a clear understanding of realistic potential outcomes – particularly in orthopedic and cosmetic/dermatology practices. If there is any question about the potential for complete recovery, the patient’s role in complete recovery, or any ambiguity about what constitutes a good result, extra communication is needed to ensure the patient and any involved family members understand the range of potential outcomes before undergoing a procedure.



**8. Close the communication loop.**

Before the visit ends, provide an opportunity for the patient to ask clarifying questions regarding the treatment plan. Educate patients using language they can understand and use teach-back techniques to check for understanding. Offer plain language written materials to reinforce learning and clear written instructions for follow-up.



**9. Document, document, document.**

Documentation is the primary way practitioners communicate with each other. It is also the best evidence of the care you rendered the patient. Thoroughly document all encounters and conversations you have with patients, using their own words when necessary. In the event you later make the decision to sever the relationship, past conversations and interventions will be important.



## **FOLLOWING ENCOUNTERS: Proactively Resolve Potential Conflicts**

Even the most patient-centered practitioner will, at times, encounter conflict with patients or patients' families. Conflict typically arises from confusion, miscommunication, unrealistic treatment expectations, or disagreements over the care plan. A good practitioner-patient relationship is built on a foundation of shared goals, open communication, and mutual trust.

When a practitioner's or patient's actions (or inactions) erode that relationship, intervention is necessary to restore the relationship and resolve the conflict. There are a few strategies to use to move toward a resolution – ranging from a conversation to discharge from the practice. It is helpful to reach out to your risk management representative to help you prepare for these conversations.



### **Case Study #3:**

#### **Lack of Engagement Leads to Allegations of Negligence**

A patient with a medical history of heroin use with methadone maintenance, uncontrolled Type 2 diabetes, hypertension, cardiomyopathy, smoking, asthma, and obesity was under the monthly care of his internist.

Medical record documentation supports close and standard attention provided by the practitioners to monitor the patient's diabetes, wound ulcerations, and vascular status. In addition to monthly office visits, monthly reminder calls were placed to the patient to ensure he was following up with the surgeon for his ulcers, changing dressings as advised, and that he was correctly taking his medications.

The patient generally kept his medical appointments, but his medical conditions were made worse by nonadherence to the medical recommendations. The patient reported not taking his medications as directed, not following the recommended dietary guidelines, and an inability to quit smoking. All were well documented. At one visit, his A1C was 13.8, and the patient admitted to dietary indiscretions. At another visit, his blood sugar was 422, and the patient admitted he was not following dietary guidelines. Ultimately, the patient required an above-the-knee amputation.

#### **Key takeaways:**

When patients are persistently not adhering to recommended treatments, practitioners must decide whether to transfer/discharge them. In this case, if the patient had been thoughtfully and properly discharged from care, the practitioner may have avoided a claim.



[Key Takeaways from Case Study #3](#)

## Risk Management Recommendations: Resolving Conflicts

### 1. Begin with a conversation.

Nonadherence can be a result of socioeconomic factors or miscommunication. Patients may miss appointments due to childcare issues or a lack of transportation. They may experience financial hardship or fail to follow a treatment plan because they do not understand how to take prescribed medication. A candid conversation with the patient, a small accommodation, or brief education may be all it takes to put the relationship back on track. Consider the following to resolve conflict:

- **Know the law.** Most states have apology laws<sup>12</sup> that prevent certain statements or admissions from being admitted into evidence in a lawsuit. Prior to speaking with a dissatisfied patient, especially if the patient has threatened litigation, familiarize yourself with the applicable apology statute and conduct the conversation accordingly. If you have questions about the apology statute in your state, consult with your risk management professional or attorney.
- **Be honest and compassionate.** An expression of empathy or sympathy does not necessarily translate to an admission of guilt. Heartfelt statements such as “I’m so sorry you experienced this” or “This is not how we want our patients to feel” may diffuse conflict, demonstrate compassion, and show that you understand a patient’s perspective. If a miscommunication, error, or unexpected outcome did occur, provide an explanation, take responsibility, and look for ways to minimize the impact to the patient.
- **Listen actively.** Meet with patients to discuss their concerns. Remain calm, professional, and, most importantly, listen carefully. Whenever possible, work with the patient to explore a resolution. Patients who are dissatisfied may feel as if you are not addressing their questions, needs, or concerns. Early intervention and thoughtful discussion can provide a resolution that enables patients to regain a sense of control and help them feel that you are listening to them.



## 2. Put it in writing.

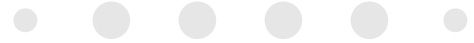
Patient behavioral contracts/agreements are increasingly used in healthcare settings.<sup>13</sup> If conflict arises in the practitioner-patient relationship that you are unable to resolve with frank discussion, you may need to redefine expectations for the relationship in writing. Consider the following when using behavioral agreements:

- **Evaluate the relationship.** Prior to preparing a behavioral agreement, determine whether the patient's behavior is likely to change. Evaluate whether there are factors contributing to the behavior such as mental illness, health literacy limitations, or other impediments to effective communication. If so, there may be other ways you can redirect the behavior to resolve the conflict. In situations where the patient's behavior poses a safety risk to staff or other patients, it may be necessary to consider immediate discharge.
- **Prepare the agreement.** Use plain language principles when drafting behavioral agreements to ensure patients and their families understand the terms. Agreements should be brief, succinct, and written in positive language.
- **Communicate with the patient/family.** Meet with the patient/family members to discuss the terms of the agreement, listen to their concerns, and answer questions. Provide the patient with a copy of the agreement to take home and include a copy in the patient's medical record. Document the conversation thoroughly and objectively in the medical record.
- **Follow through.** If the agreement is successful and the patient meets expectations, you can terminate the agreement. If the patient fails to follow through with the terms of the agreement, do not negotiate the terms. Instead, begin the process of severing the relationship to avoid incurring additional risk.

