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About FYA

FYA – *For Your Advantage*, is a free twice-monthly newsletter published by TrendLeader Connections.

With every issue, FYA provides insights into the topics that concern healthcare leaders today and the challenges that will be faced in the near future.

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Scripting Done the Right Way

By Fred Lee

A common practice in hospitals today is "scripting" which, to most managers, means simply writing out what employees are supposed to say in repetitive situations. Not so in theater. In theater the script is much more than just the words actors are supposed to say. A script maps out the entire experience, scene by scene.

Everything that contributes to the desired outcome of the drama is in the script. It specifies the details and cues needed to carry out the intentions of every scene. It usually includes time frames, transitions between scenes, actions, set decoration, props, casting notes, actor's appearance, staging details and even subtext (what's going on beneath the surface in the actor's mind). Before it is produced, it is also shaped by the director's extensive notes about the story, the spine (driving force behind actions and intentions), the atmosphere, the movement between characters and a host of nuances not in the original script.

At Disney scripts are a collaborative effort, not the work of one playwright. Walt Disney is credited with the "storyboard" method of developing a plot and a script through collective brainstorming. Everyone can contribute to the shaping of the story because the storyboard is set up where all can see it and add their ideas on index cards. Since the cards are pinned to a corkboard-like surface, they can be freely moved, deleted or expanded with details. Once the storyline is developed, complete with scenes and artistic cues, the staff begins the actual work of staging the experience for the audience within the constraints of the budget, medium and tools they are using.

Script development, then, is really akin to designing and mapping clinical processes. Desired outcomes (experiences) determine what events (scenes) need to take place in what settings (stage) with what people (performers). Within each scene careful attention is paid to everything that is done to move the patient's experience along to a successful conclusion. Process improvement teams often use Disney's storyboard technique to brainstorm the ideal process and ways in which a process can be improved. Diagnostic methods are used to measure and track key activities to make sure improvement is taking place. As in a good drama, the more attention is paid to the details of the process, the more predictable and effective the outcome will be.

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Scripting Done the Right Way (Continued...)

So what does the concept of scripting contribute to the activity of process mapping or planning? Several important things:

1. It focuses on much more than just the mechanical process steps, clinical outcomes, or efficiency, as most process improvement teams do. It takes in the totality of the experience and the patient's emotional (and spiritual) needs as well. In fact, a script puts the patient's emotional experience and human interactions at the heart of the healing process, not as an add-on.
2. It is the concrete expression of vision. Most hospitals express their vision in terms of desired outcomes, but a script ensures that the vision, not just the work, is scripted in detail, making sure each scene and each encounter contributes to that vision.
3. It describes the role and character that a person must play for the patient to experience healing at all levels, not just the physical.

It includes how people are expected to relate to each other and to the patient in each scene. Scripts make clear what is expected in an actor's performance, what must be conveyed and what is not conveyed, regardless of how the performer feels.

It's too bad many hospitals have gotten the idea

of scripting as a rote adherence to dialogue written by a committee. Workers often, and rightly, feel it is condescending to tell them to say "please" and "thank-you" and other obvious phrases that get put into the scripts everyone is supposed to use.

Do you remember the first time you flew on Southwest Airlines? Whatever you were doing at the time, I'll bet you dropped it and looked up in astonishment when the flight attendant started the safety spiel at the beginning of the flight. We have all become accustomed to the rote repetition of the safety script. Suddenly, something we had learned to tune out for its monotony was entertaining and sounded spontaneous. After hearing many of these, I now know that most of the material is spontaneous. No two speakers give it exactly alike. And all of them seem to be having fun with something that appears to bore attendants on other airlines. Meanwhile, as an audience, I am engaged and their required spiel becomes a memorable experience.

Fred Lee is a highly popular speaker; and the author of "If Disney Ran Your Hospital." His book was named the 2005 book of the year by the ACHE.

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About



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Healthcare Reform Chatter

By: Rick Kneipper, Chief Administrative Officer and Co-Founder of PHNS

As the Presidential election kicks into high gear with huge money and media blitzes, healthcare is moving to the forefront. Everyone is talking about the need to reform our healthcare system, which is a good thing since most agree that it needs significant reform – yet past history says that our Congress will continue its tradition of eloquent talk about healthcare reform without actually doing anything other than tinkering around the edges.