## 3. In some cases it may be necessary to sever the relationship.

Practitioners and their staff have a right to work in a safe atmosphere, to be paid, to be treated with respect, and to be trusted. When a patient's actions or inactions violate or irretrievably compromise these rights, practitioners have the right to terminate the professional relationship – provided termination does not violate state or federal laws. If you decide to terminate the practitioner-patient relationship, consider using the following strategies:

- **Transfer care to another practitioner.** In some cases, conflict may arise as a result of a personality or philosophical conflict between the patient and practitioner. In this case, transferring the patient to another practitioner in the practice may resolve the issue. Provide a thorough communication handoff to the practitioner assuming care and document a transfer of care summary that includes the current plan of care.
- **Discharge the patient.** If transferring the patient to another practitioner in your practice is not possible, follow your organization's policies and procedures regarding patient discharge. Provide adequate written notice of the termination of the relationship.<sup>14</sup> Provide resources to enable the patient to find another practitioner and offer to send medical records to the patient's new practitioner. Once the patient has been stabilized, discharged, and



successfully transitioned to another practitioner, leverage technology to ensure everyone is aware the patient has been discharged from the practice. If you have questions about the discharge process, consult your risk management professional.

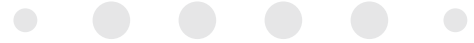
- **Document thoroughly.** Document the conversation with the patient thoroughly and objectively, using quotes when appropriate. Describe the behavior that prompted the transfer or discharge, the steps you took in an attempt to resolve the issue, and the patient's response to your attempts at resolution.

## CONCLUSION

Patient burnout, nonengagement, and low activation are serious healthcare risks. And, when patients experience bad outcomes because they don't take their medication, exercise as clinically indicated, or attend their follow-up appointments, they may blame their healthcare providers.

By standardizing communication strategies before, during, and after patient encounters, and by cultivating a patient-centric organizational culture, you can empower patients with the knowledge, skills, and confidence they need to comply with treatment plans and optimize outcomes.

When outcomes improve, both patients and practitioners are happier, and fewer appointments may be needed – helping to alleviate healthcare burnout for all involved.



## REFERENCES & CITATIONS

Coverys evaluated 642 events that closed between January 1, 2018, and December 31, 2022, and identified 436 specific events where a lack of patient engagement was a significant factor in the alleged medical error. Unless otherwise indicated, statistics and information in this publication were derived from this proprietary data.

1. Medical Group Management Association, “The Role of Patient Activation in Value-Based Care” <https://www.mgma.com/resources/operations-management/the-role-of-patient-activation-in-value-based-care>
2. Time, “Long Waits, Short Appointments, Huge Bills: U.S. Health Care Is Causing Patient Burnout” <https://time.com/6257775/patient-burnout-health-care/>
3. Ipsos, “The Perils of Perception 2020: Global Study Explores How Wrong People Are About the Causes of Death” <https://www.ipsos.com/en-uk/perils-perception-2020-global-study-explores-how-wrong-people-are-about-causes-death>
4. AP News, “Americans Give Health Care System Failing Mark: AP-NORC Poll” <https://apnews.com/article/covid-health-medication-prescription-drug-costs-drugs-63b342945f9b6ab3ce0ed3920deb935a>
5. Centers for Disease Control and Prevention, “Patient Engagement” <https://www.cdc.gov/healthliteracy/researchevaluate/patient-engage.html>
6. JAMA Network, “Association Between Patient Activation and Health Care Utilization After Thoracic and Abdominal Surgery” <https://jamanetwork.com/journals/jamasurgery/fullarticle/2772622>
7. National Library of Medicine, “Patient Activation for Self-Management Among Patients with Multimorbidity in Primary Healthcare Settings” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9297377/>
8. National Library of Medicine, “Impact of Patient Engagement on Healthcare Quality: A Scoping Review” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9483965/>
9. National Library of Medicine, “Low Health Literacy” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6391993/>
10. National Library of Medicine, “Examining Patients’ Capacity to Use Patient Portals: Insights for Telehealth” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8595621/>
11. National Library of Medicine, “Frequency and Nature of Communication and Handoff Failures in Medical Malpractice Claims” <https://pubmed.ncbi.nlm.nih.gov/35188927/>
12. The Journal of the American Academy of Psychiatry and the Law, “The Role of Apology Laws in Medical Malpractice” <https://jaapl.org/content/early/2021/05/19/JAAPL.200107-20>
13. National Library of Medicine, “Patient Contracts in Clinical Practice” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3232314/>
14. AMA Code of Medical Ethics “Terminating a Patient-Physician Relationship” <https://code-medical-ethics.ama-assn.org/ethics-opinions/terminating-patient-physician-relationship>

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