Consider the following commentaries on our healthcare system during the past week alone:

- In a remarkable combination of political diversity, AARP, the Business Roundtable and the Service Employees International Union gathered together to urge Congress to improve the quality, efficiency and affordability of the nation's healthcare system. One of their major principles is that "All Americans should have access to a secure, uniform, interoperable health care system...."
- A Pennsylvania survey of the state's 60 hospitals that perform heart bypass surgery found that the best-paid hospital received an average of about \$100,000 for the operation when the least paid got less than \$20,000, which according to *The New York Times* (6-14-07) supports "a growing national consensus that as consumers, insurers and employers pay more for care, they are not necessarily getting better care."
- A PriceWaterhouseCoopers survey of business executives found that two-thirds of employers agreed that employees with unhealthy lifestyles should pay more.
- A *USA Today* editorial (6-28-07) expressed the following views regarding "Sicko," Michael Moore's new movie that blasts the U.S. health care system: "The question is whether a humorous overlay can stir a serious debate about the nation's ailing healthcare system. The moment for discussion is surely ripe. The number of uninsured people in the United States grew six percent last year to 43.6 million....Even Americans with insurance are fed up with the spiraling costs,

frustrating red tape and maddening exclusions. Washington has been gridlocked since the Clinton-care proposal collapsed in 1994. Opinion polls put healthcare overhaul at or near the top of the list of domestic priorities."

But most of all, consider the following pessimistic/optimistic commentary from Senators Ron Wyden (D-Oregon) and Bob Bennett (R-Utah) in a letter to the editors in *The Wall Street Journal* (6-26-07):

- "If enough Americans start clamoring for action, this Congress and this president could defy the odds and go where every president and every Congress has tried to go since 1945: a rational system that guarantees good quality and affordable health care to all Americans."



I would like to hear your comments.

Send them to:

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About

TrendLeader Connections

FYA - For Your Advantage is brought to you by TrendLeader Connections. The function of TrendLeader Connections is producing educational materials and seminars that help healthcare executives differentiate between fads and trends; and making connections with "Trend Leaders" within the healthcare industry.

We are committed to delivering new perspectives and ideas, creative and innovative healthcare solutions, provocative concepts and quality educational materials to today's healthcare leaders. We want to concentrate on "what comes after what comes next."

AMA Addresses In-store Clinics

Here is an issue that affects most doctors and the strategic plans of hospitals. It's the proliferation of in-store clinics being opened by large national retailers like Wal-Mart, Walgreen and CVS. The issue became a major discussion at the American Medical Association's policymaking House of Delegates meeting in Chicago, last week.

In an attempt to increase scrutiny on the in-store clinics, the AMA voted to ask state and federal agencies to launch widespread investigations into the fast-growing patient-care model.

The *Chicago Tribune* reported that the AMA's policy makers said lack of regulation at retail clinics might be fostering liability concerns, health risks and potential conflicts of interest between the clinics' nurse practitioners who order prescriptions and the pharmacies that fill them. Often, the clinic is near the pharmacy counter in those retail stores.

The AMA is reacting to moves by retailers that will effectively bring several thousand retail clinics to U.S. consumers in the coming years. AMA action on this topic means the group and its affiliated state societies will push for increased regulation and attempt to slow the growth of the clinics. "Our primary focus is patient safety and patient care, and the retail clinics have a different mission of selling products and prescriptions," said Dr. Rodney Osborn, a Peoria anesthesiologist, who is president of the Illinois State Medical Society. The Illinois Society is among the most outspoken on scrutiny of retail clinics.

Even before the AMA's commitment to advocate for increased regulation, several state medical societies have been using their clout to push for new laws where retail clinics first popped up. In California, for example, store-based clinics are required to be a part of a medical corporation owned by a physician as part of regulations that doctors say have curtailed the spread of retail clinics there.

But retail clinic operators said Monday that the AMA's move is more of a protectionist measure to put the interests of physicians ahead of patients.

By following the AMA's lead, "medical societies would actually be taking actions that would decrease access to care by putting more regulatory hurdles and burdens on the [retail] facilities," said Dr. Rebecca Hafner, an AMA member and medical director of strategic alliances for MinuteClinic, a subsidiary of CVS/Caremark, which operates nearly 200 retail clinics, including about a half-dozen in the Chicago suburbs. "The net result of this is that it will make it harder for companies to open clinics."

Most clinics are open seven days a week with no appointment needed. They treat patients with routine maladies and are under physicians' supervision, though doctors usually are not on site. Most clinics are for ailments such as ear and sinus infections, strep throat and athlete's foot.

For those without health insurance, the retailers often charge less than \$60. That is significantly less than the \$100 or more a doctor would charge for an office visit, analysts and insurers say. Out-of-pocket costs for those with health insurance coverage have tended to be the same \$20 co-pay at a retail clinic as at a doctor's office, retailers have said.

But doctors say the health insurers have recently created an "unfair playing field" by waiving patients' co-payments at retail health clinics. Doctors say that is designed to get patients to bypass a more comprehensive visit to the doctor's office.

Supporters of retail clinics say such complaints about insurance coverage show the AMA's interest in the issue is largely financial.

Retail health clinics say they and the nurse practitioners who staff them know their limits and have increasingly been establishing referral relationships with hospitals.

The AMA actually backed down from attempts by some doctors to have the national doctor group push an outright ban of retail health clinics or take a stand that would push for age limits on whom retailers could treat.